A. Type of Facility Reviewed

\boxtimes	ICE Service Processing Center
	ICE Contract Detention Facility

ICE Intergovernmental Service Agreement

B. Current Inspection

Type of Inspection		
Field Office HQ Inspection		
Date[s] of Facility Review		
05/01/2012 - 05/03/2012		

C. Previous/Most Recent Facility Review

Previous Rating	Date[s] of Last Facility 05/03/2011 - 05/05/201	
	Previous Rating Meets Standards	Does Not Meet Standards

D. Name and Location of Facility

Name				
El Centro Service Processing Center				
Address (Street and Name)				
1115 North Imperial Avenue				
City, State and Zip Code				
El Centro, CA 92243				
County				
Imperial				
Name and Title of Facility Administrator				
(Warden/OIC/Superintendent)				
(b)(6), (b)(7)(c) AFOD (Facility Administrator)				
Telephone # (Include Area Code)				
760- 36)(6), (b)(7)(c)				
Field Office / Sub-Office (List Office with oversight				
responsibilities)				
San Diego				
Distance from Field Office				
120				

E. ICE Information

Name of Inspector (Last Name, Title and Duty Station) (b(6), (b)(7)(9)CI / Nakamoto Group

Name of Team Member / Title / Duty Location (b) (6), (b) (7) (Medical SME / Nakamoto Group Name of Team Member / Title / Duty Location (b) (6), (b) (7) (c) Administration, CI / Nakamoto Group Name of Team Member / Title / Duty Location (b) (6), (b) (7) (c) Security CI / Nakamoto Group

Name of Team Member / Title / Duty Location

F. CDF/IGSA Information Only

Contract Number	Date of Contract or IGSA			
Basic Rates per Man-Day				
Other Charges: (If None, Indicate N/A)				
$ \begin{array}{cccc} \cdot & \cdot & \cdot \\ \cdot & \cdot & \cdot & \cdot & \cdot \\ \cdot & \cdot & \cdot & \cdot & \cdot \\ \cdot & \cdot & \cdot & \cdot & \cdot \\ \cdot & \cdot & \cdot & \cdot & \cdot \\ \cdot & \cdot & \cdot & \cdot & \cdot \\ \cdot & \cdot & \cdot & \cdot & \cdot \\ \cdot & \cdot & \cdot & \cdot & \cdot \\ \cdot & \cdot & \cdot & \cdot & \cdot \\ \cdot & \cdot & \cdot & \cdot & \cdot \\ \cdot &$				

Estimated Man-days Per Year

G. Accreditation Certificates

List all State or National Accreditation[s] received:
ACA / NCCHC / The Joint Commission
Check box if facility has no accreditation[s]

H. Problems / Complaints (Copies must be attached)

The Facility is under Court Order or Class Action Finding
Court Order Class Action Order
The Facility has Significant Litigation Pending
Major Litigation Life/Safety Issues
Check if None.

I. Facility History

Date Built		
1975		
Date Last Remodeled or Upgraded		
2009		
Date New Construction / Bedspace Added		
None		
Future Construction Planned		
Yes X No Date: N/A		
Current Bedspace	Future Bedspace (# New Beds only)	
512	Number: N/A Date: N/A	

J. Total Facility Population

Total Facility Intake for previous 12 months
17,050
Total ICE Mandays for Previous 12 months
131,864

K. Classification Level (ICE SPCs and CDFs Only)

	L-1	L-2	L-3
Adult Male	267	107	75
Adult Female			

L. Facility Capacity

	Rated	Operational	Emergency	
Adult Male	512	480	544	
Adult Female	N/A	N/A	N/A	
Facility holds Juveniles Offenders 16 and older as Adults				

M. Average Daily Population

	ICE	USMS	Other
Adult Male	480	N/A	N/A
Adult Female	N/A	N/A	N/A

N. Facility Staffing Level

Security:	
security.	

Support:

Significant Incident Summary Worksheet

For The Nakamoto Group 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.)	1P	1P	3P	6P
Offenders on Offenders ¹	With Weapon	0	0	0	0
	Without Weapon	1	1	3	6
Assault:	Types (Sexual Physical, etc.)	1P	4P	1P	4P
Detainee on Staff	With Weapon	0	0	0	0
	Without Weapon	1	4	1	4
Number of Forced Moves, incl. Forced Cell moves ³		0	1	0	2
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)	None	None	None	None
Restraints applied/used	Type (C=Chair, B=Bed, BB=Board, O=Other)	N/A	N/A	N/A	N/A
Number of Times Canines Used in Facility		0	0	0	0
Offender / Detainee Medical Referrals as a result of injuries sustained.		64	63	50	68
Escapes	Attempted	0	0	0	0
-	Actual	0	0	0	0
Grievances:	# Received	27	29	39	52
	# Resolved in favor of Offender/Detainee	21	14	17	19
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	0	0	0	0
	Number	0	0	0	0
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	269	168	74	67
	# Psychiatric Cases referred for Outside Care	0	1	0	0

¹ Any attempted physical contact or physical contact that involves two or more offenders Oral analor vaginal penetration or attempted penetration involving at least 2 parties with

3

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"

⁴ Any incident that involves four or more detainees/offenders, includes gang fights, organized multiple hunger strikes, work stoppages, hostage situations, major fires, or other large scale incidents.

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

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LCI Review Assurance Statement

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

Lead Compliance Inspector: (Print Name)	Signature
(b)(6), (b)(7)(c)	(b)(6), (b)(7)(c)
Title & Duty Location	Date
Lead Compliance Inspector, The Nakamoto Group, Inc.	May 3, 2012
Team Members	

Print Name, Title, & Duty Location

b)(6), (b)(7)(c) Medical SME, The Nakamoto Group Print Name, Title, & Duty Location

Print Name, Title, & Duty Location							
(b)(6), (b)(7)(c) Print Name, Title, & Duty	Administration SME, The Nakamoto Group Location						

(b)(6), (b)(7)(c) Security SME, The Nakamoto Group

Recommended Rating:

☐ Meets Standards ☑ Does Not Meet Standards

Comments:

The Service Processing Center (SPC) was established in 1975 and is located in the Imperial Valley of California, approximately 125 miles east of San Diego, California. The facility housed only male detainees in eight (8) individual housing units. Each housing unit has a maximum capacity of 64 and is in a dormitory setting. The SPC has a combined recreation yard, inside and outside, for all general population detainees, and a mini recreation yard for special management detainees.

Medical staff at the facility are Immigration Health Services Corps (IHSC).

The facility is accredited with the American Correctional Association (ACA), the National Commission on Correctional Health Care (NCCHC), and the The Joint Commission.

The SPC does not have a canine unit (b)(7)e

This is an SPC and detainees are not charged a fee for medical services.

Suicides and Suicide Attempts:

There were no reported suicides or attempts within the past year.

Deaths:

There were no reported deaths within the past year.

The Medical Component, Number 59, states the following: (MANDATORY) Involuntary administration of psychotropic medications to detainees complies with applicable laws and regulations and the authorizing physician or psychiatrist will:

- Specify the duration of therapy;
- Obtain an order authorizing the administration of the drug from a Federal District Court.
- Document that less restrictive intervention options have been exercised without success;
- Detail how the medication is to be administered;
- Monitor the detainee for adverse reactions and side effects; and
- Prepare treatment plans for less restrictive alternatives as soon as possible.

Through interviews with the HSA, Clinical Psychologist and review of medical records it was noted a detainee was administered a psychotropic medication (Haldol) on an emergent/urgent basis and authorization by a Federal District Court was not obtained. Additionally the standard and the facility's standing operating procedure require notification to DRO who will then notify the DHS/ICE General Counsel.

The Immigration Health Service Corps (IHSC) has a Mental Health Services Directive: Number 07-02, ERO Directive Number 11806, dated 03 November 2011, which states in summary that involuntary administration of a psychotropic medication can only occur when there is a psychiatric emergency and there is a risk to self or others and all other less restrictive options are not successful. It can only be given if it complies with established guidelines, applicable laws, and under specific authorization of a physician. If continued involuntary treatment were to continue, then the HSA would need to contact the appropriate ICE Enforcement and Removal Operations official who will be responsible for contacting the respective Chief Counsel, to request a court order for continued treatment if appropriate. The medical department was compliant in following the IHSC Mental Health Services Directive but not the PBNDS.

As a result of the "Does Not Meet" in the Medical Care Mandatory Component Number 59, the overall recommended rating for this facility has to be "Does Not Meet Standards".

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



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

5-11-09 update Intergovernmental Service Agreement (IGSA)

ICE Service Processing Center (SPC)
ICE Contract Detention Facility (CDF)
Name
El Centro Service Processing Center
Address (Street and Name)
1115 North Imperial Avenue
City, State and Zip Code
El Centro, CA 94243
County
Imperial
Name and Title of Chief Executive Officer (Warden/Superintendent/Facility
Administrator)
(b)(6), (b)(7)(c) AFOD (Facility Administrator)
Name and Title of Lead Compliance Inspector
(b)(6), (b)(7)(c)
Date[s] of Review
From 5/1/2012 to 5/3/2012
Type of Review
Headquarters Operational Special Assessment Other

Introduction to the G324A Over 72hour Facility Detention Inspection Worksheets

What is "Performance-Based"?

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

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

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

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

Worksheet Overview

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

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

Mandatory components in several of the standards have been indicated in the worksheets. Mandatory items are those which must be met in order for the facility to receive a "*Meets Standards*" rating for that standard. These mandatory components typically represent life safety issues. A "*Does Not Meet Standards*" on one of these components is very serious. Failing to meet one of the mandatory components means that the overall facility review rating will be "*Does Not Meet Standards*". The Outcome Measures Worksheet section is completely new for the performance-based NDS. The Outcome Measures Worksheets will be completed by facility staff prior to arrival of the review team at the facility to be reviewed. Ideally, this information will be maintained on a continuous basis by the facility as part of a **key indicators** database to provide a perpetual record for monitoring facility performance. The Reviewer in Charge (RIC) will review facility outcome measures data and provide analysis of the data to describe facility performance and trends.

Worksheet Completion

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

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

Outcome Measures Completion

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

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

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SECTION I – SAFETY

Emergency Plans Environmental Health and Safety Transportation (By Land)

SECTION II – SECURITY

Admission and Release Classification System Contraband Facility Security and Control Funds and Personal Property Hold Rooms in Detention Facilities Key and Lock Control Population Counts Post Orders Searches of Detainees Sexual Abuse and Assault Prevention and Intervention Special Management Units Staff-Detainee Communication Tool Control Use of Force and Restraints

SECTION III – ORDER

Disciplinary System

SECTION IV – CARE

Food Service Hunger Strikes Medical Care Personal Hygiene Suicide Prevention and Intervention Terminal Illness, Advance Directives, and Death

SECTION V – ACTIVITIES

Correspondence and Other Mail Escorted Trips for Non-Medical Emergencies Marriage Requests Recreation Religious Practices Telephone Access Visitation Voluntary Work Program

SECTION VI – JUSTICE

Detainee Handbook Grievance System Law Libraries and Legal Material Legal Rights Group Presentations

SECTION VII – ADMINISTRATION & MANAGEMENT

Detention Files News Media Interviews and Tours Staff Training Transfer of Detainees

Section I SAFETY

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

PART 1 – 1. EMERGENCY PLANS						
This Detention Standard ensures a safe environment for detainees and employees by having in place contingency plans to quickly and effectively respond to any emergency situations that arise and to minimize their severity.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1.	No Detainee or detainee groups exercise control or authority over other detainees.	\boxtimes			Facility policy and staff training reinforces that no detainee groups exercise control or authority over other detainees.	
2.	 Detainees are protected from: Personal abuse Corporal punishment Personal injury Disease Property damage Harassment from other detainees 	\boxtimes			The facility disciplinary procedure stipulates that all detainees will be free from personal abuse, corporal punishment, personal injury, disease, property damage and harassment from other detainees.	
3. •	Staff are trained to identify signs of detainee unrest. What type of training and how often?	\boxtimes			All staff receives pre-service and annual refresher training in identifying signs of detainee unrest.	
4.	Staff effectively disseminate information on facility climate, detainee attitudes, and moods to the Facility Administrator.	\boxtimes			ICE and contract security staff hold pre-shift briefings to disseminate information regarding the facility "climate".	
5.	There is a designated person or persons responsible for emergency plans and their implementation. Sufficient time is allotted to the person or group for development and implementation of the plans.	\boxtimes			The facility Chief of Security is responsible for emergency plans and their implementation. He/she is given sufficient time to develop and implement the plans.	
6.	Each emergency plan is assigned a number and is strictly accounted for. A list identifying the location of each emergency plan is maintained by the Chief of Security or equivalent.	\boxtimes				
7.	All staff receive training in the emergency plans during their orientation training as well as during their annual training.	\boxtimes			All staff receives pre-service and annual training in emergency plans.	
8.	The General Section of the emergency plans discusses alternate routes to the facility for staff to use in the event the primary route is impassable.	\boxtimes			The general section of the emergency plans discusses alternate routes to the facility for staff in the event the primary route is blocked.	
9.	 The plans address the following issues: Confidentiality Accountability (copies and storage locations) Annual review procedures and schedule Revisions 	\boxtimes			Confidentiality, accountability, annual review and revisions of emergency plans are all spoken to or governed by the facility emergency procedures.	

PART 1 – 1. EMERGENCY PLANS					
This Detention Standard ensures a safe environment for detainees and employees by having in place contingency plans to quickly and effectively respond to any emergency situations that arise and to minimize their severity.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
10. Contingency plans include a comprehensive general section with procedures applicable to most emergency situations, including procedures for handling detainees with special needs.					
11. Contingency plans include a procedure for notification of neighbors residing in close proximity to the facility.				The Assistant Field Office Director determines the need to notify neighbors residing in close proximity to the facility.	
 12. The facility has cooperative contingency plans with applicable: Local law enforcement agencies State agencies Federal agencies 	\boxtimes			The facility has Memoranda of Understandings with local, state and federal law enforcement and other agencies.	
13. The facility conducts mock emergency exercises with agencies or departments with which they share mutual aid agreements and Memoranda of Understandings. The exercises should test specific emergency plans to assess their effectiveness.					
14. All staff receive copies of the Facility Hostage policy and procedures.	\square				
15 (b)(7)e Within 24 hours after release, hostages are screened for medical and psychological effects.				(b)(7)e (b)(7)e Within 24 hours after release, hostages are screened for medical and/or psychological effects.	
16. The facility maintains a list of translator services in the event one is needed during a hostage crisis.					
17. Emergency plans include emergency medical treatment for staff and detainees during and after an incident.					
18. The Food Service Department maintains at least 3- days' worth of emergency meals for staff and detainees.				The food service department maintains a 15 day supply of emergency meals.	
19. Written plans illustrate locations of shut-off valves and switches for utilities (water, gas, electric).				The facility emergency fire procedure contains the locations and illustrations of shut-off valves and switches for utilities.	
20. Written plans include a Staff Work Stoppage procedure. This procedure is available for limited supervisory review.	\boxtimes				

PART 1 – 1. EMERGENCY PLANS					
This Detention Standard ensures a safe environment for detainees and employees by having in place contingency plans to quickly and effectively respond to any emergency situations that arise and to minimize their severity.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
21. (MANDATORY) Written procedures cover:					
Work/Food Strike					
• Fire					
Environmental Hazard					
Detainee Transportation System Emergency					
ICE-wide Lockdown					
Staff Work Stoppage					
Disturbances	\bowtie				
Escapes					
Bomb Threats					
Adverse Weather					
Internal Searches					
Facility Evacuation					
 Detainee Transportation System Plan 					
Hostages (Internal)					
Civil Disturbances					
22. The Emergency Plans specify a procedure for post- emergency debriefings and discussions.	\boxtimes				
PART 1 – 1. EMERGENCY PLANS					
⊠ Meets Standard					

Overall review of the facility emergency procedures and staff interviews confirm the facility has plans in place for emergencies which are likely to occur.

Staff is well versed in monitoring the "detainee climate" within the facility. The facility management does not allow mistreatment of detainees by either staff or other detainees.

Staff training and daily supervision of detainees is conducted in such a manner that detainees are protected from abuse.

All staff, including ICE and ASSET (a contracted security company), receives pre-service and annual training in the facility emergency plans. The plans are considered confidential and handled accordingly.

(b)(6), (b)(7)(c) <u>05/03/2012</u> Reviewer's Signature / Date

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY					
This Detention Standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
 (MANDATORY) The facility has a system for storing, issuing, and maintaining inventories of hazardous materials. 				Policy and procedure establish a guide for storing, issuing and maintaining inventories of hazardous materials. All hazardous materials are maintained outside the secure perimeter of the facility.	
2. Constant inventories are maintained for all flammable, toxic, and caustic substances used/stored in each area of the facility.				Inventories are maintained for all flammable, toxic, and caustic materials. All materials are maintained outside the secure perimeter in the tool room. Interview with the Tool Room Officer verified this process.	
 3. The manufacturer's Material Safety Data Sheet (MSDS) file is up-to-date for every hazardous substance used. The files list all storage areas, and include a plant diagram and legend. The MSDSs and other information in the files are available to personnel managing the facility's safety program. 				The facility maintains a comprehensive Material Safety Data Sheet (MSDS) file. A master file is located in the Tool Room and copies are maintained in Food Service and Medical. When chemicals are brought into the facility, the MSDS sheet and protective equipment are sent with any chemical.	
 4. All personnel using flammable, toxic, and/or caustic substances follow the prescribed procedures: Wear personal protective equipment. Report hazards and spills to the designated official. 				The facility maintains personal protective equipment for use with hazardous materials. Hazards and spills are reported to the facility Safety Officer.	
5. The MSDS are readily accessible to staff and detainees in the work areas.				Cleaning carts brought into the facility contain MSDS sheets.	

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 6. Hazardous materials are always issued under proper supervision. Quantities are limited. Detainees are trained. Staff always supervise detainees using these substances. 				Detainees are never allowed to use hazardous chemicals. Only the quantity needed is brought into the facility. Only staff will use the chemicals. Staff have been trained in the use of chemicals and are provided personal protective equipment.
 All "flammable" and "combustible" materials (liquid and aerosol) are stored and used according to label recommendations. 				All flammable and combustible chemicals are maintained in the Tool Room. The Tool Room Officer verified that they are stored and used in accordance with label recommendations.
8. Lighting fixtures and electrical equipment are installed in storage rooms and other hazardous areas and meet the National Electrical Code requirements.				
9. All toxic and caustic materials stored in their original containers in a secure area.				
10. Excess flammables, combustibles, and toxic liquids are disposed of properly in accordance with MSDS.				The Tool Room Officer is certified in Occupational Safety and Health Administration (OSHA) requirements for disposing of chemicals.
11. Staff directly supervise and account for products with methyl alcohol. Staff receive a list of products containing diluted methyl alcohol, for example, shoe dye. All such products are clearly labeled as such. "Accountability" includes issuing such products to detainees in the smallest workable quantities.				The facility does not use any products containing methyl alcohol.
12. Every employee and detainee using flammable, toxic, or caustic materials receives advanced training, in accordance with OSHA standards, in their use, storage, and disposal.				Training records are on file verifying employees receive training in accordance with OSHA standards. Detainees do not use flammable, toxic, or caustic materials.

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY					
This Detention Standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
13. (MANDATORY) The facility complies with the most current edition of applicable codes, standards, and regulations of the National Fire Protection Association (NFPA) and the Occupational Safety and Health Administration (OSHA).	\boxtimes			All areas visited during the inspection within the secure perimeter of the facility were in compliance with this component. The Naval Air Facility Fire Chief/Safety Officer inspects the facility on an annual basis. The last inspection was performed on 04/10/2012. Staff has received training on OSHA regulations. Copies of OSHA Regulations and NFPA 101 are available at the facility.	
14. A technically qualified staff member conducts fire and safety inspections.	\bowtie				
15. The Safety Office (or officer) maintains files of inspection reports, including corrective actions taken.	\boxtimes			Inspection reports are maintained and include corrective action. These reports were reviewed by this Inspector.	
16. (MANDATORY) The facility has an approved fire prevention, control, and evacuation plan.	\boxtimes			The fire prevention plan has been approved by the Fire Chief/Safety Officer from the Naval Air Facility.	
 17. The plan requires: Monthly fire inspections. Fire protection equipment strategically located throughout the facility. Public posting of emergency plan with accessible building/room floor plans. Exit signs and directional arrows. An area-specific exit diagram conspicuously posted in the diagrammed area. 18. Fire drills are conducted and documented quarterly in 				Documentation is on file to verify	
all facility locations including the administrative area.				fire drills are conducted as required by the standards.	
19. A sanitation program covers barbering operations.	\square				
20. The barbershop has the facilities and equipment necessary to meet sanitation requirements.	\boxtimes			The room utilized as a barbershop has the facilities and equipment necessary to meet sanitation requirements.	
21. The sanitation standards are conspicuously posted in the barbershop.	\boxtimes			Sanitation standards are posted on the wall.	

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
22. Written procedures regulate the handling and disposal of used needles and other sharp objects.				The facility has written procedures for handling and disposal of used needles and sharp objects.
23. All items representing potential safety or security risks are inventoried and a designated individual checks this inventory weekly.	\boxtimes			
 24. Standard cleaning practices include: Using specified equipment; cleansers; disinfectants and detergents. An established schedule of cleaning and follow-up inspections. 	\boxtimes			All areas of the facility are cleaned and sanitized daily. Disinfectants and detergents are utilized as required by the standard. A high level of sanitation and cleanliness was apparent to this review team.
25. Spill kits are readily available.	\boxtimes			Spill kits are readily available to staff. Detainees do not use spill kits.
26. A licensed medical waste contractor disposes of infectious/bio-hazardous waste.	\boxtimes			TCI Medical Waste and Disposal Service handles all infectious/bio- hazardous waste.
27. Staff are trained to prevent contact with blood and other body fluids and written procedures are followed.	\boxtimes			Staff attends training on the prevention of contact with blood and other body fluids.
28. Do the methods for handling/disposing of refuse meet all regulatory requirements?	\boxtimes			Refuse is handled by Allied Waste, a licensed contractor.
 29. A Licensed/Certified/Trained pest-control professional inspects for rodents, insects, and vermin. At least monthly. The pest-control program includes preventive spraying for indigenous insects. 				Valley Storm Exterminators provides monthly service and spraying for indigenous insects.
30. Drinking water and wastewater is routinely tested according to a fixed schedule.				The County of Imperial Public Health Laboratory provides testing for drinking water. The city of El Centro tests waste water.
 31. Emergency power generators are tested at least every two weeks. Other emergency systems and equipment receive testing at least quarterly. Testing is followed-up with timely corrective actions (repairs and replacements). 				Emergency generators are tested weekly. Periodic testing and service is conducted by Bay City Electric Works.
32. The Facility appears clean and well maintained.	\square			
33. Hazardous material storage rooms meet the security and structural requirements of the standard. Storage cabinets meet the physical requirements specified in the standard.			\boxtimes	There were no hazardous storage rooms or cabinets inside the secure facility.

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
34. The Health Services Administrator has implemented a program supporting a high level of environmental sanitation.	\boxtimes			
35. The Health Services Administrator conducts medical- facility inspections daily. Each inspection includes noting the condition of floors, walls, windows, horizontal surfaces, and equipment.				
36. The assigned staff member shall: Conduct special investigations and comprehensive surveys of environmental health conditions, and provide advisory, consultative, inspection, and training services regarding environmental health conditions.	\boxtimes			
37. The assigned staff member is responsible for developing and implementing policies, procedures, and guidelines for the environmental health program. These guidelines are intended to evaluate and eliminate or control as necessary, sources of injuries and modes of transmission of agents or vectors of communicable diseases.				The facility has a committee in the medical department consisting of two health and safety officers and one assistant responsible for developing and implementing policies and procedures for the environmental health program.
 38. Environmental health and safety conditions shall be maintained at a level that meets recognized standards of safety and hygiene, including those from the: American Correctional Association, Occupational Safety and Health Administration, Environmental Protection Agency, Food and Drug Administration, National Fire Protection Association's Life Safety Code, and National Center for Disease Control and Prevention. 				
PART 1 – 2. ENVIRONMEN	TAL HE	EALTH AN	D SA	FETY
🛛 Meets Standard 🛛 🗌 Does Not Meet St	andard	□ N/A	L	Repeat Finding

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

The facility maintains a comprehensive fire plan which was developed by facility staff and approved by the Fire Chief/Safety Officer for the Naval Air Facility. The plan was last reviewed on 04/10/2012. Testing on fire prevention equipment is conducted, documented and filed at the facility. Fire and safety inspections are completed, documented and maintained. The physical plant is maintained with good levels of maintenance and sanitation. The most recent fire inspection has required the facility to upgrade their fire suppression system over the deep fryers to UL 300 compliance as required by California code. The facility has initiated a purchase request for this equipment and installation. The rating of this standard was based on review of policy, documentation, personal observation, and staff interviews.

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

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	PART 1 – 3. TRANSPORTATION (BY LAND)						
equ	This Detention Standard prevents harm to the general public, detainees, and staff by ensuring that vehicles are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff.						
	Standard NA: Check this box if all ICE Transportation control of the detainee case.	on is ha	andled on	ly by t	he ICE Field Office or Sub-Office		
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	Transporting officers comply with applicable local, state, and federal motor vehicle laws and regulations. Records support this finding of compliance.	\boxtimes			ASSET staff conducts all transportations. The transporting officers are in compliance with all local, state and federal motor vehicle laws. Records supporting compliance are maintained in the ASSET transportation office and were found to be current.		
2.	Every transporting officer required to drive a commercial size vehicle has a valid Commercial Driver's License (CDL) issued by the state of employment.	\boxtimes					
3.	Supervisors maintain records for each vehicle operated.	\boxtimes			Maintenance records for all transportation vehicles are maintained in the ASSET transportation office. The records were found to be current.		

PART 1 – 3. TRANSPORTATION (BY LAND)							
This Detention Standard prevents harm to the general public, detainees, and staff by ensuring that vehicles are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff.							
Standard NA: Check this box if all ICE Transportation is handled only by the ICE Field Office or Sub-Office in control of the detainee case.							
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
 Documentation indicating annual inspection of vehicles and annual inspection in accordance with state statutes is available for review. 	\boxtimes			Documentation for all annual inspections conducted by the California Highway Patrol is maintained in the ASSET transportation office.			
 Documentation indicating safety repairs are completed immediately and vehicles are not used until they have been repaired and inspected is available for review. 	\boxtimes			Documentation for all safety repairs is maintained in the transportation office and vehicles are not used until the repairs are made.			
 6. Officers use a checklist during every vehicle inspection. Officers report deficiencies affecting operability. Deficiencies are corrected before the vehicle goes back into service. 							
 7. Transporting officers: Limit driving time to 10 hours in any 15 hour period when transporting detainees. Drive only after eight consecutive off-duty hours. Do not receive transportation assignments after having been on duty, in any capacity, for 15 hours. Drive a 50-hour maximum in a given work week; a 70-hour maximum during eight consecutive days. During emergency conditions (including bad weather), officers may drive as long as necessary to reach a safe area–exceeding the 10-hour limit. 				Facility policy and practice limits the driving time to 10 hours in any 15 hour time period. Officers drive only after eight consecutive off duty hours. Officers do not receive transportation assignments after working for 15 hours. Officers drive a 50 hour maximum in a given work week and a maximum of 70 hours in an eight day period. Officers may drive as long as necessary to reach a safe location during emergency conditions.			
 8. (b)(7)(e)officers with valid Commercial Drivers Licenses, (CDL's) required in any vehicle transporting detainees. When buses travel in tandem with detainees, there are b)(7)e qualified officers per vehicle. An unaccompanied driver transports an empty vehicle. 							
 The transporting officer inspects the vehicle before the start of each detail. 				All vehicles are inspected by the transportation officers prior to the start of each detail.			
10. Positive identification of all detainees being transported is confirmed.	\boxtimes						
11. All detainees are searched immediately prior to boarding the vehicle by staff controlling the bus or vehicle.	\boxtimes			The transporting officers physically search each detainee prior to boarding the bus.			

PART 1 – 3. TRANSP		•					
This Detention Standard prevents harm to the general public, detainees, and staff by ensuring that vehicles are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff.							
Standard NA: Check this box if all ICE Transportation is handled only by the ICE Field Office or Sub-Office in control of the detainee case.							
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
12. The facility ensures that the number of detainees transported does not exceed the vehicle manufacturer's occupancy level.				Policy does not allow the number of detainees to exceed the rated capacity of the transportation vehicles.			
13. (b)(7)e				(b)(7)e			
 14. The vehicle crew conducts a visual count once all passengers are on board and seated. Additional visual counts are made whenever the vehicle makes a scheduled or unscheduled stop. 							
15. Policies and procedures are in place addressing the use of restraining equipment on transportation vehicles.							
 Officers ensure that no one contacts the detainees. One officer remains in the vehicle at all times when detainees are present. 				No contact between detainees and another individual is allowed. One officer remains in the vehicle at all times when detainees are present.			
 17. Meals are provided during long distance transfers. The meals meet the minimum dietary standards, as identified by dieticians utilized by ICE. 	\boxtimes						
18. The vehicle crew inspects all Food Service meals before accepting delivery (food wrapping, portions, quality, quantity, thermos-transport containers, etc.).							
• Before accepting the meals, the vehicle crew raises and resolves questions, concerns, or discrepancies with the Food Service representative.							
 Basins, latrines, and drinking-water, containers, dispensers are cleaned and sanitized on a fixed schedule. 							
19. Vehicles have:	1						
• • (b)(7)e				(b)(7)e			
20. The vehicles are clean and sanitary at all times.				Two transportation vehicles were physically inspected and found to be clean and sanitary.			

PART 1 – 3. TRANSPO	ORTAT	ION (BY L	AND)			
This Detention Standard prevents harm to the general public, detainees, and staff by ensuring that vehicles are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff.						
Standard NA: Check this box if all ICE Transportation in control of the detainee case.	on is ha	andled on	ly by t	he ICE Field Office or Sub-Office		
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
21. Personal property of a detainee transferring to another facility:						
Is inventoried.	\boxtimes			All personal property of detainees is inventoried, inspected and		
Is inspected.				accompanies the detainees.		
Accompanies the detainee.						
22. The following contingencies are included in the written procedures for vehicle crews:						
Attack				The facility transportation plan includes procedures for the following events: attack, escape,		
• Escape						
Hostage-taking						
Detainee sickness						
Detainee death				hostage taking, death, vehicle fire, riot, traffic accident, mechanical		
Vehicle fire	\boxtimes			problems, natural disasters, and		
Riot				severe weather. This facility does		
Traffic accident				not house women or juvenile detainees and thus does not		
Mechanical problems				transport them.		
Natural disasters				1		
Severe weather						
Passenger list is not exclusively men or women or minors						
PART 1 – 3. TRANSPO	ORTAT	ION (BY L	AND)			
🛛 Meets Standard 🛛 🗌 Does Not Meet St						

All transports of detainees are conducted by ASSET security staff. Review of the driver, vehicle and vehicle maintenance records showed that the appropriate information is being maintained concerning the vehicles and drivers. Annual inspections of all vehicles are conducted by the California Highway Patrol.

One 41 passenger and one 12 person van were inspected. The vehicles were found to be clean and well maintained. Both vehicles contained the required logs, emergency and safety equipment.

Interviews of two ASSET drivers found them to be knowledgeable about procedures and safety requirements.

The vehicle logs were found to be current.

(b)(6), (b)(7)(c) <u>05/03/2012</u> Reviewer's Signature / Date

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE) G-324A (Coded 10132010) Detention Review Worksheet - Rev: 5/11/09

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE) G-324A (Coded 10132010) Detention Review Worksheet - Rev: 5/11/09

Section II SECURITY

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

	PART 2 – 4. ADMISSION AND RELEASE							
	This Detention Standard protects the community, detainees, staff, volunteers, and contractors by ensuring secure and orderly operations when detainees are admitted to or released from a facility.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
1.	Admission processing includes an orientation of the facility. The orientation includes; unacceptable activities and behavior, and corresponding sanctions. How to contact ICE. The availability of pro-bono legal services and how to pursue such services. Schedule of programs, services, daily activities, including visitation, telephone usage, mail service, religious programs, count procedures, access to and use of the law library and the general library; sick-call procedures, and the detainee handbook.	\boxtimes			Upon admission, each detainee receives a facility handbook which is available in English and Spanish and covers the areas outlined in this component. An in-house Orientation and Right to Know video is shown to detainees upon their arrival.			
2.	Medical screenings are performed by medical staff <u>or</u> persons who have received specialized training for the purpose of conducting an initial health screening.	\boxtimes			Medical staff conducts the medical screening in the sally port area.			
3.	When available, accompanying documentation is used to identify and classify each new arrival. In SPCs and CDFs, new detainees shall remain segregated from the general population during the orientation and classification period.	\boxtimes			Accompanying documentation includes an I-213, I-203, I-385 and a rap sheet. Detainees are in the holding cells no more than twelve hours for processing which can be verified by an electronic log.			
4.	All new arrivals are searched in accordance with the "Detainee Search" standard. An officer of the same sex as the detainee conducts the search and the search is conducted in an area that affords as much privacy as possible.	\boxtimes			Upon arrival, detainees are patted down. A wand also may be used as part of the search process.			
5.	Detainees are subjected to a strip search only when reasonable suspicion has been established and not as routine policy. Non-criminal detainees are never subjected to a strip search but are patted down unless cause or reasonable suspicion has been established. All strip searches are documented on G-1025, or equivalent, with proper supervisory approval.	\boxtimes			Prior to conducting a strip search, a supervisor is consulted. If approved and when reasonable suspicion exists, the search is conducted in a private room behind closed doors.			
6.	The "Contraband" standard governs all personal property searches. IGSAs and CDFs use or have a similar contraband standard. Staff prepare a complete inventory of each detainee's possessions. The detainee receives a copy. All identity documents are inventoried and given to ICE staff for placement in the A-file. All funds and valuables are safeguarded in accordance with ICE Policy.	\boxtimes			An inventory of the detainee's possessions is completed and the detainee is given a copy. A minimum of two officers count and verify funds. The detainee funds manager and processing supervisor unlock the safe.			
7.	Staff complete Form I-387 or similar form for CDFs and IGSAs for every lost or missing property claim. Facilities forward all I-387 claims to ICE.	\boxtimes			If the detainee makes a claim upon arrival, an I-387 is completed and forwarded to ICE. There have been no claims filed during this audit period.			
8.	Detainees are issued appropriate and sufficient clothing and bedding for the climatic conditions.	\boxtimes			Sweaters and beanie caps are issued during the cold weather season.			

PART 2 – 4. ADMISSION AND RELEASE						
This Detention Standard protects the community, detainees, staff, volunteers, and contractors by ensuring secure and orderly operations when detainees are admitted to or released from a facility.						
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks		
9. All releases are coordinated with ICE.	\boxtimes					
10. Staff complete paperwork/forms for release as required.	\boxtimes					
11. Each detainee receives a receipt for personal property secured by the facility.	\boxtimes			The I-77 form is used.		
12. The facility has a system to maintain accurate records and documentation for admission, orientation, and release.	\boxtimes			A system has been developed in the Intake area to ensure that accurate records are maintained.		
13. ICE staff enter all information pertaining to release, removal, or transfer of all detainees into the Enforce Alien Detention Module (EADM) within 8 hours of action.	\boxtimes			ICE staff enters all information pertinent to release, removal or transfer immediately following the transaction.		
14. All orientation material shall be provided in English, Spanish, and other language(s) as determined by the Field Office Director.	\boxtimes			The detainee handbook and orientation video are both in English and Spanish.		
PART 2 – 4. ADMISSION AND RELEASE						
⊠ Meets Standard						

ICE detainees receive a facility handbook which is available in both English and Spanish. Medical screenings are performed by Medical staff. Staff prepares an inventory of the detainee's possessions and the detainee receives a copy of the inventory. All funds and valuables are safeguarded in the safe in the Personal Property caged area.

(b)(6), (b)(7)(c) <u>05/03/2012</u>

Reviewer's Signature / Date

	PART 2 – 5. CLASSIFICATION SYSTEM					
This Detention Standard protects the detainees, staff, contractors, volunteers, and the community from harm, and contributes to orderly facility operations, by requiring a formal classification process for managing and separating detainees that is based on verifiable and documented data.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1.	SPC and CDF facilities use the required Objective Classification System. IGSAs use an objective classification system or similar system for classifying detainees.				This facility uses the Objective Classification System to classify detainees.	
2.	The facility classification system includes:				Decling staff classifies the detained	
	 Classifying detainees upon arrival. Separating individuals who cannot be classified upon arrival from the general population. 				Booking staff classifies the detainee and the Processing Supervisor reviews each classification decision. Detainees are cleared medically	
	• The first-line supervisor or designated classification specialist reviews every classification decision.				before they are assigned to a housing unit.	
3.	The intake/processing officer reviews work-folders, A-files, etc., to identify and classify each new arrival.	\boxtimes				
4.	Staff use only information that is factual, and reliable to determine classification assignments. Opinions and unsubstantiated/ unconfirmed reports may be filed but are not used to score detainee classification.				The I-203, I-213 and criminal history are used to determine the classification assignment.	
5.	Housing assignments are based on classification- level.				This facility has ten housing units including an Infirmary and a Special Housing Unit.	
6.	A detainee's classification-level does not affect his or her recreation opportunities. Detainees recreate with persons of similar classification designations.	\boxtimes				
7.	Detainee work assignments are based upon classification designations.	\boxtimes				
8.	The classification process includes reassessment/ reclassification. The First Reassessment is to be completed 60 days to 90 days after the initial assessment. Subsequent reassessments are completed at 90 day to 120 day intervals. Special Reassessments are completed within 24 hours.					
9.	The classification system includes standard procedures for processing new arrivals' appeals. Only a designated supervisor or classification specialist has the authority to reduce a classification-level on appeal.				The appeal process is outlined in the Detainee Handbook. The Supervisory Detention and Deportation Officer (SDDO) has the authority to reduce a classification level on appeal.	
10.	Classification appeals are resolved w/in 5 business days. Detainees are notified of the outcome within 10 business days.					
11.	Classification designations may be appealed to a higher authority such as the Facility Administrator or equivalent.				Classification designations may be appealed to the Assistant Field Office Director (AFOD).	

PART 2 – 5. CLASSIFICATION SYSTEM					
This Detention Standard protects the detainees, staff, contractors, volunteers, and the community from harm, and contributes to orderly facility operations, by requiring a formal classification process for managing and separating detainees that is based on verifiable and documented data.					
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks	
12. The Detainee Handbook or equivalent for IGSAs explains the classification levels, with the conditions and restrictions applicable to each.	\boxtimes			Classification levels with conditions and restrictions are outlined in the detainee handbook.	
 In SPCs and CDFs detainees are assigned color- coded uniforms and IDs to reflect classification levels. In IGSA's a similar system is utilized for each level of classification. 	\boxtimes			Classification color codes are: Level 1 (Low) = Blue, Level 2 (Medium) = Orange and Level 3 (High) = Red.	
PART 2 – 5. CLASSIFICATION SYSTEM					
Meets Standard Does Not Meet Standard N/A Repeat Finding					

The Classification Plan ensures that each detainee is placed in the appropriate category. Classification levels are categorized as I, II and III and are outlined in the detainee handbook.

(b)(6), (b)(7)(c) / <u>05/03/2012</u> Reviewer's Signature / Date

PART 2 – 6. CONTRABAND					
This Detention Standard protects detainees and staff an detecting, controlling, and properly disposing of contrabar		nces facilit	y secı	rity and good order by identifying,	
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
 The facility follows a written procedure for handling contraband. Staff inventories, holds, and reports it when necessary to the proper authority for action/possible seizure. 				The facility has a written procedure for handling contraband. The procedure requires staff to inventory, hold, and report contraband for action and possible seizure.	
2. Contraband that is government property is retained as evidence for potential disciplinary action or criminal prosecution.	\boxtimes				
3. Staff return property not needed as evidence to the proper authority. Written procedures cover the return of such property.				The contraband procedure contains instructions for the return of property which is not needed as evidence.	
4. Altered property is destroyed following documentation and using established procedures.	\boxtimes				
5. Before confiscating religious items, the Facility Administrator or designated investigator contacts a religious authority.	\boxtimes			A facility pastor/chaplain is consulted prior to confiscating any religious items.	
6. Staff follow written procedures when destroying hard contraband that is illegal.				The contraband procedure contains instructions for the destruction of illegal hard contraband.	
 7. Hard contraband that is illegal (under criminal statutes) is retained and used for official use, e.g. training purposes. If yes, under specific circumstances and using specified written procedures. Hard contraband is secured when not in use. Soft Contraband is mailed to a third party or stored in accordance with the Detention Standard on Funds and Personal Property. 	\boxtimes			The facility can and does retain illegal contraband for training purposes. Such contraband is stored in the facility armory. Soft contraband is mailed to a third party or stored in accordance with detention standards.	
 Detainees receive notification of contraband rules and procedures in the Detainee Handbook and notified when property is identified and seized as contraband. 					
9. Facilities with Canine Units only use them for contraband detection.				The facility does not have a canine unit; however, there is an MOU with the Border Patrol to use its canine units. The canines are used only for contraband detection and never in the presence of a detainee.	
PART 2 – 6. (CONTR	ABAND			
⊠ Meets Standard □ Does Not Meet S	tandard	□ N/A		☐Repeat Finding	

The facility has procedures in place for the seizure, accountability and disposition of contraband. The facility does retain some hard contraband for training purposes. This contraband is stored in the facility armory.

(b)(6), (b)(7)(c) <u>05/03/2012</u> Reviewer's Signature / Date

	PART 2 – 7. FACILITY SE	CURIT	Y AND CO	ONTR	OL		
	This Detention Standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and that events that pose a risk of harm are prevented.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
(a	The facility administrator or assistant administrator and department heads visit detainee living quarters and activity areas weekly.	\boxtimes			Facility administrative staff visit detainee living quarters weekly. Visits are logged in a separate log book which is maintained in each unit. Review of the logs shows that administrators are visiting the units.		
	At least one male and one female staff are on duty where both males and females are housed.			\square	The facility does not house female detainees.		
	Comprehensive annual staffing analysis determines staffing needs and plans.	\boxtimes			A comprehensive annual staffing analysis is conducted and reviewed by the facility administrator.		
	Essential posts and positions are filled with qualified personnel.	\square					
	Every Control Center officer receives specialized raining.	\boxtimes					
6. F	Policy restricts staff access to the Control Center.	\boxtimes			Facility policy restricts access to the control center. The post orders for the control center specify which staff can enter the center.		
7. [Detainees do not have access to the Control Center.	\boxtimes			Detainee access to the control center is prohibited.		
8. (Communications are centralized in the Control Center.	\boxtimes					
0	Facility security and safety will be monitored and coordinated by a secure, well-equipped, and continuously staffed control center.	\boxtimes			Multiple tours of the facility control center showed it to be well equipped, staffed and able to monitor facility security and safety.		
	The Control Center maintain employee Personal Data Cards (Form G-74 or contract equivalent).	\boxtimes					
r	Recall lists include the current home telephone number of each employee. Phone numbers are updated as needed.	\boxtimes					
12.	(b)(7)e				(b)(7)e		

PART 2 – 7. FACILITY SECURITY AND CONTROL				
This Detention Standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and that events that pose a risk of harm are prevented.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
13. Information about routine procedures, emergency situations, and unusual incidents will be continually recorded in permanent post logs and shift reports.	\boxtimes			
14. The front-entrance officer checks the ID of everyone entering or exiting the facility.	\boxtimes			The front entrance gate officer checks the ID of everyone entering or exiting the facility.
15. All visits officially recorded in a visitor logbook or electronically recorded.	\boxtimes			The front entrance officer records all visitors in a logbook.
16. The facility has a secure, color-coded visitor pass system.	\boxtimes			Secure color coded passes are issued at the facility.
17. Officers monitor all vehicular traffic entering and leaving the facility.	\boxtimes			Central control and the various gate officers monitor all vehicular traffic entering and leaving the facility.
 18. The facility maintains a log of all incoming and departing vehicles to sensitive areas of the facility. Each entry contains: The driver's name Company represented Vehicle contents Delivery date and time Date and time out Vehicle license number Name of employee responsible for the vehicle during the facility visit 				The facility maintains log books at the entrance gates to the facility. The log books at both entrance gates to the facility were reviewed and found to contain all of the required information mandated by the standard.
19. Officers thoroughly search each vehicle entering and leaving the facility.	\boxtimes			
20. The facility has a written policy and procedures to prevent the introduction of contraband into the facility or any of its components.	\boxtimes			The facility policies for contraband, security and control and searches all contain procedures to prevent the introduction of contraband into the facility.
21. The front entrance has a sally-port type entrance, with interlocking electronic doors or grilles.	\boxtimes			
22. The facility's perimeter will ensure that detainees remain within and that public access is denied without proper authorization.	\boxtimes			The facility perimeter is adequate to ensure detainees remain within and that public access is denied.
23. Written procedures govern searches of detainee housing units and personal areas.	\boxtimes			
24. Housing area searches occur at irregular times.	\boxtimes			Searches of housing units and personal areas occur at irregular times.

PART 2 – 7. FACILITY SECURITY AND CONTROL				
This Detention Standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and that events that pose a risk of harm are prevented.				
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks
25. Security officer posts located in or immediately adjacent to detainee living areas to permit officers to see or hear and respond promptly to emergency situations. Personal contact and interaction between staff and detainees is required and facilitated.	\boxtimes			The officer stations in all of the housing units and other locations offer the security staff an excellent view of detainee living areas and allow officers to see and/or hear emergency situations. Interaction between staff and detainees was observed to be good and is encouraged by policy and practice.
26. There are post orders for every security officer post.	\boxtimes			Post orders were found for every post visited in the facility.
27. Detainee movement from one area to another area is controlled by staff.				At this facility detainee movement is controlled from one area to another.
28. Living areas are constructed to facilitate continuous staff observation of cell or room fronts, dayrooms, and recreation space.	\boxtimes			
29. Every search of the SMU and other housing units is documented.	\boxtimes			All searches of living units and the Special Management Unit (SMU) are documented in the unit logs.
30. The SMU entrance has a sallyport.	\square			
31. All tools entering SMU will be inspected and inventoried by the SMU officer prior to entering the housing unit.				All tools entering the SMU are inspected and inventoried by the SMU officer. During a tour of the SMU the officer was observed to inspect and log a maintenance employee into the unit. The tools and inventory forms were checked and logged.
 32. The facility has a comprehensive security inspection policy. The policy specifies: Posts to be inspected Required inspection forms Frequency of inspections Guidelines for checking security features Procedures for reporting weak spots, inconsistencies, and other areas needing improvement 				The Security and Control policy specifies which posts are to be inspected and the inspection forms to be used. The facility has a comprehensive security inspection policy which addresses the frequency of inspections, contains guidelines for checking security features and procedures for reporting weak spots, inconsistencies and other areas needing improvement.

PART 2 – 7. FACILITY SECURITY AND CONTROL				
This Detention Standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and that events that pose a risk of harm are prevented.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
33. Every officer is required to conduct a security check of his/her assigned area. The results are documented.				At this facility every officer is required to conduct a security inspection of their area. Review of logs throughout the facility shows that staff are conducting the inspections and logging the results.
34. Documentation of security inspections is kept on file.				Documentation of the security inspections is maintained in the compliance unit or in the shift supervisor's office.
35. Procedures ensure that recurring problems and a failure to take corrective action are reported to the appropriate manager.				
36. Tools being taken into the secure area of the facility are inspected and inventoried before entering and prior to departure.				All tools are stored inside the facility warehouse, which is outside the facility perimeter. Tools are brought into the facility via the warehouse gate. The tool officer issues needed tools to the maintenance worker and fills out an inventory form listing the tools. The gate officer checks the tools against the inventory and logs the tools into the gate log. The employee is then allowed to enter the secure part of the facility. The tool inventory is kept with the employee and upon leaving the secure portion of the facility the warehouse gate officer completes the process in reverse and the tools are returned to the tool room in the warehouse.
37. Storage and supply rooms; walls, light and plumbing fixtures, accesses, and drains, etc. undergo frequent, irregular searches. These searches are documented.				Storage and supply rooms, walls, light and plumbing fixtures, access and drains are searched and inspected once per shift.
38. Walls, fences, and exits, including exterior windows, are inspected for defects once each shift.	\boxtimes			
 39. Daily procedures include: Perimeter alarm system tests. Physical checks of the perimeter fence. Documenting the results. 				Perimeter alarm system tests and physical checks of the perimeter fence are checked (b)(7)e The results are documented and entered into the facility computerized tracking system.
40. Visitation areas receive frequent, irregular inspections.	\square			

PART 2 – 7. FACILITY SECURITY AND CONTROL				
This Detention Standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and that events that pose a risk of harm are prevented.				
Components	Meets Standard	Does Not Meet Standard	A/N	Remarks
41. An officer is assigned responsibility for ensuring the security inspection process covers all areas of the facility.				The Chief of Security is responsible for ensuring the security inspection process covers all areas of the facility.
42. The Maintenance Supervisor and Chief of Security or equivalent make monthly fence checks.				
FACILITY SECURITY AND CONTROL				
⊠ Meets Standard				
Remarks: (Record significant facts, observations, other sources used, etc.)				

(b)(7)e

Review of the facility procedures, post orders, staff interviews and review of facility logs confirm that the facility has an inspection process in place and other necessary controls in place to control the introduction of contraband into the facility, ensure facility safety, prevent escapes and maintain the facility in a sanitary condition for staff and detainees.

All tools taken into and out of the facility are inventoried and logged by the warehouse gate officer.

Staff interviewed throughout the facility were familiar with their responsibility to conduct security inspections and document these inspections. Security inspections were found to be logged in security logs throughout the facility

(b)(6), (b)(7)(c) / <u>05/03/2012</u> Reviewer's Signature / Date

PART 2 - 8. FUNDS AND PERSONAL PROPERTY

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

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

	Components	Meets Standard	Does Not Meet Standard	V/N	Remarks
1.	Detainee funds and valuables are properly separated and stored. Detainee funds and valuables are accessible to designated supervisor(s) only.	\boxtimes			Detainee funds and property are stored in accordance with the standard. Property is placed in a plastic container with a tamper proof numbered strap. Valuables are inventoried and placed in clear plastic bags and secured in a locked room behind a locked metal cage. Only the Lieutenant has a key to the valuables property area.
2.	Detainees' large valuables are secured in a location accessible to designated supervisor(s) or processing staff only.	\boxtimes			Large items are stored in the property room.
3.	Staff search and itemize the baggage and personal property of arriving detainees, including funds and valuables, using a personal property inventory form that meets the ICE standard, in the presence of the detainee unless otherwise instructed by the facility administrator.				
4.	(b)(7)(e) officers are present during the processing of detainee funds and valuables during admissions processing to the facility. (b)(7)e officers verify funds and valuables.				(b)(7)(e)officers are present and sign the G-589 receipt. The detainee signs the receipt as well and receives the original copy of the receipt.
5.	For IGSAs and CDFs, Is the facility using a personal property inventory form that meets the ICE standard?			\boxtimes	This is an SPC and ICE forms are used.
6.	Staff give the detainee the original inventory form, filing copies in the detainee's detention file and the personal property container.	\boxtimes			
7.	Staff forward an arriving detainee's medicine to the medical staff.	\boxtimes			Medicine is placed in a clear bag and given to medical staff for review and disposition.
8.	Staff search arriving detainees and their personal property for contraband.				All personal property is searched. The detainee is pat searched and a staff uses an electronic wand to discover any metal objects.
9.	Property discrepancies are immediately reported to the Chief of Security or equivalent.				Any discrepancies are immediately reported to the supervisor on duty.
10.	Staff follow written procedures when returning property to detainees.				Staff follows the facility's policy on Funds and Personal Property. The policy was reviewed by the Facility Administrator on 04/02/2012.

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PART 2 - 8. FUNDS AND PERSONAL PROPERTY

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

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

	Components	Meets Standard	Does Not Meet Standard	A/N	Remarks
11.	CDF/IGSA facility procedures for handling detainee property claims are similar to the ICE standard.			\boxtimes	This is an SPC and the facility follows the ICE standard.
	 The facility attempts to notify an out-processed detainee that he/she left property in the facility. By sending written notice to the detainee's last known address; via certified mail; The notice states that the detainee has 30 days in which to claim the property, after which it will be considered abandoned. 	\boxtimes			The facility will attempt to contact the detainee by phone. A forwarding address is obtained for all detainees and property will be mailed to the address supplied by the detainee.
13.	Staff obtain a forwarding address from each detainee.	\boxtimes			
14.	It is standard procedure $f(\alpha p)(7)(\alpha p)$ (ficers to be present when removing/documenting the removal of funds from a detainee's possession.	\boxtimes			b)(7)(e)officers are present and the detainee is required to sign a receipt for their property and valuables.
15.	Staff issue and maintain property receipts (G-589s) in numerical order.	\boxtimes			The log book was reviewed and G- 589s were in numerical order.
16.	Staff complete and distribute the G-589 in accordance with the ICE standard.	\boxtimes			
17.	The processing officer records each G-589 issuance in a G-589 logbook. The record includes the initials and star numbers of receipting officers.	\boxtimes			The log book met this requirement.
18.	Staff tag large valuables with both a G-589 and an I-77.	\boxtimes			
19.	The supervisor verifies the accuracy of every G-589.	\boxtimes			Audits occur weekly by two second level supervisors.
20.	 The supervisor ensures that: Detainee funds are, without exception, deposited into the cash box; Every property envelope is sealed. All sealed property envelopes are placed in the safe. Large, valuable property is kept in the secured locked area. 	\boxtimes			
21.	Staff tag every baggage/facility container with an I-77, completed in accordance with the ICE standard.	\boxtimes			
22.	Staff secure every container used to store property with a tamper-proof numbered strap.	\boxtimes			A review of property containers revealed the facility is adhering to this process.

PART 2 - 8. FUNDS AND PERSONAL PROPERTY

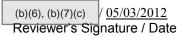
This Detention Standard ensures that detainees' personal property is safeguarded and controlled, specifically including funds, valuables, baggage and other personnel property, and that contraband does not enter a detention facility.

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks						
23.	A logbook records detainee name, A- number/detainee-number, baggage-check/ I-77 number, security tie-strap number, property description, date issued and date returned.				This is maintained electronically. This Inspector verified this process.						
24.	<u>In SPCs</u> , the Supervisory Immigration Enforcement Agent, accompanied by a detention staff member conducts a comprehensive weekly audit.										
25.	The Facility Administrator has established quarterly audits of baggage and non-valuable property as facility policy, the audits occur each quarter and audits are verified and entered in the log.	\boxtimes			Policy states this will be done at least quarterly; however, audits are conducted monthly.						
26.	The facility positively identifies every detainee being released or transferred.	\boxtimes									
27.	Staff routinely inform supervisors of lost/damaged property claims. Claims are properly investigated and missing or damaged property claim reports are filed.				All claims for lost or damaged property are reported on an I-387 form and are properly investigated.						
28.	Every lost/damaged property report completed in accordance with the ICE standard on an I-387 (or equivalent). The Facility Administrator receives a copy and staff place the original in the detainee's A- file, retaining a copy in the detainee's detention file.										
	PART 2 - 8. FUNDS AND PERSONAL PROPERTY										
	🛛 Meets Standard 🛛 🗌 Does Not Meet St	andard	□ N/A								

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

The property room was very clean and orderly. All property containers were labeled correctly with the I-77 Form, and valuables were documented on the G-589 form. Audits are occurring in accordance with the standards and staff interviewed was well versed in policy and procedures. The rating of this standard was based on a review of documentation, review of electronic log book, staff interviews, and personal observations.



	PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES						
This Detention Standard ensures the safety, security, and comfort of detainees temporarily held in Hold Rooms pending further processing. The maximum aggregate time an individual may be confined in a facility's Hold Room is 12 hours.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	The hold room is situated in a location within the secure perimeter.	\boxtimes			The facility has four hold rooms in processing, all of which are located inside the secure perimeter.		
2.	The hold rooms are clean, in good repair, well ventilated, well lit, and all activating switches located outside the room.	\boxtimes			Multiple tours of the processing area showed the hold rooms to be clean, in good repair, well lit and vented with all activation switches located outside the rooms.		
3.	The hold rooms contain sufficient seating for the number of detainees held.	\boxtimes			Two of the hold rooms hold 15 persons while the other two hold 25. There is sufficient seating for the number of detainees held.		
4.	No bunks/cots/beds or other related make shift sleeping apparatuses are permitted inside hold rooms.	\boxtimes			No sleeping material was observed in the hold rooms.		
5.	Hold room walls and ceilings are escape and tamper resistant.	\boxtimes					
6.	Detainees are not held in hold rooms for more than 12 hours.	\boxtimes					
7.	Male and females detainees are segregated from each other at all times.			\boxtimes	The facility does not house female detainees.		
8.	Detainees are provided with basic personal hygiene items such as water, soap, toilet paper, cups for water, feminine hygiene items, diapers and wipes.	\boxtimes			Basic hygiene items are provided to all detainees in processing.		
9.	If the hold room is not equipped with toilet facilities, an officer is posted within visual or audible range to allow detainees access to such on a regular basis.	\boxtimes			Each of the four hold rooms is equipped with toilet facilities inside the hold rooms.		

PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES						
This Detention Standard ensures the safety, security, and comfort of detainees temporarily held in Hold Rooms pending further processing. The maximum aggregate time an individual may be confined in a facility's Hold Room is 12 hours.						
Components	Meets Standard	Does Not Meet Standard	∀/N	Remarks		
10. All detainees are given a pat down search for weapons or contraband before being placed in the hold room.	\boxtimes					
 11. When the last detainee has been removed, the hold room is inspected for the following: Cleaning. Evidence of tampering with doors, locks, windows, grills, plumbing or electrical fixtures is reported to the shift supervisor for corrective action or repair. 	\boxtimes					
 12. (MANDATORY) There is a written evacuation plan. There is a designated officer to remove detainees from the hold rooms in case of fire and/or building evacuation, or other emergency. 	\boxtimes			The facility has a written evacuation plan. The plan specifies the Processing Officer is responsible for removing detainees from the hold rooms in an emergency or evacuation. The post orders for this position also stipulate the position is responsible for this task.		
13. An appropriate emergency service is called immediately upon a determination that a medical emergency exists.	\boxtimes			The Public Health Service is notified whenever a medical emergency exists.		
 14. Single occupant hold rooms contain a minimum of 37 square feet (7 unencumbered square feet for the detainee, 5 square feet for a combination lavatory/toilet fixture, and 25 square feet for a wheelchair turn-around area). If multiple-occupant hold rooms are used, there is an additional 7 unencumbered square feet for each additional detainee. 	\boxtimes			Each of the facility hold rooms contains the requisite number of square feet for the number of detainees held.		
 15. <u>In SPCs designed after 1998</u> the hold rooms are equipped with stainless steel combination lavatory/toilet fixtures with modesty panels. They are: Compliant with the American Disabilities Act. Small hold rooms (1 to 14 detainees) have at least one combi-unit. Large hold rooms (15 to 49 detainees) are provided with at least two combi-units. 	\boxtimes			Two of the four hold rooms are American Disabilities Act compliant. The two 15 person hold rooms each contain two toilets and sinks, and of the two 25 person hold rooms one has two toilets and sinks and the other has three.		
16. <u>In SPCs designed after 1998</u> the hold rooms have floor drain(s).			\boxtimes	This facility was built in 1995 and there are no floor drains in the hold rooms.		
17. In SPCs designed after 1998, the door to the hold room swings outward and the door complies with the specifications outlined in the standard.	\boxtimes			This facility was built in 1995; however, all doors to the hold rooms swing outward and the doors comply with the specifications outlined in the standard.		

PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES						
This Detention Standard ensures the safety, security, and comfort of detainees temporarily held in Hold Rooms pending further processing. The maximum aggregate time an individual may be confined in a facility's Hold Room is 12 hours.						
Components	Meets Standard	Does Not Meet Standard	¥/N	Remarks		
18. Family units, persons of advanced age (over 70), females with children, and unaccompanied juvenile detainees (under the age of 18) are not placed in hold rooms.	\boxtimes					
19. Minors (under 18) are confined apart from adults, except for immediate relatives or guardians.	\boxtimes			This facility does not hold juvenile detainees. If they are discovered in the processing unit they are immediately separated and placed in a juvenile facility.		
 20. Each detention facility maintains a detention log (manually or by computer) for each detainee placed in a hold cell. The log includes the required information specified in the standard. 	\boxtimes			This facility maintains an electronic tracking log on each detainee in the processing center. The log was reviewed and found to contain the required information specified in the standard.		
 21. Officers provide a meal to any detainee detained in a hold room for more than six hours. Juveniles, babies and pregnant women have access to snacks, milk or juice. Meal are served to juveniles regardless of time in custody 						
22. Any detainee with disabilities, including temporary disabilities, will be housed in a manner that provides for his or her safety and security.						
23. The maximum occupancy for the hold room will be posted.				The maximum occupancy for each of the hold rooms is posted over the door to the rooms.		
24. Before placing a detainee in a room, an officer shall observe each individual to screen for obvious mental or physical problems.				Facility medical staff and processing staff screen all detainees for obvious signs of mental or physical problems.		
25. Staff does not permit detainees to smoke in a hold room.				This facility is a smoke free facility.		
 26. Officers closely supervise hold rooms through direct supervision, to ensure: Continuous auditory monitoring, even when the hold room is not in the officer's direct line of sight, and Visual monitoring at irregular intervals at least every 15 minutes, each time recording in the detention log, the time and officer's printed name and any unusual behavior or complaints under "Comments." Constant surveillance of any detainee exhibiting signs of hostility, depression, or similar behaviors. 				The processing center is small, with the officers station located directly in front of each of the hold rooms. This allows staff a direct line of sight into each hold room. The hold rooms are continuously monitored and visual observations are recorded in the log every 15 minutes. Detainees displaying hostile, depression or other similar behaviors are constantly watched.		

PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES					
🛛 Meets Standard	Does Not Meet Standard	□ N/A	☐Repeat Finding		

Remarks: (Record significant facts, observations, other sources used, etc.) Overall review of facility policy, practice and staff interviews show the facility is using the hold rooms in the processing center for temporary detention of detainees being processed into/out of the facility and transfers.

Detainees being processed into the facility are not held in excess of 12 hours. The intake hold rooms were observed to be clean and well maintained.

The automated tracking log used by staff in processing contains all of the required information mandated by the standard.

(b)(6), (b)(7)(c) / <u>05/03/2012</u> Reviewer's Signature / Date

PART 2 – 10. KEY AND LOCK CONTROL							
	This Detention Standard maintains facility safety and security by requiring that keys and locks be properly controlled and maintained.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	The security officer[s], or equivalent, has attended an approved locksmith training program.	\boxtimes			The facility Security Officer has attended an approved locksmith training program.		
2.	The security officer, or equivalent, has responsibility for all administrative duties and responsibilities relating to keys, locks etc.	\boxtimes			The facility Security Officer is responsible for all administrative duties relating to keys and locks.		
3.	The security officer, or equivalent, provides training to all employees in key and lock control.	\boxtimes			The Security Officer provides training to employees in key and lock control.		
4.	The security officer, or equivalent, maintains inventories of all keys, locks and locking devices.	\boxtimes					
5.	The security officer follows a preventive maintenance program and maintains all preventive maintenance documentation.	\boxtimes			The facility Security Officer follows a preventative maintenance program which is outlined in the facility key and lock policy.		
6.	Facility policies and procedures address the issue of compromised keys and locks.	\boxtimes			The issue of compromised keys and locking devices is addressed in the facility key/lock policy.		
7.	The security officer, or equivalent, develops policy and procedures to ensure safe combinations integrity.	\boxtimes			The Security Officer is responsible for safe combination integrity.		
8.	Only dead bolt or dead lock functions are used in detainee accessible areas.	\boxtimes					
9.	Non-authorized locks (as specified in the Detention Standard) are not used in detainee accessible areas.	\boxtimes					
10.	The facility does not use grand master keying systems.	\boxtimes			The facility does not use a grand master keying system.		
11.	All worn or discarded keys and locks cut up and properly disposed of.	\boxtimes					
12.	Padlocks and/or chains are not used on cell doors.				Padlocks and/or chains are not used on cell doors and none were observed during the review.		
13.	 The entrance/exit door locks to detainee living quarters, or areas with an occupant load of 50 or more people, conform to Occupational Safety and Environmental Health Manual, Chapter 3 National Fire Protection Association Life Safety 	\boxtimes					
14.	Code 101. The operational keyboard sufficient to accommodate all the facility key rings including keys in use is located in a secure area.	\boxtimes			The facility uses the Key Watcher system to maintain and dispense keys. The system is sufficient to accommodate the facility key rings.		

PART 2 – 10. KEY AND LOCK CONTROL						
This Detention Standard maintains facility safety and security by requiring that keys and locks be properly controlled and maintained.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
 15. Procedures in place to ensure that key rings are: Identifiable Numbers of keys on the ring are cited? Keys cannot be removed from issued key rings 				Each key ring is identifiable, the number of keys on each ring is cited and keys cannot be removed from key rings.		
16. Emergency keys are available for all areas of the facility.	\boxtimes			Emergency keys are located at three locations within the facility.		
17. The facility uses a key accountability system.	\boxtimes					
18. Authorization is necessary to issue any restricted key.	\boxtimes			The shift supervisor must authorize the issue of any restricted key.		
 19. 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. 				Gun lockers are located at two locations in the facility. Both are under staff visual observation and are not accessible to either detainees or the public.		
20. The facility has a key accountability policy and procedures to ensure key accountability. The keys are physically counted daily.				Individual key rings are accounted for at the start of each shift. All keys are physically counted once each day.		
 21. 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. 						
22. Locks and locking devices are continually inspected, maintained, and inventoried.						
23. Each facility has the position of Security Officer. If not, a staff member appointed the collateral duties of security officer.				This facility has a designated Security Officer.		
24. The designated key control officer is the only employee who is authorized to add or remove a key from a ring.				The Security Officer is the only individual who can add or remove a key from a ring.		
25. The splitting of key rings into separate rings is not authorized.	\boxtimes					
PART 2 – 10. KEY A	ND LO		ROL			
🛛 Meets Standard 🛛 🗌 Does Not Meet S	andard	I	\	☐Repeat Finding		

The facility uses the Key Watcher system for the storage and dispensing of keys. Review of the facility procedures, actual practice, staff interviews and visual observation of key control areas within the facility show that the facility key control policies for the use, accountability, and maintenance of keys and locks are being practiced by facility staff.

All keys are accounted for at the end of each shift. Individual keys are counted once each day.

The facility has a dedicated officer for all key control functions.

(b)(6), (b)(7)(c) <u>05/03/2012</u> Reviewer's Signature / Date

PART 2 – 11. POPULATION COUNTS						
This Detention Standard protects the community from harm and enhances facility security, safety, and good order by requiring that each facility have an ongoing, effective system of population counts and detainee accountability.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
 Staff conduct a formal count at least once each 8 hours (no less than three counts per day). At least one of these counts shall be a face to photo count. 				The facility conducts three counts each 24 hours. Counts occur at 5:30 AM, 1:30 PM and 9:30 PM. The 9:30 PM count is a face to photo count.		
2. Activities cease or are strictly controlled while a formal count is being conducted.	\boxtimes			Activities cease during the formal counts.		
3. There is a system for counting each detainee, including those who are outside the housing unit.	\boxtimes					
4. Formal counts in all units take place simultaneously.				All formal counts take place simultaneously.		
5. Officers do not allow detainee participation in the count.				Detainee participation in counts is not allowed.		
6. A face-to-photo count follows each unsuccessful recount.				Facility procedures include a face to photo count to resolve unsuccessful count.		
7. Officers positively identify each detainee before counting him/her as present.						
8. Written procedures cover informal and emergency counts.						
9. The control officer (or other designated position) maintains an "out-count" record of all detainees temporarily out of the facility.	\boxtimes			The facility Operational Control Officer maintains the out-count record of all detainees temporarily out of the facility.		
10. Security officers and any other staff with responsibilities for conducting counts are provided adequate initial and periodic training in count procedures, and that training is documented in each person's training folder.				All staff receives pre-service and annual training in count procedures. This training is documented in each person's training folder.		
PART 2 – 11. POP	ULATIO		rs			
🛛 Meets Standard 🛛 🗌 Does Not Meet S	andard	□ N/A		☐Repeat Finding		

Remarks: (Record significant facts, observations, other sources used, etc.) The facility 1:30 PM count was observed and was found to be conducted in compliance with facility policies.

All movement ceases during count. Staff is well versed in the count requirements. The facility procedures have been incorporated into actual practice.

(b)(6), (b)(7)(C) / <u>05/03/2012</u> Reviewer's Signature / Date

PART 2 – 12. POST ORDERS						
This Detention Standard protects detainees and staff and enhances facility security and good order by ensuring that each officer assigned to a security post knows the procedures, duties, and responsibilities of that post.						
Components		Meets Standard	Does Not Meet Standard	N/A	Remarks	
1. Every fixed post has a set of Post Orders		\boxtimes			At this facility every fixed post has a set of post orders.	
 In SPCs and CDFs, Post Orders are arranged required six-part folder format. 	anged in the	\boxtimes			Policy requires the post orders to be arranged in the six-part folder format. All post orders reviewed complied with this requirement.	
3. Each set contains the latest inserts memoranda, etc.) and revisions.	(emergency	\boxtimes				
 One individual or department is resp keeping all Post Orders current with revisi place between reviews. 					The Chief of Security is responsible for keeping all post orders current.	
 Review, updating, and reissuing of Post O regularly and at least annually. 	orders occurs					
 The facility administrator authorizes all changes. 	Post Order	\square				
 The facility administrator has signed and o page of every section. 	dated the last	\boxtimes			All post orders reviewed were signed and dated on the last page of the post orders. The administrator initials each additional page of the post orders. All post orders were found to be current.	
8. A Post Orders master file is available to	all staff.	\square				
 Procedures keep Post Orders and logb from detainees at all times. 	ooks secure				Policy requires that post orders be kept secure and all post orders reviewed throughout the facility were found to be in secure locations.	
10. Copies of the applicable Post Orders are the post only if secure from detainee acc		\boxtimes				
 Supervisors ensure that officers understa Orders, regardless of whether the as temporary, permanent, or due to an eme 	signment is	\boxtimes				
12. In SPCs and CDFs, each time an office different post assignment, he or she is read, sign, and date those Post Orders to or she has read and understands them.	required to o indicate he				At this facility all staff signs their post orders on a daily basis. The signature pages of all post orders reviewed were found to be current.	
 Anyone assigned to an armed post quali post weapons before assuming post duty 		\boxtimes			All staff assigned to an armed post must qualify with the post weapons prior to assuming the post duty.	

PART 2 – 12. POST ORDERS							
	This Detention Standard protects detainees and staff and enhances facility security and good order by ensuring that each officer assigned to a security post knows the procedures, duties, and responsibilities of that post.						
Components		Meets Standard	Does Not Meet Standard	N/A	Remarks		
	st Orders for armed posts, and for posts that control cess to the institution perimeter, clearly state that:				Post orders were reviewed for all armed posts and were found to contain direction explaining that		
-	(b)(7)e	•			(b)(7)e		
15. Post Orders for armed posts provide instructions for escape attempts.		\boxtimes			All of the post orders for armed posts contained instruction for the post in the event of an escape.		
16. The Post Orders for housing units track the daily event schedule.		\boxtimes					
 schedule. 17. Housing unit post officers record all detainee activity in a log. The Post Orders include instructions on maintaining the logbook. 		\boxtimes			The post orders for housing units contain detailed instructions for maintaining the log and recording detainee activity.		

PART 2 – 12. POST ORDERS

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

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

Facility post orders were reviewed at multiple locations throughout the facility and were found to be current, were signed by the facility administrator, and contained the required updates.

The housing unit post orders contained the daily event schedule. The post order binders were all located in secure locations and detainee access was not allowed.

Every fixed post at the facility has a set of post orders. Fixed posts which had special requirements required in the post orders (such as armed posts) were all found to have the required language in the post order.

The post orders were all found to be comprehensive and to give appropriate direction to staff.

(b)(6), (b)(7)(c) <u>05/03/2012</u> Reviewer's Signature / Date

PART 2 – 13. SEARCHES OF DETAINEES							
This Detention Standard protects detainees and staff and enhances facility security and good order by detecting, controlling, and properly disposing of contraband.							
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
1. There are written policy and procedures governing searches of housing areas, work areas and of detainees.	\boxtimes			Policy is entitled Searches of Detainees.			
2. Written policy and procedures require staff to employ the least intrusive method of body search practicable, as indicated by the type of contraband and the method of suspected introduction or concealment.				Policy is entitled Searches of Detainees. The facility conducts random pat searches and would request permission from supervisory personnel before any strip search was conducted.			

	PART 2 – 13. SEARCHES OF DETAINEES						
	This Detention Standard protects detainees and staff and enhances facility security and good order by detecting, controlling, and properly disposing of contraband.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
3.	Written policy and procedures require staff to avoid unnecessary force during searches and to preserve the dignity of the detainee being searched, to the extent practicable.	\boxtimes			The policy on Searches of Detainees covers the requirement that staff avoid unnecessary force during searches and to preserve the dignity of the detainee being searched, to the extent practicable.		
4.	Written policy and procedures require staff to leave a searched housing area, work area and detainee property in its original order, to the extent practicable.	\boxtimes			The facility's policy on Searches covers the requirement that staff leave a searched housing area, work area and detainee property in its original order, to the extent practicable.		
5.	Detainees are pat searched and screened by metal detectors routinely to control contraband.	\boxtimes			Hand held metal detectors are routinely used for contraband detection.		
6.	Strip Searches are conducted only when there is reasonable belief or suspicion that contraband may be concealed on the person, or a good opportunity for concealment has occurred, and when properly authorized by a supervisor.	\boxtimes			Policy on Searches of Detainees covers that strip searches are conducted only when there is reasonable belief or suspicion that contraband may be concealed on the person, or a good opportunity for concealment has occurred and only when properly authorized by a supervisor.		
7.	Body cavity searches are conducted by designated health personnel only when authorized by the facility administrator (or acting administrator) on the basis of reasonable belief or suspicion that contraband may be concealed in or on the detainee's person.				Policy on Searches of Detainees covers that body cavity searches are conducted by designated health personnel only when authorized by the AFOD or acting AFOD on the basis of reasonable belief or suspicion that contraband may be concealed in or on the detainee's person. There have been no body cavity searches conducted at this facility to date according to the Supervisory Immigration Enforcement Agent (SIEA).		
8.	"Dry cells" are used for contraband detection only when there is reasonable belief of concealment, with proper authorization, and in accordance with required procedures				Policy on Dry Cell Watches covers that dry cells are used for contraband detection only when there is reasonable belief of concealment, with proper authorization and in accordance with required procedures.		

PART 2 – 13. SEARCHES OF DETAINEES						
This Detention Standard protects detainees and staff and enhances facility security and good order by detecting, controlling, and properly disposing of contraband.						
Components	Meets Standard	Does Not Meet Standard	∀/N	Remarks		
 Contraband that may be evidence in connection with a violation of a criminal statute is preserved, inventoried, controlled, and stored so as to maintain and document the chain of custody. 	\boxtimes			Policy on contraband covers that contraband which may be evidence of a violation of a criminal statute is preserved, inventoried, controlled and stored so as to maintain and document the chain of custody.		
10. Canines are not used in the presence of detainees	\boxtimes			There is no canine unit at this facility; however there is an MOU with the Border Patrol to use its canine unit. The canines are used only for contraband detection and never in the presence of detainees.		
PART 2 – 13. SEARC	HES O	F DETAIN	EES			
⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding						

Staff interviews, a review of documentation and on-site observations confirmed that the facility has the necessary policy and procedures in place to ensure that searches are conducted in the least intrusive manner possible, while preserving the dignity of the detainees.



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

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The facility has a Sexual Abuse and Assault Prevention and Intervention Program.				The facility has a Sexual Abuse and Assault Prevention and Intervention Program.
2.	For SPCs and CDFs, the written policy and procedure has been approved by the Field Office Director.	\boxtimes			The policy has been approved by the Field Office Director
3.	Tracking statistics and reports are readily available for review by the inspectors.	\boxtimes			Statistics and reports were available to the inspector.

PART 2– 14. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION							
an	This Detention Standard requires that facilities that house ICE/DRO detainees affirmatively act to prevent sexual abuse and assaults on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and assault, and control, discipline, and prosecute the perpetrators of sexual abuse and assault.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
4.	All staff are trained, during orientation and in annual refresher training, in the prevention and intervention areas required by the Detention Standard.	\boxtimes			A review of detention and medical staff training records and the training curriculum shows that all staff is trained, during orientation and annually, in the prevention and intervention of sexual assault and abuse.		
5.	Detainees are informed about the program in facility orientation and the detainee handbook (or equivalent).	\boxtimes			Detainees are informed about the program in facility orientation, the detainee handbook, and through postings in the housing areas.		
6.	The Sexual Assault Awareness Notice is posted on all housing unit bulletin boards.	\boxtimes			Observation of the housing unit bulletin boards revealed the Sexual Assault Awareness notice is posted.		
7.	The Sexual Assault Awareness Information brochure is available for detainees. (Required in SPCs and CDFs.)	\boxtimes			The Sexual Assault Awareness information brochure is available for detainees from the medical department.		
8.	Detainees are screened upon arrival for "high risk" sexual assaultive and sexual victimization potential and housed and counseled accordingly.	\boxtimes			All detainees receive a health screening within 12 hours of arriving at the facility, which are performed by a registered nurse. The screening includes questions relating to sexual assault and abuse and high risk behavior. Appropriate referral and counseling occurs. Twenty three (23) detainee medical records were reviewed showing all had this screening as part of the intake health screen.		
9.	All incidents of sexual abuse or assault by a detainee on a detainee have been documented in the past year.	\boxtimes			The PREA (Prison Rape Enforcement Act) coordinator reports there have been no reported sexual abuse or assault cases in the past 12 months.		
10.	All incidents or allegations of sexual abuse or assault by staff on a detainee have been documented in the past year.	\boxtimes			No incidents or allegations of sexual abuse or assault by staff on a detainee have been reported.		
11.	There is prompt and effective intervention when any detainee is sexually abused or assaulted and policy and procedures for required chain-of-command reporting.	\boxtimes			A review of policy indicates there would be prompt and effective intervention when any detainee claims he was sexually assaulted. Required chain-of-command reporting would be done. There were no incidents to follow up on to confirm this.		

PART 2– 14. SEXUAL ABUSE AND ASSA	PART 2– 14. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION					
This Detention Standard requires that facilities that house ICE/DRO detainees affirmatively act to prevent sexual abuse and assaults on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and assault, and control, discipline, and prosecute the perpetrators of sexual abuse and assault.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
12. When there is an alleged sexual assault, staff conduct a thorough investigation, gather and maintain evidence, and make referrals to appropriate law enforcement agencies for possible prosecution.	\boxtimes			Policy is in place and ICE interviews reveal when an incident occurs a thorough investigation follows. Evidence is gathered and maintained and appropriate referrals are made.		
13. When there is an alleged or proven sexual assault, the required notifications are promptly made.	\boxtimes			Policy is in place and interviews revealed that ICE is notified and makes all other required notifications.		
14. Victims of sexual abuse or assault are referred to specialized community resources for treatment and gathering of evidence.	\boxtimes			Forensic evidence is not gathered by the medical department. Policy indicates they would contact the Rape Crisis Center at the local hospital and transport the detainee to the hospital.		
15. All records associated with claims of sexual abuse or assault is maintained, and such incidents are specifically logged and tracked by a designated staff coordinator.	\boxtimes			The facility has a PREA coordinator, which is the Health Services Administrator, who logs, tracks, and maintains all records associated with claims of sexual abuse or assault.		
SEXUAL ABUSE AND ASSAULT P	REVEN	NTION AN	D INTI	ERVENTION		
🖂 Meets Standard 🛛 🗌 Does Not Meet St	andard	□ N/A		☐Repeat Finding		

This rating is based on interviews with the clinical psychologist and the PREA coordinator and a review of policies, training records and training curriculum. There have been no cases reported to the PREA officer in the past 12 months so there were no files to review.

(b)(6), (b)(7)(c) 05/03/2012 Reviewer's Signature / Date

	PART 2 – 15. SPECIAL MANAGEMENT UNITS						
seg Adr	This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	Written policy and procedures are in place for special management units.	\boxtimes			The facility has a comprehensive policy in place for operation of the Special Management Unit (SMU)		
2.	A detainee is placed in protective custody status in Administrative Segregation only when there is documentation that it is warranted and that no reasonable alternatives are available.	\boxtimes					
3.	A detainee will be placed in Disciplinary Segregation only after a finding by a Disciplinary Hearing Panel that the detainee is guilty of a prohibited act or rule violation classified at a "Greatest", "High", or "High- Moderate" level, as defined in the Detention Standard on Disciplinary System.				A detainee can only be placed in Disciplinary Segregation following a hearing by the disciplinary hearing panel and being found guilty of the appropriate level violation.		
4.	(MANDATORY) Health care personnel are immediately informed when a detainee is admitted to an SMU to provide assessment and review as indicated by health care protocols.	\boxtimes			Facility policy requires that health care personnel are immediately informed when a detainee is admitted to the SMU to provide an assessment and review of medical needs. Multiple files of detainees held in the SMU were reviewed and all contained the signed and dated evaluation form from health care personnel indicating the detainee had been seen prior to placement in SMU.		
5.	There are written policy and procedures to control and secure SMU entrances, contraband, tools, and food carts, in accordance with the Detention Standard on Facility Security and Control.						
6.	The number of detainees confined to each cell or room does not exceed the capacity for which it was designed.				Only one detainee per cell is allowed at this facility. During multiple tours of the SMU only one detainee per cell was observed.		
7.	Cells and rooms are well ventilated, adequately lit, appropriately heated and maintained in a sanitary condition at all times.				Inspections of the cells in the SMU showed them to be clean, well maintained, vented and lit.		
8.	Permanent housing logs are maintained in SMUs to record pertinent information on detainees upon admission to and release from the unit, and in which supervisory staff and other officials record their visits to the unit.						

PART 2 – 15. SPECIAL	PART 2 – 15. SPECIAL MANAGEMENT UNITS					
This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.						
Components	Meets Standard	Does Not Meet Standard	V /N	Remarks		
 A permanent log is maintained in each SMU to record all activities concerning SMU detainees (meals served, recreation, visitors, etc.). In SPCs and CDFs, the SMU log records the detainee's name, A-number, housing location, date admitted, reasons for admission, tentative release date for detainees in Disciplinary Segregation, the authorizing official, and date released. 	\boxtimes			A permanent log is maintained in the SMU to record daily activities. Review of the log showed it contained the required information specified in the standard.		
 10. In SPCs and CDFs, a separate log is maintained in the SMU that all persons visiting the unit must sign and record: The time and date of the visit, and Any unusual activity or behavior of an individual detainee, with a follow-up memorandum sent through the facility administrator to the detainee's file. 				The visitors log was inspected and found to contain the time and date of the visit. Any unusual detainee activity is logged and reported to the facility administrator.		
 11. A Special Management Housing Unit Record is maintained on each detainee in an SMU: In SPCs form I-888 (Special Management Housing Unit Record) is prepared immediately upon the detainee's placement in the SMU. In CDFs and IGSA facilities form I-888 or a comparable form is used. In SPCs and CDFs: By the end of each shift, the special housing unit officer records: Whether the detainee ate, showered, exercised, and took any medication, and Any additional information, for example, if the detainee has a medical condition, has exhibited suicidal or assaultive behavior, etc. When a health care provider visits an SMU detainee, he or she signs that individual's record, and the housing officer initials the record after all medical visits are completed and no later than the end of the shift. 	\boxtimes			The facility prepares form I-888 on all detainees in the SMU. Staff records whether the detainee ate, showered, exercised and took any medications. Any additional information is also recorded. The health care provider who visits the unit must also sign the individual record. Review of numerous I-888 forms showed that staff was appropriately completing the forms.		
12. Upon a detainee's release from the SMU, the releasing officer attaches the entire housing unit record to the Administrative Segregation Order or Disciplinary Segregation Order and forwards it to the Supervisor for inclusion in the detainee's detention file.						

PART 2 – 15. SPECIAL MANAGEMENT UNITS							
This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.							
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks			
 There are written policy and procedures concerning the property detainees may retain in each type of segregation. 	\boxtimes			The facility policies specify what property a detainee in the SMU can have.			
 14. There are written policy and procedures concerning privileges detainees may have in each type of segregation. (In Administrative Segregation, detainees generally receive the same general privileges as detainees in the general population, as is consistent with available resources and safety and security considerations.) 	\boxtimes			The facility policy specifies the privileges detainees can have in each type of segregation. Detainees in Administrative Segregation generally receive the same privileges as general population detainees.			
15. Detainees in Administrative Segregation are provided opportunities to spend time outside their cells (over and above the required recreation periods), for such activities as socializing, watching TV, and playing board games and may be assigned to work details (for example, as orderlies in the SMU).							
16. Detainees in SMUs are personally observed at least every 30 minutes in an irregular schedule and more often when warranted for some cases (violent, mentally disordered, bizarre behavior, suicidal).							
17. The shift supervisor sees each segregated detainee daily, including weekends and holidays.	\boxtimes			The shift supervisor tours and sees each detainee in the SMU each day including weekends and holidays.			
18. The facility administrator (or designee) visits each SMU daily.	\boxtimes						
19. A health care provider visits every detainee in an SMU at least three times a week, and detainees are provided any medications prescribed for them. In SPCs and CDFs, a nurse, doctor or other appropriate health care professional visits the SMU at least once each workday and questions each detainee to identify any medical problems or requests. Any action taken is documented in a separate logbook, and the medical visit is recorded on the detainee's SMU Housing Record (Form I-888).				At this facility a health care provider visits every detainee in the SMU on a daily basis. Any action is documented and the medical visit is recorded in the detainee's I-888 form. Interview of SMU staff confirmed that health care staff tour the unit daily between 6:30 AM and 7:00 AM each day and interview each detainee.			
20. Detainees in SMUs are provided three nutritionally adequate meals per day, ordinarily from the general population menu.							

PART 2 – 15. SPECIAL MANAGEMENT UNITS							
This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.							
	Components	Meets Standard	Does Not Meet Standard	V/N	Remarks		
times we (laundry,	in SMUs may shave and shower three ekly and receive other basic services hair care, barbering, clothing, bedding, he same basis as the general population.				Detainees in the SMU are allowed to shave and shower three times per week and receive other basic services such as laundry, hair care, barbering, and clothing/linen exchange as general population detainees.		
reasons a mattress, so disturbe or bedding self or ot immediate	documented medical or mental health re detainees denied such items as clothing, bedding, linens, or a pillow. If a detainee is ed that he or she is likely to destroy clothing g or create a disturbance risking harm to hers, the medical department is notified ely and a regimen of treatment and control by the medical officer.						
	in an SMU may write and receive letters as the general population.	\boxtimes					
24. Detainees privileges.	in an SMU ordinarily retain visiting						
restricted an SMU w indicated	documentation was generated for any or disallowed general visits for a detainee in ho violated visiting rules or whose behavior the detainee would be a threat to the good order of the visiting room in the past				Any restriction of visiting privileges is documented per policy. SMU staff and ICE staff could not recall a recent occasion where a detainee's visiting privileges were curtailed or not allowed.		
restricted detainee because committeo guidelines the detain	documentation was generated, for any or disallowed general visitation for a in Administrative Segregation status the detainee was charged with, or l, a prohibited act having to do with visiting or otherwise acted in a way that indicated nee would be a threat to the orderly or security of the visiting room in the past				There were no detainees in the SMU during the review that had restricted visiting. SMU staff and ICE staff could not recall a recent occasion where a detainee's visiting privileges were curtailed or not allowed. Any visiting restriction would be documented and approved by the facility administrator.		
	circumstances is a detainee permitted to in general visitation while in restraints.						
and violen	nd CDFs, detainees in protective custody t and disruptive detainees are not permitted e visitation room during normal visitation	\boxtimes					
are limite	nd CDFs, violent and disruptive detainees d to non-contact visits and, in extreme permitted to visit.	\boxtimes					

PART 2 – 15. SPECIAL MANAGEMENT UNITS							
This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.							
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
30. Ordinarily, detainees in SMUs are not denied legal visitation.				Detainees in the SMU are allowed legal visitation.			
31. There are policy and procedures for a situation where special security precautions for legal visitation have to be implemented and for advising legal service providers and assistants prior to their visits.				The SMU policy contains procedures for implementing special security precautions for legal visits and for advising legal service providers and assistants prior to their visits.			
32. Detainees in SMUs are allowed visits by members of the clergy, upon request; unless it is determined a visit presents a risk to safety, security, or orderly operations.				Detainees in the SMU are allowed visits by the clergy.			
33. Detainees in SMUs have access to reading materials, including religious materials. In SPCs and CDFs, the Recreation Specialist offers each detainee soft- bound, non-legal books on a rotating basis, provided no detainee has more than two books (excluding religious material) at any one time.	\boxtimes			The facility recreation specialist offers detainees reading material, including religious material.			
34. Detainees in SMUs have access to legal materials, in accordance with the Detention Standard on Law Libraries and Legal Material. Detainees are permitted to retain a reasonable amount of personal legal material in the SMU, provided it does not create a safety, security and/or sanitation hazard. Detainee requests for access to legal material in their personal property are accommodated as soon as possible and always within 24 hours of a detainee's request.				Detainees in the SMU who request law library access are removed from the SMU and escorted to the law library in Delta Unit. Detainees are allowed to retain a reasonable amount of legal material in the SMU. They are provided access to legal material in their personal property as soon as possible or within 24 hours.			
35. Detainees in Administrative Segregation or Disciplinary Segregation have the same law library access as the general population, unless compelling and documented security concerns require limitations.				Detainees in the SMU are escorted to the law library during the swing shift.			
36. Policy and procedures provide for legal material to be brought to individuals in Disciplinary Segregation under certain circumstances.							
 37. Any denial of access to the law library is always: Supported by compelling security concerns, For the shortest period required for security, and Fully documented in the SMU housing logbook. ICE/DRO is notified every time law library access is denied. 				Any denial of law library access is supported by security concerns, is for the shortest time period, is fully documented in the SMU logbook and is reported to the ICE/ERO.			

	PART 2 – 15. SPECIAL MANAGEMENT UNITS						
This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
38.	Recreation for detainees in the SMU is separate from the general population.	\boxtimes			All recreation for SMU detainees is separate from the general population.		
39.	The facility has policy and procedures to ensure detainees who must be kept apart never participate in activities in the same location at the same time. (For example, recreation for detainees in protective custody is separated from other detainees.)	\boxtimes			Detainees in Disciplinary Segregation recreate alone. Detainees in Administrative Segregation are approved by classification staff to recreate in compatible groups.		
40.	Detainees in the SMU are offered at least one hour of recreation per day, scheduled at a reasonable time, at least five days per week. Where cover is not provided to mitigate inclement weather, detainees are provided weather-appropriate equipment and attire.	\boxtimes			Detainees in Disciplinary Segregation are allowed one hour of recreation five days per week. Administrative segregation detainees are allowed two hours of recreation five days a week. The SMU recreation yards are covered to mitigate inclement weather.		
41.	The recreation privilege is denied or suspended only if it would unreasonably endanger safety or security. Ordinarily, a detainee is denied recreation privileges only with the facility administrator's written authorization that documents why the detainee poses an unreasonable risk even when recreating alone. For an immediate safety or security situation, the shift supervisor may verbally authorize denial of an instance of recreation. When a detainee in an SMU is deprived of recreation (or any usual authorized items or activity), a report of the action is forwarded to the facility administrator.						
	The case of a detainee denied recreation privileges is reviewed at least once each week, as part of the reviews required for all detainees in SMU status. The reviewer documents whether the detainee continues to pose a threat to self, others, or facility security and, if so, why.	\boxtimes					
43.	Denial of recreation privileges for more than 15 days requires the concurrence of the facility administrator and the health authority. It is expected that such denials shall rarely occur, and only in extreme circumstances. The facility notifies ICE/DRO when a detainee is denied recreation privileges for more than 15 days.	\boxtimes			Denial of recreation privileges for more than seven days requires the approval of the facility administrator. The facility notifies the ICE/ERO when a detainee is denied recreation for more than seven days.		

PART 2 – 15. SPECIAL MANAGEMENT UNITS					
This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.					
Components	Meets Standard	Does Not Meet Standard	A/N	Remarks	
44. Ordinarily, detainees in Administrative Segregation have telephone access similar to detainees in the general population, in a manner consistent with the special security and safety requirements of an SMU. Detainees in Disciplinary Segregation may be restricted from using telephones to make general calls as part of the disciplinary process; however, ordinarily, they are permitted to make direct and/or free and legal calls as described in the Detention Standard on Telephone Access, except for compelling and documented reasons of safety, security, and good order.				Detainees in Administrative Segregation have telephone access similar to detainees in the general population. Detainees in Disciplinary Segregation may have restricted phone privilege; however, normally they retain general phone privileges. There are six telephones located in the SMU recreation yard, which allows detainees to use the phones consistent with the requirements of the standard.	
 45. Ordinarily, a written order is completed and approved by a supervisor before a detainee is placed in Administrative Segregation. If exigent circumstances make that impracticable, the order is prepared as soon as possible. A copy of the order is given to the detainee within 24 hours, unless delivery would jeopardize the safety, security, or orderly operation of the facility. If the segregation is for protective custody, the order states whether the detainee requested the segregation and whether the detainee requests a hearing. The order remains on file in the SMU until the detainee is released from the SMU, at which point the releasing officer records the date and time of release on the order and forwards it to the chief of security or supervisor for the detainee's detention file. (An Administrative Segregation Order is not required for a detainee awaiting removal, release, or transfer within 24 hours.) 	\boxtimes			Written orders are prepared for all detainees placed in Administrative Segregation prior to placement. If unable to comply, the order is prepared as soon as possible and a copy is given to the detainee within 24 hours. The order specifies whether the detainee requested the placement and whether the detainee requests a hearing. The order remains on file in the SMU and is placed in the detainee's detention file upon release.	

	PART 2 – 15. SPECIAL MANAGEMENT UNITS					
seg Adn	This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.					
	Components	Meets Standard	Does Not Meet Standard	V /N	Remarks	
	There are implemented written procedures for the regular review of all detainees in Administrative Segregation. A supervisor conducts a review within 72 hours of the detainee's placement in Administrative Segregation to determine whether segregation is still warranted. The review includes an interview with the detainee, and a written record is made of the decision and the justification. In SPCs and CDFs, the Administrative Segregation Review Form (I-885) is used. If a detainee is segregated for the detainee's protection, but not at the detainee's request, continued detention requires the authorizing signature of the facility administrator or assistant facility administrator on the I-885. When a detainee has spent seven days in Administrative Segregation, and every week thereafter for the first 60 days and at least every 30 days thereafter, a supervisor conducts a similar review, including an interview with the detainee, and documents the decision and justification. A reviewing authority who concludes a detainee should be removed from Administrative Segregation, submits that recommendation to the facility administrator (or designee) for approval.	\boxtimes			Facility policy requires a supervisor to conduct a review of the detainee's placement within 72 hours of placement in Administrative Segregation. The review requires an in-person interview with the detainee and a written record is made of the decision and justification. This facility uses the form I-885. If placement is not at the detainee's request, the facility administrator must authorize the placement. All detainees are reviewed each seven days for the first 60 days and at least each 30 days thereafter. If a reviewer determines that a detainee should be released, the facility administrator must approve.	
47.	A copy of the decision and justification for each review is given to the detainee, unless, in exceptional circumstances, this provision would jeopardize security. The detainee is given an opportunity to appeal a review decision to a higher authority within the facility.	\boxtimes			All detainees are provided a copy of the decision and justification for each review. The detainee may appeal the review decision.	
	After seven consecutive days in Administrative Segregation, the detainee may exercise the right to appeal to the facility administrator the conclusions and recommendations of any review conducted. The detainee may use any standard form of written communication (for example, detainee request form), to file the appeal.	\boxtimes			At this facility all detainees in Administrative Segregation may appeal their placement to the facility administrator using any standard form of written communication.	
49.	If a detainee has been in Administrative Segregation for more than 30 days and objects to this status, the facility administrator reviews the case to determine whether that status should continue, taking into account the views of the detainee. A written record is made of the decision and the justification. A similar review is done every 30 days thereafter.	\boxtimes				

PART 2 – 15. SPECIAL MANAGEMENT UNITS					
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Components	Meets Standard	Does Not Meet Standard	V/N	Remarks	
50. When a detainee has been held in Administrative Segregation for more than 30 days, the facility administrator notifies the Field Office Director, who notifies the ICE/DRO Deputy Assistant Director, Detention Management Division.					
51. When a detainee is held in Administrative Segregation for more than 60 days, the Field Office Director notifies, in writing, the Deputy Assistant Director, Detention Management Division, for consideration of whether it would be appropriate to transfer the detainee to a facility where he or she may be placed in the general population.					
52. A detainee is placed in Disciplinary Segregation only by order of the Institutional Disciplinary Panel (IDP), or equivalent, after a hearing in which the detainee has been found guilty of a prohibited act. The maximum of a 60 day sanction in Disciplinary Segregation for a violation associated with a single incident.	\boxtimes			All detainees are placed in Disciplinary Segregation by order of the Institution Disciplinary Panel or equivalent after a hearing in which the detainee was found guilty of a prohibited act. The maximum sanction for a single incident is 60 days. The facility administrator must approve the placement.	
53. After the first 30 days in Disciplinary Segregation, the facility administrator sends a written justification to the Field Office Director, who may decide to transfer the detainee to a facility where he or she could be placed in the general population.	\boxtimes				
 54. Before a detainee is placed in Disciplinary Segregation, a written order is completed and signed by the chair of the IDP (or equivalent). A copy is given to the detainee within 24 hours (unless delivery would jeopardize safety, security, or the orderly operation of the facility). The IDP chairman (or equivalent) prepares the Disciplinary Segregation Order (I-883 or equivalent), detailing the reasons for Disciplinary Segregation and attaching all relevant documentation. When the detainee is released from the SMU, the releasing officer records the date and time of release on the Disciplinary Segregation Order, and forwards the completed order to the chief of security or supervisor for insertion into the detainee's detention file. 					

PART 2 – 15. SPECIAL MANAGEMENT UNITS				
This Detention Standard protects detainees, staff, contract segregating certain detainees from the general population Administrative Segregation section for detainees segregat Segregation section for detainees segregated for disciplination	in Spe ed for a	cial Manag administrat	gemen	t Units (SMUs) with an
Components	Meets Standard	Does Not Meet Standard	V /N	Remarks
 55. The facility has implemented written procedures for the regular review of all Disciplinary Segregation cases. A supervisor interviews and reviews the status of each detainee in Disciplinary Segregation every seven days and documents his or her findings on a Disciplinary Segregation Review Form (I-887). At each formal review, the detainee is to be given a written copy of the reviewing officer's decision and the basis for this finding, unless institutional security would be compromised. The reviewer may recommend the detainee's early release upon finding that Disciplinary Segregation is no longer necessary to regulate the detainee's behavior. Early release and return to the general population requires approval of the facility administrator. All review documents are placed in the detainee's detention file. 				
PART 2 – 15. SPECIAL	ΜΔΝΔ	GEMENT		3
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🛛 Meets Standard 🛛 🗌 Does Not Meet Sta	andard	□ N/A	L .	☐Repeat Finding

The facility houses detainees on both Administrative Segregation and Disciplinary Segregation status in the same housing unit. The units operate in such a manner that detainee and staff safety is insured.

Review of the facility procedures, staff interviews and multiple tours of the Special Management Unit show that the unit operates in a manner which provides a safe housing environment for detainees who cannot live in the general population. The Administrative Segregation Unit operates in such a manner which shows that the due process requirements contained in the facility procedures are being followed.

Review of the logs maintained by the SMU officers were found to contain the required information and were current.

The files of the two detainees in disciplinary segregation were reviewed and found to contain all of the necessary orders and completed paperwork from the Institution Disciplinary Committee.

Tours showed that the unit and cells were clean, well maintained, were adequately furnished and contained only one detainee per cell.

All detainees housed in segregated housing receive a copy of the documentation placing them in segregation status. Classification staff conducts reviews at set periods of time and detainees receive copies of these reviews and justifications.

(b)(6), (b)(7)(c) / <u>05/03/2012</u> Reviewer's Signature / Date

PART 2 – 16. STAFF-DETAINEE COMMUNICATION

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

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
	e ICE/DRO Field Office Director ensures that ekly announced and unannounced visits occur.				The ICE deportation officer's schedule is posted in each housing unit. ICE staff make unannounced visits to the housing units.
	tention Staff and Deportation Staff conduct neduled weekly visits with detainees.	\boxtimes			Facility Liaison Visit Checklists were reviewed to support that visits are being conducted.
	heduled visits are posted in ICE/DRO detainee using areas.	\boxtimes			The scheduled visit list is posted on the bulletin board in each housing unit.
	iting ICE staff observe and note current climate and notions of confinement.	\boxtimes			Facility Liaison Visit Checklists were reviewed to support that visits are being conducted.
	E/DRO Detainee Request Forms are available for e by ICE/DRO detainees.	\boxtimes			ICE/ERO Detainee Request forms are available in each housing unit and are available in both English and Spanish.
	e facility treats detainee correspondence to E/DRO staff as Special Correspondence.				Detainee correspondence is picked up by ICE staff daily.
	secure box is located in an accessible location for tainee's to place their Detainee Request Forms.				The secure boxes for ICE detainee request forms are located in the detainee central dining room, special management unit and Infirmary.
	ly ICE staff are able to retrieve the contents of the cure box containing Detainee Request Forms,				Only the SIEA (Supervisory Immigration Enforcement Agent) is able to retrieve the contents of the secure box containing Detainee Request forms.
	E/DRO staff respond to a detainee request from a illity within 72 hours and document the response in og.				Completed Detainee Request forms were reviewed as was the Detainee Correspondence Log maintained by the ICE staff which tracks the request form processing.
adı wit	E/DRO detainees are notified in writing upon mission to the facility of their right to correspond h ICE/DRO staff regarding their case or conditions confinement.				The detainee handbook states that ICE detainees may correspond with ICE staff regarding their case or conditions of confinement.
ap	G Hotline Informational Posters are mounted in all propriate common areas (recreation, dining, etc.) d, in SPCs and CDFs, in all housing areas.	\boxtimes			Posters are mounted in all housing units, medical, recreation, library and the dining area.

PART 2 – 16. STAFF-DETAINEE COMMUNICATION This Detention Standard enhances security, safety, and orderly facility operations by encouraging and requiring informal direct and written contact among staff and detainees, as well as informal supervisory observation of living and working conditions. It also requires the posting of Hotline informational posters from the Department of Homeland Security Office of the Inspector General. Meets Standard Does Not Standard Meet AN Components Remarks 12. Daily telephone serviceability checks are documented Daily telephone serviceability in the housing unit logbook. checks are documented in the \boxtimes housing unit logbook for all three shifts. PART 2 – 16. STAFF-DETAINEE COMMUNICATION Meets Standard **Does Not Meet Standard** □ N/A Repeat Finding

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

Staff make frequent visits to all of the housing units and visits are well documented. OIG Hotline informational posters are hung in all of the housing units, medical, recreation, library and the dining area.

(b)(6), (b)(7)(c) <u>05/03/2012</u> Reviewer's Signature / Date

	PART 2-17. TOOL CONTROL					
faci	This Detention Standard protects detainees, staff, contractors, and volunteers from harm and contributes to orderly facility operations by maintaining control of tools, culinary utensils, and medical and dental instruments, equipment, and supplies.					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1.	(MANDATORY) There is an individual who is responsible for developing a tool control procedure and an inspection system to insure accountability.	\boxtimes			The Assistant Field Office Director in conjunction with the Project Manager for the maintenance contract (Rosemark) is responsible for developing a tool control procedure and an inspection process to insure accountability of all tools.	
2.	If the warehouse is located outside the secure perimeter, the warehouse receives all tool deliveries. If the warehouse is located inside the secure perimeter the facility administrator shall develop site- specific procedures, for example; storing tools at the rear sallyport until picked up and receipted by the tool control officer. The tool control officer immediately places certain tools (band saw blades, files and all restricted tools) in secure storage.	\boxtimes			The warehouse is located outside the secure perimeter and receives all tool deliveries.	
3.	(MANDATORY) The use of tools, keys, medical equipment, and culinary equipment is controlled.				The use of all tools, keys, medical equipment and culinary equipment is strictly controlled at this facility.	
4.	A metal or plastic chit is taken in exchange for all tools issued, and when a tool is issued from a shadow board the receipt chit shall be visible on the shadow board.				The facility uses both metal and plastic chits to exchange for issued tools. Shadow boards are used throughout the faculty and the chits are visible on the boards.	
5.	 Tool inventories are required for: Facility Maintenance Department Medical Department Food Service Department Electronics Shop Recreation Department Armory 				The facility maintenance and electronics shop are located outside the secure perimeter as is the armory. Tool inventories are required for the medical, food service and recreation departments. The inventories were found to be in place and current. Inventories were found in all housing units and other locations where cleaning equipment or other equipment was used or stored. Maintenance workers bring tool into the secure portion of the facility in tool carts or boxes. The tools are all inventoried and logged into and out of the facility.	
6.	Tool Inventories are conspicuously posted on all tool boards, tool boxes and tool kits.	\boxtimes			Tool inventories were posted at locations wherever tools were stored in the facility.	

PART 2-17, TOOL CONTROL This Detention Standard protects detainees, staff, contractors, and volunteers from harm and contributes to orderly facility operations by maintaining control of tools, culinary utensils, and medical and dental instruments, equipment, and supplies. Meets Standard Does Not Meet Standard AN Components Remarks The facility has a policy for the regular inventory of all 7. tools. The policy sets minimum time lines for physical \boxtimes inventory and all necessary documentation. ICE facilities use AMIS bar code labels when required. The facility has a tool classification system. Tools are 8. The facility has a tool classification classified according to: \boxtimes system which classifies all tools as Restricted (dangerous/hazardous) either restricted or non-restricted. Non Restricted (non-hazardous). Department heads are responsible for implementing 9. \boxtimes proper tool control procedures as described in the standard. 10. There are policies and procedures in place to ensure Policy requires that all tools are that all tools are properly marked and readily marked and readily identifiable. All \square identifiable. tools were found to be appropriately marked. 11. The facility has an approved tool storage system. The system ensures that all stored tools are The facility has an approved tool accountable. storage system. All tools were found to be accountable. All tools Tools are stored on shadow boards in which the were stored on shadow boards with shadows resemble the tool. a white back ground. Restricted \square \boxtimes Shadow boards have a white background. tools are shadowed in red and non-Restricted tools are shadowed in red. restricted are shadowed in black. Tools were stored in such a manner Non-restricted tools are shadowed in black. that missing tools are readily Commonly used tools (tools that can be mounted) noticed. are stored in such a way that missing tools are readily noticed. 12. Tools removed from service have their shadows \boxtimes removed from shadow boards. 13. Tools not adaptable to a shadow board are stored in a \boxtimes locked drawer or cabinet. 14. Sterile packs are stored under lock and key. Sterile packs were stored in a \boxtimes locked cabinet inside a locked room.

 \boxtimes

15. Each facility has procedures for the issuance of tools

to staff and detainees.

PART 2-17. TOOL CONTROL					
This Detention Standard protects detainees, staff, contractors, and volunteers from harm and contributes to orderly facility operations by maintaining control of tools, culinary utensils, and medical and dental instruments, equipment, and supplies.					
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks	
 16. There are policies and procedures to address the issue of lost tools. The policy and procedures include: Verbal and written notification. Procedures for detainee access. Necessary documentation/review for all incidents of lost tools. 				The facility has procedures in place to address lost tools. The policy requires verbal and written notification, procedures for detainee access and documentation and review of all incidents of lost tools.	
17. Broken or worn out tools are surveyed and disposed of in an appropriate and secure manner.	\boxtimes				
18. All private or contract repairs and maintenance workers under contract with ICE, or other visitors, submit an inventory of all tools prior to admittance into or departure from the facility. The inventory is reviewed and verified prior to the contractor entering/departing the facility.				All private or contract repair or maintenance workers must submit an inventory of all tools prior to admittance into or departure from the facility. The inventory is reviewed and verified prior to the contractor entering/departing the facility.	
19. Hoses longer than three feet in length are classified as a restricted tool.				All hoses longer than three feet in length are classified as restricted and are stored outside the secure perimeter of the facility.	
20. Scissors used for in-processing detainees are tethered to the furniture (e.g. table, counter, etc.) where they are used.				All scissors used in processing are tethered to the furniture where they are used.	
PART 2-17. TC		NTROL			
🛛 Meets Standard 🛛 🗌 Does Not Meet St	andard	□ N/A		☐Repeat Finding	

The facility has a dedicated tool control officer. Review of tool control practice, inventories, and accountability throughout the facility found that the facility procedures are being followed by staff. All staff interviewed was familiar with their requirements for tool control and the inventory of all tools.

Multiple tool carts used by maintenance staff inside the facility were inspected and found to have properly marked tools and up-todate inventories.

Inventory control and secure storage of all instruments and tools used in food service, medical and the recreation departments were reviewed and found to be correct and current. The tools were stored in a secure manner.

The facility warehouse is located outside the secure perimeter as is the armory and was not inspected.

(b)(6), (b)(7)(c) 05/03/2012 Reviewer's Signature / Date

	PART 2 – 18. USE OF FORCE AND RESTRAINTS						
This Detention Standard authorizes staff to use necessary physical force, after all reasonable efforts to otherwise resolve a situation have failed, and only for protection of self, detainees, or others, for prevention of escape or serious property damage, or to maintain the security and orderly operation of the facility.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	(MANDATORY) The facility has a Use of Force Policy.				The facility has a comprehensive written use of force policy.		
2.	Written policy authorizes staff to respond in an immediate-use-of-force situation without a supervisor's presence or direction.						
3.	When the detainee is in an area that is or can be isolated (e.g., a locked cell, a range), posing no direct threat to the detainee or others, policy requires that staff must try to resolve the situation without resorting to force.				Facility policy requires that staff try to resolve situations whenever possible without resorting to the use of force.		
4.	Written policy asserts that calculated rather than immediate use of force is feasible in most cases.				Facility policy asserts that calculated rather than immediate use of force is feasible in most cases.		
5. •	The facility subscribes to the prescribed Confrontation Avoidance Procedures. Ranking detention official, health professional, and others confer before every calculated use of force.						
6.	 When a detainee must be forcibly moved and/or restrained and there is time for a calculated use of force, staff use the Use-of-Force Team Technique. Under staff supervision. 						
7.	Staff members are trained in the performance of the Use-of-Force Team Technique.				All ICE and ASSET security staff is trained in the use of force team technique.		
8.	All use-of-force incidents are documented and reviewed.	\boxtimes			Facility policy requires that all use of force incidents are documented and reviewed.		
9.	All use of force incidents are properly documented and forwarded for review use of force documentation at a minimum, shall include the medical examination through the conclusion of the incident. All calculated uses of force incidents must be audio visually recorded in its entirety from the beginning of the incident to its conclusion. Any breaks in recording, e.g., dead batteries, tape exhausted, are fully explained on the video.						

PART 2 – 18. USE OF FORCE AND RESTRAINTS					
This Detention Standard authorizes staff to use necessary physical force, after all reasonable efforts to otherwise resolve a situation have failed, and only for protection of self, detainees, or others, for prevention of escape or serious property damage, or to maintain the security and orderly operation of the facility.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
 10. Staff: Does not use force as punishment. Attempts to gain the detainee's voluntary cooperation before resorting to force Uses only as much force as necessary to control the detainee. Uses restraints only when other non-confrontational means, including verbal persuasion, have failed or are impractical. 	\boxtimes			Facility policy and practice does not allow force to be used as punishment, attempts to gain the detainee's voluntary cooperation before using force, uses only necessary force, and restraints are used only when other non- confrontational means have failed.	
11. Medication may only be used for restraint purposes when authorized by the Medical Authority as medically necessary.	\boxtimes			Facility policy is that medication is not used as a form of restraint during a use of force incident. Medical Authority may use medication during psychological emergencies under their mental health policy.	
12. (MANDATORY) Use-of-Force Teams follow written procedures that attempt to prevent injury and exposure to communicable disease(s).	\boxtimes			Use of force teams follow written procedures that attempt to prevent injury and exposure to communicable diseases. Two recent videotaped use of force incidents were reviewed and the team members all wore prescribed protective gear.	
 13. Standard procedures associated with using four/five point restraints include: Soft (nylon/leather) restraints. Dressing the detainee appropriately for the temperature. A bed, mattress, and blanket/sheet. Checking the detainee at least every 15 minutes. Logging each check. Repositioning detainee often enough to prevent soreness or stiffness. Medical evaluation of the restrained detainee twice per eight-hour shift. When qualified medical staff are not immediately available, staff position the detainee "face-up." 	\boxtimes			(b)(7)e	

PART 2 – 18. USE OF FORCE AND RESTRAINTS				
This Detention Standard authorizes staff to use necessary physical force, after all reasonable efforts to otherwise resolve a situation have failed, and only for protection of self, detainees, or others, for prevention of escape or serious property damage, or to maintain the security and orderly operation of the facility.				
Components	Meets Standard	Does Not Meet Standard	V /N	Remarks
14. The shift supervisor monitors the detainee's position/condition every two hours.He/she allows the detainee to use the restroom at these times under safeguards.				Shift supervisors are required to monitor the detainee's position/condition every two hours and allow the detainee to use the restroom.
15. All detainee checks are logged.	\square			All detainee checks are logged.
16. In immediate-use-of-force situations, officers contact medical staff once the detainee is under control.				Medical staff is notified as soon as possible in immediate use of force situations.
 17. When the Facility Administrator authorizes use of non-lethal weapons: Medical staff are consulted before staff use pepper spray/non-lethal weapons. Medical staff reviews the detainee's medical file before use of a non-lethal weapon is authorized. 				When the facility administrator authorizes the use of non-lethal weapons, medical staff is consulted and medical staff reviews the detainee's medical file prior to the use of non-lethal weapons.
 Intermediate Force Weapons, when not in use are stored in areas where access is limited to authorized personnel and to which detainees have no access. 				All intermediate force weapons are securely stored and no detainee access is allowed.
19. If Intermediate Force Weapons are stored in the Special Management Unit (SMU), they are stored and maintained the same as Class R tools.			\boxtimes	(b)(7)e
20. Special precautions are taken when restraining pregnant detainees.Medical personnel are consulted			\boxtimes	The facility does not house female detainees.
21. Protective gear is worn when restraining detainees with open cuts or wounds.				(b)(7)e
22. Staff document every use of force, including what type of restraints was used during the incident.	\square			
23. It is standard practice to review any use of force and the non-routine application of restraints.	\boxtimes			All use of force and non-routine application of restraint incidents are reviewed.
 24. All officers receive training in self-defense, confrontation-avoidance techniques and the use of force to control detainees. Specialized training is given to officers ensuring they are certified in all devices approved for use. 				At this facility all officers receive pre-service and annual training in self-defense, confrontation- avoidance techniques and the use of force to control detainees. Staff receives specialized training in the devices they carry and use.

PART 2 – 18. USE OF FORCE AND RESTRAINTS								
This Detention Standard authorizes staff to use necessaresolve a situation have failed, and only for protection of seproperty damage, or to maintain the security and orderly of	elf, deta	inees, or o	thers,					
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks				
25. All staff authorized to use OC spray receive training not only in its use, but also in the decontamination of individuals exposed to it. This training must be documented in the staff training record.				(b)(7)e				
26. The use of canines is restricted to contraband detection purposes only.				Canines are used only for contraband detection.				
27. The officers are thoroughly trained in the use of soft and hard restraints.								
28. <u>In SPCs,</u> the Use of Force form is used. In other facilities (IGSAs / CDFs) this form or its equivalent is used.	\boxtimes							
PART 2 – 18. USE OF FORCE AND RESTRAINTS								
🛛 Meets Standard 🛛 🗌 Does Not Meet St	andard	□ N/A						

Review of the facility use of force policies and staff interviews show that force is used only after all other reasonable means to resolve the situation have failed. Policy and training asserts that only the minimum force needed to control the situation will be used.

During the review two recent videos of calculated uses of force by use of force teams were reviewed. This review showed that facility procedures were followed, protective gear was worn, force was used only after all verbal attempts to gain compliance failed.

All uses of force are being documented and reviewed.

(b)(7)e

(b)(7)e

(b)(6), (b)(7)(c) 05/03/2012 Reviewer's Signature / Date

Section III ORDER

19 Disciplinary System

	PART 3 – 19. DISCIPLINARY SYSTEM						
	This Detention Standard promotes a safe and orderly living environment for detainees by expecting detainees to comply with facility rules and regulations and imposing disciplinary sanctions to control the behavior of those who do not.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	The facility has a written disciplinary system using progressive levels of reviews and appeals.	\boxtimes			The facility disciplinary procedure uses progressive levels of reviews and appeals.		
2.	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 bedding deprivation denial of personal hygiene items loss of correspondence privileges deprivation of legal access and legal materials deprivation of physical exercise The rules of conduct, sanctions, and procedures for violations are defined in writing and communicated to				The facility written disciplinary procedures do not allow the following sanctions to be imposed: corporal punishment; deviations of normal food service; deprivation of clothing, bedding, personal hygiene items, physical exercise or legal access and legal materials; or the loss of correspondence privileges. Rules of conduct, sanctions and procedures for violations are		
	all detainees verbally and in writing.				contained in the facility handbook and communicated to detainees in the orientation video.		
5.	 The following items are conspicuously posted in Spanish and English or other dominate languages used in the facility: Rights and Responsibilities Prohibited Acts Disciplinary Severity Scale Sanctions 	\boxtimes			The rights and responsibilities, prohibited acts, disciplinary severity scale and sanctions are posted in all of the living units.		
6.	When minor rule violations or prohibited acts occur, informal resolutions are encouraged.						
7.	Incident Reports and Notice of Charges are promptly forwarded to the designated supervisor.						
8.	Incident Reports are investigated within 24 hours of the incident. The Unit Disciplinary Committee (UDC) or equivalent does not convene before investigations end.				All incident reports are investigated within 24 hours and the Unit Disciplinary Committee does not convene before the investigation is completed.		

PART 3 – 19. DISCIPLINARY SYSTEM						
This Detention Standard promotes a safe and orderly living environment for detainees by expecting detainees to comply with facility rules and regulations and imposing disciplinary sanctions to control the behavior of those who do not.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
9. An intermediate disciplinary process is used to adjudicate minor infractions.						
10. A disciplinary panel (or equivalent in IGSAs) adjudicates infractions. The panel:				The Unit Disciplinary Committee		
 Conducts hearings on all charges and allegations referred by the UDC 				and Institution Disciplinary Panels both adjudicate infractions and		
 Considers written reports, statements, physical evidence, and oral testimony 	\boxtimes			conduct hearings on all charges and allegations; consider written reports, statements and physical evidence and oral testimony; hear pleadings by detainee and staff representative; base their findings on the preponderance of evidence and impose only authorized sanctions.		
 Hears pleadings by detainee and staff representative 						
 Bases its findings on the preponderance of evidence 						
 Imposes only authorized sanctions 						
11. A staff representative is available if requested for a detainee facing a disciplinary hearing						
12. The facility permits hearing postponements or continuances when conditions warrant such a continuance. Reasons are documented.				The facility allows hearing postponements when conditions warrant. Such continuances are documented.		
13. The duration of punishment set by the Facility Administrator, as recommended by the disciplinary panel does not exceed established sanctions. The maximum time in disciplinary segregation does not exceed 60 days for a single offense.				The duration of punishment does not exceed established sanctions. The maximum time in disciplinary segregation is 60 days for a single offense.		
14. Written procedures govern the handling of confidential-source information. Procedures include criteria for recognizing "substantial evidence".				The disciplinary procedure contains guidelines for the use of confidential source information.		
15. All forms relevant to the incident, investigation, committee/panel reports, etc., are completed and distributed as required.						
PART 3 – 19. DISC	IPLINA	RY SYSTE	EM			
🛛 Meets Standard 🛛 🗌 Does Not Meet St	andard	□ N/A		Repeat Finding		

During the review numerous completed Rule Violation Reports were reviewed. These completed forms reflected that facility procedures and policy regarding disciplinary hearings were being followed.

Review of the facility procedures and staff interviews confirm that facility staff is managing the disciplinary process in a manner which affords detainees their due process rights.

The facility uses Unit and Institution Disciplinary Panels to adjudicate the rule violation reports. The Unit Disciplinary Panels hear minor infractions while the Institution Disciplinary Panel adjudicates the more serious infractions.

The disciplinary severity scale and sanctions are contained in the facility handbook and are posted in all of the detainee living units.

(b)(6), (b)(7)(c) / <u>05/03/2012</u> Reviewer's Signature / Date

Section IV CARE

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

	PART 4 – 20. FOOD SERVICE							
	This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
1.	The food service program is under the direct supervision of a professionally trained and certified Food Service Administrator (FSA). The Responsibilities of cooks and cook foremen are in writing. The FSA determines the responsibilities of the Food Service Staff.	\boxtimes			The food service program is operated by ATSI (Ahtna Technical Services, Inc.) contract staff. The Food Service Administrator (FSA) is ServSafe certified. Responsibilities for the cooks and cook foreman are in writing and are determined by the FSA.			
2.	The Cook Foreman is on duty on days when the FSA is off duty and vice versa.	\boxtimes						
3.	The FSA provides food service employees with training that specifically addresses detainee-related issues. In ICE Facilities this includes a review of the "Food Service" standard	\boxtimes			The facility provides food service staff with initial training that includes detainee-related issues. Training also includes a review of the ICE Food Service Standard.			
4.	(MANDATORY) Knife cabinets close with an approved locking device and the on-duty cook foreman maintains control of the key that locks the device. Knives and keys are inventoried and stored in accordance with the Detention Standard on Tool Control	\boxtimes			Knives are maintained in a locked room. The room is secure at all times and only the on duty cook foreman has a key. Knives and keys are inventoried in accordance with the standard on Tool Control.			
5.	All knives not in a secure cutting room are physically secured to the workstation and staff directly supervises detainees using knives at these workstations. Staff monitor the condition of knives and dining utensils	\boxtimes			Knives are secured to the work station when needed and detainees are never allowed to use a knife.			
6.	Special procedures (when necessary) govern the handling of food items that pose a security threat.	\boxtimes			Sugar has been identified as a controlled item at this facility. Special precautions have been implemented to insure that sugar is monitored from delivery to storage.			
7.	Operating procedures include daily searches (shakedowns) of detainee work areas.	\boxtimes			Food service staff and correctional officers perform daily searches, which are documented on a log.			
8.	The FSA monitors staff implementation of the facility population count procedures. These procedures are in writing. Staff are trained in count procedures.	\boxtimes			Correctional officers perform all count functions.			

PART 4 – 20. FOOD SERVICE							
This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.							
Components		Meets Standard	Does Not Meet Standard	N/A	Remarks		
9. (MANDATORY) There is adequate health prifor all detainees and staff in the facility, and persons working in food service. Detainees a persons working in food service are monitored day for health and cleanliness by the food supervisor or designee. Detainee clothin grooming comply with the "Food Service" stated of the service of t	d for all nd other ed each service ng and	\boxtimes			Detainees assigned are monitored daily to insure cleanliness and address health related issues. A form is completed daily indicating whether a detainee's appearance is acceptable. If the detainee appears unhealthy and dirty, they are sent back to their respective housing unit.		
10. The FSA annually reviews detainee-volunt descriptions to ensure they are accurate and date.		\boxtimes					
11. The Cook Foreman or equivalent instructs assigned detainee workers in the rule procedures of the food service department.		\boxtimes			Detainees receive instructions from either the Assistant Food Service Administrator or the Food Service Administrator. Rules are also posted in Food Service areas.		
 12. During orientation and training session(s), th Supervisor (CS) explains and demonstrates: Safe work practices and methods. Safety features of individual products/ pi equipment. Training covers the safe handling of hat material[s] the detainee are likely to enco their work. 	eces of zardous	X			Detainees only perform janitorial duties and do not handle any hazardous materials. The FSA does, however, provide training on hazardous materials as a precaution.		
13. The Cook Foreman documents all trai individual detainee detention files.	ning in	\boxtimes					
14. Detainees at SPCs and CDFs are paid in according with the "Voluntary Work Program" state Detainee workers at IGSAs are subject to log State rules and regulations regarding detained	andard. cal and				Detainees receive \$1.00 per day in accordance with the standard on Voluntary Work Program.		
15. Detainees are served at least two hot meal day. No more than 14 hours elapse between meal served and the first meal of the followin	the last	\boxtimes			Meal times are 6:00 AM, 11:00 AM and 4:30 PM daily. This meets the requirement of this standard.		
 For cafeteria-style operations, a transparent guard" protects both the serving line and sa line. 				\boxtimes	The facility does not have any cafeteria-style operations or salad bar.		
17. The facility has a standard 35-day menu cycle use a 35 day or similar system for rotating m		\boxtimes					

PART 4 – 20. FOOD SERVICE						
This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
18. (MANDATORY) A registered dietitian shall conduct a complete nutritional analysis that meets U.S. Recommended Daily Allowances (RDA), at least annually, of every master-cycle menu planned by the FSA. The dietitian must certify menus before they are incorporated into the food service program. If necessary, the FSA shall modify the menu in light of the nutritional analysis to ensure nutritional adequacy. The menu will need to be revised and re-certified by the registered dietician in that event.				Menus have been approved by a Registered Dietitian who conducts the nutritional analysis to ensure the master menu meets Recommended Daily Allowances. The FSA has a copy of the dietitian's certification on file.		
19. The FSA has established procedures to ensure that items on the master-cycle menu are prepared and presented according to approved recipes.				The FSA maintains a copy of the Armed Forces Recipe Cards on his computer. Staff uses this program when preparing daily menus.		
 20. The Cook Foreman has the authority to change menu items if necessary. If yes, documenting each substitution, along with its justification, with copy to the FSA 				All substitutions are documented with a copy to the FSA.		
21. All staff and volunteers know and adhere to written "food preparation" procedures.	\boxtimes					
 22. A Common Fare menu available to detainees, at no charge, whose dietary requirements cannot be met on the main. Changes to the planned Common Fare menu can 						
be made at the facility level.						
 Hot entrees are offered three times a week. The Common Fare menus satisfy nutritional recommended daily allowances (RDAs). 				The facility's common fare program		
• Staff routinely provide hot water for instant beverages and foods.				meets these requirements.		
 Common Fare meals are served with: Disposable plates and utensils. Reusable plates and utensils. Staff use separate cutting boards, knives, spoons, scoops, etc., to prepare the Common Fare diet 						
items.						
23. Detainees whose religious beliefs require the adherence to particular religious dietary laws are referred to the Chaplain or FSA.				The Chaplain reviews all requests for religious diets and these diets are monitored by food service staff for compliance.		
24. A supervisor at the command level must approve a detainee's removal from the Common Fare Program.				The Chaplain approves the removal of a detainee from the common fare program.		

PART 4 – 20. FOOD SERVICE						
This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
25. The Facility Administrator, in conjunction with the chaplain and/or local religious leaders provides the FSA a schedule of the ceremonial meals for the following calendar year.	\boxtimes			A ceremonial meal schedule was reviewed by this inspector.		
 26. The Common Fare Program accommodates detainees abstaining from particular foods or fasting for religious purposes at prescribed times of the year. Muslims fasting during Ramadan receive their 						
 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 	\boxtimes					
(lunch or dinner) on Ash Wednesday and Fridays during Lent.						
27. The food service program addresses medical diets.	\boxtimes			Medical diets are received from the medical department. A card is issued to each detainee who must present it during meal times. Medical diets are closely monitored by food service. The facility has a video system which is used to identify detainees with special diets.		
28. Satellite-feeding programs follow guidelines for proper sanitation.	\boxtimes					
29. Hot and cold foods are maintained at the prescribed, "safe" temperature(s) as served. See Detention Standard on Food Service for guidance.	\boxtimes			Food temperatures were visually observed during the inspection. They were maintained within the prescribed safe range.		
30. All meals provided in nutritionally adequate portions.	\boxtimes					
31. Food is not used to punish or reward detainees based upon behavior.	\boxtimes					
 32. The food service staff instruct detainee volunteers on: Personal cleanliness and hygiene; Sanitary techniques for preparing, storing, and serving food, and; The sanitary operation, care, and maintenance of equipment. 	\boxtimes			Detainees are used only as janitors in food service. Staff does provide instruction on personal cleanliness, hygiene, and the maintenance of cleaning equipment.		
33. Everyone working in the food service department complies with food safety and sanitation requirements.	\boxtimes					

PART 4 – 20. FOOD SERVICE							
This Detention Standard ensures that detainees are provid in a sanitary and hygienic food service operation.	This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.						
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks			
34. (MANDATORY) The facility implements written procedures for the administrative, medical, and/or dietary personnel conducting the weekly inspections of all food service areas, including dining, storage, equipment, and food-preparation areas.	\boxtimes			Written procedures for those staff conducting weekly inspections of food service were available. All inspections are documented.			
35. Reports of discrepancies are forwarded to the Facility Administrator or designated department head and corrective action is scheduled and completed.	\boxtimes			Any discrepancies are forwarded to the Facility Administrator through the Contracting Officer's Technical Representative (COTR).			
36. (MANDATORY) Standard procedure includes checking and documenting temperatures of all dishwashing machines after each meal, in accordance with the Detention Standard on Food Service.	\boxtimes			A log is maintained and a review of this document revealed temperatures in the acceptable range.			
37. (MANDATORY) Staff document the results of every refrigerator/ freezer temperature check, in accordance with the Detention Standard on Food Service.				Freezer checks are completed and documented on a log. No discrepancies were noted.			
 The cleaning schedule for each food service area is conspicuously posted. 				The cleaning schedule is posted on the wall.			
39. Procedures include inspecting all incoming food shipments for damage, contamination, and pest infestation.							
40. Storage areas are locked when not in use.	\boxtimes			All storage areas were locked during the inspection.			
41. Food service personnel conduct shakedowns along with detention staff.	\boxtimes						
42. <u>In SPCs only</u> : The ICE supervisor on duty ensures that ICE officers participate in dining room supervision.				This Inspector observed one ICE Officer and five correctional staff in the dining room during the lunch meal.			
43. Menus are certified by a registered dietitian prior to being incorporated into the Food Service Program.	\boxtimes						
44. In SPCs only: the FSA prepares quarterly cost estimates for the Common Fare Program. This quarterly estimate is factored into the quarterly budget.				The common fare program was factored into the quarterly budget. The quarterly budget was reviewed by this Inspector.			
45. When required, only food service staff prepare the sack lunches for detainee transportation.	\boxtimes						
46. Air curtains or comparable devices are used on outside doors where food is prepared, stored, or served to protect against insects and other rodents.	\boxtimes			Air curtains are installed on the doors that enter the food service area.			
47. Staff comply with the ICE requirements for "food receipt and storage.	\boxtimes						

PART 4 – 20. FOOD SERVICE						
This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.						
Components	Meets Standard	Does Not Meet Standard	¥/N	Remarks		
48. Stock inventory levels are monitored and adjusted to correct overage and shortage problems.	\boxtimes			The FSA monitors all overage and shortage problems. This is maintained on a spreadsheet.		
49. Staff comply with all ICE Housekeeping, Storeroom/Refrigerator requirements. Identify and explain any shortcomings.	\boxtimes					
50. Dining room facilities and operating procedures will provide sufficient space and time for detainees to eat meals in a relatively relaxed, unregimented atmosphere.	\boxtimes					
 51. (MANDATORY) An independent, external source shall conduct annual inspections to ensure that the food service facilities and equipment meet governmental health and safety codes. Corrective action is taken on deficiencies, if any. 				The last inspection was completed on 06/15/2011 by the Safety and Occupational Health Specialist for the Bureau of Customs and Border Protection. No violations were noted. A recent inspection was conducted on 04/24/2012 by the Federal Occupational Health program, but the results have not been received.		
52. Personnel inspecting the food service department shall note needed corrective action(s), if any, in a written report to the Facility Administrator.	\boxtimes					
53. Only those toxic and caustic materials required for sanitary maintenance of the facility, equipment, and utensils shall be used in the food service department. Material Safety Data Sheets (MSDSs) will be maintained on all flammable, toxic, and caustic substances used.				Caustic materials are stored in the Tool Room and brought into the food service department on carts as needed. The carts contain the MSDS sheets and all required personal protective equipment.		
54. (MANDATORY) The FSA is responsible for pest control in the food service department, including contracting the services of an outside exterminator.	\boxtimes			Pest control is provided by Valley Storm Exterminators.		
FOOD S	ERVIC	E				
⊠ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding						

The facility contracts with ATSI (Ahtna Technical Services, Inc.) for food service operations. The food service program is designed to provide detainees with a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic operation. Throughout the inspection, food service operations appeared to be clean and organized. Safety and food service staff conduct weekly sanitation inspections of all food service areas. Staff properly monitor and document freezer, refrigerator and dish machine temperatures.

All menus were approved by a Registered Dietitian.

The facility has developed a program to approve and monitor all religious and medical diets

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Food items appeared nutritionally adequate and were presented in a manner designed to be visually appealing. Food temperatures were monitored during the review and found to be in the acceptable range.

The rating of this standard was based on a review of logs, personal observations, and interviews with both ATSI staff and ICE personnel.

(b)(6), (b)(7)(c) <u>05/03/2012</u> Reviewer's Signature / Date

PART 4 – 21. HUNGER STRIKES

	This Detention Standard protects detainees' health and well-being by monitoring, counseling and, when appropriate, treating any detainee who is on a hunger strike.					
	Components	Meets Standard	Does Not Meet Standard	A/N	Remarks	
1.	When a detainee has refused food or observed to have not eaten for 72 hours, it is standard practice for staff to refer him or her to the medical department.	\boxtimes			Facility policy states that a detainee who has not eaten for 72 hours or declares a hunger strike be referred to health services for evaluation.	
2.	Facility immediately reports via the chain of command a hunger strike to ICE/DRO.	\boxtimes			Facility policy requires staff to report a hunger strike immediately to ICE via the chain of command.	
3.	The facility has established procedures to ensure staff respond immediately to a hunger strike.				Facility policy on Hunger Strikes outlines the procedures to be followed for immediate response.	
4.	Policy and procedure require that staff isolate a hunger-striking detainee from other detainees.	\boxtimes			Per policy the hunger striking detainee is to be placed in isolation in the Short Stay Unit (SSU) or the Special Management Unit (SMU) if the SSU is full.	
5.	Medical personnel are authorized to place a detainee in the Special Management Unit or a locked hospital room.				Per policy, medical personnel may determine a move to an isolation room in SSU or in SMU.	
6.	Medical staff record the weight and vital signs of a hunger-striking detainee at least once every 24 hours.	\boxtimes			Facility policy requires documentation of weight and vital signs every 24 hours. Medical policy states once per shift or as ordered by provider.	
7.	The facility medical authority obtains a hunger striker's consent before medical treatment.	\boxtimes			Policy requires consent from the hunger striking detainee before any medical treatment is provided.	
8.	A signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment, or two staff/provider signatures indicating detainee refusal to sign form.				Policy requires, and chart audit confirms, that staff obtain a signed refusal form from the detainee or two staff/provider signatures indicating detainee refusal to sign the form.	

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE) G-324A (Coded 10132010) Detention Review Worksheet - Rev: 5/11/09

PART 4 – 21. HUNGER STRIKES						
This Detention Standard protects detainees' health and well-being by monitoring, counseling and, when appropriate, treating any detainee who is on a hunger strike.						
Components	Meets Standard	Does Not Meet Standard	A/N	Remarks		
 Unless otherwise directed by the medical authority, staff deliver three meals per day to the detainee's room, regardless of the detainee's response to a verbally offered meal and document those meal offers. 	\boxtimes			Per policy three meals are delivered. Consumption is monitored and documented.		
10. Staff maintain the hunger striker's supply of drinking water/other beverages.	\boxtimes			Policy requires maintaining the supply of drinking beverages. Procedure is that a full pitcher of water is left with the detainee and juices and milk are provided with meals. All fluid intake is monitored and recorded.		
11. During a hunger strike, staff remove all food items from the hunger striker's living area.	\boxtimes			Policy requires that commissary food items and personal food supplies be removed from the cells of detainees on hunger strikes.		
12. Staff are directed to record the hunger striker's fluid intake and food consumption on the Hunger Strike Monitoring Form I-839 or equivalent.	\boxtimes			Per policy all food and liquids consumed are to be monitored and recorded on the Hunger Strike Monitoring Form I-839.		
13. The medical staff have written procedures for treating hunger strikers.	\boxtimes			There are protocols for daily treatment of detainees on hunger strikes. Evaluation and management can be individualized as necessary.		
14. Staff document all treatment attempts in the medical record, including attempts to persuade the hunger striker by counseling him or her of the medical risks.	\boxtimes			Policy requires all treatment attempts, including attempts to persuade the hunger striker by counseling, are documented in the medical record.		
15. All staff receive orientation and annual training on recognizing the signs of a hunger striker and on the procedures for referral for medical assessment. Medical staff receive training in hunger-strike evaluation and treatment and remain up-to-date on these techniques.	\boxtimes			Training is provided to detention and medical staff at orientation and annually. Training content was reviewed and was pertinent. A random review of detention staff and medical staff files indicated up- to-date annual training.		
PART 4 – 21. HU	NGER	STRIKES				
🛛 Meets Standard 🛛 Does Not Meet St	andard	□ N/A	1	☐Repeat Finding		

There have been no detainee hunger strikes in the past 12 months and therefore no hunger strike documentation to review.

This rating was determined by a review of policies and procedures, medical treatment protocols, hunger strike flow sheets, and staff training files; and interviews with the Health Service Administrator (HSA) and other staff. All indicated policies and

procedures are in place to identify and monitor hunger striking detainees.

(b)(6), (b)(7)(c) <u>05/03/2012</u> Reviewer's Signature / Date

	PART 4 – 22. M	IEDICA	LCARE					
	This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
1.	The facility operates a health care facility in compliance with state and local laws and guidelines.	\boxtimes			A review of credential files showed that all licenses are current and verified. The facility has a current Clinical Laboratory Improvement Amendments (CLIA) waiver. The facility has accreditation with American Correctional Association (ACA) and the National Commission on Correctional Health Care (NCCHC).			
2.	The facility's in-processing procedures of arriving detainees include medical screening.	\boxtimes			All detainees receive a health screening by a nurse within 12 hours of arriving and before placement in a housing unit. Review of 23 detainee medical records show all had health screenings completed within six hours.			
3.	(MANDATORY) The essential positions needed to perform the health services mission and provide the required scope of services are described in a staffing plan that is reviewed at least annually by the health authority.	\boxtimes			The current staffing plan was reviewed. It is reviewed annually by the Health Services Administrator (HSA). Medical services are provided 24 hours a day seven days a week by Immigration Health Service Corps (IHSC). Current staffing includes an acting Clinical Director (CD) who covers from Tacoma, Washington. There areb)(7)(emid level providers(b)(7)(e)registered nurses (RNs)(b)(7)(e)icensed vocational nurses (LVNs)(b)(7)e clinical psychologist, and a psychiatrist from the Krome facility who sees detainees via televideo conference one half day a week (b)(7)(e) medical records technicians (MRTs) and numerous administrative support staff. There are vacancies for the assistant HSA, nurse manager, pharmacist, andb)(7)(eRNs.			

	PART 4 – 22. MEDICAL CARE						
	This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
4.	(MANDATORY) Newly admitted detainees will be informed, orally and in writing (in a language they can understand), about how to access health services.	\boxtimes			Detainees are given verbal instructions during the intake health screening by the nurse in a language they can understand. At intake they are also given a detainee handbook which is printed in English and Spanish outlining the sick call process. The information is also conveyed during an orientation video. The language interpretation phone line, the Intrepretalk, can be used for detainees who do not speak either language.		
5.	Detainees will have access to and receive specified 24-hour emergency medical, dental, and mental health services.	\boxtimes			Medical staff is on-site 24 hours per day, seven days a week. Twenty- four hour emergency, medical, dental, and mental health services are available through local and community resources. There is a policy and procedure in place if this becomes necessary for a detainee.		
6.	New direct care staff will receive tuberculosis tests prior to their job assignment and periodically thereafter and will be offered the hepatitis B vaccine series.	\boxtimes			A review of files shows that staff receive tuberculosis (TB) testing prior to their job assignment and annually thereafter. Hepatitis B vaccine is offered to all staff and acceptance or declination forms are completed.		
7.	Health care services will be provided by trained and qualified personnel, whose duties are governed by job descriptions and who are properly licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements.	\boxtimes			The credential files of the medical staff were reviewed and all licenses, registrations, certifications, privileges, and credentials were current. Included in each file was an accurate job description and proof of compliance with facility annual training requirements.		
8.	The facility provides each detainee, upon admittance, a copy of the detainee handbook or equivalent, in which procedures for access to health care services are explained (in a language they can understand).	\boxtimes			When the detainee arrives he signs for and is given a national and facility detainee handbook. The facility handbook is printed in English and Spanish and gives clear details on how to access medical services.		

	PART 4 – 22. MEDICAL CARE						
	This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
and	SPCs and CDFs, medical personnel credentialing I verification complies with the standards ablished by the NCCHC and Joint Commission.				The medical personnel files were reviewed. The credentialing was verified and meets the National Commission on Correctional Health Care and The Joint Commission Standards.		
deta hea deta fund • \	hin 12 hours of arrival, all newly admitted ainees receive initial medical, dental and mental alth screening by a health care provider or a ention officer specially trained to perform this ction. When screening is performed by a detention officer, the facility maintains documentation of the officer's special training.	\boxtimes			All newly admitted detainees receive an initial health screening by the medical department which is performed by a RN. A review of 23 detainee medical records indicated all were screened within six hours; all were performed by a registered nurse and all included medical, dental, mental health, and sexual assault/abuse screening questions.		
hea con con	ANDATORY) If language difficulties prevent the alth care provider/officer from sufficiently nmunicating with the detainee for purposes of npleting the medical screening, the officer obtains inslation assistance.				There are Spanish speaking nurses available for the detainees who speak Spanish. The phones are set up for easy access to the language interpretation line for those detainees speaking different language.		
	e facility has sufficient space and equipment to ord each detainee privacy when receiving health e.				There are two interview rooms and three exam rooms which have sufficient space to allow for privacy. There is an emergency/urgent care room that can be used for emergencies and procedures and which is also large enough to provide adequate space for care and privacy.		
area	e medical facility has its own restricted-access a. The restricted access area is located within the fines of the secure perimeter.				The medical unit is located within the secure perimeter and has its own access.		
14. The hole	e medical facility entrance includes a ding/waiting room.				There is a holding/waiting room located just inside the entrance to the department. The waiting room is able to seat eight detainees.		
	e medical facility's holding/waiting room under the ect supervision of custodial staff.				There are (b)(7)e ecurity officers assigned to the medical unit during clinic hours.(b)(7)e fficer is always assigned to have direct observation of the holding/waiting room.		

Thi	PART 4 – 22. MEDICAL CARE This Detention Standard ensures that detainees have access to a continuum of health care services, including							
	prevention and health education, so that their health care needs are met in a timely and efficient manner.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
16.	Detainees in the holding/waiting room have access to a toilet and a drinking fountain.	\boxtimes			There is a drinking fountain available within the waiting room; the toilet is in the adjacent room.			
17.	 Medical records are kept apart from other files. They are: Secured in a locked area within the medical unit. With physical access restricted to authorized medical staff. Procedurally, no copies made and placed in detainee files. 	\boxtimes			There is a separate, locked area for the medical records department with an Authorized Access Only sign posted on the door. All detainee medical records are electronic; there are no paper charts in the facility. Any labs or reports that are faxed to the department are scanned into the electronic medical record (EMR) and then shredded. No copies of any portion of the EMR is made and placed in detainee files.			
18.	(MANDATORY) A signed and dated consent form is obtained from a detainee before medical treatment is administered.	\boxtimes			All detainees sign a consent form as part of the admission process. Additional treatment consent forms are required per policy for procedures in treatment of hunger strikes and administration of psychotropic medication. A review of 23 charts reveal all had signed a consent form during the admission process.			
19.	Detainees use the I-813 (or IGSA equivalent) to authorize the release of confidential medical records to outside sources.	\boxtimes			Detainees use the form provided by the Immigration Health Service Corps (IHSC).			
20.	The facility health care provider is given advance notice prior to the release, transfer, or removal of a detainee.	\boxtimes			Interviews with the HSA, nursing, and medical records staff were consistent that they usually receive one to three weeks notice prior to release, transfer, or removal of a detainee.			
21.	A detainee's medical records will be transferred as appropriate. All detainees will be transferred with a copy of their transfer summary.				The USM 553 form is utilized and filled out for each detainee transferred. The providers will determine what medical records need to be transferred with the detainee. Seven random transferred detainee records were checked on the EMR and all had transfer summaries completed.			

	PART 4 – 22. MEDICAL CARE							
	This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
22.	Medical records are placed in a sealed envelope or other container labeled with the detainee's name and A-number and marked "MEDICAL CONFIDENTIAL."	\boxtimes			Transfer summary and medical records are placed in an envelope with the detainee's name, A-number and marked "MEDICAL CONFIDENTIAL" on the outside.			
23.	Medical screening includes a Tuberculosis (TB) test.				During the admission process, as part of the medical health screening, all detainees receive a digital chest x-ray which is sent to the University of Maryland to be read and the results returned within four hours. Detainees are not cleared for housing placement until the final result is obtained. A review of 23 charts revealed all detainees were cleared for TB prior to entering the general population.			
24.	 All detainees receive a mental-health screening upon arrival. It is conducted: By a health care provider or specially trained officer; Before a detainee's assignment to a housing unit. 	\boxtimes			A review of 23 detainee medical records revealed that all detainees received a mental health screening upon arrival. It is conducted by a nurse as part of the intake health screening and before a detainee's assignment to a housing unit.			
25.	The facility health care provider promptly reviews all I- 794s (or equivalent) to identify detainees needing medical attention.	\boxtimes			A designated midlevel provider for the day will review each of the health screenings promptly and sign them. The screenings performed after clinic hours are promptly reviewed the next morning. If the screening nurse has any questions after hours there is a scheduled provider on-call list for him/her to contact for consultation.			
26.	(MANDATORY) Each facility's health care provider conducts a health appraisal and physical examination on each detainee within 14 days of arrival. If there is documentation of one within the previous 90 days, the facility health care provider may determine that a new appraisal is not required.	\boxtimes			A review of 23 detainee medical records indicates all had health appraisal/physical exams within 14 days of arrival. They are performed by the midlevel providers. Detainees identified as having a health concern on the health assessment had a physical completed sooner than 14 days. Many were seen the day of or following admission.			

PART 4 – 22. MEDICAL CARE							
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.							
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
27. Detainees in the Special Management Unit have access to the same level of health care as detainees in the general population.				Policy requires each detainee in the Special Management Unit (SMU) receive an individual daily cell visit from a qualified medical person. It is performed by a RN and a log is kept. The rounds and the log were observed. Detainees in the SMU also can access sick call by putting in a request to the housing officer.			
 28. Staff provide detainees with health- services (sick call) request slips daily, upon request. Request slips are available in the languages other than English, including every language spoken by a sizeable number of the facility's detainee population. Service-request slips are delivered in a timely fashion to the health care provider. 				This facility does not utilize sick call request slips. The procedure calls for detainees to sign up for sick call each day on their way to breakfast. There is a hold area with a triage nurse who takes their complaint, and will determine a time for the detainee to be seen. If there is something urgent they will be brought in immediately. Once triaged, the sick call list is reviewed with a mid level provider. Most detainees are seen between one and three days. If a detainee is unable to go to breakfast or becomes ill at another time of day, the housing officer can call the medical unit to discuss placing a detainee on sick call.			
29. (MANDATORY) The facility has a written plan for the delivery of 24-hour emergency health care when no medical personnel are on duty at the facility, or when immediate outside medical attention is required.				Health care staff is on duty 24 hours a day, seven days a week. Policy provides procedures for when immediate outside medical attention is required.			
30. The plan includes an on-call provider.				There is a midlevel provider on-call with back up physician and psychologist for consultations.			
31. The plan includes a list of telephone numbers for local ambulances and hospital services.				A current list of local telephone numbers for local ambulances and hospitals was verified.			
32. The plan includes procedures for facility staff to utilize this emergency health care consistent with security and safety.				The Emergency Medical Policy states all emergency services will be consistent with the security and safety of the facility.			

PART 4 – 22. MEDICAL CARE						
	B Detention Standard ensures that detainees have a vention and health education, so that their health care is					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
33.	(MANDATORY) Detention and health care personnel will be trained, at least annually, to respond to health- related situations within four minutes and to properly use first aid kits, available in designated areas.	\boxtimes			A review of the detention and medical staff training files revealed that all staff is trained annually in first aid, cardiopulmonary resuscitation (CPR), to respond to health related situations within four minutes, and use of an automated external defibrillator (AED).	
34.	Where staff are used to distribute medication, a health care provider properly trains these officers.			\boxtimes	Only medical staff distributes medication.	
35.	Pharmaceuticals and nonprescription medicines will be stored, inventoried, dispensed, and administered in accordance with sound standards and facility needs for safety and security.	\boxtimes			Observation revealed that medications are stored, inventoried, dispensed, and administered in accordance with sound standards and facility needs for safety and security.	
36.	 (MANDATORY) Each facility has written policy and procedures for the management of pharmaceuticals that include: A formulary of all prescription and nonprescription medicines stocked or routinely procured from outside sources. A method for obtaining medicines not on the formulary. Prescription practices, including requirements that medications are prescribed only when clinically indicated and that prescription are reviewed before being renewed. Procurement, receipt, distribution, storage, dispensing, administration, and disposal of medications. Secure storage and perpetual inventory of all controlled substances (DEA Schedule II-V), syringes, and needles. 				The facility and Immigration Health Service Corps (IHSC) have written policies and procedures addressing all the listed items.	
37.	 All pharmaceuticals are stored in a secure area with the following features: A secure perimeter; Access limited to authorized medical staff (never detainees); Solid walls from floor to ceiling and a solid ceiling; A solid core entrance door with a high security lock (with no other access); and A secure medication storage area. 	\boxtimes			The pharmacy has a secure perimeter with limited access to only the pharmacist, HSA, and pharmacy technician. It is of solid construction floor to ceiling with one entrance with a solid door. There is a secure medication storage area inside.	

	PART 4 – 22. MEDICAL CARE							
	This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
	 In SPCs and CDFs, the pharmacy has a locking pass-through window. Administration and management in accordance with state and federal law. Supervision by properly licensed personnel. Administration of medications by personnel properly trained and under the supervision of the health services administrator, or equivalent. Accountability for administering or distributing medications in a timely manner and according to physician orders. 	\boxtimes			The pharmacy does have a locking pass through window but it is not utilized as it remains closed and locked. Medications are passed by the LVN using secure medication carts. Medications are passed in a timely manner and according to the prescribing provider's orders. Supervision is provided by the proper personnel and follows policy. All state and Federal laws are being followed.			
39.	Distribution of medication is in accordance with specific instructions and procedures established by the health care provider. Written records of all medication given to detainees are maintained.	\boxtimes			Observation of medication distributed to detainees revealed it was done following established policy and procedure. All medications given to detainees are recorded on a Medication Administration Record.			
40.	 Medication may not be delivered or administered by detainees. In facilities that are medically staffed 24 hours a day, the health care provider distributes medication. In facilities that are not medically staffed 24 hours a day, medication may be distributed by detention officers, who have received proper training by the health care provider, only when medication must be delivered at a specific time when medical staff are not on duty. 				Medical staff distributes all medications to the detainees.			
41.	The facility maintains documentation of the training given any officer required to distribute medication, and the officer has available for reference the training syllabus or other guide or protocol provided by the health authority.			\boxtimes	Security officers do not distribute medication at this facility.			
42.	The Warden/Facility receives notification that a detainee that has special medical needs.	\boxtimes			The HSA notifies the Facility Administrator of a detainee with special needs on the special needs tracking form. This was observed. Medical/psychiatric alerts are also used for detainees.			
43.	Procedures are in place, consistent with the detention standard, for examinations by independent medical service providers and experts.	\boxtimes			There is a policy and procedure in place addressing independent medical service providers and experts that is consistent with the standard.			

	PART 4 – 22. MEDICAL CARE						
	This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
	 (MANDATORY) Each facility has a written plan (or plans) that address the management of infectious and communicable diseases, including prevention, education, identification, surveillance, immunization (when applicable), treatment, follow-up, isolation (when indicated), and reporting to local, state, and federal agencies. Plans include: Coordination with public health authorities; Ongoing education for staff and detainees; Control, treatment, and prevention strategies; Protection of individual confidentiality; Media relations; Management of tuberculosis, hepatitis A, B, and C, HIV infection, avian influenza, and Reporting communicable diseases to local and/or state health departments in accordance with local and state regulations. 				There is a facility and an IHSC policy, procedure and plan for all the items on the list. There is a midlevel provider assigned to be the Infectious Disease and Epidemiology Officer. His duties include surveillance, immunization (when applicable), treatment, follow-up, isolation as needed, and reporting to local, state and federal agencies. He does this for tuberculosis (TB), Hepatitis A, B, and C, HIV infection, influenza A and B and avian, varicella and any other reportable disease. The HSA does the educational component and has brochures for these diseases in both English and Spanish for detainees. Many of the educational topics are on a DVD which can be played in the medical waiting room.		
45.	Detainees diagnosed with a communicable disease are isolated according to local medical operating procedures.	\boxtimes			Detainees with a communicable disease are placed in an isolation cell in the SSU. If it is an airborne communicable disease such as TB the detainee is placed in a negative pressure room. Local operating procedure is followed. This was verified through interviews with the communicable disease officer and the HSA and review of policies, logs and detainee charts.		
46.	All new arrivals receive TB screening in accordance with guidelines of the Centers for Disease Control (CDC). Unless a chest x-ray is the primary screening method, the PPD (mantoux method) is the primary screening method. (For a detainee on whom the PPD is contraindicated; a chest x-ray will be needed. Detainees not screened are housed separate from the general population.				During the admission process, as part of the medical health screening, all detainees receive a digital chest x-ray which is sent to the University of Maryland to be read and the results returned within four hours. Detainees are not cleared for general population until the final result is obtained. A review of 23 charts revealed all detainees were cleared for TB prior to entering the general population.		

	PART 4 – 22. MEDICAL CARE							
	This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.							
	Components	Meets Standard	Does Not Meet Standard	∀/N	Remarks			
	Detainees with symptoms suggestive of TB are placed in a negative pressure isolation room and promptly evaluated for TB disease. Detainees at facilities with no negative pressure isolation room are referred to an appropriate off-site facility.	\boxtimes			Any detainee that has symptoms indicating TB or has a chest x-ray returned indicating TB is immediately placed in one of the negative air pressure rooms in the SSU. Further evaluation for TB is started as per policy.			
48.	A transportation system will be available that ensures timely access to health care services that are only available outside the facility, including: prioritization of medical need, urgency (ambulance versus standard), and transfer of medical information.	\boxtimes			Emergency transportation is available through the 911 EMS systems. ASSET (security contractor) provides transportation for non emergency medical appointments and transport is based on urgency and medical need. Medical summaries are provided for these appointments and are placed in a sealed envelope and marked confidential.			
49.	Detainee who requires close, chronic, or convalescent medical supervision will be treated in accordance with a plan approved by licensed physician, physician assist, nurse practitioner, dentist, or mental health practitioner that includes directions to health care and other involved personnel.	\boxtimes			Treatment plans for detainees that require close, chronic, or convalescent medical supervision are prepared by qualified practitioners.			
50.	(MANDATORY) Female detainees have access to pregnancy testing and pregnancy management services that include routine high-risk prenatal care, addiction management, comprehensive counseling and assistance, nutrition, and postpartum follow-up.			\boxtimes	This facility does not house female detainees.			
	(MANDATORY) Detainees with chronic conditions (such as hypertension and diabetes) will receive periodic care and treatment that includes monitoring of medications, laboratory testing, and chronic care clinics, and others will be scheduled for periodic routine medical examinations, as determined by the health authority	\boxtimes			Detainees with chronic care needs are followed closely by one of the mid level providers. They are scheduled regularly for laboratory tests, medication evaluation, physical exams, and outside consults if deemed necessary for their conditions. A review of ten chronic care detainee medical records confirms this is done.			
52.	The Facility Administrator, or other designated staff will be notified in writing of any detainees whose special medical or mental health needs requiring special consideration in such matters as housing, transfer, or transportation.	\boxtimes			This facility uses the special needs tracking form and the psychiatric/medical alert form to alert others.			

	PART 4 – 22. N	IEDICA	LCARE					
	This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
53.	Detainees will have access to emergency and specified routine dental care provided under direction and supervision of a licensed dentist.	\boxtimes			There is a full time licensed dentist and dental assistant on staff to provide routine services to the detainees. The local hospital would be used for emergency dental care.			
54.	(MANDATORY) Detainees with mental health problems will be referred to a mental health provider as needed for detection, diagnosis, treatment, and stabilization to prevent psychiatric deterioration while confined.	\boxtimes			There is a full time licensed psychologist on staff to provide mental health services to detect, diagnose, treat and stabilize detainees with a variety of mental health issues. A consulting psychiatrist from Krome SPC is available any time for consultation with the psychologist and sees detainees one half day a week via televideo conferencing.			
55.	Crisis intervention services are available for detainees who experience acute mental health episodes.				A policy and plan is in place for mental health emergencies. The medical unit is staffed 24 hours a day to provide crisis intervention and the staff psychologist is there full time. Both the psychologist and the psychiatrist are available for on- call consultation. When necessary, transport to a local hospital for evaluation takes place.			
56.	Medical and mental health interviews, examinations, and procedures will be conducted in settings that respect detainees' privacy, and female detainees will be provided female escorts for health care by male health care providers.	\boxtimes			There are private examination rooms available for the medical and mental health interviews, examinations and procedures. There are no female detainees housed here.			
57.	(MANDATORY) Any detainee referred for mental health treatment receives a comprehensive evaluation by a licensed mental health provider within 14 days of the referral.	\boxtimes			All detainees referred for mental health are seen by a licensed mental health provider within 14 days. Review of nine charts and the mental health referral log confirmed this is the practice.			

PART 4 – 22. MEDICAL CARE						
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
58.	 (MANDATORY) Restraints for medical or mental health purposes may be authorized only by a qualified medical or mental health provider, after reaching the conclusion that less restrictive measures are not successful. The facility has written procedures that specify: The conditions under which restraints may be applied; The types of restraints to be used; How a detainee in restraints is to be monitored; The length of time restraints are to be applied; Requirements for documentation, including efforts to use less restrictive alternatives; and After-incident review. The medical authority or mental health provider completes a Post-Restraints Observation Report form DIHS-867 or similar form. 				Policies and procedures are in place regarding the use of restraints for medical and mental health purposes. It includes all the items on the list. There has been no use of restraints in the medical unit in the past 12 months.	
59.	 (MANDATORY) Involuntary administration of psychotropic medications to detainees complies with applicable laws and regulations and the authorizing physician or psychiatrist will: Specify the duration of therapy; Obtain an order authorizing the administration of the drug from a Federal District Court. Document that less restrictive intervention options have been exercised without success; Detail how the medication is to be administered; Monitor the detainee for adverse reactions and side effects; and Prepare treatment plans for less restrictive alternatives as soon as possible. 				Through interviews with the HSA, Clinical Psychologist and review of medical records it was noted a detainee was administered a psychotropic medication (Haldol) on an emergent/urgent basis and authorization by a Federal District Court was not obtained. Additionally the standard and the facility's standing operating procedure require notification to ERO who will then notify the DHS/ICE General Counsel.	
60.	An initial dental screening exam should be performed within 14 days of the detainee's arrival. If no on-site dentist is available, the initial dental screening may be performed by a physician, physician's assistant, nurse practitioner or trained RN.	\boxtimes			All detainees receive an initial dental screening during the admission process at the intake health screening done by the registered nursed. Training is provided annually by the dentist. Training logs were reviewed and current.	
61.	In each detention facility, the designated health authority and Facility Administrator determines the contents, number, location(s), use protocols, and procedures for monthly inspections of first aid kits.	\boxtimes			Policy was reviewed, crash cart observed but not opened and inspection log was up to date. Several first aid kits were observed.	

PART 4 – 22. MEDICAL CARE						
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
62. An automatic external defibrillator should be available for use at the facility.				AEDs are located throughout the facility and are checked and maintained per policy.		
63. If a detainee refuses treatment, ICE/DRO will be consulted in determining whether forced treatment will be administered, except in emergency circumstances, in which case, ICE/DRO will be notified as soon as possible.				Policies are in place for this to occur.		
64. In SPCs and CDFs, the Facility Administrator and health services administrator will meet at least quarterly and include other facility and medical staff as appropriate.				Quarterly agendas and minutes for the past 12 months were reviewed.		
65. (MANDATORY) Biohazardous waste will be managed and medical and dental equipment decontaminated in accordance with sound medical standards and compliance with applicable local, state, and federal regulations.				The biohazard waste is managed and decontaminated with sound medical standards and compliance. This was observed.		
66. (MANDATORY) The health authority will implement a system of internal review and quality assurance.				IHSC has a Performance Improvement Program which provides a system of internal review and quality assurance.		
PART 4 – 22. N	IEDICA	LCARE				
☐ Meets Standard ⊠ Does Not Meet St	andard	□ N/A		☐Repeat Finding		

The medical staff at this facility is provided by Immigration Health Service Corps PHS officers and STG (contract medical group) employees to provide the medical, dental and mental health care for the detainees. There is a vacancy for a physician/clinical director which is now being covered by the Clinical Director of the Tacoma, Washington facility and who is available for consultations with any of the medical staff anytime day or night. Vacancies exist for a full time psychiatrist, for a nurse manager (currently it is the acting HSA), for a full-time pharmacist, and for (b)(7) egistered nurses.

There is an on-site dental clinic, x-ray, four negative pressure rooms, and a short stay unit (SSU) that is also used to house detainees with disabilities. There is a large emergency/urgent care room that is well stocked which can be used for emergencies and for scheduled minor procedures.

Currently the four negative pressure rooms are not in use and have not been since February 2012 when the certification expired. They are scheduled for recertification to occur July 6, 2012. At this time no suspected or active TB cases have occurred. There is a policy in place if that should occur and the negative pressure rooms are down. Staff were interviewed and answered correctly on the procedure.

There is an on-site pharmacy with a full-time pharmacy technician. There has been a vacancy for a pharmacist for several months. A policy and procedure is in effect for using an off-site pharmacy to fill the prescriptions and be delivered the following day. Currently they are using the Florence SPC pharmacist and pharmacy to provide these services.

The deficient rating given to the mandatory component number 59 was determined based on the following:

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Interviews with Immigration Health Service Corps (IHSC) staff and a chart review revealed a Honduran male with a history of hearing voices was injected with a psychotropic drug (Haldol) without giving his consent or obtaining a court order as required by the component. The PBNDS standard does not require obtaining a court order but does state that the HSA should contact ERO Management, who shall then contact the respective DHS/ICE Chief Counsel.

IHSC has a Mental Health Services Directive: Number 07-02, ERO Directive Number 11806, dated 03 November 2011, which states in summary that involuntary administration of a psychotropic medication can only occur when there is a psychiatric emergency and there is a risk to self or others and all other less restrictive options are not successful. It can only be given if it complies with established guidelines, applicable laws, and under specific authorization of a physician. If continued involuntary treatment were to continue, then the HSA would need to contact the appropriate ICE Enforcement and Removal Operations official who will be responsible for contacting the respective Chief Counsel, to request a court order for continued treatment if appropriate. The medical department was compliant in following the IHSC Mental Health Services Directive but not the PBNDS.

The detainee's medical records revealed he became aggressive and his behavior was extremely unpredictable when he was in his housing unit. A decision was made to bring him to the medical unit for evaluation. He evaded security staff and it became necessary to use hard cuffs to escort him for medical evaluation.

Per medical staff, the detainee was displaying erratic behavior, was not responding to verbal instructions or questions and continued to attempt to evade security. A video teleconference was initiated with the consulting psychiatrist at Krome and it was determined he would need psychiatric stabilization in a hospital. In order to prevent harm to himself at the time and during transfer, the detainee was given a psychotropic medication. He was diagnosed with Psychoses NOS. Consent was unobtainable as the detainee would not respond to questions from the medical staff.

The medical record was thoroughly reviewed and supported the interviews of staff by the Medical Compliance Inspector. A onetime emergency dose of Haldol was administered, and the detainee was transferred to a mental health hospital in the San Diego area. The transfer occurred without incident on the same day, after medical observation revealed no side effects.

(b)(6), (b)(7)(c) <u>05/03/2012</u> Reviewer's Signature / Date

	PART 4 – 23. PERSONAL HYGIENE							
	This Detention Standard ensures that each detainee is able to maintain acceptable personal hygiene practices through the provision of adequate bathing facilities and the issuance and exchange of clean clothing, bedding, linens, towels,							
	and personal hygiene items.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
1.	There is a policy and procedure for the regular issuance and exchange of clothing, bedding, linens, towels, and personal hygiene items. The supply of these items exceeds the minimum required for the number of detainees.				The facility has a policy dated 03/29/2012 which addresses these issues.			
2.					Detainees receive two of each clothing item and one pair of footwear.			
3.	Additional clothing is available for changing weather conditions and as is seasonally appropriate.				Sweatshirts are available as needed.			
	 New detainees are issued clean bedding, linens and towels, at a minimum: One mattress One blanket Two sheets One pillow One pillowcase One towel Additional blankets, based on local weather conditions. 							
	The facility provides and replenishes personal hygiene items as needed. Gender-specific items are available. ICE detainees are not charged for these items.				The facility does not house female detainees. ICE detainees are not charged for hygiene items.			
6.	 Toilet facilities are: Clean Adequate in number and can be used without staff assistance 24 hours per day when detainees are confined in their cells or sleeping areas. ACA Expected Practice 4-ALDF-4B-08 requires that toilets be provided at a minimum ratio of one for every 12 male detainees or one for every 8 female detainees. For males, urinals may be substituted for up to one-half of the toilets. 				The facility meets American Correctional Association (ACA) standards. The older units contain eight (8) toilets. Newer units contain four (4) toilets and eight (8) urinals.			

PART 4 – 23. PERSONAL HYGIENE					
This Detention Standard ensures that each detainee is able to maintain acceptable personal hygiene practices through the provision of adequate bathing facilities and the issuance and exchange of clean clothing, bedding, linens, towels, and personal hygiene items.					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
7.	Bathing facilities are:				
	Clean				A review of the March 2012 water
	• Operable with temperatures between 100 and 120 degrees Fahrenheit.				log revealed water temperatures ranging from 101 degrees to 115 degrees. A log is maintained recording monthly temperatures.
	ACA Expected Practice 4-ALDF-4B-08 requires one washbasin for every 12 detainees.				
	ACA Expected Practice 4-ALDF-4B-09 requires a minimum ratio of one shower for every 12 detainees.				
8.	Detainees with disabilities are provided adequate facilities, support, and assistance needed for self-care and personal hygiene.				
9.	Detainees are provided clean clothing, linen and towels.				
	 Socks and undergarments - daily. 				
	Outer garments - twice weekly.	\boxtimes			Policy and practice adhere to the bulleted items.
	Sheets - weekly.				burleted items.
	• Towels - weekly.				
	Pillowcases - weekly.				
10	. Food service detainee volunteer workers are permitted to exchange outer garments daily.	\boxtimes			Detainees are allowed to exchange their garments daily, and if needed more frequently.
11	Volunteer detainee workers are permitted to exchanges of outer garments more frequently.				
PART 4 – 23. PERSONAL HYGIENE					
Meets Standard Does Not Meet Standard N/A Repeat Finding					

A review of policy, interviews with staff and detainees, and observation revealed that detainees are housed in a clean and sanitary environment. Each detainee has the ability to maintain acceptable personal hygiene practices through the provision of adequate bathing facilities and the issuance and exchange of clean clothing, bedding, linens, towels, and personal hygiene items.

(b)(6), (b)(7)(c) 05/03/2012 Reviewer's Signature / Date

PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The facility has a written suicide prevention and intervention program approved and signed by the health authority and Facility Administrator and reviewed annually.				The facility has an up-to-date Suicide Prevention and Intervention Program which has been signed by the Health Service Administrator (HSA) and the facility administrator.
2.	 At a minimum, the Program shall include procedures to address: Intake screening and referral requirements; The identification and supervision of suicide-prone detainees; Staff training requirements; The management and reporting of suicidal incidents, suicide watches, and deaths; Provision of safe housing for suicidal detainees; Debriefing of any suicides and suicide attempts by administrative, security, and health services staff; Guidelines for returning a previously suicidal detainee to a facility's general population, upon written authorization of the clinical director.; Reporting guidelines for facility personnel when suspected suicidal behavior is observed; and Written procedures for the proper handling of detainees who exhibit suicidal behavior. 				Facility and medical policies address all the procedural components on this list.
3.	Every new staff member receives suicide-prevention training. Suicide-prevention training occurs during the employee orientation and annual training.				Every staff member receives suicide prevention training during employee orientation and annually thereafter. This was determined through review of training curriculum, training logs, power point presentation, staff files, and interviews with staff and the HSA.

PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
4. Training prepares staff to:				
• Effective methods for identifying the warning signs and symptoms of impending suicidal behavior,				
 Demographic, cultural, and precipitating factors of suicidal behavior, 		l		The training curriculum and the Suicide Prevention and Intervention PowerPoint presentation were reviewed. Also reviewed were random post-test results. All the listed items were covered.
• Responding to suicidal and depressed detainees,				
Effective communication between correctional and health care personnel,	\boxtimes			
Necessary referral procedures,				
 Housing observation and suicide-watch level procedures, 				
 Follow-up monitoring of detainees who have already attempted suicide, and 				
Reporting and written documentation procedures.				
5. A health-care provider or specially trained officer screens all detainees for suicide potential as part of the admission process.				All detainees are screened for suicide potential as part of the intake mental health screening. This is performed by the medical department within 12 hours of the
• Screening does not occur later than one working day after the detainee's arrival.				
• Documentation exists that "specially trained officers" have completed training in accordance				detainee's arrival. A review of 23 medical records confirms this.
with a syllabus approved by the medical authority.				Officers do not perform screenings for suicide potential during the intake process.
6. Written procedures contain when and how to refer at- risk detainees to medical staff and procedures are				There are specific written procedures in place for referring at-
followed.				risk detainees to medical staff. These are also covered in the new employee and annual training curriculum.
7. Written procedures include returning a previously				Policy and procedure allows for the
suicidal detainee to the general population, upon written authorization of the clinical director or appropriate health care professional.				Clinical Psychologist, the Clinical Director (CD) or a midlevel provider in consultation with either the psychologist or the CD to return a previously suicidal detainee to the general population.
8. The facility has a designated isolation room for evaluation and treatment.				Policy and procedure designates the use of the padded cell in the Special Management Unit (SMU) as its designated isolation room.

PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION						
This Detention Standard protects detainees' health and well being by training staff to prevent suicide by recognize potential signs and situations of risk and to intervene with appropriate sensitivity, supervision, referral, and treatment.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
 The designated isolation room does not contain any structures or smaller items that could be used in a suicide attempt. 	\boxtimes			This component was rated "Does Not Meet Standard" during the previous year's inspection. The report cited the designated isolation room had items that could be used in a suicide attempt. This issue has been corrected. The designated room in the SMU was inspected - it is a padded cell with no protruding structures or small objects.		
10. Medical staff have approved the room for this purpose.	\boxtimes			The HAS and the Psychologist both indicated they have approved the rooms.		
 Staff observe and document the status of a suicide- watch detainee at least once every 15 minutes/constant observation. 	\boxtimes			All detainees placed on suicide watch are placed on constant observation. Detainee staff document the detainee's status every 15 minutes.		
12. At facilities with twenty-four-hour medical staff, observation of imminently suicidal detainees by medical or detention staff shall occur no less than every 15 minutes. The Clinical Director (CD) may recommend constant direct supervision. If a detainee is clinically evaluated and determined to be at risk for suicide, medical staff shall document the status of the detainee in the medical record at least every two hours, unless otherwise directed by the CD.	\boxtimes			Facility policy is that all suicide watches are constant observation with detention staff documenting the detainee's status every 15 minutes. Medical staff document the status every two hours in the detainee's medical record. This is done by a registered nurse.		
13. In CDFs or IGSAs, and/or at facilities where there is not twenty-four hour medical staff, the facility administrator shall report to ICE/DRO any detainee who has been identified as suicidal. ICE/DRO, shall consult with the CD or designated medical authority for immediate evaluation (with constant observation until evaluation), or for transfer to a local psychiatric facility or emergency room by ambulance			\boxtimes	This facility is a SPC with twenty- four-hour, seven days a week medical coverage.		
 Every completed suicide and serious suicide attempt shall be subject to a mortality review process. A critical incident debriefing shall be provided to all affected staff and detainees. 	\boxtimes			Facility policy states and the HSA confirmed through interview, a mortality review and critical incident debriefing would be conducted for every suicide and serious suicide attempt.		
PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION						

🛛 Meets Standard 🛛 🗌 Does Not Me	et Standard 🛛 N/A	Repeat Finding
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This rating was determined by a review of facility policy, Standard Operating Procedures, Local Operating Procedures, training curriculum, PowerPoint presentation, staff training files, suicide watch check lists; inspection of suicide watch cell; observation of mental health intake process; chart review; and interviews with the Health Services Administrator and the Clinical Psychologist on staff.

The 2011 Annual PBNDS Inspection rated component #9 as "Does Not Meet" the standard citing "a designated isolation room does not contain any structures or smaller items that could be used in a suicide attempt". At that time policy stated a detainee on suicide watch could be placed either in an isolation cell in the Short Stay Unit (SSU) or the padded cell in SMU. They have corrected this issue by changing policy and practice to utilize only the padded cell which contains no structures or smaller items that could be used in a suicide attempt for suicide watch detainees. This was verified through logs and three detainee medical records for detainees placed on suicide watch.

There were no suicides or suicide attempts in the past 12 months. There have been four suicide watches in the past 12 months.

b)(6), (b)(7)(d) <u>05/03/2012</u> Reviewer's Signature / Date

102 FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE) G-324A (Coded 10132010) Detention Review Worksheet - Rev: 5/11/09

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

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

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. Detainees, who are chronically or terminally ill, are transferred to an appropriate off-site medical facility.	\boxtimes			This facility has policies to accept terminally ill detainees.
 2. The facility or appropriate ICE office promptly notifies the next-of-kin of the detainee's: medical condition. The detainee's location. The visiting hours and rules at that location. 				Per policies and interview with the Health Services Administrator (HSA) and ICE staff, the facility would notify ICE and ICE would make all other notifications.
 3. There are guidelines addressing State Advanced Directive Form for Implementing Living Wills and Advanced Directives. These guidelines include instructions for detainees who wish to have a living will. These guidelines provide the detainee the opportunity to have a private attorney prepare the documents, at the detainee's expense. 	\boxtimes			Guidelines are outlined clearly in facility policy and the Immigration Health Service Corps (IHSC) policies which include the items on the list.
4. There is a policy addressing "Do Not Resuscitate Orders"				There is a clear policy addressing "Do Not Resuscitate Orders".
5. Detainees with a "Do Not Resuscitate" order in the medical record receive maximal therapeutic efforts short of resuscitation.				Policy states that maximal therapeutic efforts short of resuscitation would be given to detainees with a "Do Not Resuscitate" order.
 The facility notifies ICE/DRO Medical Director and Headquarters' Legal Counsel of the name and basic circumstances of any detainee with a "Do Not Resuscitate" order in the medical record. In the case of IGSAs, this notification is made through the local ICE representative. 	\boxtimes			Review of policy reflects the notification process.
7. The facility has written procedures to address the issues of organ donation by detainees.	\boxtimes			There are policies addressing the issues of organ donation.
8. The facility has written procedures to notify ICE officials, deceased family members and consulates, when a detainee dies while in custody.				Policy and procedures are in place for proper notification of ICE, deceased detainee's family and the consulates.
9. The facility has a policy and procedure to address the death of a detainee while in transport.				There is a policy to address the death of a detainee while in transport.
10. At all ICE locations the detainee's remains disposed of in accordance with the provisions detailed in this standard.				A policy and procedure is in place for proper disposal of the remains.

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

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

Check this box if the facility does not accept ICE detainees who are severely or terminally ill. Indicate NA in the appropriate box for this portion of the worksheet. ALWAYS complete all references to detainee death and related notifications.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
 11. In the event that neither family nor consulate claims the remains, the Field Office schedules an indigent's burial, consistent with local procedures. If the detainee is a U.S. military veteran, the Department of Veterans Affairs notified. 				Policy addresses the remains as stated but was not verifiable as there were no detainee deaths in the past 12 months.	
12. An original or certified copy of a detainee's death certificate is placed in the subject's A-File.	\boxtimes			Policy is in place and interviews indicated that this is the procedure they would use.	
 13. The facility follows established policy and procedures describing when to contact the local coroner regarding such issues as; Performance of an autopsy. Person(s) to perform the autopsy. Obtaining State approved death certificates. Local transportation of the body. 				The facility has established policies which include the medical local operating policy which states that the coroner must request an autopsy on all Federal, state and detained persons per California State Law. The policies also cover who is to perform the autopsy, secure the approved death certificate and provide local transportation of the body.	
14. ICE staff follow established procedures to properly close the case of a deceased detainee.				Policy is in place for proper closure of a deceased detainee's case but was not verified as there were no detainee deaths in the past 12 months.	
PART 4 – 25. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH					
⊠ Meets Standard					

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

This rating was given based on a review of facility, Immigration Health Service Corps, and Local Medical policies and interviews with the HSA and ICE staff. There have been no detainee deaths in the last year but policies and procedure are in place and staff verbalized correct procedures.

(b)(6), (b)(7)(c) <u>05/03/2012</u> Reviewer's Signature / Date

Section V ACTIVITIES

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

PART 5 – 26. CORRESPONDENCE AND OTHER MAIL						
This Detention Standard ensures that detainees will be able to correspond with their families, the community, legal representatives, government offices, and consular officials consistent with the safe and orderly operation of the facility.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1.	The facility has written policy and procedures concerning correspondence and other mail. The rules for correspondence and other mail are posted in each housing or common area or provided to each detainee via a detainee handbook.				Mail guidelines are outlined in the detainee handbook and posted in the housing units.	
2.	The facility provides key information in English, Spanish, and other languages spoken by a significant number of detainees.				The facility's detainee handbook is available in both English and Spanish.	
3.	Incoming mail is distributed to detainees within 24 hours or 1 business day after it is received and inspected.				The mail arrives at the facility around 9 AM and detainees pick up their mail when they come to recreation.	
4.	Outgoing mail is delivered to the postal service within one business day of its entering the internal mail system (excluding weekends and holidays).				The Post Office picks up the mail at 9 AM at the same time they drop off the incoming mail.	
5.	Staff maintain a logbook-recording acceptance of priority, priority overnight, and certified mail delivered to the facility for a detainee.				The mail room clerk maintains a logbook-recording with acceptance of priority overnight and certified detainee mail delivered to the facility.	
6.	Staff do not open and inspect incoming general correspondence and other mail (including packages and publications) without the detainee present unless documented and authorized in writing by the Facility Administrator or equivalent for prevailing security reasons.	\boxtimes			Staff does not open and inspect incoming general correspondence and other mail (including packages and publications) without the detainee present.	
7.	Staff do not read incoming general correspondence without the Facility Administrator's prior approval.				Staff does not read incoming general correspondence without the Facility Administrator's approval.	
8.	Staff do not inspect incoming Special Correspondence for physical contraband or to verify the "special" status of enclosures without the detainee present.					
9.	Staff are prohibited from reading or copying incoming and outgoing Special Correspondence without the detainee present.				The mail room clerk stated that staff is prohibited from reading or copying incoming and outgoing Special Correspondence without the detainee present.	

PART 5 – 26. CORRESPONDENCE AND OTHER MAIL							
	This Detention Standard ensures that detainees will be able to correspond with their families, the community, legal representatives, government offices, and consular officials consistent with the safe and orderly operation of the facility.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
10. Staff are only authorized to inspect outgoing correspondence or other mail without the detainee present when there is reason to believe the item might present a threat to the facility's secure or orderly operation, endanger the recipient or the public, or might facilitate criminal activity.	\boxtimes			The mail room clerk stated that 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.			
11. Correspondence to a politician or to the media is processed as Special Correspondence and is not read or copied.	\boxtimes						
12. The official authorizing the rejection of incoming mail sends written notice to the sender and the addressee.	\boxtimes			The mail room clerk sends written notice to the sender and to the addressee when incoming mail is rejected. Examples were reviewed.			
13. The official authorizing censorship or rejection of outgoing mail provides the detainee with signed written notice.	\boxtimes			A copy is given to the detainee and is sent to the A- file, the Processing Unit and to the addressee.			
14. Staff maintain a written record of every item removed from detainee mail.	\boxtimes			The mail room clerk maintains documentation of every item removed from detainee mail. Examples were reviewed.			
15. The Facility Administrator or designee monitors staff handling of discovered contraband and its disposition. Records are accurate and up to date.	\boxtimes						
16. The procedure for safeguarding cash removed from a detainee protects the detainee from loss of funds and theft. The amount of cash credited to detainee accounts is accurate. Discrepancies are documented and investigated. Standard procedure includes issuing a receipt to the detainee.	\boxtimes			The cash is documented on the 589 form and logged in the electronic log by the mail officer. The Finance Officer also issues a receipt to the detainee after the money has been posted to his account.			
17. Original identity documents (for example, passports, and birth certificates) are immediately removed and forwarded to ICE staff for placement in the A-files.	\boxtimes						
18. Staff provide the detainee a copy of his or her identity document(s) upon request.	\boxtimes			The Deportation Officer provides the detainee a copy of his identity document.			
19. Staff dispose of prohibited items found in detainee mail in accordance with the Detention Standard on "Contraband".	\boxtimes						
20. Every indigent detainee has the opportunity to mail, at government expense: At least five pieces of special correspondence per week; Three one ounce letters per week: Packages deemed necessary by ICE.	\boxtimes						

PART 5 – 26. CORRESPONDENCE AND OTHER MAIL						
	This Detention Standard ensures that detainees will be able to correspond with their families, the community, legal representatives, government offices, and consular officials consistent with the safe and orderly operation of the facility.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
21. The facility has a system for detainees to purchase stamps and for mailing all Special Correspondence and a minimum of 5 pieces of general correspondence per week.				Postage stamps may be purchased from the facility's mail officer.		
22. The facility provides writing paper, envelopes, and pencils at no cost to ICE detainees.	\boxtimes			The housing unit officer provides writing paper, envelopes and pencils at no cost to ICE detainees.		
23. SMU detainees have the same correspondence privileges as general population.	\boxtimes					
24. Detainees have access to outside publications.	\boxtimes					
PART 5 – 26. CORRESPONDENCE AND OTHER MAIL						
⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding						

Mail is received, processed, and delivered to the detainee population in a timely manner at this facility. Detainees are able to correspond with their families, the community and legal representatives. A log is maintained for all legal, priority and certified mail processed.

(<u>05/03/2012</u> (b)(6), (b)(7)(c)

Reviewer's Signature / Date

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

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

Standard NA: Check this box if all ICE Non-Medical Emergency Escorted Trips are handled only by the ICE Field Office or Sub-Office in control of the detainee case.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	 The Field Office Director considers and approves, on a case-by-case basis, trips to an immediate family member's: Funeral Deathbed 				Policy requires the Field Office Director to consider and approve all trips to an immediate family member's funeral or deathbed visit.
	The facility recognizes as "immediate family member" a parent (including stepparent or foster parent), brother, sister, child, and spouse (including common- law spouse).				This facility recognizes immediate family as a parent, including step parent or foster parent, brother, sister, child and spouse including common-law spouse.
3.	The CDF/IGSA facility notifies ICE of all detainee requests for non-medical escorts.	\boxtimes			
4.	The detainee's Deportation Officer reviews the file before forwarding a detainee's request, with recommendation, to the approving official. Each recommendation addresses the individual's suitability for travel, e.g., the kind of supervision required.				
5.	Detainees who require overnight housing are placed in approved IGSA facilities.	\boxtimes			Detainees who require overnight housing are placed in an SPC, CDF or appropriate IGSA facility.
6.	Each escort detail includes at least (7)(opfficers.	\boxtimes			The escort detail must be made up $q_{b}^{(7)(e)}$ officers.
7.	The detainee remains under constant, direct visual supervision of escorting staff.				The detainee is kept under constant direct visual supervision.
8.	Escorting officers report unexpected situations to the originating facility as a matter of procedure and the ranking supervisor on duty has the authority to issue instructions for completion of the trip.	\boxtimes			
9.	Escorting officers have the discretion to increase or decrease minimum restraints in accordance with written instruction, procedures and classification level of the detainee.	\boxtimes			Escorting officers may increase or decrease minimum restraints in accordance with written instruction, procedures and the classification level of the detainee.
10	Escort officers do not accept gifts/gratuities from a detainee, detainee's relative or friend for any reason.				Escorting officers are not allowed to accept any type of gift/gratuities from the detainee or detainee's family/friends.

PART 5 – 27. ESCORTED TRIPS F	OR NO	N-MEDICA	AL EM	ERGENCIES	
This Detention Standard permits detainees to maintain ties with their families and the community by providing detainees emergency staff-escorted trips into the community to visit critically ill members of the immediate family or to attend their funerals.					
Standard NA: Check this box if all ICE Non-Medical Field Office or Sub-Office in control of the detainee ca		ency Esco	orted	Trips are handled only by the ICE	
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
11. Escort officers ensure that detainees:					
Conduct themselves in a manner that does not bring discredit to ICE/DRO.					
Do not violate federal, state, or local laws.					
 Do not purchase, possess, use, consume, or administer narcotics, other drugs, or intoxicants. 	\boxtimes				
 Do not arrange to visit family or friends unless approved before the trip. 					
 Make no unauthorized phone calls. 					
• Know they are subject to search, urinalysis, breathalyzer, or comparable test upon return to the facility.					
12. The facility routinely subjects a detainee returning from an escorted trip to a search, urinalysis, breathalyzer, etc.	\boxtimes				
13. Standard procedure requires the immediate return to the facility of any detainee who violates trip rules.	\boxtimes			Any detainee who violates trip rules will be returned immediately to the facility.	
14. The Field Office Director is the approving official for all non-medical escorted trips.	\boxtimes			The Field Office Director approves all non-medical escorted trips.	
15. Facility procedures comply with the following ICE Standards:					
 Transportation (Land Transportation 	\boxtimes				
Restraints applied strictly in accordance with the Use of Force Standard.					
PART 5 – 27. ESCORTED TRIPS F	OR NO	N-MEDIC/	AL EM	ERGENCIES	
🛛 Meets Standard 🛛 🗌 Does Not Meet St	andard	I 🗌 N/A		☐Repeat Finding	

The facility has written policy addressing requests for non-medical emergency escorted trips meeting requirements of the standard.

(b)(6), (b)(7)(c) / <u>05/03/2012</u> Reviewer's Signature / Date

PART 5 – 28. MARRIAGE REQUESTS					
This Detention Standard ensures that each marriage rec review and based on internal guidelines for approval of su			/DRO	detainee receives a case-by-case	
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1. The Field Office Director or Facility Administrator considers detainee marriage requests on a case-by-case basis.	\boxtimes			The Facility Administrator reviews all marriage requests.	
2. The Field Office Director reviews every marriage request rejected by a Facility Administrator or IGSA. Rejections are documented.				Staff indicates and logs reviewed reflect that no marriages have been denied.	
 It is standard practice to require a written request for permission to marry. 				Detainees must make a formal written request to marry. This is done on the Detainee Request Form.	
4. The written request includes a signed statement or comparable documentation from the intended spouse, confirming marital intent.				Policy states that this is required. A review of several files contained a statement from the intended spouse.	
5. The Facility Administrator provides a written copy of his or her decision to the detainee and his or her legal representative.					
6. When permission is denied, the Facility Administrator states the basis for his or her decision along with instructions on how the detainee can file an appeal.				If a request is denied, the Facility Administrator will respond to the detainee in writing.	
7. The Facility Administrator provides the detainee with a place and time to make wedding arrangements.				Marriages occur in the visiting room.	
8. The detainee handbook explains the marriage request process.	\boxtimes				
 In SPCs the Facility Administrator or highest ranking ICE official on-site is the only officer authorized to approve a request to marry. 	\boxtimes			The Facility Administrator is the approving authority.	
PART 5 – 28. MAR	RIAGE	REQUES	TS		
⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding					

The facility has a current policy on Marriage Requests and a review of detainee files indicate that the facility is in compliance with the policy and standard. The rating of this standard was based on review of policy and detainee files; and interviews with staff.

(b)(6), (b)(7)(c) <u>05/03/2012</u> Reviewer's Signature / Date

PART 5 - 29. RECREATION This Detention Standard ensures that each detainee has access to recreational and exercise programs and activities, within the constraints of safety, security, and good order.

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The Facility provides:				The facility utilizes two large
	An indoor recreation program.	\boxtimes			outdoor recreation areas to complement the indoor dayroom
	An outdoor recreation program.				recreation program.
2.	A recreational specialist (for facilities with more than 350 detainees) tailors the program activities and offerings to the detainee population.	\boxtimes			There are(b)(7)e ecreation specialists assigned to the facility's recreation program
3.	Regular maintenance keeps recreational facilities and equipment in good condition.	\boxtimes			The recreation specialists maintain the recreational equipment.
4.	The recreational specialist or trained equivalent supervises detainee recreation workers.	\boxtimes			The recreation specialist supervises three recreation workers.
5.	The recreational specialist or trainee equivalent oversees recreation programs for Special Management Unit and special-needs detainees.	\boxtimes			Card games and ping pong activities are provided for special-needs detainees.
6.	Dayrooms offer sedentary activities, e.g., board games, cards, television.	\boxtimes			
7.	Outside activities are restricted to limited-contact sports.	\boxtimes			Soccer, softball, basketball, and volleyball are authorized in the outdoor recreation area.
	Each detainee has the opportunity to participate in daily recreation.				
9.	Detainees have access to recreation activities outside the housing units for at least one hour daily.	\boxtimes			Each detainee has the opportunity to participate in two consecutive hours of outdoor recreation daily.
10.	Staff check all items for damage and condition when equipment is returned.	\boxtimes			The recreation specialists check the equipment when it is returned.
11.	Staff conduct searches of recreation areas before and after use.				The recreation specialists conduct searches of recreation areas before and after use.
12.	Recreation areas are under constant staff supervision.	\boxtimes			Both detention staff and recreation specialists supervise the recreation areas.
	Supervising staff are equipped with radios.	\square			
14.	The facility provides detainees in the SMU at least one hour of outdoor recreation time daily, five times per week.	\boxtimes			Detainees in the SMU are afforded access to recreation, one hour per day, seven days a week, weather permitting.
15.	Detainees in disciplinary/administrative segregation receive a written explanation when a panel revokes his or her recreation privileges.	\boxtimes			

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PART 5 - 29. RECREATION				
This Detention Standard ensures that each detainee has a within the constraints of safety, security, and good order.	ccess t	o recreatio	nal an	d exercise programs and activities,
\boxtimes If outdoor recreation is offered check this box. Iter	ns 19-2	27 should	then I	be marked "N/A".
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
16. Special programs or religious activities are available to detainees.				Detainees participate in a variety of programs or religious activities provided by the chaplain, such as religious services and meals.
17. All volunteers have completed an orientation program with documentation required before entering a secure portion of the facility where detainees are present.				There are no volunteers utilized in the recreation program. However, volunteers are used in the Religious Services Department. Those volunteers are properly screened and trained prior to entering a secure portion of the facility.
18. Visitors, relatives or friends of detainees are not allowed to serve as volunteers.				No volunteers are utilized in the Recreation Department.
19. If the facility has no outside recreation, are detainees considered for transfer after six months?				Outdoor recreation is available at this facility.
20. If yes, written procedures ensure timely review of all eligible detainees.				Outdoor recreation is available at this facility.
21. Case officers make written transfer recommendations about every six-month detainee to the Facility Administrator.			\boxtimes	Outdoor recreation is available at this facility.
22. The Facility Administrator documents all detainee- transfer decisions, whether yes or no.				Outdoor recreation is available at this facility.
23. The detainee's written decision for or against an offered transfer documented in his or her A-file.				Outdoor recreation is available at this facility.
24. Staff notify the detainee's legal representative of his or her decision to accept/decline a transfer.			\boxtimes	Outdoor recreation is available at this facility.
25. If no recreation is available, the ICE Field Office routinely review transfer eligibility for all detainees after 60 days.			\boxtimes	Outdoor recreation is available at this facility.
26. Does the A-file of every detainee held more than 60 days without access to recreation contains either a transfer-waiver signed by the detainee or the Facility Administrator's written determination of the detainee's ineligibility for transfer.				Outdoor recreation is available at this facility.
27. The detainee's legal representative is notified of the detainee's/Facility Administrator's decision.				Outdoor recreation is available at this facility.
PART 5 - 29. I	RECRE			
🛛 Meets Standard 🛛 🗌 Does Not Meet St	andard	I 🗌 N/A	۱	☐Repeat Finding

Remarks: (Record significant facts, observations, other sources used, etc.) The recreation program consists of indoor and outdoor recreation activities. The recreation program is supervised by a (b)(7)e ull-

time recreation specialists. All detainees have equal access to indoor and outdoor recreation for at least one hour daily, seven days per week. Interviews with Recreation Specialists, reviews of facility standard operating procedures, and direct observation of processes, indicate that the recreation program is provided under conditions of security that protect the safety and welfare of detainees.

(b)(6), (b)(7)(c) 05/03/2012 Reviewer's Signature / Date

PART 5 – 30. RELIGIOUS PRACTICES									
This Detention Standard ensures that detainees of different religious beliefs are provided reasonable and equitable opportunities to participate in the practices of their respective faiths, constrained only by concerns about safety, security, the orderly operation of the facility, or extraordinary costs associated with a specific practice.									
Components	Meets Standards	Does Not Meet Standards	N/A	Remarks					
1. Detainees are allowed to engage in religious services. When available, these services are provided in major languages spoken within the facility.				Detainees are allowed to participate in religious activities seven days a week. English and Spanish are the major languages used at the facility.					
 Space is available for detainees to participate in religious services. 	\boxtimes			Religious services are normally held in the dining room or the library. Space is determined by detainee participation.					
3. The facility allows detainees to observe the major "holy days" of their religious faith.List any exceptions.	\boxtimes			All religious holidays are observed.					
 4. The facility accommodates recognized holy-day observances by: Providing special meals, consistent with dietary restrictions. Honoring fasting requirements. Facilitating religious services. Allowing activity restrictions. 				The facility adheres to the bulleted items. The next religious holiday is Ramadan.					
 Each detainee is allowed religious items in his/her immediate possession; refer to the Funds and Personal Property Standard. 									
 Volunteer's credentials are checked and verified before allowing participation in detainee programs. 				Volunteers must submit an application and letters of endorsement. Background checks are submitted on all potential volunteers.					
 Members of faiths not represented by clergy may request to present their own services within security allowances. 	\boxtimes								
8. Detainees in the Special Management Unit may participate in religious practices unless otherwise documented for the safety and security of the facility.				Detainees housed in the SMU may request participation in religious activities. The chaplain or clergy will meet with the detainee on an individual basis.					
RELIGIOUS	PRAC	TICES							
🛛 Meets Standard 🛛 🗌 Does Not Meet St	andard	□ N/A							

The facility has developed an extensive religious program that allows detainees to participate in religious activities seven days a week. The Chaplain has recruited 25-30 volunteers to conduct these activities. All volunteers receive 16 hours of orientation/training. Background checks are conducted on all volunteers. All religious programs and activities are closely

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monitored by the facility chaplain.

(b)(6), (b)(7)(c) / <u>05/03/2012</u> Reviewer's Signature / Date

	PART 5 – 31. TELEPHONE ACCESS						
	This Detention Standard ensures that detainees may maintain ties with their families and others in the community by providing them reasonable and equitable access to telephone services.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	Detainees are allowed to access to telephones during established facility waking hours, including access to TTY devices.	\boxtimes			Housing unit phones are available for detainee use at all times. A TTY device is located in the medical unit.		
2.	Upon admittance, detainees are made aware of the facility's telephone access policy.	\boxtimes			The telephone guidelines are outlined in the detainee handbook. Each detainee receives a detainee handbook and views an orientation video.		
3.	Notification explaining the facilities telephone policy is in the Detainee Handbook.	\boxtimes			The detainee handbook explains the facility's telephone policy.		
4.	Access rules, including updated telephone and consulate number, are posted in housing units.	\boxtimes					
5.	The facility makes a reasonable effort to provide key information to detainees in languages spoken by any significant portion of the facility's population.	\boxtimes			The detainee handbook is available in English and Spanish. If translators are needed, the Interpretalk language service line is used in the processing unit. In addition, a large percentage of staff speaks Spanish.		
6.	Telephones are provided at a minimum ratio of one telephone per 25 detainees in the facility population.	\boxtimes			Four phones are available in each housing unit with a ratio of one to sixteen.		
7.	Telephones are inspected daily by facility staff to ensure that they are in good working order.	\boxtimes			Telephones are inspected by detention staff on all three shifts.		
8.	Telephones are located a reasonable distance from televisions.	\boxtimes					
9.	The facility administration promptly reports out-of- order telephones to the facility's telephone service provider.	\boxtimes			Out of order phones are promptly reported to the phone vendor, Talton Communications.		
10.	The facility administration monitors repair progress and takes appropriate measures to ensure that the required repairs are begun and completed timely.	\boxtimes					
11.	Detainees are afforded a reasonable degree of privacy for legal phone calls.	\boxtimes			Detainees are taken to the Booking area to utilize the phone.		
	A procedure exists to assist a detainee who is having trouble placing a confidential call.	\boxtimes			Detainees are taken to the Booking area to utilize the phone.		
13.	The facility provides the detainees with the ability to make non-collect (special access) calls.	\boxtimes			Detainees are taken to the Booking area to utilize the phone.		
14.	Special Access calls are at no charge to the detainees.	\boxtimes					

PART 5 – 31. TELEPHONE ACCESS							
	This Detention Standard ensures that detainees may maintain ties with their families and others in the community by providing them reasonable and equitable access to telephone services.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
15.	In facilities unable to fully meet this requirement initially because of limitations of its telephone service, ICE makes alternate arrangements to provide required access within 24 hours of a request by a detainee.			\boxtimes	This component is not applicable since the facility is able to comply with the requirements for special access calls.		
16.	No restrictions are placed on detainees attempting to contact attorneys and legal service providers who are on the approved "Free Legal Services List".						
17.	Special arrangements are made to allow detainees to speak by telephone with an immediate family member detained in another Facility.	\boxtimes			Following approval by ICE, the Lieutenant would arrange for the detainee to make the call.		
18.	All telephone restrictions are documented.	\boxtimes			There have been no phone restrictions this past year.		
19.	The facility has a system for taking and delivering emergency detainee telephone messages.				Once an emergency detainee telephone message is received, either the Captain or Chaplain would deliver the message to the detainee.		
20.	Phone call messages are given to detainees as soon as possible.	\boxtimes					
21.	Detainees are allowed to return emergency phone calls as soon as possible.	\boxtimes					
22.	Detainees in disciplinary segregation are allowed phone calls relating to the detainee's immigration case or other legal matters, including consultation calls.	\boxtimes					
23.	Detainees in disciplinary segregation are allowed phone calls to consular/embassy officials.	\boxtimes					
24.	Detainees in disciplinary segregation are allowed phone calls for family emergencies.	\boxtimes					
25.	Detainees in administrative segregation and protective custody are afforded the same telephone privileges as those in general population.						
26.	When detainee phone calls are monitored, notification is posted by detainee telephones, including a recorded message on the phone system, that phone calls made by the detainees may be monitored. Special Access calls are not monitored.	\boxtimes			Notification of phone monitoring is posted on the wall above the phone.		

PART 5 – 31. TELEPHONE ACCESS						
This Detention Standard ensures that detainees may maintain ties with their families and others in the community by providing them reasonable and equitable access to telephone services.						
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks		
27. The OIG phone number for reporting abuse is programmed into the detainee phone system. The reviewer must verify that the number is operable.	\boxtimes			A housing unit phone was checked by this inspector. The number for the Office of the Inspector General (OIG) was found to be programmed into the system and is operable. However, this Inspector was unable to reach a live individual at the OIG Hotline on two separate days. The facility's programmed number connected to the OIG's recording and options given were to leave a voice message or to contact the OIG website. This inspector tried to reach the operator or staff on six different occasions (05/01/2012 between 1:00 - 2:00 PM; and on 05/02/2012 between 9:00 and 9:30 AM).		
28. The Field Office Director has assigned ICE staff to check and report on the serviceability of facility phones. This is documented on a weekly basis	\boxtimes			Immigration Enforcement Agents (IEAs) are responsible for checking and reporting on the serviceability of facility phones. Documentation was viewed which supports that weekly detainee phone checks are conducted.		
PART 5 – 31. TEL	EPHON	IE ACCES	S			
🖾 Meets Standard 🛛 🗌 Does Not Meet St	andard	□ N/A		☐Repeat Finding		

ICE detainees are provided reasonable and equitable access to telephone services at this facility. Documentation supports that telephones are regularly inspected by ICE staff.

(b)(6), (b)(7)(c) <u>05/03/2012</u> Reviewer's Signature / Date

PART 5 – 32. VISITATION

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	There is a written visitation procedure, schedule, and hours for general visitation.				The visitation schedule is posted at the front desk in the lobby.
2.	The visitation hours are tailored to the detainee population and the demand for visitation. The minimum duration for a visit is 30 minutes.				Detainees may receive as many eligible visitors as time and space limits allow. Duration after 30 minutes varies depending on space and staff limitations.
3.	The visitation schedule and rules are available to the public.	\boxtimes			The schedule and rules are posted in the facility lobby.
4.	The hours for all categories of visitation are posted in the visitation waiting area.	\boxtimes			Hours are posted on the bulletin board in the lobby entrance.
5.	A written copy of the rules regulating visitation and the hours of visitation is available to visitors in English, Spanish, and other major languages spoken in the facility.				Rules are printed in both English and Spanish.
6.	A general visitation log is maintained.	\boxtimes			An electronic log is maintained at the officer's desk in the lobby.
7.	Detainees are permitted to retain authorized personal property items specified in the standard.				Items such as a religious necklace, bible, dentures, address book, legal paper work and \$40.00 are able to be retained.
8.	A visitor dress code is available to the public.				The visitor dress code is posted in the facility lobby.
9.	Visitors are searched and identified according to standard requirements.				Visitors go thru the metal detector and hand held items are subject to search.
10.	The requirement on visitation by minors is complied with.				
11.	At facilities where there is no provision for visits by minors, ICE arranges for visits by children and stepchildren, on request, within the first 30 days.			\boxtimes	This facility allows visitation by minors.
12.	After that time, on request, ICE considers a transfer, when possible, to a facility that will allow minor visitation. At a minimum, monthly visits are allowed.			\boxtimes	This component is not applicable since this facility allows visitation by minors.
13.	Anytime a visit is denied, to either a general population detainee or SMU detainee, the denial is documented.				No denial of visits has occurred within the past year.
14.	Detainees in special housing are afforded visitation.	\square			
15.	Legal visitation is available seven (7) days a week, including holidays.				Legal visitation is described in the detainee handbook.
16.	On regular business days legal visitation hours provide for a minimum of eight (8) hours per day and a minimum of four hours per day on weekends and holidays.				Legal visitation is described in the detainee handbook.
17.	On regular business days, detainees are given the option of continuing a meeting with a legal representative through a scheduled meal.				

PART 5	PART 5 – 32. VISITATION					
This Detention Standard ensures that detainees will be able to maintain ties through visitation with their families, the community, legal representatives, and consular officials, within the constraints of safety, security, and good order.						
Components	Meets Standard	Does Not Meet Standard	¥/N	Remarks		
 Private consultation rooms are available for attorney meetings. There is a mechanism for the detainee and his/her representative to exchange documents. 	\boxtimes					
19. There are written procedures governing detainee searches.	\boxtimes			Policy is entitled "Searches of Detainees."		
20. Legal representatives and assistants are subject to a non-intrusive search – such as a pat-down search of the person or a search of the person's belongings - at any time for the purpose of ascertaining the presence of contraband.				Legal representatives and assistants walk thru a metal detector and personal belongings are x-rayed.		
21. Per the Standard, prior to each visit, legal service providers and assistants are identified.	\boxtimes			A bar card must be presented.		
22. The current list of pro bono legal organizations is posted in the detainee housing areas and other appropriate areas.				In addition to the housing units, the current list of pro bono legal organizations is posted in the library and in the recreation area.		
23. SPCs and CDFs shall submit written requests for tours from domestic or international organizations and associated with detention issues to the appropriate Field Office Director for approval.				There have been no requests for tours from domestic or international organizations during this audit cycle.		
24. Provisions for NGO visitation as stated in the Detention Standards are complied with.						
25. Law enforcement officials, requesting to visit with a detainee, are referred to the ICE Facility Administrator for approval.						
26. Former detainees or aliens in proceedings, requesting to visit with a detainee, are referred to the Facility Administrator or ICE Field Office.	\boxtimes					
PART 5 – 32		ATION				
🛛 Meets Standard 🛛 Does Not Meet S	andard	□ N/A	<u> </u>	☐Repeat Finding		

This SPC permits authorized persons to visit detainees within security and operational constraints. To maintain detainee morale and family relationships, the facility allows visits from family and friends. Facility allows detainees to meet privately with their current or prospective legal representatives and legal assistants, and also with their consular officials.

(b)(6), (b)(7)(c) <u>05/03/2012</u> Reviewer's Signature / Date

	PART 5 – 33. VOLUNTARY WORK PROGRAM							
nu leg (O	This Detention Standard provides detainees opportunities to work and earn money while confined, subject to the number of work opportunities available and within the constraints of safety, security, and good order. While not legally required to do so, ICE/DRO affords working detainees basic Occupational Safety and Health Administration (OSHA) protections.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
1.	The facility has a voluntary work program.	\boxtimes			The facility offers a voluntary work program for detainees housed at the SPC. A comprehensive policy details the eligibility and procedures for this program.			
2.	Detainee housekeeping meets acceptable levels of neatness, cleanliness and sanitation standards.	\boxtimes						
	At IGSAs detainees are never allowed to work outside the secure perimeter. SPCs and CDFs detainees classified as level 1 have the opportunity to participate in special details outside the secure perimeter under direct supervision.				This component was marked as 'Does Not Meet Standard' on the last inspection. This has been corrected. The facility has a policy and program in place that allows detainees classified as level one to participate in work details outside the secure perimeter. Two work assignments that have been established are a painting detail and a car wash detail. Level one detainees are allowed to participate under direct supervision.			
4.	 Written procedures govern selection of detainees for the Voluntary Work Program. The same procedures apply for replacement workers as for "new" workers. Staff follow written procedures. 				The policy was reviewed by the Facility Administrator on 04/09/2012. Staff is familiar with the policy and follows written procedures.			
5.	Where possible, physically and mentally challenged detainees participate in the program.	\bowtie						
6. •	The facility complies with work-hour requirements for detainees, not exceeding: Eight hours a day. Forty hours a week.				The facility does not allow detainees to work over eight hours per day or forty hours per week. This was verified during interviews with detainee workers in Food Service.			
7.	Detainee volunteers ordinarily work according to a fixed schedule.							
8.	If a detainee is removed from a work detail, staff place the written justification for the action in the detainee's detention file.				If a detainee is removed, written justification is placed in the detainee file.			

PART 5 – 33. VOLUNTARY WORK PROGRAM

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

Check here if ICE detainees are not authorized to work at the IGSA facility. Mark NA on Form G-324A, page 3 and move to next section.

Components	Meets Standard	Does Not Meet Standard	A/N	Remarks	
9. Staff, in accordance with written procedure, ensures that detainee volunteers understand their responsibilities as workers before they join the work program.	\boxtimes				
 10. The voluntary work program meets: OSHA standards NFPA standards ACA standards 	\boxtimes				
 11. Medical staff screen and formally certifies detainee food service volunteers; Before the assignment begins As a matter of written procedure 	\boxtimes			Several detainee files were reviewed and appropriate documentation was found.	
12. Detainees receive safety equipment/ training sufficient for the assignment				Training records were reviewed - they contained job descriptions and safety and equipment training.	
13. Proper procedure is followed when an ICE detainee is injured on the job.	\boxtimes			Detainees are immediately referred to the medical department for treatment. The incident would be documented per staff.	
PART 5 – 33. VOLUNTARY WORK PROGRAM					
⊠ Meets Standard					

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

The facility has developed a voluntary work program that offers ICE detainees the opportunity to work. Detainees are allowed to work in the food service area and as janitors throughout the facility. The facility has a policy and program in place that allows detainees classified as level one to participate in work details outside the secure perimeter. Two work assignments that have been established are a painting detail and a car wash detail. Level one detainees are allowed to participate under direct supervision. Several training records were examined during this review and were found to contain all required information and documentation. During the evaluation of this standard, policy was reviewed, staff interviewed, detainee training records examined, and the facility toured. The facility practices, procedures and policy indicate that the elements of this standard are incorporated into the daily operation of the facility.

(b)(6), (b)(7)(c) / <u>05/03/2012</u> Reviewer's Signature / Date

Section VI JUSTICE

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

	PART 6 - 34. DETAINEE HANDBOOK						
ma pro	This Detention Standard requires that, upon admission, every detainee be provided comprehensive written orientation materials that describe such matters as the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care, in English, Spanish, and other languages and that detainees acknowledge receipt of those materials.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	The facility has a detainee handbook. Each detainee receives a copy of the local handbook and the ICE National Detainee Handbook.				Each detainee receives a copy of the facility handbook as well as the ICE National Detainee Handbook. Each handbook is available in English and Spanish.		
2.	The detainee handbook is written in English and translated into Spanish, and other languages spoken by significant numbers of detainees in that facility.				The facility handbook is written and translated into Spanish. Spanish is the most prevalent language spoken by the non-English speaking detainees.		
3.	A procedure for requesting interpretive services for essential communication has been developed.				The facility utilizes Interpretalk to assist detainees.		
	Orientation materials are read to detainees who cannot read, or they are provided the material via audio or video recordings.				The facility has an orientation video that is presented in English and Spanish. Illiterate detainees or those who do not understand either of those languages can be given the information via the translation service.		
5.	The handbook supplements the facility orientation video where one is provided.	\boxtimes			An orientation video has been developed by the facility. The orientation video consists of a presenter giving the orientation in English with a translator repeating the material in Spanish. It is also accompanied by a showing of the "Know Your Rights" video.		
6.	The handbook is revised as necessary and there are procedures in place for immediately communicating any revisions to staff and detainees.				The handbook is revised as necessary and the changes are disseminated to staff and detainees via memorandum and email.		
7.	There is an annual review of the handbook by a designated committee or staff member.				The facility's compliance unit is responsible for the annual review of the handbook.		
8.	 The detainee handbook address the following issues: Personal Items permitted to be retained by the detainee. Initial issue of clothes, bedding and personal hygiene items. How to access care. 				Personal items to be retained by the detainee and the initial issuance of clothing, bedding and personal hygiene items are included in the facility handbook. How to access care is also explained in the medical section.		
9.	The detainee handbook states in clear language basic detainee responsibilities.	\boxtimes					

	PART 6 - 34. DETAINEE HANDBOOK					
This Detention Standard requires that, upon admission, every detainee be provided comprehensive written orientation materials that describe such matters as the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care, in English, Spanish, and other languages and that detainees acknowledge receipt of those materials.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
10. The handbook clearly outlines the methods for classification of detainees, explains each level, and explains the classification appeals process.				The methods for detainee classification are explained in the facility handbook. The handbook also describes each classification level and explains the appeals process.		
11. The handbook states when a medical examination will be conducted.				The handbook states that a medical examination will be conducted within 14 days of a detainee's arrival.		
12. The handbook describes the facility, housing units, dayrooms, In-dorm activities and special management units.						
13. The handbook describes: official count times and count procedures, meal times, feeding procedures, procedures for medical or religious diets, smoking policy, clothing exchange schedules and if authorized, clothes washing and drying procedures and expected personal hygiene practices.				The facility handbook describes the official count times, meal times, feeding procedures, diets, smoking policy, hygiene practices and clothing exchange schedules. The facility laundry provides laundering service. Clothes washing and drying by detainees is prohibited.		
14. The handbook describes times and procedures for obtaining disposable razors and explains that detainees attending court will be afforded the opportunity to shave first.				The handbook states that disposable razors will be provided to detainees on a daily basis by staff. The razor will be issued and collected with the safety cap on. The facility handbook explains that detainees are authorized to shave before attending court.		
15. The handbook describes barber hours and hair cutting restrictions.				The barbering hours and hair cutting restrictions are included in the facility handbook.		
16. The handbook describes; the telephone policy, debit card procedures, direct and frees calls; locations of telephones; policy when telephone demand is high; and policy and procedures for emergency phone calls.						
17. The handbook addresses religious programming.				Religious programming is outlined in the detainee handbook.		
18. The handbook states times and procedures for commissary or vending machine usage. (where available)				The facility handbook explains the coin-operated vending machines located in the recreation area.		
19. The handbook describes the detainee voluntary work program.	\boxtimes					

PART 6 - 34. D						
This Detention Standard requires that, upon admission, every detainee be provided comprehensive written orientation materials that describe such matters as the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care, in English, Spanish, and other languages and that detainees acknowledge receipt of those materials.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
20. The handbook describes the library location and hours of operation and law library procedures and schedules.				The library location, hours of operation and procedures for access are included in the handbook and also posted in the housing units.		
21. The handbook describes: attorney and regular visitation hours, policies, and procedures, location of the list of pro bono legal organizations; group legal rights presentations schedule and sign up procedures.				The handbook describes each of these areas.		
22. The handbook/supplement provides local ICE contact information.	\boxtimes			The handbook states that a written request using the detainee request form and placing it in the box designated for ICE provides the detainee the opportunity to contact local ICE staff.		
23. The handbook describes the facility contraband policy.	\square					
24. The handbook describes the facility visiting hours and schedule and visiting rules and regulations.	\boxtimes			The facility handbook includes the visiting hours, schedule, rules and regulations.		
25. The handbook describes the correspondence policy and procedures.	\boxtimes					
 26. The handbook describes the detainee disciplinary policy and procedures, including: Prohibited acts and severity scale sanctions. Time limits in the Disciplinary Process. Summary of Disciplinary Process. 	\boxtimes			All bulleted items within this component are included in the facility handbook.		
 27. The grievance section of the handbook explains all steps in the grievance process – Including: Informal (if used) and formal grievance procedures; The appeals process; In CDFs procedures for filing an appeal of a grievance with ICE. Staff/detainee availability to help during the grievance process. Guarantee against staff retaliation for filing/pursuing a grievance. How to file a complaint about officer misconduct with the Department of Homeland Security. 28. The handbook describes the medical sick call 				All bulleted items within this component are included in the facility handbook.		
procedures for general population and segregation.	\square					

PART 6 - 34. D	ETAIN	EE HAND	PART 6 - 34. DETAINEE HANDBOOK				
This Detention Standard requires that, upon admission, every detainee be provided comprehensive written orientation materials that describe such matters as the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care, in English, Spanish, and other languages and that detainees acknowledge receipt of those materials.							
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
 29. The handbook describes the facility recreation policy including: Outdoor recreation hours. Indoor recreation hours. In dorm leisure activities. Rules for television viewing. 	\boxtimes			All bulleted items within this component are included in the facility handbook.			
30. The handbook describes the detainee dress code for daily living; and work assignments and the meaning of color-coded uniforms.	\boxtimes			The detainee dress code is covered in the handbook.			
31. The handbook specifies the rights and responsibilities of all detainees.	\boxtimes			The rights and responsibilities of detainees are delineated in the facility's handbook.			
32. Detainees are required to sign for the handbook to ensure accountability.	\boxtimes			Detainees sign for the receipt of the handbook upon admittance to the facility.			
33. Orientation materials are provided to illiterate detainees either orally or via audio/video tapes in a language they can understand.	\boxtimes			The facility has an orientation video that is presented in English and Spanish. Illiterate detainees or those who do not understand either of those languages can be given the information via the translation service or staff will read the book to them.			
PART 6 - 34. DETA		HANDBOO)K				
🛛 Meets Standard 🛛 🗌 Does Not Meet St	andard	□ N/A		Repeat Finding			

Upon admission, every detainee receives a copy of the facility handbook and a copy of the ICE National Detainee Handbook. Both handbooks are available in English and Spanish. The facility handbook is comprehensive and accurately describes the facility's rules, programs, procedures and requirements for detainees during their detention. The handbook includes all of the programs offered by the facility and ICE. Interviews were conducted with facility staff and a review of the facility handbook and the ICE National Detainee Handbook was conducted.

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PART 6 – 35. GRIEVANCE SYSTEM

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	Detainees are informed about the facility's informal and formal grievance system.	\boxtimes			Grievances are explained in the detainee handbook and are discussed during orientation process.
2.	The admissions process includes providing each new arrival with a copy of the detainee handbook (or equivalent).	\boxtimes			The grievance program is explained in detail in the detainee handbook and each detainee receives a copy of the handbook.
3.	 The grievance section of the handbook explains all steps in the grievance process – Including: Informal and formal grievance procedures; The appeals process and step-by-step procedures; Staff/detainee availability to help during the grievance process Guarantee against staff retaliation for filing/pursuing a grievance. How to file a complaint about officer misconduct with the Department of Justice. How to file an emergency grievance. 				These items are covered in the detainee handbook. Detainees receive both the ICE National Detainee Handbook and the facility handbook.
4.	Written procedures provide for the informal resolution of oral grievances (Not mandatory). If yes, the detainee has up to five days within which to make his or her concern known to a member of the staff.	\boxtimes			Policy addresses this area and is comprehensive to include five (5) days in which a detainee may make their concern known to staff.
5.	 Detainees have access to the grievance committee (or equivalent in IGSA), using formal procedures. Detainees may seek help from other detainees or facility staff when preparing a grievance. Illiterate, disabled, or non-English-speaking detainees receive special assistance when necessary. 	\boxtimes			
6.	Facility has written procedures for identifying and handling a time-sensitive emergency grievance.	\boxtimes			The policy addresses this procedure. Detainees may seal the grievance in an envelope and mark the envelope "sensitive".
7.	Every member of the staff knows how to identify emergency grievances, including the procedures for expediting them.	\boxtimes			
8.	Staff shall not harass, discipline, punish or otherwise retaliate against a detainee who files a complaint or grievance.	\boxtimes			Policy and the handbook address this issue. Detainees are not discriminated, harassed, or punished for filing a complaint or grievance.

PART 6 – 35. GRIEVANCE SYSTEM							
	This Detention Standard protects detainees' rights and ensures they are treated fairly by providing a procedure by which they may file formal grievances and receive timely responses.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
9. Procedures include maintaining a Detainee Grievance Log.							
If not, an alternative acceptable record keeping system is maintained.	\boxtimes						
• "Nuisance complains" are identified in the records.							
• For quality control purposes, staff document nuisance complaints received but not filed.							
10. If a detainee who establishes a pattern of filing nuisance complaints or otherwise abusing the grievance system, the Facility Administrator may authorize staff to refuse to process subsequent complaints. This authority may not be delegated, even to an acting Facility Administrator.				This is addressed in policy. The Facility Administrator is the only person authorized to make this determination.			
11. Staff are required to forward any grievance that includes officer misconduct to a higher official or, in a CDF/IGSA facility, to ICE.				This is addressed in policy.			
12. Informal resolution of a written grievance is documented in the detainee's Detention File.	\boxtimes						
13. Staff comply with the requirement to report allegations of officer misconduct to a supervisor or higher-level official in his or her chain of command, and/or to ICE/DRO Office of Professional Responsibility and/or the DHS Inspector General.							
 14. <u>In SPCs and CDFs</u>, when a Detainee does not accept the grievance committee's decision, he/she files an appeal with the ICE Facility Administrator. In all facilities written procedures cover detainee appeals and are included in the detainee handbook 				This is addressed in the detainee handbook.			
15. <u>In SPCs/CDFs</u> , the detainee has a reasonable timeframe after the incident or informal-grievance outcome to file a formal grievance.	\boxtimes						
PART 6 – 35. GRI	EVANC	E SYSTE	M				
⊠ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding							

The facility has an established grievance policy and procedure to protect detainee rights and ensure they are treated fairly. It offers detainees both informal and formal avenues to address concerns they have within the facility to management staff. All grievances

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are documented in an electronic log and time frames identified in the standard are adhered to.

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	PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL							
Th	This Detention Standard protects detainees' rights by ensuring their access to courts, counsel, and legal materials.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
	The facility provides a designated law library for detainee use.	\boxtimes						
2.	 The law library contains all materials listed in the "Access to Legal Materials" Standard, Attachment A. The listing of materials is posted in the law library. In lieu of/or in addition to the physical law library, ICE detainees have access to the Lexus Nexus electronic law library. 	\boxtimes			ICE detainees have access to the LexisNexis electronic law library.			
3.	 If the Lexis/Nexis CD-ROM service alternative is used for the publications in Attachment A, the facility provides detainees sufficient: Operable computers and printers, in sufficient numbers in order to provide access Photocopiers, and Supplies for both. 	\boxtimes			ICE detainees have access to the LexisNexis electronic law library. There are eight computers with LexisNexis, one printer, and one photocopier. Pens, paper and envelopes are provided to detainees upon request.			
4.	The library contains a sufficient number of chairs, is well lit and is reasonably isolated from noisy areas.	\boxtimes						
5.	The law library is adequately equipped with typewriters, computers or both and has sufficient supplies for daily use by the detainees.	\boxtimes			The law library has four typewriters.			
6.	Detainees are provided with the means to save legal work in a private electronic format for future use.	\boxtimes			Detainees can save their work to a disc which is provided free of charge or on a flash drive which the detainee has the option to purchase.			
7.	The facility subscribes to updating services where applicable and legal materials requiring updates are current.	\boxtimes						
8.	Outside persons and organizations are permitted to submit published legal material for inclusion in the legal library. Outside published material is forwarded and reviewed by the ICE prior to inclusion.	\boxtimes			Published legal materials have been received after first being approved by ICE.			
9.	There is a designated ICE or facility employee who inspects, updates, and maintain/replace legal material and equipment on a routine basis. The designee properly disposes outdated supplements and replaces damaged or missing material promptly.	\boxtimes			The Recreation Specialists are responsible for updating all library materials.			
10.	Detainees are offered a minimum 5 hours per week in the law library. Detainees are not required to forego recreation time in lieu of library usage. Detainees facing a court deadline are given priority use of the law library.	\boxtimes			Extra time requests are reviewed and approved by ICE. The Library staff maintains records of detainees who are utilizing the library. A weekly library schedule is posted in the housing units.			

PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL					
This Detention Standard protects detainees' rights by ensuring their access to courts, counsel, and legal materials.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
 Detainees may request material not currently in the law library. Each request is reviewed and where appropriate an acquisition request is initiate and timely pursued. Request for copies of court decisions are accommodated within 3 – 5 business days. 	\boxtimes			Detainees request materials not currently in the law library through the Recreation Specialists who acquire the materials after receiving approval from ICE.	
12. The facility permits detainees to assist other detainees, voluntarily and free of charge, in researching and preparing legal documents, consistent with security.	\boxtimes				
 Staff ensure that illiterate or non-English-speaking detainees without legal representation receive more than access to English-language law books after indicating their need for help. 	\boxtimes			Dictionaries in English, Spanish, Russian, French, Italian, Swahili and German are available. The Interpretalk telephonic interpreting system is also used in the Processing Unit.	
14. Detainees may retain a reasonable amount of personal legal material in the general population and in the special management unit. Stored legal materials are accessible within 24 hours of a written request.	\boxtimes				
15. Detainees housed in Administrative Segregation and Disciplinary Segregation units have the same law library access as the general population, barring security concerns. Detainees denied access to legal materials are documented and reviewed routinely for lifting of sanctions.	\boxtimes			Detainees housed in the Special Management Unit are escorted to the library separately when the library is not being used by the general population.	
16. All denials of access to the law library fully documented.	\boxtimes			The incident and denial of access to the law library is documented in the Library Officer's logbook.	
 Facility staff inform ICE Management when a detainee or group of detainees is denied access to the law library or law materials. 	\boxtimes				
 Detainees who seek judicial relief on any matter are not subjected to reprisals, retaliation, or penalties. 	\square				
 Indigent detainees are provided with free envelopes and stamps to mail related to legal matters. 	\boxtimes			Indigent detainees take their mail to the Mail Officer who affixes the postage. Library and Housing Unit staff issue free envelopes.	
PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL					
Meets Standard Does Not Meet Standard N/A Repeat Finding					

The Library Services policy ensures that detainees are afforded access to the law library and are provided legal materials, facilities, equipment, and the opportunity to prepare legal documents.

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

PART 6 - 37. LEGAL RIGHTS GROUP PRESENTATIONS						
This Detention Standard protects detainees' rights by ensuring their access to information presented by authorized persons and organizations for the purpose of informing them of U.S. immigration law and procedures.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
Check here if No Group Presentations were conducted within the past 12 months. Mark Standard as Acceptable overall and continue on with next portion of worksheet.						
-	on with	next port	lion of	worksneet.		
12. Group presenters who have had their privileges suspended are notified in writing by the Field Office Director or designee, and the reasons for suspension are documented. The Headquarters Office for Detention and Removal, Field Operations and Detention management Division is notified when a group or individual is suspended from making presentations.						
13. The facility plays ICE/DRO-approved videotaped presentations on legal rights, at regular opportunities at the request of outside organizations.						
14. A copy of the Group Legal Rights Presentation policy, including attachments, is available to detainees upon request						
15. The facility maintains equipment for viewing approved electronically formatted presentations.						
PART 6 - 37. LEGAL RIGHTS GROUP PRESENTATIONS						
Meets Standard Does Not Meet Standard N/A Repeat Finding						

Remarks: (Record significant facts, observations, other sources used, etc.) There were no Legal Rights Group presentations during this review period.

(b)(6), (b)(7)(c) <u>05/03/2012</u> Reviewer's Signature / Date

Section VII ADMINISTRATION & MANAGEMENT

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

PART 7 – 38. DETENTION FILES					
This Detention Standard contributes to efficient and responsible facility management by maintaining for each detainee booked into a facility for more than 24 hours a file of all significant information about that person.					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	A Detention File is created for every new arrival whose stay will exceed 24 hours.				The Booking Officer creates the detention file.
2.	The detainee Detention File contains either originals or copies of documentation and forms generated during the admissions process.	\boxtimes			
3.	 The detainee's Detention File also contains documents generated during the detainee's custody. Special requests Any G-589s and/or I-77s or IGSA equivalent, closed-out during the detainee's stay Disciplinary forms/Segregation forms Grievances, complaints, and the disposition(s) of same 	\boxtimes			All files checked contain these documents.
4.	The Detention Files are located and maintained in a secured area. If not the cabinets are lockable and distribution of the keys is limited to supervisors.	\boxtimes			Detention files are located in a locked gated area in the Booking area.
5.	The Detention File remains active during the detainee's stay. When the detainee is released from the facility, staff add copies of completed release documents, the original closed-out receipts for property and valuables, the original I-385 or equivalent and other documentation.	\boxtimes			Release files are maintained in a separate locked cabinet.
6.	The officer closing the Detention File makes a notation that the file is complete and ready to be archived.	\boxtimes			The officer signs off in the file when the file is completed and ready to be archived.
7.	Staff make copies and sends documents from the file when appropriately requested by supervisory personnel at the receiving facility or office.	\boxtimes			
8.	Appropriate staff have access to the Detention Files and other departmental requests are accommodated by making a request for the file. Each file is properly logged out and in by a representative of the responsible department.	\boxtimes			Staff signs the detention file logbook.
9.	Electronic record-keeping systems and data are protected from unauthorized access.	\boxtimes			
10	Unless release of information is required by statute or regulation, a detainee must sign a release-of- information consent form prior to the release of any information, and a copy of the form is maintained in the detainee's Detention File.	\boxtimes			
11	Electronic data on individual detainees is subject to the same Privacy Act regulations as the contents of traditional paper Detention Files and A-files.	\boxtimes			

PART 7 – 38. DETENTION FILES					
This Detention Standard contributes to efficient and responsible facility management by maintaining for each detainee booked into a facility for more than 24 hours a file of all significant information about that person.					
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks	
12. The Facility Administrator or staff designate ensures that necessary equipment and supplies, including copier and copier supplies are available; all equipment is maintained in good working order and that equipment has the capacity to handle the volume of work.	\boxtimes				
13. The Detention Operations Supervisor or equivalent can direct certain documents be added to a detainee's detention File.	\boxtimes				
14. Archived files are purged after six years by shredding or burning.		\boxtimes		Archived files are not purged by shredding or burning after six years. The facility is operating under a memo from Marc J. Moore, Assistant Director for Field Operations, which states that all detention files must be retained and not destroyed. This component was also found to be "Does Not Meet Standard" during last year's inspection; therefore, this is a repeat finding.	
15. Field Offices maintains detention files on detainees housed in IGSA Facilities as needed. These files are maintained for a minimum of 18 months.			\boxtimes	This facility is an SPC and this component applies to IGSAs.	
PART 7 – 38. DE	TENTI	ON FILES			
🛛 Meets Standard 🛛 🗌 Does Not Meet St	andard	□ N/A		☐Repeat Finding	

A detention file is created for each detainee upon arrival to the facility. Files are maintained in a locked caged-in area in the Booking area. A logging system is in place to document the removal of files. Archived files are not purged by shredding or burning after six years. The facility is operating under a memo from Marc J. Moore, Assistant Director for Field Operations, which states that all detention files must be retained and not destroyed. Employee access to files is limited to those who in the performance of their assigned duties must handle or use the detention files.

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PART 7 - 39. NEWS MEDIA INTERVIEWS AND TOURS									
This Detention Standard ensures that the public and the media are informed of events within the facility's areas of responsibility through interviews and tours.									
Components	Meets Standards	Does Not Meet Standards	N/A	Remarks					
1. The ICE/DRO Field Office Director approved all interviews by reporters, other news media representatives, academics and others not covered by the Detention Standard on Visitation.				There have been no media requests or interviews during this review period.					
2. All personal interviews are documented with the News Interview Authorization form (or equivalent) and filed in the detainee's A-file with a copy in the facility's Detention File.				There were no personal interviews conducted during this audit period.					
3. The Field Office Director consulted with Headquarters before deciding to allow an interview with a detainee who was the center of a controversy, or special interest, or high profile case.				In the event there were interviews, the Field Office Director (FOD) would consult with Headquarters.					
4. Signed released forms are obtained and retained in the detainee's a-file from any media representatives who photographed or recorded any detainee in any way that would individually identify him or her.				Signed release forms would be obtained and placed in the detainee's A-file.					
 5. All press pools are organized `according to the procedures in the Detention Standard. A press pool may be established when the Field Office Director and facility administrator determine that the volume of interview requests warrants such action. All media representatives with pending or requested, tours, or visits were notified that, effective immediately and until further notice, all media representatives must comply with the press pool guidelines established by the Field Office Director. All material generated from such a press pool is made available to all news media, without right of first publication or broadcast. 									
PART 7 - 39. NEWS MEDIA	INTER	VIEWS A	ND TO	URS					
🛛 Meets Standard 🛛 🗌 Does Not Meet St	andard	□ N/A	PART 7 - 39. NEWS MEDIA INTERVIEWS AND TOURS						

The Supervisory Immigration Enforcement Agent advised that no news media requests were received during this review period.

(b)(6), (b)(7)(c) 05/03/2012 Reviewer's Signature / Date

	PART 7 – 40. STAFF TRAINING					
	This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1.	The facility conducts appropriate orientation, initial training, and annual training for all staff, contractors, and volunteers.	\boxtimes			Facility policy and procedure establish comprehensive training for staff, contractors and volunteers that includes initial and annual training. The facility is staffed with ICE employees and has contracts with ASSET/ATSI for security and food service. Both ICE and ASSET/ATSI conduct separate orientation, initial and annual training for staff. Rosemark Incorporated has been awarded the building maintenance and janitorial contracts. ICE staff provides training to Rosemark employees and volunteer training.	
2.	The amount and content of training is consistent with the duties and function of each individual and the degree of direct supervision that individual receives.	\boxtimes				
3.	At least one qualified individual with specialized training for the position coordinates and oversees the staff development and training program. At a minimum, full-time training personnel complete a 40-hour training-for-trainers course.	\boxtimes			ICE and ASSET have a full-time training program with a training coordinator assigned. Training staff have completed a 40 hour training- for-trainers course.	
4.	Training is governed and guided by a training plan that is reviewed and approved annually by the facility administrator.				The training plan was reviewed and approved on 12/20/2011 by the Facility Administrator.	
5.	 An accurate and complete record is maintained of all formal training activities in: Individual training folders, Other training records systems, and/or Electronic systems. 				Training is documented in six part folders which are maintained by the training office.	

PART 7 – 40. STAFF TRAINING					
This Detention Standard ensures that staff, contractors, and requiring that they receive initial and ongoing refresher tra		nteers are	comp	etent in their assigned duties by	
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
 6. Each new employee, contractor, and volunteer is provided an orientation prior to assuming duties. While tailored specifically for staff, contractors, and volunteers, the orientation programs include, at a minimum: Working conditions Cultural diversity/understanding staff & detainees Code of ethics Personnel policy manual Employees' rights and responsibilities Drug-free Workplace Health-related emergencies Signs of Suicide risk and precautions Suicide prevention and intervention Hunger strikes Use of Force Keys and Locks Overview of the criminal justice system Tour of the facility Facility organization Staff rules and regulations Sexual harassment/sexual misconduct awareness Personnel policies Program overview Orientation and training on detainee handbook and detainee rights. Requirement of special-needs detainees. National Detention Standards 	\boxtimes			Each new ICE employee completes a forty-hour initial training program that includes the subjects listed within the component. The training curriculum for ASSET staff and contractual employees also contains the bulleted items identified in this component.	

PART 7 – 40. STAFF TRAINING					
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
 7. Clerical/support employees who have minimal detainee contact receive a minimum of: Working conditions Cultural diversity/understanding staff & detainees Code of ethics Personnel policy manual Employees' rights and responsibilities Overview of the criminal justice system Tour of the facility Facility goals and objectives Facility organization Staff rules and regulations Sexual harassment/sexual misconduct awareness Personnel policies Program overview National Detention Standards. Key and Lock Control. Suicide risk and prevention. 				All ICE clerical/support staff having minimal detainee contact receives 16 hours of training addressing all bulleted items identified in this component. ASSET staff receives 24 hours training on the bulleted items.	

PART 7 – 40. STAFF TRAINING						
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
 8. Professional and support employees (including contractors) who have regular or daily detainee contact will receive training on the following subjects, at a minimum: Security procedures and regulations Code of Ethics Health-related emergencies Drug-free workplace Supervision of detainees Signs of suicide risk and hunger strike Suicide precautions Use-of-force regulations and tactics Report writing Detainee rules and regulations Key control Rights and responsibilities of detainees Safety procedures Emergency plan and procedures Interpersonal relations Social/cultural lifestyles of the detainee population Cultural diversity/understanding staff & detainees Communication skills Cardiopulmonary resuscitation (CPR)/First aid Counseling techniques Sexual harassment/sexual misconduct awareness. National Detention Standards. 				All professional and support staff including contractors receive 40 hours of training. A review of the training program, training agenda, and a training file revealed the bulleted items were addressed.		

PART 7 – 40. STAFF TRAINING This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by						
requiring that they receive initial and ongoing refresher training.						
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks		
 9. Full-time health care employees receive at least 40 hours of formal orientation before undertaking their assignments. At a minimum, the orientation program includes: The purpose, goals, policies and procedures for the facility and parent agency security and contraband regulations Key control; appropriate conduct with detainees Responsibilities and rights of employees Standard precautions Occupational exposure Personal protective equipment Bio-hazardous waste disposal Overview of the detention operations. National Detention Standards. Medical grievance procedures and protocol. Requirement for special needs detainees. Code of Ethics Drug free workplace Hostage situations and staff conduct if taken hostage. 				A review of a health services employee's training file revealed that the items listed were addressed in the training program.		

PART 7 – 40. STAFF TRAINING					
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.					
Components	Meets Standard	Does Not Meet Standard	A/N	Remarks	
 10. Security personnel (including contractors) will receive training on the following subjects, at a minimum: Security procedures and regulations Supervision of detainees Searches of detainees, housing units, and work areas Signs of suicide risk, precaution, prevention and intervention. Code of Ethics Health-related emergencies Drug-free workplace Suicide precautions Self-defense techniques Use-of-force regulations Key control Rights and responsibilities of detainees Safety procedures Emergency plans and procedures Interpersonal relations Social/cultural lifestyles of the detainee population Cultural diversity/understanding staff & detainees Communication skills Cardiopulmonary resuscitation (CPR)/first aid Counseling techniques 				A review of both ICE and ASSET training agendas reflects that security personnel receive training in the listed items.	
Sexual abuse/assault awarenessNational Detention Standards.					
 11. Situation Response Teams (SRTs) receive: Specialized training before undertaking their assignments. 	\boxtimes			Situation Response Teams (SRT) receive 40 hours of training and then attend a two-week program at Ft. Benning, GA. ASSET staff does not participate on SRT teams.	
12. Facility management and supervisory staff receive:Management and Supervisory training	\boxtimes				

PART 7 – 40. STAFF TRAINING					
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
13. (MANDATORY) Personnel authorized to use firearms receive training that covers their use, safety, and care and constraints on their use before being assigned to a post involving their possible use.	\boxtimes			ICE staff receives firearms training during their mandatory training at the Federal Law Enforcement Training Center, in Glynco, GA. Firearms training is then conducted quarterly for handguns and annually for shotguns and rifles. ASSET has several armed posts and staff is trained prior to assignment. Both ICE and ASSET training plans address firearm use, safety, care and constraints of firearms use.	
14. (MANDATORY) All personnel authorized to use firearms demonstrate competency in their use at least annually.	\boxtimes			Staff is required to qualify quarterly.	
15. (MANDATORY) Personnel authorized to use chemical agents receive training in the use of chemical agents and in the treatment of individuals exposed to a chemical agent before being assigned to a post involving their possible use.	\boxtimes			(b)(7)e	
 16. All staff receives orientation and annual training on the facility's drug-free workplace program. Typical contents are: Staff, contractors, and volunteers prohibited from: Using illegal drugs. Possessing illegal drugs except in the authorized performance of official duties. Procedures to be used to ensure compliance. Opportunities available for treatment and/or counseling for drug abuse. Penalties for violation of the policy. 	\boxtimes			The drug free workplace training is provided to all staff. Staff is required to sign a form indicating participation in the training. The bulleted items are addressed.	
17. New staff are required to acknowledge in writing that they have reviewed and understand the facility's drug- free workplace program, and a copy of the signed acknowledgement is maintained in that person's personnel file.	\boxtimes			A review of training files showed a signed acknowledgement.	

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

PART 7 – 40. STAFF TRAINING							
	This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.						
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks			
21. All staff in frequent contact with detainees are trained at least annually on the facility's Sexual Abuse and Assault Prevention and Intervention Program, to include:							
 Understanding that sexual abuse or assault is never an acceptable consequence of detention. 							
 Recognizing housing or other situations where sexual abuse or assault may occur. 	\boxtimes			ICE and ASSET training plans address these topics.			
 Recognizing the physical, behavioral, and emotional signs of sexual abuse or assault and ways to prevent such occurrences. 							
 Knowing how to report knowledge or suspicion of sexual abuse or assault and make intervention referrals in the facility's program. 							
22. (MANDATORY) All staff in frequent contact with detainees are trained at least annually on the facility's Suicide Prevention and Intervention Program, to include:							
 Identifying the warning signs and symptoms of impending suicidal behavior, 				The training curriculum reviewed in			
 Demographic, cultural, and precipitating factors of suicidal behavior, 				conjunction with staff training records established a			
 Responding to suicidal and depressed detainees, Communication between correctional and health care personnel, 				comprehensive Suicide Prevention and Intervention Program to include all bulleted items identified in this component.			
Referral procedures,				1			
 Housing observation and suicide-watch level procedures, and 							
 Follow-up monitoring of detainees who have attempted suicide. 							
23. All staff are trained during orientation and annually to recognize the signs of a hunger strike and on the procedures for referral for medical assessment.							
24. All staff are trained in proper procedures for the care and handling of keys. Orientation training shall be accomplished before staff are issued keys, and key control shall be among the topics covered in annual training. Ordinarily, such training is done by the Security Officer or Key Control Officer.				All staff receives initial and annual training in the proper procedures for the care and handling of keys.			

	ining.		comp	etent in their assigned duties by					
	s ard			This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.					
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks					
25. Through ongoing (at least annual) training, all detention facility staff are made aware of their responsibilities to control situations involving aggressive detainees. At a minimum, training shall include:									
 The requirements of this Detention Standard The use of force continuum 									
Communication techniques									
Cultural diversity				Training for these items is					
Dealing with the mentally ill				conducted at annual training.					
Confrontation-avoidance techniques									
Approved methods of self-defense									
Force cell-move techniques									
Communicable diseases, particularly precautions to be taken for use of force									
Application of restraints (progressive and hard)									
Reporting procedures.									
26. Employees are encouraged to continue their education and professional development through incentives such as salary enhancement, reimbursement of costs, and administrative leave.				ICE encourages their employees to participate in continuing education through tuition assistance.					
PART 7 – 40. S	TAFF T	RAINING							
🛛 Meets Standard 🛛 🗌 Does Not Meet S	andard	□ N/A		☐Repeat Finding					

Both ICE and ASSET have extensive training plans that cover all the required training topics and ensure staff is properly trained and competent in assigned duties. Staff members working at the facility receive training from instructors certified as staff trainers. Follow up training is conducted annually in forty-hour blocks of instruction. All staff assigned to armed posts are weapons trained and certified prior to assuming duties. Staff training records appeared comprehensive and complete with documents supporting training provided.

(b)(6), (b)(7)(c) <u>05/03/2012</u> Reviewer's Signature / Date

PART 7 - 41. TRANSFER OF DETAINEES						
This Detention Standard ensures that transfers of detainees from one facility to another are professionally and responsibly managed in regard to notifications, detainee records, safety and security, and protection of detainee funds and personal property.						
Components	Meets Standard	Does Not Meet Standard	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 within 24 hours of transfer. The notification is recorded in the detainee's file When the A-File is not available, notification is noted within ENFORCE. 				Most of the transfers from this facility go to a contract detention facility two hours away. Per the Supervisory Immigration Enforcement Agent (SIEA), the attorney of record is notified. The notification is recorded in the detainee's file and noted in ENFORCE.		
2. Notification includes the reason for the transfer and the location of the new facility,				The notification form does include the reason for the transfer and the location of the new facility.		
 The deportation officer is allowed discretion regarding the timing of the notification when extenuating circumstances are involved. 				For security reasons, the Deportation Officer waits until after the transfer has occurred and the detainee is booked into the new facility.		
4. The attorney and detainee are notified that it is their responsibility to notify family members regarding a transfer.				As soon as the detainee is assigned to his dorm, he is given an opportunity to make a phone call.		
5. Facility policy mandates that:						
• Times and transfer plans are never discussed with the detainee prior to transfer.				The facility policy on Transfers of Detainees includes the bulleted		
• The detainee is not notified of the transfer until immediately prior to departing the facility.	\square			components. For security reasons times and transfer plans are never		
• The detainee is not permitted to make any phone calls or have contact with any detainee in the general population.				discussed.		
6. The detainee is provided with a completed Detainee Transfer Notification Form.	\boxtimes					
7. Form G-391 or equivalent authorizing the removal of a detainee from a facility is used.						
8. For medical transfers:						
• The Division of Immigration Health Services (DIHS) Medical Director or designee approves the transfer.						
Medical transfers are coordinated through the local ICE/DRO office.				Facility policy includes the bulleted components.		
• A medical transfer summary is completed and accompanies the detainee.						
Detainee is issued a minimum of 7 days worth of prescription medications.						

PART 7 - 41. TRANSFER OF DETAINEES						
This Detention Standard ensures that transfers of detainees from one facility to another are professionally and responsibly managed in regard to notifications, detainee records, safety and security, and protection of detainee funds and personal property.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
9. Detainees are transferred with a completed transfer summary sheet in a sealed envelope with the detainee's name and A-number and the envelope is marked Medical Confidential.						
10. For medical transfers, transporting officers receive instructions regarding medical issues.				Masks are worn by officers for TB cases.		
11. Detainee's funds, valuables and property are returned and transferred with the detainee to his or her new location.	\boxtimes					
12. Transfer and documentary procedures outlined in Section C and D are followed.	\square					
13. Indigent detainees unable to make a telephone call at their new location are able to make a telephone call at the government's expense within 12 hours of arrival.				All calls are documented on the telephone form.		
14. Meals are provided when transfers occur during normally schedule meal times.				Detainees to be transferred receive a hot meal prior to departure and are given a box lunch to consume during the trip.		
15. An A-File or work folder accompanies the detainee when transferred to a different Field Office or sub- office.				The work folder accompanies the detainee only when the detainee is not coming back to this facility.		
16. A-Files are forwarded to the receiving office via overnight mail no later than one business day following the transfer.	\boxtimes					
PART 7 - 41. TRANSFER OF DETAINEES						
Meets Standard Does Not Meet Standard N/A Repeat Finding						

The facility ensures that transfers of detainees from one facility to another are responsibly managed with regards to notifications, records, safety and security and protection of detainee funds and property.

/ 05/03/2012 (b)(6), (b)(7)(c) Reviewer's Signature / Date

Office of Enforcement and Removal Operations

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



U.S. Immigration and Customs Enforcement

Robin F. Baker Field Office Director

San Diego Field Office

FROM:

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

Assistant Director for Detention Management

SUBJECT: El Centro Service Processing Center Annual Review 2012

The annual review of the El Centro Service Processing Center conducted on May 1-3, 2012, in El Centro, California has been received. A final rating of <u>Meets Standards</u> has been assigned and this review is closed.

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

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

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

cc: Official File