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



MEMORANDUM FOR:

Katrina S. Kane

Field Office Director

Phoenix Field Office

FROM:

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

Assistant Director for Detention Management

SUBJECT:

Florence Service Processing Center Annual Review 2011

The annual review of the Florence Service Processing Center conducted on March 20-22, 2012, in Florence, Arizona has been received. A final rating of <u>Meets Standards</u> has been assigned and this review is closed.

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

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

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

(b)(6), (b)(7)(c) Deputy Assistant Director, Detention Management Division at (202) 732 (6), (b)(7)(c)

cc: Official File

Condition of Confinement Inspection Worksheet

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

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



Performance-Based National Detention Standards Inspection Worksheet for Over 72 Hour Facilities 5-11-09 update

Intergovernmental Service Agreement (IGSA) \boxtimes ICE Service Processing Center (SPC) **ICE Contract Detention Facility (CDF)** Name Florence Service Processing Center Address (Street and Name) 3250 N. Pinal Parkway City, State and Zip Code Florence, Arizona 85132 County Pinal Name and Title of Chief Executive Officer (Warden/Superintendent/Facility Administrator) (b)(6), (b)(7)(c) Assistant Field Office Director Name and Title of Lead Compliance Inspector (b)(6), (b)(7)(c)Date[s] of Review From 3/20/2012 to 3/22/2012 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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Performance-Based National Detention Standards

Section I SAFETY

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

PART 1 – 1. EMERGENCY PLANS

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	No Detainee or detainee groups exercise control or authority over other detainees.	\boxtimes			Policy states that detainees will not 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			Policy identifies protection from all the items listed in this component.
3.	Staff are trained to identify signs of detainee unrest. What type of training and how often?	\boxtimes			Areas indicating unrest are identified in the emergency plans. Training consists of presentations of situational scenarios and follow up discussions. The training is provided during new officer training with annual refresher training thereafter.
4.	Staff effectively disseminate information on facility climate, detainee attitudes, and moods to the Facility Administrator.	\boxtimes			Policy defines dissemination of information.
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.				The Supervisory Detention and Deportation Officer is responsible for emergency 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.				
7.	All staff receive training in the emergency plans during their orientation training as well as during their annual training.	\boxtimes			Policy requires emergency plan training in both training sessions.
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			Alternative routes from each nearby major community are displayed with Mapquest.
9.	The plans address the following issues: Confidentiality Accountability (copies and storage locations) Annual review procedures and schedule Revisions	\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.

plans to quickly and effectively respond to any efficiency	Jitaatic	The that an	ioc and	a 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.	\boxtimes			
Contingency plans include a procedure for notification of neighbors residing in close proximity to the facility.	\boxtimes			Policy describes notification procedures including coordination with the Florence Police Department.
 12. The facility has cooperative contingency plans with applicable: Local law enforcement agencies State agencies Federal agencies 	\boxtimes			There are Memorandums of Understanding with Florence Police Department and the Pinal County Sheriff's Office. Fire protection is provided by the city because the facility is within city limits. The last mock emergency drill included local fire department participation.
13. The facility conducts mock emergency exercises with agencies or departments with which they share mutual aid agreements and Memoranda of Understandings. The exercises should test specific emergency plans to assess their effectiveness.	\boxtimes			The last mock emergency drill was in June, 2011, with a final debriefing in September, 2011.
14. All staff receive copies of the Facility Hostage policy and procedures.	\boxtimes			Staff receive copies of hostage policy/procedures in training.
15. (b)(7)e Within 24 hours after release, hostages are screened for medical and psychological effects.				(b)(7)e
The facility maintains a list of translator services in the event one is needed during a hostage crisis.	\boxtimes			An agreement with Interpretalk provides any language interpretation required.
17. Emergency plans include emergency medical treatment for staff and detainees during and after an incident.	\boxtimes			
18. The Food Service Department maintains at least 3-days' worth of emergency meals for staff and detainees.	\boxtimes			
19. Written plans illustrate locations of shut-off valves and switches for utilities (water, gas, electric).	\boxtimes			Utility valve/switch locations are illustrated in the command center documents.
20. Written plans include a Staff Work Stoppage procedure. This procedure is available for limited supervisory review.	\boxtimes			Procedures for daily operations during a staff work stoppage are addressed in an emergency plan.

PART 1 – 1. EMERGENCY PLANS				
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plane to quickly and encourcely respond to any emergency eladations and to minimize their coverty.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
21. (MANDATORY) Written procedures cover:				
 Work/Food Strike 				
• Fire				
Environmental Hazard	\boxtimes			Policy covers all the bullet pointed items listed in this component. A review of training documentation indicates these topics are part of annual refresher training.
 Detainee Transportation System Emergency 				
ICE-wide Lockdown				
Staff Work Stoppage				
 Disturbances 			П	
 Escapes 			Ш	
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.]]]	Emergency plans require post- emergency debriefings. Procedures
	\boxtimes			call for an analytical discussion of actions taken.
PART 1 – 1. EME	RGEN	CY PLANS	5	
	andard	□ N/A		☐Repeat Finding

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

Staff sign verification of training in all emergency plans and a confidentiality pledge regarding the information. Copies are maintained in the detention office, in the Supervisory Immigration Enforcement Agent's safe room, at 648 Control Tower in Florence, AZ, in the compliance office, in the control center of a nearby facility and in the facility central control room. Copies held in the central control room are available for checkout by staff. Those held in other locations are for back-up in case the control room becomes inaccessible.

(b)(6), (b)(7)(c) 03/22/2012 Reviewer's Signature / Date

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	(MANDATORY) The facility has a system for storing, issuing, and maintaining inventories of hazardous materials.	\boxtimes			All chemicals received into the warehouse are immediately inventoried and stored in a secure area. Departmental staff draw their cleaning chemicals from the central location and distribute them to lockable storage areas in their departments and detainee housing pods. Line staff dilute the chemical supplies and issue them to detainees in spray bottles for use within the housing unit and common areas. At each stage of the process, inventories are maintained.
2.	Constant inventories are maintained for all flammable, toxic, and caustic substances used/stored in each area of the facility.	\boxtimes			There were no flammable, caustic or toxic chemicals observed in the facility. Flammables are stored offsite.
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. 	\boxtimes			
4.	All personnel using flammable, toxic, and/or caustic substances follow the prescribed procedures: Wear personal protective equipment. Report hazards and spills to the designated official.	\boxtimes			Dangerous materials are not used in the facility. However, in the event they should be used, protective clothing, rubber gloves and protective eyewear will be issued and used when handling these materials.
5.	The MSDS are readily accessible to staff and detainees in the work areas.	\boxtimes			Material Safety Data Sheets are posted throughout the facility and are readily available for staff and detainee review.

PART 1 - 2. ENVIRONMENTAL HEALTH AND SAFETY

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Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
Hazardous materials are always issued under proper supervision.				
Quantities are limited.				Detainees are not issued hazardous
Detainees are trained.				materials.
 Staff always supervise detainees using these substances. 				
7. All "flammable" and "combustible" materials (liquid and aerosol) are stored and used according to label recommendations.	\boxtimes			Flammable and other combustible chemicals are stored off-site.
Lighting fixtures and electrical equipment are installed in storage rooms and other hazardous areas and meet the National Electrical Code requirements.	\boxtimes			
All toxic and caustic materials stored in their original containers in a secure area.	\boxtimes			
10. Excess flammables, combustibles, and toxic liquids are disposed of properly in accordance with MSDS.	\boxtimes			
11. Staff directly supervise and account for products with methyl alcohol. Staff receive a list of products containing diluted methyl alcohol, for example, shoe dye. All such products are clearly labeled as such. "Accountability" includes issuing such products to detainees in the smallest workable quantities.			\boxtimes	Methyl alcohol products are not used in this facility.
12. Every employee and detainee using flammable, toxic, or caustic materials receives advanced training, in accordance with OSHA standards, in their use, storage, and disposal.	\boxtimes			Training records document materials handling training is provided. Detainees do not handle chemicals until they have been diluted by the issuing officer.
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			Facility operations are conducted within the applicable guidelines of NFPA and OSHA.
14. A technically qualified staff member conducts fire and safety inspections.	\boxtimes			Weekly inspections are conducted by health services and a department manager.
15. The Safety Office (or officer) maintains files of inspection reports, including corrective actions taken.	\boxtimes			
16. (MANDATORY) The facility has an approved fire prevention, control, and evacuation plan.	\boxtimes			There is an approved fire prevention plan which includes evacuation schematics, emergency equipment locations and fire drills.

PART 1 - 2. ENVIRONMENTAL HEALTH AND SAFETY

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
17. The plan requires:				
Monthly fire inspections.				
 Fire protection equipment strategically located throughout the facility. 				The plan incorporates all of the
 Public posting of emergency plan with accessible building/room floor plans. 				bullet pointed items listed in this component.
 Exit signs and directional arrows. 				
 An area-specific exit diagram conspicuously posted in the diagrammed area. 				
18. Fire drills are conducted and documented quarterly in all facility locations including the administrative area.	\boxtimes			
19. A sanitation program covers barbering operations.				Cleaning procedures are posted in English and Spanish.
20. The barbershop has the facilities and equipment necessary to meet sanitation requirements.	\boxtimes			
21. The sanitation standards are conspicuously posted in the barbershop.	\boxtimes			
22. Written procedures regulate the handling and disposal of used needles and other sharp objects.	\boxtimes			Policy outlines the procedures to remove bio-hazardous waste from the facility.
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			Established cleaning schedules are posted throughout the facility. Equipment is issued by officers who supervise the cleaning details in the housing pods and outside the buildings.
25. Spill kits are readily available.				
26. A licensed medical waste contractor disposes of infectious/bio-hazardous waste.				
27. Staff are trained to prevent contact with blood and other body fluids and written procedures are followed.	\boxtimes			Staff receive this training during their initial orientation and again during annual refresher training.
28. Do the methods for handling/disposing of refuse meet all regulatory requirements?				A private vendor, Waste Management, pulls the compactor from the facility each day. A certified contractor retrieves the food service grease waste on an as needed basis.

PART 1 - 2. ENVIRONMENTAL HEALTH AND SAFETY

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Components	Meets Standard	Does Not Meet Standard	W/A	Remarks
 29. A Licensed/Certified/Trained pest-control professional inspects for rodents, insects, and vermin. At least monthly. The pest-control program includes preventive spraying for indigenous insects. 	\boxtimes			Monthly inspections and treatments are performed by a contract pest control company, University Termite and Pest Control.
30. Drinking water and wastewater is routinely tested according to a fixed schedule.	\boxtimes			The water is tested monthly by the Arizona Department of Environmental Quality. The last test was performed on 03/01/2012.
 31. Emergency power generators are tested at least every two weeks. Other emergency systems and equipment receive testing at least quarterly. Testing is followed-up with timely corrective actions (repairs and replacements). 	\boxtimes			The generators are tested weekly and load tested for one hour during these tests.
32. The Facility appears clean and well maintained.	\boxtimes			A daily tour of the facility revealed a clean and sanitary environment.
33. Hazardous material storage rooms meet the security and structural requirements of the standard. Storage cabinets meet the physical requirements specified in the standard.				The storage rooms are secured and have limited access. Physical containment barriers are in place for certain materials. All chemicals are properly accounted for and labeled.
34. The Health Services Administrator has implemented a program supporting a high level of environmental sanitation.	\boxtimes			The Health Services Administrator (HSA), in conjunction with ICE and security staff, conducts daily and weekly inspections of the facility. This committee approach provides open communication and greater oversight for sanitation of the facility.
35. The Health Services Administrator conducts medical- facility inspections daily. Each inspection includes noting the condition of floors, walls, windows, horizontal surfaces, and equipment.	\boxtimes			
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			

PART 1 – 2. ENVIRONMEN	IALHE	ALIH AN	D SAI	EIY	
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	
37. The assigned staff member is responsible for developing and implementing policies, procedures, and guidelines for the environmental health program. These guidelines are intended to evaluate and eliminate or control as necessary, sources of injuries and modes of transmission of agents or vectors of communicable diseases.	\boxtimes				
 38. Environmental health and safety conditions shall be maintained at a level that meets recognized standards of safety and hygiene, including those from the: American Correctional Association, Occupational Safety and Health Administration, Environmental Protection Agency, Food and Drug Administration, National Fire Protection Association's Life Safety Code, and National Center for Disease Control and Prevention. 	\boxtimes			Safety conditions are being maintained at a level which meets the requirements for the organizations listed in this component.	
PART 1 – 2. ENVIRONMEN	TAL HE	ALTH AN	D SAI	ETY	
Remarks: (Record significant facts, observations, other sou	rces us	ed, etc.)			

Policy on Safety and Emergency Procedures/Sanitation and Hygiene was reviewed when evaluating this standard. Additionally, staff in the Compliance Unit, Warehouse, Medical, Maintenance, and security officers in housing units, were observed and interviewed regarding the components in this standard. Inspection of the various storage locations for excess pallets, chemical storage sites, and bio-hazard and assorted storage closets indicated staff is complying with monitoring chemicals and enforcing sanitation standards. The areas observed were clean, organized, and uncluttered.

Inspection forms reveal daily, weekly, monthly and annual inspections are conducted with appropriate reporting to administrative staff. Corrective action is taken when necessary.

(b)(6), (b)(7)(c)	03/22/2012
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equenthe	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		
1.	Transporting officers comply with applicable local, state, and federal motor vehicle laws and regulations. Records support this finding of compliance.	\boxtimes					
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			Policy requires transporting officers to have a valid Arizona Commercial Driver's License (CDL).		
3.	Supervisors maintain records for each vehicle operated.	\boxtimes			Records are kept centrally on all vehicles.		
4.	Documentation indicating annual inspection of vehicles and annual inspection in accordance with state statutes is available for review.	\boxtimes			Records of all inspections are maintained by the vehicle coordinator. Annual inspections were current for the vehicles checked.		
5.	Documentation indicating safety repairs are completed immediately and vehicles are not used until they have been repaired and inspected is available for review.	\boxtimes			Records are maintained centrally.		
6.	 Officers use a checklist during every vehicle inspection. Officers report deficiencies affecting operability. Deficiencies are corrected before the vehicle goes back into service. 	\boxtimes			A 'posse' box containing necessary reporting forms is issued with each vehicle. Checklists are completed on each vehicle usage.		

PART 1 – 3. TRANSP	ORTAT	ION (BY L	AND)				
This Detention Standard prevents harm to the general public, detainees, and staff by ensuring that vehicles are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff. Standard NA: Check this box if all ICE Transportation is handled only by the ICE Field Office or Sub-Office							
in control of the detainee case.							
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
 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. 							
 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 two qualified officers per vehicle. An unaccompanied driver transports an empty vehicle. 				Staff verifie (b)(7)(e)fficers with CDLs are on transportation runs. There are (c)(7) (e)fficers with CDLs at the facility.			
The transporting officer inspects the vehicle before the start of each detail.	\boxtimes						
 Positive identification of all detainees being transported is confirmed. 	\boxtimes			There is both a face and name verification before detainees board a vehicle.			
11. All detainees are searched immediately prior to boarding the vehicle by staff controlling the bus or vehicle.	\boxtimes						
12. The facility ensures that the number of detainees transported does not exceed the vehicle manufacturer's occupancy level.	\boxtimes						
(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. 	\boxtimes			A visual body count is conducted before departure. Unscheduled stops would be within a secure facility or law enforcement agency, whenever possible.			
15. Policies and procedures are in place addressing the use of restraining equipment on transportation				Policy addresses transport restraint usage. Floor restraints are not used			

vehicles.

at this facility.

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 in control of the detainee case.	on is na	andled on	iy by t	ne ICE Field Office or Sub-Office		
Components	Meets Standard	Does Not Meet Standard	A/N	Remarks		
16, Officers ensure that no one contacts the detainees.						
(b)(7)e remains in the vehicle at all times when detainees are present.						
17. Meals are provided during long distance transfers.				Sack lunches are provided when		
 The meals meet the minimum dietary standards, as identified by dieticians utilized by ICE. 	\boxtimes			travel times intersect with scheduled meal times.		
 18. The vehicle crew inspects all Food Service meals before accepting delivery (food wrapping, portions, quality, quantity, thermos-transport containers, etc.). Before accepting the meals, the vehicle crew raises and resolves questions, concerns, or discrepancies with the Food Service representative. Basins, latrines, and drinking-water, containers, dispensers are cleaned and sanitized on a fixed schedule. 	\boxtimes					
19. Vehicles have:						
(b)(7)e				(b)(7)e		
] _					
20. The vehicles are clean and sanitary at all times.			Ш	The vehicles inspected were clean.		
 21. Personal property of a detainee transferring to another facility: Is inventoried. Is inspected. 	\boxtimes			Inventory and inspection of property is done in the presence of the detainee. The detainee verifies the inventory's accuracy before		
 Δccompanies the detainee 				departure.		

DADT 4 A TRANSPORTATION (DV I AND)							
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 control of the detainee case.	☐ Standard NA: Check this box if all ICE Transportation is handled only by the ICE Field Office or Sub-Office						
Components	Meets Standard	Does Not Meet Standard	A/N	Remarks			
22. The following contingencies are included in the written procedures for vehicle crews:							
Attack							
Escape							
Hostage-taking							
Detainee sickness							
Detainee death							
Vehicle fire							
Riot							
Traffic accident							
Mechanical problems							
Natural disasters							
Severe weather							
Passenger list is not exclusively men or women or							
minors							
PART 1 – 3. TRANSPO	ORTAT	ION (BY L	AND)				
	andard	I □ N/A	\	□ Repeat Finding			
Remarks: (Record significant facts, observations, other sou	irces ils	sed etc)					
Tremains. (Necora significant racis, observations, other soci	Remarks: (Record significant facts, observations, other sources used, etc.)						
Observation of both a bus and a van verified the physical requirements of the standard. Staff interviews verified policy is being followed.							
(b)(6), (b)(7)(c) / <u>03/22/2012</u> Reviewer's Signature / Date							

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Performance-Based National Detention Standards

Section II SECURITY

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

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.

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			Orientation includes daily broadcast of a 15 minute video on the inhouse television system, and distribution of a handbook for which detainees sign a receipt (Form I-385). The handbook is available in English, Spanish or any other language necessary. These materials address all of the requirements of this component.	
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 meet and screen all new admissions as the first step in the intake process.	
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				
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				
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			Strip searches are not performed at this facility during the admission process. However, if reasonable suspicion manifests itself while the detainee is housed in the facility, a strip search may be performed by an officer of the same sex. If that occurs, medical staff will be present. Strip searches are documented.	
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			Detainees receive a copy of the inventory sheet(s) listing their valuables and property. Identity documents are given to the Enforcement and Removal Officer (ERO). All funds and valuables are handled by command staff and deposited into detainee accounts by the Business Office. Property is stored in a controlled access room.	
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.					

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.						
Com	ponents	Meets Standard	Does Not Meet Standard	N/A	Remarks	
clothing and bedding fo	d appropriate and sufficient or the climatic conditions.	\boxtimes			Observation of detainees revealed issued clothing and bedding is suitable to the season.	
9. All releases are coordi	nated with ICE.	\boxtimes				
Staff complete pape required.	rwork/forms for release as	\boxtimes				
11. Each detainee receives secured by the facility.	s a receipt for personal property	\boxtimes				
	m to maintain accurate records or admission, orientation, and	\boxtimes			The automated detainee recordkeeping system is called ENFORCE.	
removal, or transfer of	rmation pertaining to release, all detainees into the Enforce le (EADM) within 8 hours of	\boxtimes			The Enforce Alien Detention Module (EADM) is a component of and accessed through the ENFORCE system. All release, removal, and transfer information is entered into EADM at the time of detainee out-processing.	
	I shall be provided in English, guage(s) as determined by the	\boxtimes				
	PART 2 – 4. ADMISS	ION A	ND RELEA	ASE		

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

Observation of the orientation video, review of the handbook, interviews with command staff, monitoring of the ENFORCE recordkeeping system, and a review of detainee detention files indicated the facility operates a secure system for admitting and releasing detainees.

The admission and release processes for this facility occur in an Under-72 hour detention facility located on facility grounds but separated from the Over-72 detention facility by a controlled access security fence.

(b)(6), (b)(7)(c) / 03/22/2012 Reviewer's Signature / Date

PART 2 - 5. CLASSIFICATION SYSTEM

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

	detaillees that is based on verifiable and documented data.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	SPC and CDF facilities use the required Objective Classification System. IGSAs use an objective classification system or similar system for classifying detainees.	\boxtimes					
2.	 The facility classification system includes: Classifying detainees upon arrival. Separating individuals who cannot be classified upon arrival from the general population. The first-line supervisor or designated classification specialist reviews every classification decision. 	\boxtimes			All detainees are classified before entering a general population housing pod. All classification decisions are reviewed/approved by a Supervisory Immigration Enforcement Agent (SIEA), or a higher authority.		
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.	\boxtimes			The classification training curriculum specifically prohibits the use of personal opinions as a contributory factor in determining classification scores.		
5.	Housing assignments are based on classification-level.	\boxtimes			The facility only houses Level 1 (Low) and Level 2 (Medium) detainees. All housing pods can accommodate either classification level.		
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.	\boxtimes			The first reassessment occurs automatically at 60 days. Subsequent reassessments are made every 30 days. Special reassessments are calculated upon request. There have been no special reassessments requested since the last inspection.		
9.	The classification system includes standard procedures for processing new arrivals' appeals. Only a designated supervisor or classification specialist has the authority to reduce a classification-level on appeal.	\boxtimes			The classification system accommodates detainee appeals. These can be made at any time. The SIEA, or a higher authority, must approve all classification scores.		

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	
 Classification appeals are resolved w/in 5 business days. Detainees are notified of the outcome within 10 business days. 	\boxtimes			Classification appeals are resolved upon receipt. Written notification of the appeal decision is provided to the detainee in less than ten business days.	
 Classification designations may be appealed to a higher authority such as the Facility Administrator or equivalent. 				Classification appeals can be made at any time to any staff by completing a Detainee Request Form.	
12. The Detainee Handbook or equivalent for IGSAs explains the classification levels, with the conditions and restrictions applicable to each.					
13. In SPCs and CDFs detainees are assigned color-coded uniforms and IDs to reflect classification levels. In IGSA's a similar system is utilized for each level of classification.				Level 1 detainees wear blue jumpsuits and blue ID wristbands. Level 2 detainees wear orange jumpsuits and orange ID wristbands.	
PART 2 – 5. CLASS	IFICAT	ION SYST	ЕМ		

PART 2 - 5. CLASSIFICATION SYSTEM

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

Observation of completed classification instruments and the training curriculum, inspection of detainees' jumpsuits and matching ID wristbands, and a review of policy and the handbook revealed the facility operates a verifiable and documented classification system that manages and separates detainees into appropriately designated housing pods.

Reclassifications and appeals are processed within the standard's timelines.

(b)(6), (b)(7)(c) 03/22/2012 Reviewer's Signature / Date

PART 2 - 6. CONTRABAND This Detention Standard protects detainees and staff and enhances facility security and good order by identifying, detecting, controlling, and properly disposing of contraband. Meets Standard Does Not Meet Standard Components Remarks The facility follows a written procedure for handling contraband. Staff inventories, holds, and reports it Policy dictates procedures for \boxtimes when necessary to the proper authority for handling soft and hard contraband. action/possible seizure. Contraband that is government property is retained as evidence for potential disciplinary action or criminal \boxtimes prosecution. Staff return property not needed as evidence to the Policy describes the return of proper authority. Written procedures cover the return \boxtimes property, as well as procedures to of such property. determine ownership. Altered property is destroyed following documentation Altered property is confiscated, \boxtimes and using established procedures. destroyed and/or replaced. Before confiscating religious items, the Facility Policy requires that an appropriate Administrator or designated investigator contacts a religious authority be contacted \boxtimes religious authority. before religious items are confiscated. Staff follow written procedures when destroying hard Policy dictates illegal hard contraband that is illegal. contraband is turned over to local \boxtimes law enforcement to determine if prosecution is warranted. If not, it may be destroyed. 7. Hard contraband that is illegal (under criminal statutes) is retained and used for official use, e.g. training purposes. Policy establishes procedures consistent with the listed If yes, under specific circumstances and using specified written procedures. Hard contraband is \boxtimes requirements. These training secured when not in use. articles are securely stored and used with command staff oversight. Soft Contraband is mailed to a third party or stored in accordance with the Detention Standard

on Funds and Personal Property.

	PART 2 – 6. CONTRABAND					
This Detention Standard protects detainees and staff and enhances facility security and good order by identifying, detecting, controlling, and properly disposing of contraband.						
	Components		Meets Standard	Does Not Meet Standard	Y/N	Remarks
procedures in t	he Detainee Ha	contraband rules and andbook and notified eized as contraband.	\boxtimes			
Facilities with contraband determine		only use them for			\boxtimes	There is no canine unit at this facility.
PART 2 – 6. CONTRABAND						
⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding						

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

Observation verified that policies are implemented at the facility. The last noted contraband was two chocolate bars destroyed on 03/06/2012.

The contraband that was documented in the log book was identified at intake.

(b)(6), (b)(7)(c) 03/22/2012

Reviewer's Signature / Date

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
1.	The facility administrator or assistant administrator and department heads visit detainee living quarters and activity areas weekly.	\boxtimes			Log books reflect that required visits are made.
2.	At least one male and one female staff are on duty where both males and females are housed.			\boxtimes	Females are not housed at this facility.
3.	Comprehensive annual staffing analysis determines staffing needs and plans.	\boxtimes			Security staffing is provided through a three year performance contract. The contract stipulates minimum staffing levels. An analysis is currently being conducted to verify the staffing needs are being met.
4.	Essential posts and positions are filled with qualified personnel.	\boxtimes			Staff in specialized areas are provided additional training.
5.	Every Control Center officer receives specialized training.	\boxtimes			Staff are trained and are given an oral test before being assigned to the control center.
6.	Policy restricts staff access to the Control Center.	\boxtimes			Policy limits access to the control center to staff with a need to enter.
7.	Detainees do not have access to the Control Center.	\boxtimes			Policy requires doors to remain closed and locked when detainees are in the area.
8.	Communications are centralized in the Control Center.	\boxtimes			Observation indicated that most communications are routed through the control center.
9.	Facility security and safety will be monitored and coordinated by a secure, well-equipped, and continuously staffed control center.	\boxtimes			Observation indicated security and safety are being monitored and coordinated.
10.	The Control Center maintain employee Personal Data Cards (Form G-74 or contract equivalent).	\boxtimes			
11.	Recall lists include the current home telephone number of each employee. Phone numbers are updated as needed.	\boxtimes			
12.	Staff make watch calls every half-hour between 6 PM and 6 AM.	\boxtimes			
13.	Information about routine procedures, emergency situations, and unusual incidents will be continually recorded in permanent post logs and shift reports.	\boxtimes			Policy requires all appropriate information to be recorded in the control center log.
14.	The front-entrance officer checks the ID of everyone entering or exiting the facility.	\boxtimes			Observation indicated the front entrance officer checks IDs and visually verifies individuals.
15.	All visits officially recorded in a visitor logbook or electronically recorded.	\boxtimes			

PART 2 - 7. FACILITY SECURITY AND CONTROL

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

that 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	
16. The facility has a secure, color-coded visitor pass system.	\boxtimes			Visitors are required to exchange personal identification for a color coded pass indicating their authorized level of access.	
17. Officers monitor all vehicular traffic entering and leaving the facility.				Officer(s) examine vehicles entering and departing from 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 	\boxtimes			A log is maintained in facility control noting all of the bullet pointed items listed in the component.	
during the facility visit 19. Officers thoroughly search each vehicle entering and leaving the facility.					
20. The facility has a written policy and procedures to prevent the introduction of contraband into the facility or any of its components.	\boxtimes			Policy identifies procedures to prevent introduction of contraband.	
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.				(b)(7)e	
23. Written procedures govern searches of detainee housing units and personal areas.	\boxtimes			There are written procedures governing searches. Additional information can be found in post orders.	
24. Housing area searches occur at irregular times.	\boxtimes			Policy states and practice confirmed unannounced searches are conducted.	
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				
26. There are post orders for every security officer post.	\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.

that facility security is maintained and that events that pos-	ı a non	ı	. o p. o	1011100.
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
27. Detainee movement from one area to another area is controlled by staff.	\boxtimes			Policy dictates the number of staff required for detainee movement under different circumstances.
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			Searches are documented in the housing pod log book.
30. The SMU entrance has a sallyport.	\boxtimes			
31. All tools entering SMU will be inspected and inventoried by the SMU officer prior to entering the housing unit.	\boxtimes			Tools are inventoried upon entrance and prior to leaving the housing pod.
 32. The facility has a comprehensive security inspection policy. The policy specifies: Posts to be inspected Required inspection forms Frequency of inspections Guidelines for checking security features Procedures for reporting weak spots, inconsistencies, and other areas needing improvement 	\boxtimes			Policy lists the posts to be inspected, the required frequency, and guidelines for reporting procedures.
33. Every officer is required to conduct a security check of his/her assigned area. The results are documented.	\boxtimes			Officers are required to conduct and log security checks. In some instances, policy also dictates the frequency required for such checks.
34. Documentation of security inspections is kept on file.	\boxtimes			
35. Procedures ensure that recurring problems and a failure to take corrective action are reported to the appropriate manager.	\boxtimes			
36. Tools being taken into the secure area of the facility are inspected and inventoried before entering and prior to departure.	\boxtimes			
37. Storage and supply rooms; walls, light and plumbing fixtures, accesses, and drains, etc. undergo frequent, irregular searches. These searches are documented.	\boxtimes			Observations confirmed these searched are being conducted.
38. Walls, fences, and exits, including exterior windows, are inspected for defects once each shift.	\boxtimes			These inspections are done (b)(7)e (b)(7)e
 39. Daily procedures include: Perimeter alarm system tests. Physical checks of the perimeter fence. Documenting the results. 	\boxtimes			Perimeter checks are done each shift.

PART 2 – 7. FACILITY SECURITY AND CONTROL						
This Detention Standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and that events that pose a risk of harm are prevented.						
Components	Meets Standard	Does Not Meet Standard	Y/N	Remarks		
40. Visitation areas receive frequent, irregular inspections.				Inspections are conducted before and after visitation hours and randomly.		
41. An officer is assigned responsibility for ensuring the security inspection process covers all areas of the facility.	\boxtimes					
42. The Maintenance Supervisor and Chief of Security or equivalent make monthly fence checks.	\boxtimes					
FACILITY SECURI	TY ANI	CONTRO	OL			
⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding						
Remarks: (Record significant facts, observations, other sources used, etc.)						

Remarks: (Record significant facts, observations, other sources used, etc.)
The standard's rating was based on a review of policy and observation of facility practices.

(b)(6), (b)(7)(c) / <u>03/22/2012</u> Reviewer's Signature / Date

	PART 2 - 8. FUNDS AND PERSONAL PROPERTY						
inclufacil	This Detention Standard ensures that detainees' personal property is safeguarded and controlled, specifically including funds, valuables, baggage and other personnel property, and that contraband does not enter a detention facility. Standard NA: (IGSA ONLY) Check this box if all ICE detainee Funds, Valuables and Property are						
han	dled only by the ICE Field Office or Sub-Office in o	ontrol	of the det	ainee	case.		
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	Detainee funds and valuables are properly separated and stored. Detainee funds and valuables are accessible to designated supervisor(s) only.	\boxtimes			Funds and other valuables are collected from detainees upon admission. All other property is placed in a separate property room staffed 24 hours a day, 7 days a week.		
2.	Detainees' large valuables are secured in a location accessible to designated supervisor(s) or processing staff only.	\boxtimes			Large valuables are documented and stored separately, with limited personnel access.		
3.	Staff search and itemize the baggage and personal property of arriving detainees, including funds and valuables, using a personal property inventory form that meets the ICE standard, in the presence of the detainee unless otherwise instructed by the facility administrator.	\boxtimes			Property inventories are conducted in the presence of the detainee.		
4.	(b)(7)(e) officers are present during the processing of detainee funds and valuables during admissions processing to the facility (b)(7)e officers verify funds and valuables.	\boxtimes					
5.	For IGSAs and CDFs, Is the facility using a personal property inventory form that meets the ICE standard?			\boxtimes	This facility is an SPC. The ICE inventory form is used for personal property inventories.		
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 carried by arriving detainees is forwarded to medical staff. If over-the-counter medicine is discovered in property mailed into the facility, it is inventoried and placed inside the detainee's property storage bin.		
8.	Staff search arriving detainees and their personal property for contraband.	\boxtimes			All detainees are pat-searched upon arrival, and their property is searched for contraband.		
9.	Property discrepancies are immediately reported to the Chief of Security or equivalent.						
	Staff follow written procedures when returning property to detainees.	\boxtimes					
11.	CDF/IGSA facility procedures for handling detainee property claims are similar to the ICE standard.			\boxtimes	This is an SPC facility. ICE procedures for handling property claims are followed.		

	PART 2 - 8. FUNDS AND	PERS	ONAL PRO	OPER	TY			
inclu	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			
12.	The facility attempts to notify an out-processed detainee that he/she left property in the facility.				Attempts to locate owners of			
	 By sending written notice to the detainee's last known address; via certified mail; 				abandoned property are documented by the Immigration Enforcement			
	 The notice states that the detainee has 30 days in which to claim the property, after which it will be considered abandoned. 				Agent in charge of abandoned property.			
13.	Staff obtain a forwarding address from each detainee.							
14.	It is standard procedure for 0/07/cofficers to be present when removing/documenting the removal of funds from a detainee's possession.	\boxtimes			(b)(7)(esecurity officers assigned to the property room perform these duties.			
15.	Staff issue and maintain property receipts (G-589s) in numerical order.	\boxtimes						
16.	Staff complete and distribute the G-589 in accordance with the ICE standard.	\boxtimes			The use of form G-589 is mandated by policy.			
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						
18.	Staff tag large valuables with both a G-589 and an I-77.							
19.	The supervisor verifies the accuracy of every G-589.	\boxtimes						
20.	 The supervisor ensures that: Detainee funds are, without exception, deposited into the cash box; 				A drop safe is located in the intake section. (b)(7)eofficers are present when funds are counted, sealed in			
	 Every property envelope is sealed. All sealed property envelopes are placed in the safe. Large, valuable property is kept in the secured leaded area. 				an envelope and dropped into the safe. Large valuables are stored in a separate cage in the property room.			
21.	locked area. 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.							
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.							
24.	In SPCs, the Supervisory Immigration Enforcement Agent, accompanied by a detention staff member	\boxtimes						

conducts a comprehensive weekly audit.

PART 2 - 8. FUNDS AND	PERS	ONAL PRO	OPER'	TY	
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	
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			The Supervisory Detention and Deportation Officer records the quarterly audit in the property room logbook and the 'End of Month' report.	
 The facility positively identifies every detainee being released or transferred. 	\boxtimes			Photo identification is used to identify departing detainees.	
27. Staff routinely inform supervisors of lost/damaged property claims. Claims are properly investigated and missing or damaged property claim reports are filed.	\boxtimes			No complaints have been filed for lost/damaged property since the last inspection.	
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.				A Supervisory Immigration Enforcement Agent is in charge of investigating lost/damaged property claims. However, there have been no reported claims since the last inspection.	
PART 2 - 8. FUNDS AND PERSONAL PROPERTY					
Remarks: (Record significant facts, observations, other sources used, etc.) There is a comprehensive policy outlining procedures to use when taking property and performing audits and inventories, and in following up on lost or abandoned property. Detainees may request to access their property in storage and are usually allowed to gain access within one or two days after receipt of their written request.					
The property room is staffed 24 hours a day, 7 days a week. Property officers and the assigned supervisor were available and interviewed during the inspection.					
(b)(6), (b)(7)(c) / 03/22/2012 Reviewer's Signature / Date					

	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				
2.	The hold rooms are clean, in good repair, well ventilated, well lit, and all activating switches located outside the room.	\boxtimes				
3.	The hold rooms contain sufficient seating for the number of detainees held.	\boxtimes			All detainees were observed either sitting or standing, but with room to sit.	
4.	No bunks/cots/beds or other related make shift sleeping apparatuses are permitted inside hold rooms.	\boxtimes			No make-shift sleeping devices were observed in any hold room.	
5.	Hold room walls and ceilings are escape and tamper resistant.					
6.	Detainees are not held in hold rooms for more than 12 hours.					
7.	Male and females detainees are segregated from each other at all times.	\boxtimes			No female detainees were housed in the facility. Areas for females or juveniles to be held temporarily and separately were available, if needed.	
8.	Detainees are provided with basic personal hygiene items such as water, soap, toilet paper, cups for water, feminine hygiene items, diapers and wipes.				Observation confirmed that basic hygiene items are provided.	
9.	If the hold room is not equipped with toilet facilities, an officer is posted within visual or audible range to allow detainees access to such on a regular basis.			\boxtimes	The hold rooms are equipped with toilets.	
10.	All detainees are given a pat down search for weapons or contraband before being placed in the hold room.	\boxtimes				

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
 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			Empty hold rooms were clean, and there was no evidence of tampering. Staff indicated that cleaning and security inspections of hold rooms are routine.
 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			Policy requires posting of the evacuation route and identifying the officer responsible for removing detainees.
13. An appropriate emergency service is called immediately upon a determination that a medical emergency exists.	\boxtimes			
 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			Multiple occupant hold rooms show capacities of 20 and are 290 square feet. Single occupant rooms are 126 square feet.
 15. In SPCs designed after 1998 the hold rooms are equipped with stainless steel combination lavatory/toilet fixtures with modesty panels. They are: Compliant with the American Disabilities Act. Small hold rooms (1 to 14 detainees) have at least one combi-unit. Large hold rooms (15 to 49 detainees) are provided with at least two combi-units. 				Hold rooms were designed before 1998. There are toilets with modesty panels in the rooms, although only one for up to twenty detainees.
16. <u>In SPCs designed after 1998</u> the hold rooms have floor drain(s).			\boxtimes	Hold rooms were designed before 1998. They are not equipped with floor drains.
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			Hold rooms were designed before 1998; however, doors comply with the standard.
18. Family units, persons of advanced age (over 70), females with children, and unaccompanied juvenile detainees (under the age of 18) are not placed in hold rooms.				Family units, disabled detainees and juvenile detainees are not brought to this facility.
19. Minors (under 18) are confined apart from adults, except for immediate relatives or guardians.	\boxtimes			Minors are rarely confined and, when identified, are separated until they can be removed, generally within a few hours.

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
 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			Observation indicated a log for each hold cell is maintained identifying the detainee, personal information, time in, time fed and reason for being there. A separate container holds offense information on each detainee.
 21. Officers provide a meal to any detainee detained in a hold room for more than six hours. Juveniles, babies and pregnant women have access to snacks, milk or juice. Meal are served to juveniles regardless of time in custody 	\boxtimes			Meals are provided to detainees upon entrance into a hold room and every six hours after, if necessary.
22. Any detainee with disabilities, including temporary disabilities, will be housed in a manner that provides for his or her safety and security.	\boxtimes			
23. The maximum occupancy for the hold room will be posted.	\boxtimes			Each hold room had a maximum occupancy posted on the door.
24. Before placing a detainee in a room, an officer shall observe each individual to screen for obvious mental or physical problems.	\boxtimes			
25. Staff does not permit detainees to smoke in a hold room.	\boxtimes			The entire facility is smoke free.
 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. 	\boxtimes			The log book for each hold room included inspection information.
PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES				

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

The standard's rating was based on a review of policy and observations. Staff was able to provide information required either verbally or through logs and other documentation.

(b)(6), (b)(7)(c)	03/22/2012
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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			
2.	The security officer, or equivalent, has responsibility for all administrative duties and responsibilities relating to keys, locks etc.	\boxtimes			Policy requires the officer to control all administrative and operational responsibilities relating to keys and locks.
3.	The security officer, or equivalent, provides training to all employees in key and lock control.				All staff sign verification of training in the handling of security keys.
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			Policy requires a preventive maintenance program and documentation. Components of the program are performed and documentation is made.
6.	Facility policies and procedures address the issue of compromised keys and locks.	\boxtimes			
7.	The security officer, or equivalent, develops policy and procedures to ensure safe combinations integrity.	\boxtimes			Combinations will be changed every 12 months or when staff with knowledge of a combination are reassigned.
8.	Only dead bolt or dead lock functions are used in detainee accessible areas.	\boxtimes			Only appropriate locking devices are used in detainee accessible areas.
9.	Non-authorized locks (as specified in the Detention Standard) are not used in detainee accessible areas.	\boxtimes			Non-authorized locks were not observed anywhere in the facility.
10.	The facility does not use grand master keying systems.	\boxtimes			
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.	\boxtimes			Neither padlocks nor chains were observed on cell doors.
13.	The entrance/exit door locks to detainee living quarters, or areas with an occupant load of 50 or more people, conform to	N 2			Emergency lighting is tied into the backup electrical system and not battery powered, with the exception
	 Occupational Safety and Environmental Health Manual, Chapter 3 				of exit signs. There are six stand alone generators operating separate
	 National Fire Protection Association Life Safety Code 101. 				parts of the facility.
14.	The operational keyboard sufficient to accommodate all the facility key rings including keys in use is located in a secure area.	\boxtimes			

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 	\boxtimes			Each key ring is brazed to prevent keys from being added or removed and includes two metal tags. The tags identify the number of keys on the ring and its location on the key board.
	Emergency keys are available for all areas of the facility.	\boxtimes			Emergency keys for all areas are maintained in the main control room. Policy/procedures are in place for their use and tracking.
17.	The facility uses a key accountability system.	\boxtimes			Supervisory keys are maintained on a Key Watcher system and all keys are logged in/out. Missing keys are identified and procedures are in place to locate them.
18.	Authorization is necessary to issue any restricted key.	\boxtimes			
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. 	\boxtimes			Gun lockers are maintained in an area where public and detainees are not permitted. No personal weapons are allowed at the facility.
20.	The facility has a key accountability policy and procedures to ensure key accountability. The keys are physically counted daily.	\boxtimes			Procedures provide for key accountability and daily inventory.
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. 	\boxtimes			Policy dictates the bullet points listed in this component are addressed in training. Training records confirm these topics are covered.
22.	Locks and locking devices are continually inspected, maintained, and inventoried.	\boxtimes			Policy describes the frequency of inspections, lock maintenance, and inventories. Documentation confirms the practice.
	Each facility has the position of Security Officer. If not, a staff member appointed the collateral duties of security officer.	\boxtimes			
24.	The designated key control officer is the only employee who is authorized to add or remove a key from a ring.	\boxtimes			

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	Y/N	Remarks	
25. The splitting of key rings into separate rings is not authorized.	\boxtimes				
PART 2 – 10. KEY AND LOCK CONTROL					
⊠ Meets Standard ☐ Does Not Meet St	andard	□ N/A		☐Repeat Finding	

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

Observation confirmed that procedures follow policies and are documented. An extensive computer tracking system is incorporated into the wall-mounted key control cabinet in which keys are secured. There is triple locking to access the key control cabinet, and additional security is in place within the cabinet. The key control officer has multiple certifications in locksmith, safe and related key and lock areas.

(b)(6), (b)(7)(c) / 03/22/2012 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		
1.	Staff conduct a formal count at least once each 8 hours (no less than three counts per day). At least one of these counts shall be a face to photo count.	\boxtimes			Formal counts are conducted six times per day. Informal verifications of detainees' locations are also conducted.		
2.	Activities cease or are strictly controlled while a formal count is being conducted.				No detainee movement is permitted during 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.	\boxtimes					
5.	Officers do not allow detainee participation in the count.	\boxtimes			Counts are performed by (b)(7)e (b)(7)e . Detainees are prohibited from participation.		
6.	A face-to-photo count follows each unsuccessful recount.	\boxtimes			Policy requires a face-to-photo count in the housing pods if the recount is unsuccessful.		
7.	Officers positively identify each detainee before counting him/her as present.						
8.	Written procedures cover informal and emergency counts.				Policy addresses all count types.		
	The control officer (or other designated position) maintains an "out-count" record of all detainees temporarily out of the facility.	\boxtimes					
10	Security officers and any other staff with responsibilities for conducting counts are provided adequate initial and periodic training in count procedures, and that training is documented in each person's training folder.	\boxtimes			Staff receives count training. It is documented in their training file. Observing counts indicated staff were aware of procedures.		
	PART 2 – 11. POP	ULATIO	ON COUNT	rs			
	⊠ Meets Standard □ Does Not Meet St	andard	I □ N/A		☐Repeat Finding		
	emarks: (Record significant facts, observations, other sources used, etc.) bservation of count procedures indicate policies are being followed. The count system is implemented by trained and capable						

staff.

(b)(6), (b)(7)(c) $\sqrt{\frac{03/22/2012}{}}$ Reviewer's Signature / Date

PART 2 - 12. POST ORDERS

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

	neer assigned to a security post knows the proced	I,,	,		
	Components	Meets Standard	Does Not Meet Standard	V/N	Remarks
1. Eve	ery fixed post has a set of Post Orders.	\boxtimes			Post orders are maintained on site for each fixed post. There is also a file of all current post orders, including general post orders applying to all posts.
	SPCs and CDFs, Post Orders are arranged in the uired six-part folder format.				
	ch set contains the latest inserts (emergency moranda, etc.) and revisions.				Observation found inserts were included.
kee	e individual or department is responsible for ping all Post Orders current with revisions that take between reviews.				The Supervisory Detention and Deportation Officer is responsible.
	view, updating, and reissuing of Post Orders occurs ularly and at least annually.				All post orders were updated in July, 2011.
	e facility administrator authorizes all Post Order nges.	\boxtimes			All post orders are signed and dated on the last page by the facility administrator.
	e facility administrator has signed and dated the last be of every section.	\boxtimes			Each page is initialed by the facility administrator.
8. AP	ost Orders master file is available to all staff.	\boxtimes			It is available on the computer drive for all staff and in selected sites with hard copies.
	cedures keep Post Orders and logbooks secure n detainees at all times.	\boxtimes			Procedures require that post orders be maintained under lock and key.
	pies of the applicable Post Orders are retained at post only if secure from detainee access.	\boxtimes			
Ord	pervisors ensure that officers understand the Post lers, regardless of whether the assignment is apprary, permanent, or due to an emergency.	\boxtimes			Policy requires supervisors to ensure officers understand post orders under all assignment conditions.
diffe rea	SPCs and CDFs, each time an officer receives a erent post assignment, he or she is required to d, sign, and date those Post Orders to indicate he she has read and understands them.	\boxtimes			Policy requires the officer to sign and date the post order for any assigned post.
	one assigned to an armed post qualifies with the tweapons before assuming post duty.	\boxtimes			Policy requires that any officer assigned to an armed post must qualify with the weapon(s) for that post.

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		
14. Post Orders for armed posts, and for posts that control access to the institution perimeter, clearly state that:						
(b)(7)e						
 Post Orders for armed posts provide instructions for escape attempts. 						
16. The Post Orders for housing units track the daily event schedule.	\boxtimes			Housing unit post orders provide a detailed schedule of all activities from 6:00 AM until the lights are turned out.		
 Housing unit post officers record all detainee activity in a log. The Post Orders include instructions on maintaining the logbook. 	\boxtimes			Post orders describe maintaining a supervisors log and a pass-on log, as well as specific reports required.		
PART 2 – 12. POST ORDERS						
Pemarks: (Record significant facts, observations, other sources used, etc.)						

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

There is a policy describing the specifics of developing and maintaining post orders. Post orders are maintained securely on location and are available to the assigned officer. Staff are required to sign their post orders daily. Post orders are reviewed by supervisors. Per observation, they are maintained as required.

(b)(6), (b)(7)(c) 03/22/2012 Reviewer's Signature / Date

	PART 2 – 13. SEARC				
	is Detention Standard protects detainees and staff and ntrolling, and properly disposing of contraband.	d enha	nces facilit	ty sec	urity and good order by detecting,
	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			
2.	Written policy and procedures require staff to employ the least intrusive method of body search practicable, as indicated by the type of contraband and the method of suspected introduction or concealment.	\boxtimes			
3.	Written policy and procedures require staff to avoid unnecessary force during searches and to preserve the dignity of the detainee being searched, to the extent practicable.	\boxtimes			Policy dictates techniques and privacy practices to be used when conducting searches.
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			

	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		
5.	Detainees are pat searched and screened by metal detectors routinely to control contraband.	\boxtimes			All new admissions are given a pat search and are required to walk through a metal detector. Detainees moving throughout the facility are subject to pat searches and metal detection scanning.		
6.	Strip Searches are conducted only when there is reasonable belief or suspicion that contraband may be concealed on the person, or a good opportunity for concealment has occurred, and when properly authorized by a supervisor.	\boxtimes					
7.	Body cavity searches are conducted by designated health personnel only when authorized by the facility administrator (or acting administrator) on the basis of reasonable belief or suspicion that contraband may be concealed in or on the detainee's person.	\boxtimes			Policy sets conditional criteria for conducting body cavity searches and requires they be performed by a medical professional.		
8.	"Dry cells" are used for contraband detection only when there is reasonable belief of concealment, with proper authorization, and in accordance with required procedures	\boxtimes			(b)(7)e		
9.	Contraband that may be evidence in connection with a violation of a criminal statute is preserved, inventoried, controlled, and stored so as to maintain and document the chain of custody.	\boxtimes			Chain-of-custody protocol is followed upon discovery of contraband that may lead to prosecution. Local authorities are contacted. If it is determined the contraband may lead to prosecution, the evidence is personally attended by the Assistant Field Office Director (AFOD) until the case is called to trial docket.		
10.	Canines are not used in the presence of detainees				Canines are not used at this facility.		
	PART 2 – 13. SEARC	HES O	F DETAIN	EES	_		
A rev	Remarks: (Record significant facts, observations, other sources used, etc.) A review of policy/procedures, search logs, interviews with Immigration Enforcement Agents and the AFOD, revealed staff are rained on, familiar with, and follow a protocol that addresses detection, documentation, control, and disposal of discovered contraband.						

03/22/2012 (b)(6), (b)(7)(c) Reviewer's Signature / Date

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

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The facility has a Sexual Abuse and Assault Prevention and Intervention Program.	\boxtimes			The program is entitled Sexual Abuse and Assault Prevention and Intervention.
2.	For SPCs and CDFs, the written policy and procedure has been approved by the Field Office Director.	\boxtimes			Policy and procedure have been approved by the Field Office Director.
3.	Tracking statistics and reports are readily available for review by the inspectors.	\boxtimes			Reports were made readily available to this inspector.
4.	All staff are trained, during orientation and in annual refresher training, in the prevention and intervention areas required by the Detention Standard.	\boxtimes			All staff are trained initially and annually in sexual abuse and assault prevention and intervention, as documented in personnel records.
5.	Detainees are informed about the program in facility orientation and the detainee handbook (or equivalent).	\boxtimes			Detainees learn about the program in the orientation video and also in the detainee handbook (available in English and Spanish).
6.	The Sexual Assault Awareness Notice is posted on all housing unit bulletin boards.	\boxtimes			This inspector viewed the notice posted on all housing unit bulletin boards (in English and Spanish).
7.	The Sexual Assault Awareness Information brochure is available for detainees. (Required in SPCs and CDFs.)	\boxtimes			The brochure entitled Sexual Assault Awareness Information is available.
8.	Detainees are screened upon arrival for "high risk" sexual assaultive and sexual victimization potential and housed and counseled accordingly.	\boxtimes			Medical personnel screen all detainees for "high risk" sexual assaultive and sexual victimization potential on admission.
9.	All incidents of sexual abuse or assault by a detainee on a detainee have been documented in the past year.	\boxtimes			One incident of detainee on detainee sexual abuse or assault was reported 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 of staff on detainee sexual abuse or assault were reported in the past year.
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			The policy is clear on intervention and reporting requirements.
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			For the reported sexual assault, staff conducted an investigation and made referrals as appropriate.
13.	When there is an alleged or proven sexual assault, the required notifications are promptly made.	\boxtimes			For the reported sexual assault, the required notifications were made.
14.	Victims of sexual abuse or assault are referred to specialized community resources for treatment and gathering of evidence.	\boxtimes			Victims of sexual abuse or assault are referred to the community as clinically indicated.

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	W/A	Remarks			
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.				All appropriate records are maintained and incidents are logged and tracked by the Detention Operations Supervisor, the designated staff coordinator.			
SEXUAL ABUSE AND ASSAULT I	PREVE	NTION AN	D INTI	ERVENTION			
Remarks: (Record significant facts, observations, other sources used, etc.) Policy and procedure on sexual abuse and assault prevention and intervention is comprehensive. There was one reported incident of sexual abuse or assault in the past twelve months. In this incident, appropriate measures were followed. (b)(6), (b)(7)(c) / 03/22/2012 Reviewer's Signature / Date							

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	Written policy and procedures are in place for special management units.	\boxtimes			Policy describes procedures for the Special Management Unit (SMU).
2.	A detainee is placed in protective custody status in Administrative Segregation only when there is documentation that it is warranted and that no reasonable alternatives are available.	\boxtimes			Policy indicates the conditions and procedures under which a detainee may be placed in administrative segregation.
3.	A detainee will be placed in Disciplinary Segregation only after a finding by a Disciplinary Hearing Panel that the detainee is guilty of a prohibited act or rule violation classified at a "Greatest", "High", or "High-Moderate" level, as defined in the Detention Standard on Disciplinary System.	\boxtimes			The unit disciplinary committee administers unit discipline if the detainee agrees. Otherwise, it is referred to the institutional disciplinary committee along with more severe violations. The Institutional Disciplinary Panel is the final stage, if necessary.
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			Policy requires the segregation order to be hand delivered to the medical provider.
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.				Written search procedures were observed in the control room. Staff indicated that all items are searched coming in, tools inventoried coming in and going out, and all detainees are patted down.
6.	The number of detainees confined to each cell or room does not exceed the capacity for which it was designed.	\boxtimes			Policy dictates one detainee per cell unless emergency conditions exist.
7.	Cells and rooms are well ventilated, adequately lit, appropriately heated and maintained in a sanitary condition at all times.	\boxtimes			
8.	Permanent housing logs are maintained in SMUs to record pertinent information on detainees upon admission to and release from the unit, and in which supervisory staff and other officials record their visits to the unit.	\boxtimes			Logs are required by policy and maintained as confirmed by observation.
9.	A permanent log is maintained in each SMU to record all activities concerning SMU detainees (meals served, recreation, visitors, etc.). In SPCs and CDFs, the SMU log records the detainee's name, A-number, housing location, date admitted, reasons for admission, tentative release date for detainees in Disciplinary Segregation, the authorizing official, and date released.	\boxtimes			Policy requires logs to be maintained as required by this component. Observation confirmed it is being done.

Components 10. In SPCs and CDFs, a separate log is maintained in the SMU that all persons visiting the unit must sign and record:	Meets Standard	Does Not Meet Standard	N/A	Remarks
 and record: The time and date of the visit, and Any unusual activity or behavior of an individual detainee, with a follow-up memorandum sent through the facility administrator to the detainee's file. 	\boxtimes			Policy requires logs to be maintained as required by this component. Observation confirmed it is being done.
 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. 				Policy requires logs to be maintained as required by this component. Observation confirmed it is being done.
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.				Policy requires these records to be attached and forwarded. Observation confirmed it is being done.
13. There are written policy and procedures concerning the property detainees may retain in each type of segregation.	\boxtimes			
 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			Policy indicates administrative segregation detainees get the same general privileges as the general population. Disciplinary segregation detainees' limitations are clearly spelled out in policy.

	Components	Meets Standard	Does Not Meet Standard	Y/N	Remarks
15.	Detainees in Administrative Segregation are provided opportunities to spend time outside their cells (over and above the required recreation periods), for such activities as socializing, watching TV, and playing board games and may be assigned to work details (for example, as orderlies in the SMU).	\boxtimes			Detainees are allowed 30 minutes per day in the day room including shower time, and one hour per day five days a week in recreation.
16.	Detainees in SMUs are personally observed at least every 30 minutes in an irregular schedule and more often when warranted for some cases (violent, mentally disordered, bizarre behavior, suicidal).	\boxtimes			Policy calls for observation every 30 minutes or more often if warranted. Observation during the inspection confirmed the practice.
17.	The shift supervisor sees each segregated detainee daily, including weekends and holidays.				Policy requires the shift supervisor to visit each shift. A review of the logs verified this is being done.
18.	The facility administrator (or designee) visits each SMU daily.	\boxtimes			Policy requires such visits and a review of the logs confirmed it is being done.
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).				Policy requires daily visits by a health care provider. A review of the logs confirmed it is being done.
20.	Detainees in SMUs are provided three nutritionally adequate meals per day, ordinarily from the general population menu.	\boxtimes			Policy says that the three daily meals will be the same as those served to the general population. A review of documentation confirmed the policy is practiced.
21.	Detainees in SMUs may shave and shower three times weekly and receive other basic services (laundry, hair care, barbering, clothing, bedding, linen) on the same basis as the general population.	\boxtimes			
22.	Only for documented medical or mental health reasons are detainees denied such items as clothing, mattress, bedding, linens, or a pillow. If a detainee is so disturbed that he or she is likely to destroy clothing or bedding or create a disturbance risking harm to self or others, the medical department is notified immediately and a regimen of treatment and control instituted by the medical officer.	\boxtimes			
23.	Detainees in an SMU may write and receive letters the same as the general population.	\boxtimes			

3	degregation section for detainees segregated for disciplinary reasons.								
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks				
24.	Detainees in an SMU ordinarily retain visiting privileges.	\boxtimes			Policy specifies there are no restrictions in visitation unless documented circumstances dictate otherwise.				
25.	Adequate documentation was generated for any restricted or disallowed general visits for a detainee in an SMU who violated visiting rules or whose behavior indicated the detainee would be a threat to the security or good order of the visiting room in the past year.	\boxtimes			Staff indicated no detainee has been denied visits since the last inspection.				
26.	Adequate documentation was generated, for any restricted or disallowed general visitation for a detainee in Administrative Segregation status because the detainee was charged with, or committed, a prohibited act having to do with visiting guidelines or otherwise acted in a way that indicated the detainee would be a threat to the orderly operation or security of the visiting room in the past year.	\boxtimes			There have been no disallowed visits according to staff.				
27.	Under no circumstances is a detainee permitted to participate in general visitation while in restraints.	\boxtimes			Staff indicated that should restraints be required, non-contact visitation would occur.				
28.	In SPCs and CDFs, detainees in protective custody and violent and disruptive detainees are not permitted to use the visitation room during normal visitation hours.	\boxtimes			Staff verified that violent and disruptive detainees and protective custody detainees are provided separate visitation facilities. These were observed.				
29.	In SPCs and CDFs, violent and disruptive detainees are limited to non-contact visits and, in extreme cases, not permitted to visit.	\boxtimes			There are three non-contact visitation rooms available for such detainees. Staff could not remember any denial of visitation since the last inspection.				
30.	Ordinarily, detainees in SMUs are not denied legal visitation.	\boxtimes			Policy specifies no restrictions to legal access for detainees in segregation.				
	There are policy and procedures for a situation where special security precautions for legal visitation have to be implemented and for advising legal service providers and assistants prior to their visits.	\boxtimes							
32.	Detainees in SMUs are allowed visits by members of the clergy, upon request; unless it is determined a visit presents a risk to safety, security, or orderly operations.				Policy specifies there will be no restrictions to visits by members of the clergy.				

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
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			Policy requires reading material to be provided in accordance with the standard.
34. Detainees in SMUs have access to legal materials, in accordance with the Detention Standard on Law Libraries and Legal Material. Detainees are permitted to retain a reasonable amount of personal legal material in the SMU, provided it does not create a safety, security and/or sanitation hazard. Detainee requests for access to legal material in their personal property are accommodated as soon as possible and always within 24 hours of a detainee's request.	\boxtimes			Policy specifies no restrictions to access to legal materials.
35. Detainees in Administrative Segregation or Disciplinary Segregation have the same law library access as the general population, unless compelling and documented security concerns require limitations.	\boxtimes			
36. Policy and procedures provide for legal material to be brought to individuals in Disciplinary Segregation under certain circumstances.	\boxtimes			Staff indicated they could remember no instance when segregation detainees could not access the law library.
 37. Any denial of access to the law library is always: Supported by compelling security concerns, For the shortest period required for security, and Fully documented in the SMU housing logbook. ICE/DRO is notified every time law library access is denied. 	\boxtimes			The procedures listed in this component would be implemented if access to the law library was denied. There was no record of such a denial of access during the past twelve months.
38. Recreation for detainees in the SMU is separate from the general population.	\boxtimes			There are three self-contained yards for recreation adjacent to segregation. Only one detainee at a time participates in recreation in each yard.
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 segregation participate in recreation individually.

ocgregation section for detainees segregated for disciplinary reasons.							
	Components	Meets Standard	Does Not Meet Standard	Y/N	Remarks		
40.	Detainees in the SMU are offered at least one hour of recreation per day, scheduled at a reasonable time, at least five days per week. Where cover is not provided to mitigate inclement weather, detainees are provided weather-appropriate equipment and attire.	\boxtimes			Policy requires one hour, five days a week as a minimum recreation time. The post orders designate the time.		
41.	The recreation privilege is denied or suspended only if it would unreasonably endanger safety or security. Ordinarily, a detainee is denied recreation privileges only with the facility administrator's written authorization that documents why the detainee poses an unreasonable risk even when recreating alone. For an immediate safety or security situation, the shift supervisor may verbally authorize denial of an instance of recreation. When a detainee in an SMU is deprived of recreation (or any usual authorized items or activity), a report of the action is forwarded to the facility administrator.	\boxtimes					
42.	The case of a detainee denied recreation privileges is reviewed at least once each week, as part of the reviews required for all detainees in SMU status. The reviewer documents whether the detainee continues to pose a threat to self, others, or facility security and, if so, why.				There have been no denials of recreation in recent history. Staff indicated the physical set-up allows any detainee, even disruptive ones, to participate in recreation.		
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			There have been no recreation privilege denials since the last inspection.		
44.	Ordinarily, detainees in Administrative Segregation have telephone access similar to detainees in the general population, in a manner consistent with the special security and safety requirements of an SMU. Detainees in Disciplinary Segregation may be restricted from using telephones to make general calls as part of the disciplinary process; however, ordinarily, they are permitted to make direct and/or free and legal calls as described in the Detention Standard on Telephone Access, except for compelling and documented reasons of safety, security, and good order.	\boxtimes			Policy specifies that administrative segregation detainees have similar access as the general population. Disciplinary segregation detainees will have limited access in accordance with the standard.		

Segregation section for detainees segregated for disciplinary reasons.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
45.	Ordinarily, a written order is completed and approved by a supervisor before a detainee is placed in Administrative Segregation. If exigent circumstances make that impracticable, the order is prepared as soon as possible. A copy of the order is given to the detainee within 24 hours, unless delivery would jeopardize the safety, security, or orderly operation of the facility. If the segregation is for protective custody, the order states whether the detainee requested the segregation and whether the detainee requests a hearing. The order remains on file in the SMU until the detainee is released from the SMU, at which point the releasing officer records the date and time of release on the order and forwards it to the chief of security or supervisor for the detainee's detention file. (An Administrative Segregation Order is not required for a detainee awaiting removal, release, or transfer				Policy is consistent with the standard. As there were no detainees in administrative or disciplinary segregation during the inspection, no interviews were possible.	
46.	There are implemented written procedures for the regular review of all detainees in Administrative Segregation. A supervisor conducts a review within 72 hours of the detainee's placement in Administrative Segregation to determine whether segregation is still warranted. The review includes an interview with the detainee, and a written record is made of the decision and the justification. In SPCs and CDFs, the Administrative Segregation Review Form (I-885) is used. If a detainee is segregated for the detainee's protection, but not at the detainee's request, continued detention requires the authorizing signature of the facility administrator or assistant facility administrator on the I-885. When a detainee has spent seven days in Administrative Segregation, and every week thereafter for the first 60 days and at least every 30 days thereafter, a supervisor conducts a similar review, including an interview with the detainee, and documents the decision and justification. A reviewing authority who concludes a detainee should be removed from Administrative Segregation, submits that recommendation to the facility administrator (or designee) for approval.				Policy is consistent with the standard.	

Segregation section for detainees segregated for disciplinary reasons.							
	Components	Meets Standard	Does Not Meet Standard	Y/N	Remarks		
47.	A copy of the decision and justification for each review is given to the detainee, unless, in exceptional circumstances, this provision would jeopardize security. The detainee is given an opportunity to appeal a review decision to a higher authority within the facility.	\boxtimes			Policy requires a copy be given to the detainee other than in exceptional circumstances. The appeal process is included in the procedures.		
48.	After seven consecutive days in Administrative Segregation, the detainee may exercise the right to appeal to the facility administrator the conclusions and recommendations of any review conducted. The detainee may use any standard form of written communication (for example, detainee request form), to file the appeal.	\boxtimes			Policy requires a review every seven days for the first 60 days in segregation.		
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			All detainees are reviewed after 30 days. Written reports become part of their detention file.		
50.	When a detainee has been held in Administrative Segregation for more than 30 days, the facility administrator notifies the Field Office Director, who notifies the ICE/DRO Deputy Assistant Director, Detention Management Division.	\boxtimes					
51.	When a detainee is held in Administrative Segregation for more than 60 days, the Field Office Director notifies, in writing, the Deputy Assistant Director, Detention Management Division, for consideration of whether it would be appropriate to transfer the detainee to a facility where he or she may be placed in the general population.	\boxtimes			Policy requires a signed copy of the review be sent to the assigned Detention and Deportation Officer designated by headquarters. The officer will forward the packet to the Unit Chief for consideration of possible transfer.		
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			Policy and the handbook limit sanctions to 60 days for a single incident. A process for hearings, ending with the Institutional Disciplinary Panel, is established in the policy.		
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					

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

Segregation section for detainees segregated for disciplinary reasons.							
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks			
54. Before a detainee is placed in Disciplinary Segregation, a written order is completed and signed by the chair of the IDP (or equivalent). A copy is given to the detainee within 24 hours (unless delivery would jeopardize safety, security, or the orderly operation of the facility). The IDP chairman (or equivalent) prepares the Disciplinary Segregation Order (I-883 or equivalent), detailing the reasons for Disciplinary Segregation and attaching all relevant documentation. When the detainee is released from the SMU, the releasing officer records the date and time of release on the Disciplinary Segregation Order, and forwards the completed order to the chief of security or supervisor for insertion into the detainee's detention file.				Policy stipulates the requirements of the standard be met.			
 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. 	MANA	GEMENT		There were no detainees in disciplinary segregation. All detainees in segregation are interviewed each Wednesday morning regardless of their reason for placement, and appropriate reports are generated.			
PART 2 – 15. SPECIAL	MANA	GEMENT	UNITS	S			

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

Observation confirmed that written policy was being followed. Staff indicated that administrative and disciplinary segregation is rare because of the nature of the population, which is limited to Levels 1 & 2. At the time of the inspection, only three detainees were in segregation, two for protective custody and one who had an injured leg. One of the protective custody detainees was admitted the morning of the inspection, and all appropriate paper work and required documentation identified in policy was completed.

(b)(6), (b)(7)(c) / <u>03/22/2012</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.

Inspector General.							
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
The ICE/DRO Field Office Director ensures the weekly announced and unannounced visits occur.				This facility provides office space for 21 Deportation Removal Officers (DRO). Visits are conducted daily.			
Detention Staff and Deportation Staff conduscheduled weekly visits with detainees.	uct 🖂						
Scheduled visits are posted in ICE/DRO detain housing areas.	ee			DRO offices are on-site. DROs are present in the housing pods frequently each week. In addition, DROs are available in housing pods during posted hours of Mondays & Wednesdays from 1:00 PM to 2:30 PM.			
 Visiting ICE staff observe and note current climate a conditions of confinement. 	ind 🖂						
ICE/DRO Detainee Request Forms are available use by ICE/DRO detainees.	for			Detainee Request Forms are available from the housing pod control room officer.			
6. The facility treats detainee correspondence ICE/DRO staff as Special Correspondence.	to						
7. A secure box is located in an accessible location detainee's to place their Detainee Request Forms.				Detainee Request Form mail boxes are located in the day room area of each housing pod.			
Only ICE staff are able to retrieve the contents of t secure box containing Detainee Request Forms,	he 🗵			Detainee Request Form mail boxes are emptied every day on third shift by DROs.			
 ICE/DRO staff respond to a detainee request from facility within 72 hours and document the response a log. 							
10. ICE/DRO detainees are notified in writing up admission to the facility of their right to correspo with ICE/DRO staff regarding their case or conditio of confinement.	nd 🖂			The handbook addresses procedures for contacting ICE staff. All detainees receive a copy of the handbook upon admission.			
11. OIG Hotline Informational Posters are mounted in appropriate common areas (recreation, dining, et and, in SPCs and CDFs, in all housing areas.							
12. Daily telephone serviceability checks are document in the housing unit logbook.	ed 🖂			At the start of each shift, telephone checks are made and results are documented in the housing pod log book.			

PART 2 – 16. STAFF-DETAINEE COMMUNICATION								
⊠ Me	ets Standard	☐ Does Not Meet Standard	□ N/A	☐Repeat Finding				
Interviews with DRO observation of Detail	Remarks: (Record significant facts, observations, other sources used, etc.) Interviews with DROs, observation of DROs presence in the housing pods, review of policy, interviews with detainees, observation of Detainee Request Forms in the housing pods, and inspection of housing pod log book entries revealed a formal and informal system of staff-detainee communication has been established and it works.							
(b)(6), (b)(7)(c) / 03 Reviewer's Signatu	<u>/22/2012</u> ure / Date							

PART 2-17. TOOL CONTROL

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	(MANDATORY) There is an individual who is responsible for developing a tool control procedure and an inspection system to insure accountability.	\boxtimes			A tool control officer is designated by policy and procedure. Monthly inventory inspections occur. Tools are shadowed for daily verification and distributed by designated staff using an issuance log.
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.				Tools are received at the warehouse consistent with the standard. They are inventoried and the tool control officer is contacted, picks up the tool, etches an identifying number and then immediately secures all restricted tools.
3.	(MANDATORY) The use of tools, keys, medical equipment, and culinary equipment is controlled.	\boxtimes			There are policies for controlling the use of tools, keys, medical and culinary equipment. Observation verified the policies are followed.
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.	\boxtimes			
5.	Tool inventories are required for: • Facility Maintenance Department • Medical Department • Food Service Department • Electronics Shop • Recreation Department • Armory				
6.	Tool Inventories are conspicuously posted on all tool boards, tool boxes and tool kits.	\boxtimes			
7.	 The facility has a policy for the regular inventory of all tools. The policy sets minimum time lines for physical inventory and all necessary documentation. ICE facilities use AMIS bar code labels when required. 	\boxtimes			Tools are inventoried with frequencies based on their class and location as outline in policy. AMIS bar code labels are used as required.
8.	The facility has a tool classification system. Tools are classified according to: Restricted (dangerous/hazardous) Non Restricted (non-hazardous).	\boxtimes			Citing specific examples, policy describes how tools are assigned to either class.

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	Y/N	Remarks
 Department heads are responsible for implementing proper tool control procedures as described in the standard. 	\boxtimes			
 There are policies and procedures in place to ensure that all tools are properly marked and readily identifiable. 				The policy specifies storage and inventorying of tools too small to mark.
 The facility has an approved tool storage system. The system ensures that all stored tools are accountable. Tools are stored on shadow boards in which the shadows resemble the tool. Shadow boards have a white background. Restricted tools are shadowed in red. Non-restricted tools are shadowed in black. Commonly used tools (tools that can be mounted) are stored in such a way that missing tools are readily noticed. 				The tool storage system addresses the bullet pointed items listed in this component.
12. Tools removed from service have their shadows removed from shadow boards.	\boxtimes			Tools removed from service for repair or replacements are replaced with a chit until the repaired or replaced tool is returned.
 Tools not adaptable to a shadow board are stored in a locked drawer or cabinet. 	\boxtimes			Tools not adaptable to a shadow board are stored in foam cutouts or slots (drill bits), whenever possible. Tools are stored under lock and key.
14. Sterile packs are stored under lock and key.				
15. Each facility has procedures for the issuance of tools to staff and detainees.	\boxtimes			
 16. There are policies and procedures to address the issue of lost tools. The policy and procedures include: Verbal and written notification. Procedures for detainee access. Necessary documentation/review for all incidents of lost tools. 				
17. Broken or worn out tools are surveyed and disposed of in an appropriate and secure manner.				

This Detention Standard protects detainees, staff, contractors, and volunteers from harm and contributes to orderly facility operations by maintaining control of tools, culinary utensils, and medical and dental instruments, equipment, and supplies.									
Components	Meets	Standard	Does Not Meet Standard	N/A	Remarks				
18. All private or contract repairs and main workers under contract with ICE, or other submit an inventory of all tools prior to add into or departure from the facility. The inverse reviewed and verified prior to the co- entering/departing the facility.	visitors, mittance entory is	3							
Hoses longer than three feet in length are c as a restricted tool.	classified	$\exists $			Hoses are secured and tagged according to length.				
 Scissors used for in-processing detained tethered to the furniture (e.g. table, count where they are used. 		\exists			Hazardous tools used in areas with detainees are tethered.				
PART	PART 2-17. TOOL CONTROL								

PART 2-17. TOOL CONTROL

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

Observation confirmed that policies are followed. Tool control inventories and tracking were complete. There are facility limitations on which staff handles restricted tools.

(b)(6), (b)(7)(c) \(\frac{03/22/2012}{\text{Reviewer's Signature / Date}} \)

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.	\boxtimes			There is a written policy on use of force.
2.	Written policy authorizes staff to respond in an immediate-use-of-force situation without a supervisor's presence or direction.	\boxtimes			Policy defines situations in which immediate use of force is authorized.
3.	When the detainee is in an area that is or can be isolated (e.g., a locked cell, a range), posing no direct threat to the detainee or others, policy requires that staff must try to resolve the situation without resorting to force.	\boxtimes			Policy states that staff must take the time to determine other possible methods of resolution under such circumstances.
4.	Written policy asserts that calculated rather than immediate use of force is feasible in most cases.	\boxtimes			
5. •	The facility subscribes to the prescribed Confrontation Avoidance Procedures. Ranking detention official, health professional, and others confer before every calculated use of force.	\boxtimes			Policy identifies confrontation avoidance procedures.
6.	When a detainee must be forcibly moved and/or restrained and there is time for a calculated use of force, staff use the Use-of-Force Team Technique. • Under staff supervision.	\boxtimes			Policy dictates that the use-of-force team be used in calculated use of force situations and outlines such procedures.
7.	Staff members are trained in the performance of the Use-of-Force Team Technique.	\boxtimes			All staff are trained in the use-of- force team technique.
8.	All use-of-force incidents are documented and reviewed.	\boxtimes			
9.	All use of force incidents are properly documented and forwarded for review use of force documentation at a minimum, shall include the medical examination through the conclusion of the incident. All calculated uses of force incidents must be audio visually recorded in its entirety from the beginning of the incident to its conclusion. Any breaks in recording, e.g., dead batteries, tape exhausted, are fully explained on the video.	\boxtimes			
10.	Staff: Does not use force as punishment.				
	 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			Policy addresses all of the bullet points listed in this component.

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.

property damage, or to maintain the security and orderly o			- ,	
Components	Meets Standard	Does Not Meet Standard	V/A	Remarks
Medication may only be used for restraint purposes when authorized by the Medical Authority as medically necessary.	\boxtimes			Policy states that the medical authority must authorize the use of medication for restraint purposes.
12. (MANDATORY) Use-of-Force Teams follow written procedures that attempt to prevent injury and exposure to communicable disease(s).	\boxtimes			Procedures established in policy for use of force teams attempt to prevent or minimize injury and exposure to bodily fluids.
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.	\boxtimes			Policy addresses all of the bullet points listed in this component.
Logging each check.				points fisted in this component.
 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." 				
14. The shift supervisor monitors the detainee's position/condition every two hours.	\boxtimes			Policy requires such monitoring.
He/she allows the detainee to use the restroom at these times under safeguards.]		Toney requires such monitoring.
15. All detainee checks are logged.	\boxtimes			When a detainee is restrained, logs are kept. No four-way restraints have been used since the last inspection.
16. In immediate-use-of-force situations, officers contact medical staff once the detainee is under control.	\boxtimes			
17. When the Facility Administrator authorizes use of non-lethal weapons:				Delinear in the Control of
 Medical staff are consulted before staff use pepper spray/non-lethal weapons. 	\boxtimes			Policy requires notification of medical staff unless escalating tensions dictate immediate action.
 Medical staff reviews the detainee's medical file before use of a non-lethal weapon is authorized. 				tensions dietate infinediate action.
18. Intermediate Force Weapons, when not in use are stored in areas where access is limited to authorized personnel and to which detainees have no access.	\boxtimes			

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

property damage, or to maintain the security and orderly operation of the facility.							
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
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	There are no such weapons stored in the SMU.			
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.	\boxtimes						
22. Staff document every use of force, including what type of restraints was used during the incident.	\boxtimes						
23. It is standard practice to review any use of force and the non-routine application of restraints.	\boxtimes			Command staff reviews all use-of-force incidents.			
 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. 	\boxtimes						
25. All staff authorized to use OC spray receive training not only in its use, but also in the decontamination of individuals exposed to it. This training must be documented in the staff training record.	\boxtimes			Only supervisory staff are authorized to use OC spray. All potential users of OC are trained in its risks and decontamination protocols.			
26. The use of canines is restricted to contraband detection purposes only.			\boxtimes	There are no canines at this facility.			
27. The officers are thoroughly trained in the use of soft and hard restraints.	\boxtimes						
28. In SPCs, the Use of Force form is used. In other facilities (IGSAs / CDFs) this form or its equivalent is used.	\boxtimes						
PART 2 – 18. USE OF FO	RCE A	ND REST	RAIN'	rs			
⊠ Meets Standard ☐ Does Not Meet St	andard	□ N/A		☐Repeat Finding			

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

The inspector reviewed policies and observed practices. Interviews with Immigration Enforcement Agents indicated security staff provided through a contract with ASSET are trained off-site by their trainers. Verification of actual training was not done.

(b)(6), (b)(7)(c) <u>03/22/2012</u> Reviewer's Signature / Date

Performance-Based National Detention Standards

Section III ORDER

19 Disciplinary System

PART 3 - 19. DISCIPLINARY SYSTEM

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The facility has a written disciplinary system using progressive levels of reviews and appeals.	\boxtimes			
2.	The facility rules state that disciplinary action shall not be capricious or retaliatory.	\boxtimes			The handbook addresses this issue.
3.	Written rules prohibit staff from imposing or permitting the following sanctions:				
	corporal punishment				
	 deviations from normal food service 				
	clothing deprivation	_	_		All of the bullet points listed in this
	bedding deprivation	\boxtimes		Ш	component are addressed in policy and the handbook.
	denial of personal hygiene items				
	• loss of correspondence privileges				
	deprivation of legal access and legal materials				
	deprivation of physical exercise				
4.	The rules of conduct, sanctions, and procedures for violations are defined in writing and communicated to all detainees verbally and in writing.	\boxtimes			The handbook and the orientation video address these issues.
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				
6.	When minor rule violations or prohibited acts occur, informal resolutions are encouraged.	\boxtimes			Policy and practice encourage informal resolutions for minor offenses.
7.	Incident Reports and Notice of Charges are promptly forwarded to the designated supervisor.	\boxtimes			
8.	Incident Reports are investigated within 24 hours of the incident. The Unit Disciplinary Committee (UDC) or equivalent does not convene before investigations end.	\boxtimes			
9.	An intermediate disciplinary process is used to adjudicate minor infractions.	\boxtimes			There is an intermediate process described in policy.

DART 3	_ 10	DISCIPLINARY SYSTEM
PARI 3	- 17.	DISCIPLINANT STSTEW

This Detent	ion Standar	d promotes a safe	e and orderly livin	g environment f	or detainees by	expecting deta	inees to comply
with facility	rules and re	gulations and imp	posing disciplina	ry sanctions to	control the beh	navior of those	who do not.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks				
10. A disciplinary panel (or equivalent in IGSAs) adjudicates infractions. The panel:								
 Conducts hearings on all charges and allegations referred by the UDC 								
 Considers written reports, statements, physical evidence, and oral testimony 				Policy addresses all of the bullet				
 Hears pleadings by detainee and staff representative 				points listed in this component.				
Bases its findings on the preponderance of evidence								
 Imposes only authorized sanctions 								
A staff representative is available if requested for a detainee facing a disciplinary hearing	\boxtimes			Policy states that a representative will be made available, if requested.				
The facility permits hearing postponements or continuances when conditions warrant such a continuance. Reasons are documented.	\boxtimes							
13. The duration of punishment set by the Facility Administrator, as recommended by the disciplinary panel does not exceed established sanctions. The maximum time in disciplinary segregation does not exceed 60 days for a single offense.	\boxtimes			Policy is consistent with the standard.				
14. Written procedures govern the handling of confidential-source information. Procedures include criteria for recognizing "substantial evidence".	\boxtimes							
15. All forms relevant to the incident, investigation, committee/panel reports, etc., are completed and distributed as required.	\boxtimes							
PART 3 – 19. DISC	IPLINA	RY SYSTE	EM					
⊠ Meets Standard □ Does Not Meet St	andard	□ N/A	1	☐Repeat Finding				

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

Review of policy and observation of the disciplinary process revealed an established system that contributes to maintaining control and order in the facility.

(b)(6), (b)(7)(c) <u>03/22/2012</u>

Performance-Based National Detention Standards

Section IV CARE

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

PART 4 – 20. FOOD SERVICE

## 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 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 6. Special procedures (when necessary) govern the handling of food items that pose a security threat. 7. Operating procedures include daily searches (shakedowns) of detainee work areas.	111 0	in a sanitary and hygienic rood service operation.							
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. 2. The Cook Foreman is on duty on days when the FSA is off duty and vice versa. 3. The FSA provides food service employees with training that specifically addresses detainee-related issues. In ICE Facilities this includes a review of the "Food Service" standard 4. (MANDATORY) Knife cabinets close with an approved locking device and the on-duty cook foreman maintains control of the key that locks the device. Knives and keys are inventoried and stored in accordance with the Detention Standard on Tool Control 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 6. Special procedures (when necessary) govern the handling of food items that pose a security threat. 7. Operating procedures include daily searches (shakedowns) of detainee work areas.		Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
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(shakedowns) of detainee work areas.	6.		\boxtimes						
	7.		\boxtimes			*			
8. The FSA monitors staff implementation of the facility population count procedures. These procedures are in writing. Staff are trained in count procedures.	8.	population count procedures. These procedures are in	\boxtimes			only security officers conduct			
9. (MANDATORY) There is adequate health protection for all detainees and staff in the facility, and for all persons working in food service. Detainees and other persons working in food service are monitored each day for health and cleanliness by the food service supervisor or designee. Detainee clothing and grooming comply with the "Food Service" standard.	9.	for all detainees and staff in the facility, and for all persons working in food service. Detainees and other persons working in food service are monitored each day for health and cleanliness by the food service supervisor or designee. Detainee clothing and	\boxtimes			upon reporting for work in the kitchen. The inspection includes personal hygiene, proper uniform, and an individual inspection for cuts or other open wounds on their			
10. The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date.	10.	descriptions to ensure they are accurate and up-to-	\boxtimes						
11. The Cook Foreman or equivalent instructs newly assigned detainee workers in the rules and procedures of the food service department.	11.	assigned detainee workers in the rules and	\boxtimes			training on rules and sign a form to			

PART 4 - 20. FOOD SERVICE

in a samary and hygienic rood service operation.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
12.	 During orientation and training session(s), the Cook Supervisor (CS) explains and demonstrates: Safe work practices and methods. Safety features of individual products/ pieces of equipment. Training covers the safe handling of hazardous material[s] the detainee are likely to encounter in the inventor. 	\boxtimes			Detainees are trained in topics listed in the bullet point of this component before they are permitted to work.		
13.	their work. The Cook Foreman documents all training in individual detainee detention files.	\boxtimes			Signed training forms are kept by the FSA until the detainee job terminates. At that time, the forms are filed in the applicable detainee's detention file.		
14.	Detainees at SPCs and CDFs are paid in accordance with the "Voluntary Work Program" standard. Detainee workers at IGSAs are subject to local and State rules and regulations regarding detainee pay.				Detainees volunteer to work and receive a \$1.00 stipend per day.		
15.	Detainees are served at least two hot meals every day. No more than 14 hours elapse between the last meal served and the first meal of the following day.	\boxtimes			The evening meal begins at 4:30 PM. The morning meal starts at 5:00 AM. No more than 14 hours elapse between meals.		
16.	For cafeteria-style operations, a transparent "sneeze guard" protects both the serving line and salad bar line.	\boxtimes					
17.	The facility has a standard 35-day menu cycle. IGSAs use a 35 day or similar system for rotating meals.	\boxtimes			A five week, 35-day cycle menu is used.		
18.	(MANDATORY) A registered dietitian shall conduct a complete nutritional analysis that meets U.S. Recommended Daily Allowances (RDA), at least annually, of every master-cycle menu planned by the FSA. The dietitian must certify menus before they are incorporated into the food service program. If necessary, the FSA shall modify the menu in light of the nutritional analysis to ensure nutritional adequacy. The menu will need to be revised and re-certified by the registered dietician in that event.	\boxtimes			All menus are certified by a registered dietician prior to serving the meals. A recertification occurs each time a change is made to the menu.		
19.	The FSA has established procedures to ensure that items on the master-cycle menu are prepared and presented according to approved recipes.	\boxtimes					
20.	The Cook Foreman has the authority to change menu items if necessary. If yes, documenting each substitution, along with its justification, with copy to the FSA	\boxtimes			All menu changes are approved and documented by the FSA.		

PART 4 - 20. FOOD SERVICE

, , , ,	id flyglefiic 100d service operation.		1		
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
"food prep	nd volunteers know and adhere to written aration" procedures.	\boxtimes			There are no volunteers in the food service department. Staff adheres to established food preparation procedures.
charge, wh the main. • Chang	n Fare menu available to detainees, at no nose dietary requirements cannot be met on ges to the planned Common Fare menu can de at the facility level.				
 Hot en The Corecom Staff bevera O O Staff u 	common Fare menus satisfy nutritional mended daily allowances (RDAs). routinely provide hot water for instant ages and foods. Common Fare meals are served with: Disposable plates and utensils. Reusable plates and utensils. se separate cutting boards, knives, spoons, s, etc., to prepare the Common Fare diet				Pre-packaged kosher meals are served for all religious diets in place of a Common Fare diet. Hot entrees are offered each meal. Presently, there are no requests for religious diets. All religious meals are served on Styrofoam with plastic utensils.
23. Detainees adherence	whose religious beliefs require the to particular religious dietary laws are the Chaplain or FSA.	\boxtimes			The Chaplain approves all religious diets and prepares a written authorization for the FSA.
	sor at the command level must approve a removal from the Common Fare Program.	\boxtimes			The Chaplain and/or command staff approve, in writing, all common fare removals.
chaplain a FSA a sc	ty Administrator, in conjunction with the and/or local religious leaders provides the hedule of the ceremonial meals for the calendar year.	\boxtimes			
detainees for religiou Muslin meals Jews particil the sa who do Main-li (lunch during					All religious meals for the various religions are served according to the established religious practices.
27. The food s	service program addresses medical diets.				

PART 4 - 20. FOOD SERVICE

in a sanitary and nyglenic food service operation.					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
28.	Satellite-feeding programs follow guidelines for proper sanitation.	\boxtimes			Meals are served from warm/cold carts that have lockable doors.
29.	Hot and cold foods are maintained at the prescribed, "safe" temperature(s) as served. See Detention Standard on Food Service for guidance.	\boxtimes			
30.	All meals provided in nutritionally adequate portions.	\boxtimes			
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. 				All detainee training and safety briefings are documented.
33.	Everyone working in the food service department complies with food safety and sanitation requirements.	\boxtimes			Procedures are posted throughout the dining room, kitchen and serving areas. Observations indicated there is compliance to these rules.
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			Policy provides direction for all required daily, weekly and annual inspections for all food service areas.
35.	Reports of discrepancies are forwarded to the Facility Administrator or designated department head and corrective action is scheduled and completed.	\boxtimes			
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			Policy states and practice supports temperatures for dish washer sanitizing equipment are recorded after each meal.
37.	(MANDATORY) Staff document the results of every refrigerator/ freezer temperature check, in accordance with the Detention Standard on Food Service.	\boxtimes			All pertinent temperatures are recorded throughout each shift.
38.	The cleaning schedule for each food service area is conspicuously posted.	\boxtimes			
39.	Procedures include inspecting all incoming food shipments for damage, contamination, and pest infestation.	\boxtimes			The warehouse foreman inspects all incoming food shipments.
40.	Storage areas are locked when not in use.	\boxtimes			Dry and cold storage areas are locked when not in use.
41.	Food service personnel conduct shakedowns along with detention staff.	\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	W/A	Remarks
42. <u>In SPCs only</u> : The ICE supervisor on duty ensures that ICE officers participate in dining room supervision.	\boxtimes			ICE officers were observed in the dining room during the meals.
43. Menus are certified by a registered dietitian prior to being incorporated into the Food Service Program.	\boxtimes			Menus are approved in writing by a contract dietitian.
44. In SPCs only: the FSA prepares quarterly cost estimates for the Common Fare Program. This quarterly estimate is factored into the quarterly budget.	\boxtimes			
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 activated when the doors are opened.
47. Staff comply with the ICE requirements for "food receipt and storage.	\boxtimes			
48. Stock inventory levels are monitored and adjusted to correct overage and shortage problems.	\boxtimes			
49. Staff comply with all ICE Housekeeping, Storeroom/Refrigerator requirements. Identify and explain any shortcomings.	\boxtimes			Staff comply with established requirements. No discrepancies were noted during the inspection.
50. Dining room facilities and operating procedures will provide sufficient space and time for detainees to eat meals in a relatively relaxed, unregimented atmosphere.	\boxtimes			Detainees are provided a minimum of 20 minutes to consume their meals. Depending on the meal, this time allotment may be increased by the supervisor.
51. (MANDATORY) An independent, external source shall conduct annual inspections to ensure that the food service facilities and equipment meet governmental health and safety codes. Corrective action is taken on deficiencies, if any.	\boxtimes			The last inspection was conducted by Customs and Border Patrol (El Centro, CA) on 08/11/2011.
52. Personnel inspecting the food service department shall note needed corrective action(s), if any, in a written report to the Facility Administrator.	\boxtimes			
53. Only those toxic and caustic materials required for sanitary maintenance of the facility, equipment, and utensils shall be used in the food service department. Material Safety Data Sheets (MSDSs) will be maintained on all flammable, toxic, and caustic substances used.	\boxtimes			Material Safety Data Sheets are present in the department for all hazardous materials.
54. (MANDATORY) The FSA is responsible for pest control in the food service department, including contracting the services of an outside exterminator.	ERVIC:			Monthly inspections are performed by the University Termite and Pest Control company.

	⊠ Meets Standard	☐ Does Not Meet Standard	□ N/A	☐Repeat Finding
	,	, observations, other sources use resentative, FSA, Assistant FSA and	. ,	en line personnel were interviewed.
Detainee pa	ay sheets, medical clearance	e forms and job descriptions were als	so reviewed to	o determine compliance with this standard
Menus are	pre-approved by the registe	ered dietician before meals are served	d. There have	e been no grievances filed on the food
service ope	eration during the past twelve	ve months.		

	PART 4 – 21. HU	NGER	STRIKES					
	This Detention Standard protects detainees' health and well-being by monitoring, counseling and, when appropriate, treating any detainee who is on a hunger strike.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
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			Staff are required to refer a hunger striking detainee to medical staff for evaluation and possible treatment.			
2.	Facility immediately reports via the chain of command a hunger strike to ICE/DRO.	\boxtimes			The facility reports to the Officer in Charge, who in turn provides chain of command notification.			
3.	The facility has established procedures to ensure staff respond immediately to a hunger strike.	\boxtimes			Facility policy on hunger strikes outlines the procedures to be followed.			
4.	Policy and procedure require that staff isolate a hunger-striking detainee from other detainees.	\boxtimes			Staff may isolate the hunger striker in the Special Management Unit.			
5.	Medical personnel are authorized to place a detainee in the Special Management Unit or a locked hospital room.	\boxtimes			Medical personnel may determine a move to a locked hospital room or off-site facility is necessary.			
6.	Medical staff record the weight and vital signs of a hunger-striking detainee at least once every 24 hours.	\boxtimes			Policy language requires medical staff to record weight and vital signs once per day.			
7.	The facility medical authority obtains a hunger striker's consent before medical treatment.	\boxtimes			Consent for treatment is sought.			
	A signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment, or two staff/provider signatures indicating detainee refusal to sign form.	\boxtimes			A Refusal of Treatment form must be signed by detainees who reject treatment.			
9.	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			Staff physically deliver each meal to a hunger striker.			

PART 4 – 21. HUNGER STRIKES						
This Detention Standard protects detainees' health and well-being by monitoring, counseling and, when appropriate, treating any detainee who is on a hunger strike.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
10. Staff maintain the hunger striker's supply of drinking water/other beverages.	\boxtimes			Staff provide water and offer other beverages.		
11. During a hunger strike, staff remove all food items from the hunger striker's living area.	\boxtimes			Staff remove all food items that have not been authorized by a physician. Food items may not be purchased through the commissary.		
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.				Fluid intake and food consumption are recorded on Form I-839, after consultation with the clinical director.		
13. The medical staff have written procedures for treating hunger strikers.	\boxtimes			Facility policy on hunger strikes outlines the procedures to be followed.		
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			Staff are required to document all treatment attempts 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			All staff are trained initially and annually thereafter on hunger strikes. Training is documented in personnel files.		
PART 4 – 21. HU	NGER	STRIKES				

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

There have been no hunger strikes at the facility since the last review. The facility policy on hunger strikes is comprehensive, including training, monitoring, counseling, and treatment.

prevention and health education, so that their health care needs are met in a timely and eπicient 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			The facility is accredited by the American Correctional Association (August, 2009), the National Commission on Correctional Health Care (June, 2009) and the Joint Commission (July, 2010), and operates according to Arizona state law.
2.	The facility's in-processing procedures of arriving detainees include medical screening.	\boxtimes			In 25 of 25 medical records reviewed, there was documentation of detainee's receiving medical screening on admission.
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 annually approved staffing plan lists all of the positions needed to provide services at the facility.
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			New detainees are informed how to access medical care via handbook, handout card, video and paper copy, in languages they understand.
5.	Detainees will have access to and receive specified 24-hour emergency medical, dental, and mental health services.	\boxtimes			Medical staff is on duty 24 hours per day. Off-hour emergency medical, dental, and mental health services are available.
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			Tuberculosis (TB) testing was evident in personnel files.
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			Current licensing and job descriptions were evident in personnel files.
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			New detainees are informed via the handbook, available in English and Spanish, on how to access medical care.
9.	In SPCs and CDFs, medical personnel credentialing and verification complies with the standards established by the NCCHC and Joint Commission.	\boxtimes			The facility is National Commission on Correctional Health Care and Joint Commission accredited.

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 10. Within 12 hours of arrival, all newly admitted detainees receive initial medical, dental and mental health screening by a health care provider or a detention officer specially trained to perform this function. When screening is performed by a detention officer, the facility maintains documentation of the officer's special training. 	\boxtimes			In 25 of 25 medical records reviewed, detainees received initial medical, dental and mental health screening by medical personnel on admission.
11. (MANDATORY) If language difficulties prevent the health care provider/officer from sufficiently communicating with the detainee for purposes of completing the medical screening, the officer obtains translation assistance.	\boxtimes			The facility uses a language line called Interpretalk.
12. The facility has sufficient space and equipment to afford each detainee privacy when receiving health care.				The facility has ample space and equipment both in the Health Services Unit (HSU) and the temporary isolation area (TIA) to provide health care with privacy.
13. The medical facility has its own restricted-access area. The restricted access area is located within the confines of the secure perimeter.	\boxtimes			The HSU is a restricted access area within a secure perimeter.
 The medical facility entrance includes a holding/waiting room. 	\boxtimes			There are two holding rooms at the HSU entrance.
15. The medical facility's holding/waiting room under the direct supervision of custodial staff.	\boxtimes			Officers supervise the holding rooms in the HSU.
16. Detainees in the holding/waiting room have access to a toilet and a drinking fountain.				There are both toilets and drinking fountains in the holding rooms.
 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			Medical records are secured and separated from other files in a locked room in the HSU, with restricted access. No medical record copies are placed in detainee files.
18. (MANDATORY) A signed and dated consent form is obtained from a detainee before medical treatment is administered.	\boxtimes			In 25 of 25 medical records reviewed, there was a signed and dated detainee consent form.
 Detainees use the I-813 (or IGSA equivalent) to authorize the release of confidential medical records to outside sources. 	\boxtimes			Written authorization is required from the detainee to release his confidential medical records.
20. The facility health care provider is given advance notice prior to the release, transfer, or removal of a detainee.	\boxtimes			The Health Service Administrator (HSA) states that advance notice of detainee release is usually received.

p.o.		Tieeds are met in a timely and emolent manner.				
	Components	Meets Standard	Does Not Meet Standard	Y/N	Remarks	
21.	A detainee's medical records will be transferred as appropriate. All detainees will be transferred with a copy of their transfer summary.	\boxtimes			The HSA states that a transfer summary is sent with the detainee.	
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			Medical records are sealed and labeled with detainee name and Anumber, and are marked "MEDICAL CONFIDENTIAL".	
23.	Medical screening includes a Tuberculosis (TB) test.	\boxtimes			In 25 of 25 medical records reviewed, TB testing was evident, usually via chest x-ray.	
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			In 25 of 25 medical records reviewed, admission mental health screening, conducted by medical personnel, was present.	
25.	The facility health care provider promptly reviews all I-794s (or equivalent) to identify detainees needing medical attention.	\boxtimes			Medical personnel perform the initial reviews, thus immediately identifying detainees in need.	
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			In 25 of 25 medical records reviewed, physical exams were performed within 1-11 days of admission.	
27.	Detainees in the Special Management Unit have access to the same level of health care as detainees in the general population.	\boxtimes			Nursing personnel make rounds in the Special Management Unit on a daily basis.	
28.	 Staff provide detainees with health- services (sick call) request slips daily, upon request. Request slips are available in the languages other than English, including every language spoken by a sizeable number of the facility's detainee population. Service-request slips are delivered in a timely fashion to the health care provider. 	\boxtimes			Sick call slips, available in English and Spanish, are provided daily to detainees and retrieved daily by medical personnel.	
29.	(MANDATORY) The facility has a written plan for the delivery of 24-hour emergency health care when no medical personnel are on duty at the facility, or when immediate outside medical attention is required.	\boxtimes			Medical personnel are on-site 24 hours per day and also have a written plan when immediate outside medical attention is required.	
30.	The plan includes an on-call provider.	\boxtimes			A physician is on call.	

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
31.	The plan includes a list of telephone numbers for local ambulances and hospital services.	\boxtimes			There are telephone numbers for Florence Community Health Care and Florence Hospital at Anthem. Local 911 services are provided by Southwest Ambulance.
32.	The plan includes procedures for facility staff to utilize this emergency health care consistent with security and safety.	\boxtimes			Emergency medical care is provided while maintaining security.
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			All staff are trained during initial orientation and annually in cardiopulmonary resuscitation with a four minute response time goal, as documented in personnel files.
34.	Where staff are used to distribute medication, a health care provider properly trains these officers.			\boxtimes	Only medical staff distribute 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			All medications are managed in accordance with sound standards while maintaining 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. 	\boxtimes			There is written policy and procedure addressing a formulary, use of non-formulary drugs, prescription practices, medication management, and storage and inventory of controlled substances,
	 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. 				needles and syringes.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
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			Pharmaceuticals are stored in a secure pharmacy within a secure perimeter. Access is controlled. The pharmacy has solid walls and a solid ceiling and a solid core entrance door with high security lock, and is located in a secure storage area.
38.	 In SPCs and CDFs, the pharmacy has a locking pass-through window. Administration and management in accordance with state and federal law. Supervision by properly licensed personnel. Administration of medications by personnel properly trained and under the supervision of the health services administrator, or equivalent. Accountability for administering or distributing medications in a timely manner and according to physician orders. 	\boxtimes			The pharmacy has a locking pass through window. Medications are distributed by licensed nursing personnel, under the supervision of the HSA and as ordered by the physician.
39.	Distribution of medication is in accordance with specific instructions and procedures established by the health care provider. Written records of all medication given to detainees are maintained.	\boxtimes			Medications are distributed according to provider order. Distribution is documented on Medication Administration Records.
	 Medication may not be delivered or administered by detainees. In facilities that are medically staffed 24 hours a day, the health care provider distributes medication. In facilities that are not medically staffed 24 hours a day, medication may be distributed by detention officers, who have received proper training by the health care provider, only when medication must be delivered at a specific time when medical staff are not on duty. 				The facility is medically staffed 24 hours per day, and only medical staff distributes medications.
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	Officers do not distribute medications.
42.	The Warden/Facility receives notification that a detainee that has special medical needs.	\boxtimes			Form I-819 is used to notify the warden of a detainee with special needs.

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	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
43.	Procedures are in place, consistent with the detention standard, for examinations by independent medical service providers and experts.	\boxtimes			Immigration Health Service Corp (IHSC) procedures provide for medical requests by outside interests.		
44.	 (MANDATORY) Each facility has a written plan (or plans) that address the management of infectious and communicable diseases, including prevention, education, identification, surveillance, immunization (when applicable), treatment, follow-up, isolation (when indicated), and reporting to local, state, and federal agencies. Plans include: Coordination with public health authorities; Ongoing education for staff and detainees; Control, treatment, and prevention strategies; Protection of individual confidentiality; Media relations; Management of tuberculosis, hepatitis A, B, and C, HIV infection, avian influenza, and Reporting communicable diseases to local and/or state health departments in accordance with local and state regulations. 				The IHSC Infection Control Manual contains in-depth information regarding the management of infectious diseases including treatment, education, confidentiality, and reporting requirements. The facility also has procedures regarding the media.		
45.	Detainees diagnosed with a communicable disease are isolated according to local medical operating procedures.	\boxtimes			Detainees with communicable diseases are isolated as clinically appropriate.		
	All new arrivals receive TB screening in accordance with guidelines of the Centers for Disease Control (CDC). Unless a chest x-ray is the primary screening method, the PPD (mantoux method) is the primary screening method. (For a detainee on whom the PPD is contraindicated; a chest x-ray will be needed. Detainees not screened are housed separate from the general population.	\boxtimes			In 25 of 25 medical records reviewed, TB testing, via chest x-ray, was present.		
47.	Detainees with symptoms suggestive of TB are placed in a negative pressure isolation room and promptly evaluated for TB disease. Detainees at facilities with no negative pressure isolation room are referred to an appropriate off-site facility.	\boxtimes			The facility has four negative pressure rooms. During the inspection, three of the rooms were being used, two for rule-out TB infection and one for TB disease.		
48.	A transportation system will be available that ensures timely access to health care services that are only available outside the facility, including: prioritization of medical need, urgency (ambulance versus standard), and transfer of medical information.	\boxtimes			The facility contracts with a private vendor for routine transportation. Southwest Ambulance is used for urgent and emergent transportation.		

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	Components	Meets Standard	Does Not Meet Standard	A/N	Remarks
49.	Detainee who requires close, chronic, or convalescent medical supervision will be treated in accordance with a plan approved by licensed physician, physician assist, nurse practitioner, dentist, or mental health practitioner that includes directions to health care and other involved personnel.	\boxtimes			Nine medical records documented close or chronic medical and mental health care planning.
50.	(MANDATORY) Female detainees have access to pregnancy testing and pregnancy management services that include routine high-risk prenatal care, addiction management, comprehensive counseling and assistance, nutrition, and postpartum follow-up.			\boxtimes	The facility does not house females.
51.	(MANDATORY) Detainees with chronic conditions (such as hypertension and diabetes) will receive periodic care and treatment that includes monitoring of medications, laboratory testing, and chronic care clinics, and others will be scheduled for periodic routine medical examinations, as determined by the health authority	\boxtimes			Four of the 25 medical records reviewed documented chronic disease care plans.
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			Form I-819 is used to notify designated staff of a detainee with special needs, as documented in medical records.
53.	Detainees will have access to emergency and specified routine dental care provided under direction and supervision of a licensed dentist.	\boxtimes			Detainees receive routine, urgent, and emergent 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			In five of the 25 medical records reviewed, detainees with mental health problems were referred to a mental health provider for treatment.
55.	Crisis intervention services are available for detainees who experience acute mental health episodes.	\boxtimes			Crisis mental health services are available to detainees as documented in medical records.
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.				Health care contacts are conducted with a respect for privacy, as noted in the HSU. The facility does not house females.
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			In the five mental health referrals documented, a 14-day evaluation was present.

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	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. 				The facility Clinical Medical Authority may authorize a restraint for medical or mental health purposes. Facility procedures specify the conditions of use, type of restraint, monitoring, time frames, and documentation including after restraint review. The HSA reports that medical or mental health restraints have not used at the facility.
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. 	\boxtimes			Involuntary non-emergency administration of psychotropic medications requires authorization by the physician specifying the duration of therapy, documentation of less restrictive interventions, medication administration, monitoring of effects, preparation of a treatment plan, and obtaining an order from the Courts.
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			Initial dental screening exams were present in medical records.
	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			The HSA and the facility administrator determine the use of first aid kits.
62.	An automatic external defibrillator should be available for use at the facility.	\boxtimes			There are four automated external defibrillators available.

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			
63. If a detainee refuses treatment, ICE/DRO will be consulted in determining whether forced treatment will be administered, except in emergency circumstances, in which case, ICE/DRO will be notified as soon as possible.	\boxtimes			The HSA consults with ICE immediately when considering forced treatment.			
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.	\boxtimes			The facility administrator and HSA meet three times per week, as reported by both.			
65. (MANDATORY) Biohazardous waste will be managed and medical and dental equipment decontaminated in accordance with sound medical standards and compliance with applicable local, state, and federal regulations.	\boxtimes			Biohazardous waste is managed by Biomedical Waste Solutions, LLC.			
66. (MANDATORY) The health authority will implement a system of internal review and quality assurance.	\boxtimes			Process and Outcome studies performed in the past year include Adherence to Soap Charting Format and Management of HIV Counseling.			
PART 4 – 22. N	MEDICA	L CARE					
Remarks: (Record significant facts, observations, other sources used, etc.) Medical record review demonstrated that detainees are receiving medical and mental health screening. TB testing, and physical							

Medical record review demonstrated that detainees are receiving medical and mental health screening, TB testing, and physical examinations within required time frames and by an acceptable level of provider. Detainees are being followed for mental health issues and chronic diseases, and are being seen in sick call within acceptable time frames.

The Health Service Unit contains four offices, seven exam rooms, a pharmacy, a medication room, a laboratory, a triage room, a dental suite, two holding cells, two medical records rooms, and other ancillary spaces.

The facility allows detainees to keep medications on their person.

A count of needles and tools in the pharmacy was found to be correct. A count of controlled substances in the pharmacy was also found to be correct.

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	A/N	Remarks
1.	There is a policy and procedure for the regular issuance and exchange of clothing, bedding, linens, towels, and personal hygiene items. The supply of these items exceeds the minimum required for the number of detainees.	\boxtimes			The policy on sanitation and hygiene describes the procedure. The supply room demonstrated a sufficient supply of clothing, bedding, linens and towels.
2.	 All new detainees are issued clean, temperature-appropriate, presentable clothing during in-processing. Detainees receive, at a minimum: One uniform shirt and one pair of uniform pants or one jumpsuit. One pair of socks. One pair of underwear (daily change). One pair of facility-issued footwear. 	\boxtimes			Detainees receive two shirts and pants, one pair of shorts, two pairs of socks, one T-shirt, two pairs of underwear and two pairs of footwear.
3.	Additional clothing is available for changing weather conditions and as is seasonally appropriate.	\boxtimes			Jackets are made available in colder weather, as observed.
4.	New detainees are issued clean bedding, linens and towels, at a minimum: One mattress One blanket Two sheets One pillow One pillowcase One towel Additional blankets, based on local weather conditions.				Detainees receive bedding and linens as listed. Two blankets are issues in colder months, as observed.
5.	The facility provides and replenishes personal hygiene items as needed. Gender-specific items are available. ICE detainees are not charged for these items.	\boxtimes			Detainees are supplied with a comb, toothpaste and brush, deodorant, skin lotion and razors at no charge.
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.				Toilet facilities are clean and can be used without staff assistance. The ratio is one for every nine detainees.

	PART 4 – 23. PERSONAL HYGIENE							
the	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 Operable with temperatures between 100 and 120 degrees Fahrenheit. ACA Expected Practice 4-ALDF-4B-08 requires one washbasin for every 12 detainees. ACA Expected Practice 4-ALDF-4B-09 requires a minimum ratio of one shower for every 12 detainees. 				Bathing facilities are clean, with appropriate operating temperatures. There is one sink for every eight detainees, and one shower for every nine detainees.			
8.	Detainees with disabilities are provided adequate facilities, support, and assistance needed for self-care	\boxtimes			As observed, detainees with disabilities are provided assistance			

for self-care.

the frequency listed.

Repeat Finding

Detainees receive clean clothing,

linen and towels in accordance with

Towels - weekly. Pillowcases - weekly. 10. Food service detainee volunteer workers are permitted Food service detainee volunteer to exchange outer garments daily. \boxtimes workers may exchange shirts and pants daily. 11. Volunteer detainee workers are permitted Volunteer detainee workers may exchanges of outer garments more frequently. \boxtimes exchange shirts and pants more frequently. PART 4 - 23. PERSONAL HYGIENE

■ Does Not Meet Standard

 \boxtimes

□ N/A

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

Detainees are able to maintain acceptable personal hygiene practices. Detainees may exchange clothing and other items on a one for one basis. Socks, underwear and towels are exchanged daily. Shirts and pants are exchanged twice per week. Bed linens are exchanged once per week and blankets are exchanged once per month.

(b)(6), (b)(7)(c) 03/22/2012 Reviewer's Signature / Date

and personal hygiene.

Sheets - weekly.

towels.

9. Detainees are provided clean clothing, linen and

Socks and undergarments - daily.

Outer garments - twice weekly.

⋈ Meets Standard

PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION

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

Components	Meets Standard	Does Not Meet Standard	A/N	Remarks
The facility has a written suicide prevention and intervention program approved and signed by the health authority and Facility Administrator and reviewed annually.	\boxtimes			The suicide prevention and intervention program has been reviewed and approved by the clinical director, the Health Services Administrator and the Assistant Field Office Director.
 2. At a minimum, the Program shall include procedures to address: Intake screening and referral requirements; The identification and supervision of suicide-prone detainees; Staff training requirements; The management and reporting of suicidal incidents, suicide watches, and deaths; Provision of safe housing for suicidal detainees; Debriefing of any suicides and suicide attempts by administrative, security, and health services staff; Guidelines for returning a previously suicidal detainee to a facility's general population, upon written authorization of the clinical director.; Reporting guidelines for facility personnel when suspected suicidal behavior is observed; and Written procedures for the proper handling of detainees who exhibit suicidal behavior. 				The program includes comprehensive procedures for the proper handling of detainees who exhibit suicidal behavior.
Every new staff member receives suicide-prevention training. Suicide-prevention training occurs during the employee orientation and annual training.	\boxtimes			All staff are trained in suicide prevention during initial orientation and annually, as documented in personnel files.

PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION

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

Components		Does Not Meet Standard	N/A	Remarks
 4. Training prepares staff to: Effective methods for identifying the warning signs and symptoms of impending suicidal behavior, Demographic, cultural, and precipitating factors of suicidal behavior, Responding to suicidal and depressed detainees, Effective communication between correctional and health care personnel, 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. 	\boxtimes			Training prepares staff to know the referral process and to recognize signs of suicidal thinking including suspect behavior. It also addresses suicide prevention techniques, how to respond to an in-progress suicide, identification of suicide risk factors and the psychological profile of a suicidal detainee.
 5. A health-care provider or specially trained officer screens all detainees for suicide potential as part of the admission process. Screening does not occur later than one working day after the detainee's arrival. Documentation exists that "specially trained officers" have completed training in accordance with a syllabus approved by the medical authority. 				Medical personnel screen all detainees for suicide potential on admission.
 Written procedures contain when and how to refer at- risk detainees to medical staff and procedures are followed. 	\boxtimes			Policy addresses the referral of an at risk detainee.
7. Written procedures include returning a previously suicidal detainee to the general population, upon written authorization of the clinical director or appropriate health care professional.				Procedures address the return of the detainee to general population.
The facility has a designated isolation room for evaluation and treatment.	\boxtimes			The designated isolation room is located in the special management unit.

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			
9. The designated isolation room does not contain any structures or smaller items that could be used in a suicide attempt. Output Description:		\boxtimes		The designated isolation room contains structures and smaller items that could be used in a suicide attempt. These structures include a barred cell door, a wall vent with large openings, an accessible light fixture and an exposed sprinkler head. All of these items could be used to facilitate a hanging attempt. When a detainee is placed on suicide watch, however, there is constant observation and the detainee is given limited belongings such as a suicide resistant blanket and suicide resistant smock.			
10. Medical staff have approved the room for this purpose.	\boxtimes			The room has been approved by medical staff.			
Staff observe and document the status of a suicide- watch detainee at least once every 15 minutes/constant observation.				Staff observes the status of a suicide-watch detainee constantly.			
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			The facility has 24 hour medical staff. Observation of suicidal detainees is constant. Medical staff do not document the status of the detainee every two hours as the standard does not require this documentation.			
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	The facility is a Service Processing Center (SPC) and has 24 hour medical staff.			
14. Every completed suicide and serious suicide attempt shall be subject to a mortality review process. A critical incident debriefing shall be provided to all affected staff and detainees.	\boxtimes			Policy requires a mortality review process. Staff are offered critical incident debriefing.			
PART 4 – 24. SUICIDE PREVE	NTION	I AND INT	ERVE	NTION			

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

There have been no suicides or serious suicide attempts at the facility in the past twelve months. Policy, procedure and staff training are comprehensive.

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			Should a detainee become chronically or terminally ill, he would be transferred to a more appropriate medical facility.			
2.	 The facility or appropriate ICE office promptly notifies the next-of-kin of the detainee's: medical condition. The detainee's location. The visiting hours and rules at that location. 	\boxtimes			The Health Services Administrator (HSA) notifies ICE, who in turn notifies family members.			
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			The facility uses the State of Arizona Advance Directive Guidelines as well the Immigration Health Service Corps (IHSC) guidelines. Living wills and private attorneys are addressed.			
4.	There is a policy addressing "Do Not Resuscitate Orders"	\boxtimes			There is a policy on obtaining Do Not Resuscitate (DNR) Orders in an IHSC facility.			
5.	Detainees with a "Do Not Resuscitate" order in the medical record receive maximal therapeutic efforts short of resuscitation.	\boxtimes			Detainees with a DNR order receive medical care consistent with sound medical advice.			
6.	The facility notifies ICE/DRO Medical Director and Headquarters' Legal Counsel of the name and basic circumstances of any detainee with a "Do Not Resuscitate" order in the medical record. In the case of IGSAs, this notification is made through the local ICE representative.	\boxtimes			Chain of command notifications are made.			
7.	The facility has written procedures to address the issues of organ donation by detainees.	\boxtimes			Organ donation is addressed in policy and procedure.			
8.	The facility has written procedures to notify ICE officials, deceased family members and consulates, when a detainee dies while in custody.	\boxtimes			The HSA notifies ICE, who in turn notifies other interested parties.			
9.	The facility has a policy and procedure to address the death of a detainee while in transport.	\boxtimes			Both death during land transport and death during flight are addressed.			
10.	At all ICE locations the detainee's remains disposed of in accordance with the provisions detailed in this standard.	\boxtimes			Policy and procedure would be followed in disposing of the detainee's remains.			

PART 4 – 25. TERMINAL ILLNESS, A	DVAN	CE DIREC	TIVES	S, AND DEATH			
This Detention Standard ensures that each facility's continuum of health care services addresses terminal illness, fatal injury, and advance directives and provides specific guidance in the event of a detainee's death.							
Check this box if the facility does not accept ICE on NA in the appropriate box for this portion of the works 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. 	\boxtimes			Policy requires the Field Office to schedule an indigent's burial, after consulting with the Department of Veterans Affairs.			
12. An original or certified copy of a detainee's death certificate is placed in the subject's A-File.	\boxtimes			Policy requires a certified copy of the death certificate be placed in the A-file.			
 13. The facility follows established policy and procedures describing when to contact the local coroner regarding such issues as; Performance of an autopsy. Person(s) to perform the autopsy. Obtaining State approved death certificates. Local transportation of the body. 	\boxtimes			The Assistant Field Office Director or designee makes autopsy arrangements addressing all bulleted issues.			
14. ICE staff follow established procedures to properly close the case of a deceased detainee.	\boxtimes			ICE staff are required to send the detainee's fingerprint card to the FBI, to place the death certificate in the A-file, and to close the file.			
PART 4 – 25. TERMINAL ILLNESS, A	DVAN	CE DIREC	TIVES	S, AND DEATH			

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

There have been no deaths at the facility in the past 12 months. The facility does not normally accept terminally ill detainees. However, policy and procedure regarding end of life decision making is comprehensive.

Performance-Based National Detention Standards

Section V ACTIVITIES

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

PART 5 - 26. CORRESPONDENCE AND OTHER MAIL

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

. 0	representatives, government onices, and consular onicials 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.	\boxtimes							
2.	The facility provides key information in English, Spanish, and other languages spoken by a significant number of detainees.	\boxtimes			English, Spanish and Mandarin are the prevalent languages used in housing pod postings.				
3.	Incoming mail is distributed to detainees within 24 hours or 1 business day after it is received and inspected.	\boxtimes							
4.	Outgoing mail is delivered to the postal service within one business day of its entering the internal mail system (excluding weekends and holidays).	\boxtimes							
5.	Staff maintain a logbook-recording acceptance of priority, priority overnight, and certified mail delivered to the facility for a detainee.	\boxtimes			The Mail Room maintains a log book on each priority/certified letter/parcel received that records date of delivery, staff receiving the mail, and its destination.				
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			Mail is delivered sealed and then opened in the presence of the detainee. Policy does allow mail to be opened without the detainee present if security is suspect.				
7.	Staff do not read incoming general correspondence without the Facility Administrator's prior approval.	\boxtimes							
8.	Staff do not inspect incoming Special Correspondence for physical contraband or to verify the "special" status of enclosures without the detainee present.	\boxtimes			Incoming correspondence is, however, examined by x-ray.				
9.	Staff are prohibited from reading or copying incoming and outgoing Special Correspondence without the detainee present.	\boxtimes							
	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			There is no documentation of such suspicious incidents in outgoing correspondence in the past 12 months.				
11	Correspondence to a politician or to the media is processed as Special Correspondence and is not read or copied.								

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
12. The official authorizing the rejection of incoming mail sends written notice to the sender and the addressee.	\boxtimes			A written explanation as to when, why and by whom mail is rejected is provided to the sender and addressee.
13. The official authorizing censorship or rejection of outgoing mail provides the detainee with signed written notice.	\boxtimes			A written explanation as to when, why and by whom mail is censored/rejected is provided to the sender and addressee. There have been no censorship occurrences in the past 12 months.
 Staff maintain a written record of every item removed from detainee mail. 	\boxtimes			
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			No cash discrepancy concerns have been raised in the past 12 months. Investigative procedures are in place, however, to address such concerns if they do arise. Receipts are issued for account deposits.
 Original identity documents (for example, passports, and birth certificates) are immediately removed and forwarded to ICE staff for placement in the A-files. 	\boxtimes			
 Staff provide the detainee a copy of his or her identity document(s) upon request. 	\boxtimes			
 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			It is long-standing and current practice to mail reasonable amounts of weekly correspondence at no cost to detainees.
21. The facility has a system for detainees to purchase stamps and for mailing all Special Correspondence and a minimum of 5 pieces of general correspondence per week.	\boxtimes			Mailing of special correspondence is handled according to established procedures. The purchase of stamps is not a concern as all outgoing correspondence is mailed at no cost to detainees.
22. The facility provides writing paper, envelopes, and pencils at no cost to ICE detainees.	\boxtimes			
23. SMU detainees have the same correspondence privileges as general population.	\boxtimes			
24. Detainees have access to outside publications. PART 5 – 26. CORRESPON		E AND OT	HEP	MAII
PART 3 = 20. CURRESPUN	DENC	LANDUI	nek l	VIAIL

	⊠ Meets Standard	☐ Does Not Meet Standard	□ N/A	Repeat Finding	
Review of j	policy, interviews with mail with detainees revealed a sa	nobservations, other sources used room staff, review of mail room loguse and orderly system has been establistics. Correspondence materials and	g books, observ blished that all	ows detainees to correspond with f	
(b)(6), (b)(7)	03/22/2012 S Signature / Date				

	PART 5 - 21. ESCURTED TRIPS FO	JK NU	M-MEDICA		ERGENCIES					
det	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									
FIE	Field Office or Sub-Office in control of the detainee case.									
	Components	Meets Standard	Does Not Meet Standard	V/N	Remarks					
1.	The Field Office Director considers and approves, on a case-by-case basis, trips to an immediate family member's: • Funeral • Deathbed	\boxtimes			The Assistant Field Office Director makes recommendations.					
2.	The facility recognizes as "immediate family member" a parent (including stepparent or foster parent), brother, sister, child, and spouse (including commonlaw spouse).	\boxtimes								
3.	The CDF/IGSA facility notifies ICE of all detainee requests for non-medical escorts.			\boxtimes	This is an SPC facility.					
4.	The detainee's Deportation Officer reviews the file before forwarding a detainee's request, with recommendation, to the approving official. Each recommendation addresses the individual's suitability for travel, e.g., the kind of supervision required.	\boxtimes			This is standard practice in all cases.					
5.	Detainees who require overnight housing are placed in approved IGSA facilities.	\boxtimes			When no IGSA facilities are available, a local law enforcement facility may be used.					
6.	Each escort detail includes at leas 0)(7)(e) officers.	\boxtimes								
7.	The detainee remains under constant, direct visual supervision of escorting staff.	\boxtimes								
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			Policy states the officers may increase the level of restraints, but may not reduce the minimum restraints at any time. This practice is according to the standard.					
10	Escort officers do not accept gifts/gratuities from a detainee, detainee's relative or friend for any reason.	\boxtimes								

PART 5 – 27. ESCORTED TRIPS 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 Field Office or Sub-Office in control of the detainee ca		ency Esco	orted 1	Frips are handled only by the ICE	
Components	Meets Standard	Does Not Meet Standard	W/W	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	П	П	Practice subscribes to all of the bullet points listed in this	
 Do not arrange to visit family or friends unless approved before the trip. 	1			component.	
 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				
14. The Field Office Director is the approving official for all non-medical escorted trips.	\boxtimes				
15. Facility procedures comply with the following ICE Standards:					
 Transportation (Land Transportation 	\boxtimes				
 Restraints applied strictly in accordance with the Use of Force Standard. 					
PART 5 – 27. ESCORTED TRIPS FO	OR NO	N-MEDICA	AL EM	ERGENCIES	
⊠ Meets Standard □ Does Not Meet Sta	andard	□ N/A		☐Repeat Finding	

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

There have been no escorted trips for non-medical emergencies for at least the past year. Interviews with staff indicate that the standard would be followed when the occasion arises.

PART 5 – 28. MARI						
s Detention Standard ensures that each marriage requiew and based on internal guidelines for approval of successions.			./DRO	detainee receives a case-by-case		
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
The Field Office Director or Facility Administrator considers detainee marriage requests on a case-by-case basis.	\boxtimes			The Assistant Field Office Director (AFOD) is the approving authority for all marriages.		
The Field Office Director reviews every marriage request rejected by a Facility Administrator or IGSA. Rejections are documented.	\boxtimes					
It is standard practice to require a written request for permission to marry.						
The written request includes a signed statement or comparable documentation from the intended spouse, confirming marital intent.	\boxtimes			The Immigration Enforcement Agent contacts the prospective bride for all pertinent documentation and requests written consent of her desire to marry.		
The Facility Administrator provides a written copy of his or her decision to the detainee and his or her legal representative.	\boxtimes			All requests, approvals and denials are in writing.		
When permission is denied, the Facility Administrator states the basis for his or her decision along with instructions on how the detainee can file an appeal.	\boxtimes			Policy provides reasons for denial. These include the detainee is mentally incompetent, the detainee has received a final deportation order and/or the detainee is already married.		
The Facility Administrator provides the detainee with a place and time to make wedding arrangements.						
The detainee handbook explains the marriage request process.						
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 AFOD is the approving official for marriages.		
PART 5 – 28. MARI	RIAGE	REQUEST	TS			

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

There has been one recent case where a marriage was denied. This was the result of a current protection order on the detainee from the prospective bride. Otherwise, detainees may marry if they meet the requirements outlined in policy. A local County Justice of the Peace performs all marriages.

(b)(6), (b)(7)(c)	03/22/2012
Reviewer's Signatu	re / 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
The Facility provides: An indoor recreation program.]		Indoor recreation is provided inside the housing pods. Board games,
An outdoor recreation program.				soccer balls, basketball and table tennis are some of the equipment issued to detainees.
A recreational specialist (for facilities with more than 350 detainees) tailors the program activities and offerings to the detainee population.	\boxtimes			In the absence of the recreation specialist, staff issues equipment.
3. Regular maintenance keeps recreational facilities and equipment in good condition.	\boxtimes			
The recreational specialist or trained equivalent supervises detainee recreation workers.	\boxtimes			Detainees are trained as referees and umpires. They are supervised by the recreation specialist and security officers.
5. The recreational specialist or trainee equivalent oversees recreation programs for Special Management Unit and special-needs detainees.	\boxtimes			Cards and board games are provided to Special Management Unit detainees.
6. Dayrooms offer sedentary activities, e.g., board games, cards, television.	\boxtimes			
7. Outside activities are restricted to limited-contact sports.	\boxtimes			Only soccer and basketball team sports are allowed.
8. Each detainee has the opportunity to participate in daily recreation.	\boxtimes			
Detainees have access to recreation activities outside the housing units for at least one hour daily.	\boxtimes			The detainees have an average of three hours of outdoor recreation each day.
10. Staff check all items for damage and condition when equipment is returned.	\boxtimes			
11. Staff conduct searches of recreation areas before and after use.	\boxtimes			Security staff conducts these searches
12. Recreation areas are under constant staff supervision.	\boxtimes			A total o (b)(7)e fficers were observed monitoring the recreation yard when detainees were playing a soccer game.
13. Supervising staff are equipped with radios.				

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			
 The facility provides detainees in the SMU at least one hour of outdoor recreation time daily, five times per week. 	\boxtimes						
15. Detainees in disciplinary/administrative segregation receive a written explanation when a panel revokes his or her recreation privileges.	\boxtimes			There are no detainees in this status, and detainees have not had these privileges suspended. In the event this should occur, a written explanation will be given to the detainee.			
16. Special programs or religious activities are available to detainees.	\boxtimes						
17. All volunteers have completed an orientation program with documentation required before entering a secure portion of the facility where detainees are present.	\boxtimes			Although there are no volunteers for recreation at this time, they would receive orientation prior to entry.			
18. Visitors, relatives or friends of detainees are not allowed to serve as volunteers.	\boxtimes						
19. If the facility has no outside recreation, are detainees considered for transfer after six months?			\boxtimes	There is an outside recreation area. Detainees receive daily outside recreation.			
20. If yes, written procedures ensure timely review of all eligible detainees.				Detainees receive between 3 and 4 hours of recreation each day.			
21. Case officers make written transfer recommendations about every six-month detainee to the Facility Administrator.			\boxtimes	Detainees receive outdoor recreation.			
22. The Facility Administrator documents all detainee-transfer decisions, whether yes or no.			\boxtimes	Detainees receive outdoor recreation.			
23. The detainee's written decision for or against an offered transfer documented in his or her A-file.			\boxtimes	Detainees receive outdoor recreation.			
24. Staff notify the detainee's legal representative of his or her decision to accept/decline a transfer.			\boxtimes	Detainees receive outdoor recreation.			
25. If no recreation is available, the ICE Field Office routinely review transfer eligibility for all detainees after 60 days.			\boxtimes	Detainees receive outdoor recreation.			
26. Does the A-file of every detainee held more than 60 days without access to recreation contains either a transfer-waiver signed by the detainee or the Facility Administrator's written determination of the detainee's ineligibility for transfer.			\boxtimes	Detainees receive outdoor recreation.			
27. The detainee's legal representative is notified of the detainee's/Facility Administrator's decision.				Detainees receive outdoor recreation.			
PART 5 - 29.	RECRE	ATION					

		☐ Does Not Meet Standard	□ N/A	Repeat Finding
The facility	y has an outdoor recreation		officer indica	ated familiarity with the ICE standard on eive an above average amount of outside
(b)(6), (b)	0(7)(c) 03/22/2012 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.	\boxtimes					
2.	Space is available for detainees to participate in religious services.	\boxtimes			Services are conducted in the dining hall either between, or after, lunch and evening meals. Small religious groups meet in the chaplain's trailer on the recreation yard.		
3.	The facility allows detainees to observe the major "holy days" of their religious faith. List any exceptions.	\boxtimes					
4.	 The facility accommodates recognized holy-day observances by: Providing special meals, consistent with dietary restrictions. Honoring fasting requirements. Facilitating religious services. Allowing activity restrictions. 	\boxtimes			The Food Service Administrator accommodates the religious diet observances by providing meatless meals and serving meals after certain religious fasting periods.		
5.	Each detainee is allowed religious items in his/her immediate possession; refer to the Funds and Personal Property Standard.	\boxtimes			Policy permits the continued possession of small religious items, religious reading material and related correspondence.		
6.	Volunteer's credentials are checked and verified before allowing participation in detainee programs.	\boxtimes			Volunteer credentials are verified during their initial application and every three years thereafter.		
7.	Members of faiths not represented by clergy may request to present their own services within security allowances.	\boxtimes			The chaplain reviews and approves all requests for group religious services.		
8.	Detainees in the Special Management Unit may participate in religious practices unless otherwise documented for the safety and security of the facility.	\boxtimes			Policy permits the detainees in the Special Management Unit to visit with pre-approved members of their religious faith.		
	RELIGIOUS	PRACT	TICES				

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

The chaplain provides direct supervision for religious volunteers. The chaplain visits new detainees to determine their religious preference. There are currently a large number of religious volunteers from many diverse religions approved to visit the facility. Although there are periods of time when certain religions are not represented within the population, the Chaplain's Office continues to recruit such volunteers from the community.

PART 5 – 31. TELEPHONE ACCESS

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

p	providing them reasonable and equitable access to telephone services.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
1.	Detainees are allowed to access to telephones during established facility waking hours, including access to TTY devices.	\boxtimes			Telephones are available from 6:00 AM until lights are turned off for the night.			
2.	Upon admittance, detainees are made aware of the facility's telephone access policy.				Telephone policy is posted in the housing pods and addressed in the handbook and orientation video.			
3.	Notification explaining the facilities telephone policy is in the Detainee Handbook.	\boxtimes						
4.	Access rules, including updated telephone and consulate number, are posted in housing units.	\boxtimes						
5.	The facility makes a reasonable effort to provide key information to detainees in languages spoken by any significant portion of the facility's population.	\boxtimes						
6.	Telephones are provided at a minimum ratio of one telephone per 25 detainees in the facility population.	\boxtimes						
7.	Telephones are inspected daily by facility staff to ensure that they are in good working order.				Results of telephone shift inspections are noted in the control room log book.			
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			Telephone repair issues are reported upon discovery. TALTON Communications, the telephone vendor, generally repairs the problem within one business day.			
10.	The facility administration monitors repair progress and takes appropriate measures to ensure that the required repairs are begun and completed timely.	\boxtimes			Telephone repair progress is monitored daily by command staff.			
11.	Detainees are afforded a reasonable degree of privacy for legal phone calls.	\boxtimes						
12.	A procedure exists to assist a detainee who is having trouble placing a confidential call.				The handbook outlines procedures for seeking assistance in making confidential calls.			
13.	The facility provides the detainees with the ability to make non-collect (special access) calls.	\boxtimes			Staff allows such calls to be made from the privacy of an office.			
14.	Special Access calls are at no charge to the detainees.	\boxtimes						
15.	In facilities unable to fully meet this requirement initially because of limitations of its telephone service, ICE makes alternate arrangements to provide required access within 24 hours of a request by a detainee.			\boxtimes	Detainees are able to make special access calls from the facility.			

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
16. No restrictions are placed on detainees attempting to contact attorneys and legal service providers who are on the approved "Free Legal Services List".	\boxtimes			
17. Special arrangements are made to allow detainees to speak by telephone with an immediate family member detained in another Facility.	\boxtimes			Such calls are made from the privacy of a staff office.
18. All telephone restrictions are documented.	\boxtimes			There have been no telephone restrictions imposed since the last inspection. If restrictions were imposed, they would be documented.
19. The facility has a system for taking and delivering emergency detainee telephone messages.	\boxtimes			The handbook addresses message lines available for receipt of outside emergency calls. The message center is checked daily at 6:00 AM, 12:00 noon and 6:00 PM.
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.				Disciplinary segregation detainees are provided a portable phone for placing calls from inside their cell. They have the same telephone privileges as the general population.
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.	\boxtimes			No telephone restrictions are placed on detainees in administrative segregation/protective custody.
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.				Each telephone bears a posting stating calls are monitored. A similar recording is heard through the receiver prior to call connection.
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			Speed code #518 is set for Office of Inspector General (OIG) contact. An OIG connection was successfully placed from a housing pod phone on 03/21/2012.
28. The Field Office Director has assigned ICE staff to check and report on the serviceability of facility phones. This is documented on a weekly basis	\boxtimes			

PART 5 – 31. TELEPHONE ACCESS							
⊠ Meets Standard	☐ Does Not Meet Standard	□ N/A	☐Repeat Finding				
Remarks: (Record significant facts, observations, other sources used, etc.) The amount of telephones in the facility, review of policy, interviews with housing pod and command staff, testing of telephone equipment, review of vendor responses to repair orders, interviews with detainees, and review of housing pod postings established the facility provides reasonable and equitable access to telephone services.							
(b)(6), (b)(7)(c) 03/22/2012 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.

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.	\boxtimes				
2.	The visitation hours are tailored to the detainee population and the demand for visitation. The minimum duration for a visit is 30 minutes.	\boxtimes			Visits are 45 minutes in duration.	
3.	The visitation schedule and rules are available to the public.	\boxtimes			The visitation schedule and rules are available in writing at the facility and are posted on-line at www.ice.gov.	
4.	The hours for all categories of visitation are posted in the visitation waiting area.	\boxtimes				
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.	\boxtimes			Copies of written visiting rules in English and Spanish are available from the officer assigned to the visitors' entrance vestibule.	
6.	A general visitation log is maintained.	\boxtimes				
7.	Detainees are permitted to retain authorized personal property items specified in the standard.	\boxtimes				
8.	A visitor dress code is available to the public.	\boxtimes			Visitors are given written visiting rules and dress code standards before they travel from the visitors' entrance vestibule to the visiting room.	
9.	Visitors are searched and identified according to standard requirements.	\boxtimes				
10.	The requirement on visitation by minors is complied with.	\boxtimes				

PART 5 - 32. VISITATION

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

	Components	Meets Standard	Does Not Meet Standard	A/N	Remarks
	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.				Visits by minors are allowed.
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	Visits by minors are allowed.
13.	Anytime a visit is denied, to either a general population detainee or SMU detainee, the denial is documented.	\boxtimes			Visit denials are documented when they occur. There have been no visitation denials in the past 12 months.
14.	Detainees in special housing are afforded visitation.	\boxtimes			
15.	Legal visitation is available seven (7) days a week, including holidays.	\boxtimes			Attorneys can visit from 8:00 AM until 7:00 PM daily.
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.				Attorneys can visit from 8:00 AM until 7:00 PM daily.
17.	On regular business days, detainees are given the option of continuing a meeting with a legal representative through a scheduled meal.	\boxtimes			
	Private consultation rooms are available for attorney meetings. There is a mechanism for the detainee and his/her representative to exchange documents.	\boxtimes			The visiting area has three private consultation rooms.
19.	There are written procedures governing detainee searches.	\boxtimes			
20.	Legal representatives and assistants are subject to a non-intrusive search – such as a pat-down search of the person or a search of the person's belongings - at any time for the purpose of ascertaining the presence of contraband.	\boxtimes			
21.	Per the Standard, prior to each visit, legal service providers and assistants are identified.	\boxtimes			Credentials for visiting legal professionals are validated prior to their entry.
22.	The current list of pro bono legal organizations is posted in the detainee housing areas and other appropriate areas.	\boxtimes			
23.	SPCs and CDFs shall submit written requests for tours from domestic or international organizations and associated with detention issues to the appropriate Field Office Director for approval.	\boxtimes			
24.	Provisions for NGO visitation as stated in the Detention Standards are complied with.	\boxtimes			
25.	Law enforcement officials, requesting to visit with a detainee, are referred to the ICE Facility Administrator for approval.	\boxtimes			Such visits are at the discretion of the Assistant Field Office Director (AFOD).

PARI 5 -	- 32. VI	SHAHON			
This Detention Standard ensures that detainees will be ab community, legal representatives, and consular officials, w					
Standard Does Not Meets Standard N/A N/A N/A					
26. Former detainees or aliens in proceedings, requesting to visit with a detainee, are referred to the Facility Administrator or ICE Field Office.	\boxtimes			Such visits are at the discretion of the AFOD.	
PART 5 – 32. VISITATION					

Review of policy, observation of visiting room procedures and log books, and interviews with visitors entrance and visiting room officers revealed detainees are able to maintain contact through visitation with family, legal counsel, and governmental entities. The visitation program affords all detainees equal access to the privilege.

(b)(6), (b)(7)(c) / 03/22/2012 Reviewer's Signature / Date

	PART 5 – 33. VOLUNTA	ARY W	ORK PRO	GRAN	Л
nur leg (OS	s Detention Standard provides detainees opportunities mber of work opportunities available and within the consulty required to do so, ICE/DRO affords working detained SHA) protections. Check here if ICE detainees are not authorized to word move to next section.	straints ees bas	of safety, sic Occupa	securi itional	ty, and good order. While not Safety and Health Administration
<u> </u>	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The facility has a voluntary work program.				
2.	Detainee housekeeping meets acceptable levels of neatness, cleanliness and sanitation standards.	\boxtimes			A visual inspection of the facility indicated there is a high expectation by staff to maintain a high level of sanitation.
3.	At IGSAs detainees are never allowed to work outside the secure perimeter. SPCs and CDFs detainees classified as level 1 have the opportunity to participate in special details outside the secure perimeter under direct supervision.			\boxtimes	Detainees are not permitted to work outside the secure facility.
4.	Written procedures govern selection of detainees for the Voluntary Work Program. The same procedures apply for replacement workers as for "new" workers.	\boxtimes			
5.	Staff follow written procedures. Where possible, physically and mentally challenged detainees participate in the program.	\boxtimes			Policy states as long as there are no medical restrictions, a detainee may work.
6. •	The facility complies with work-hour requirements for detainees, not exceeding: Eight hours a day. Forty hours a week.	\boxtimes			
7.	Detainee volunteers ordinarily work according to a fixed schedule.	\boxtimes			
8.	If a detainee is removed from a work detail, staff place the written justification for the action in the detainee's detention file.	\boxtimes			Policy states detainees dismissed from a work detail must have written justification placed in their detention file.
9.	Staff, in accordance with written procedure, ensures that detainee volunteers understand their responsibilities as workers before they join the work program.	\boxtimes			Detainees must sign an acknowledgement form prior to assignment onto a work detail.
10.	The voluntary work program meets: OSHA standards NFPA standards ACA standards	\boxtimes			
11.	Medical staff screen and formally certifies detainee food service volunteers;	\square			The screening is documented with a copy maintained by the Food

 \boxtimes

Before the assignment begins

As a matter of written procedure

Service Administrator prior to

employment.

PART 5 – 33. VOLUNTA	ARY W	ORK PRO	GRAN	Л	
This Detention Standard provides detainees opportunities to work and earn money while confined, subject to the number of work opportunities available and within the constraints of safety, security, and good order. While not legally required to do so, ICE/DRO affords working detainees basic Occupational Safety and Health Administration (OSHA) protections. Check here if ICE detainees are not authorized to work at the IGSA facility. Mark NA on Form G-324A, page 3 and move to next section.					
Components Standard NA N/A N/A N/A N/A N/A N/A N/A					
12. Detainees receive safety equipment/ training sufficient for the assignment	\boxtimes				
13. Proper procedure is followed when an ICE detainee is injured on the job.					
PART 5 – 33. VOLUNTA	ARY W	ORK PRO	GRAN	Л	
Remarks: (Record significant facts, observations, other sources used, etc.) Detainees are permitted to work in the facility for a daily stipend. Staff in charge of work details maintain medical clearance forms, pay sheets, work schedules and photographs of detainees assigned to their work details.					

(b)(6), (b)(7)(c) 03/22/2012 Reviewer's Signature / Date

Performance-Based National Detention Standards

Section VI JUSTICE

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

PART 6 - 34. DETAINEE HANDBOOK

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The facility has a detainee handbook. Each detainee receives a copy of the local handbook and the ICE National Detainee Handbook.	\boxtimes			
2.	The detainee handbook is written in English and translated into Spanish, and other languages spoken by significant numbers of detainees in that facility.	\boxtimes			Detainees predominantly speak English and Spanish.
3.	A procedure for requesting interpretive services for essential communication has been developed.	\boxtimes			A phone-based interpreter line is available for use, and procedures are in place for its access.
4.	Orientation materials are read to detainees who cannot read, or they are provided the material via audio or video recordings.	\boxtimes			A video recording is available in English and Spanish.
5.	The handbook supplements the facility orientation video where one is provided.	\boxtimes			
6.	The handbook is revised as necessary and there are procedures in place for immediately communicating any revisions to staff and detainees.	\boxtimes			The handbook was last revised in 03/2011.
7.	There is an annual review of the handbook by a designated committee or staff member.				
8.	 The detainee handbook address the following issues: Personal Items permitted to be retained by the detainee. Initial issue of clothes, bedding and personal hygiene items. How to access care. 	\boxtimes			
9.	The detainee handbook states in clear language basic detainee responsibilities.				
10	The handbook clearly outlines the methods for classification of detainees, explains each level, and explains the classification appeals process.	\boxtimes			
11.	The handbook states when a medical examination will be conducted.	\boxtimes			The handbook outlines medical screening procedures upon arrival and informs detainees they will receive a medical evaluation within 14 days of their arrival.
12.	The handbook describes the facility, housing units, dayrooms, In-dorm activities and special management units.	\boxtimes			

PART 6 - 34. DETAINEE HANDBOOK

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

Meets Standard	Does Not Meet Standard	V/N	Remarks
			Razors are issued daily from the housing pod control officer.
			The hours are also posted in housing units and in the barber shop.
\boxtimes			Detainees are permitted to keep \$60.00 cash in their possession for use in vending machines.
\boxtimes			
			Detainees may use vending machines only. A vending machine representative is on site each week to make change available for detainees.
\boxtimes			
\boxtimes			
\boxtimes			There is a comprehensive section on contraband in the handbook.
\boxtimes			
\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		
 26. The handbook describes the detainee disciplinary policy and procedures, including: Prohibited acts and severity scale sanctions. Time limits in the Disciplinary Process. Summary of Disciplinary Process. 	\boxtimes			The consequences for violating the discipline policy are listed in the 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. 	\boxtimes					
28. The handbook describes the medical sick call procedures for general population and segregation.						
 29. The handbook describes the facility recreation policy including: Outdoor recreation hours. Indoor recreation hours. In dorm leisure activities. Rules for television viewing. 	\boxtimes			The various recreation schedules are listed in the handbook and posted in the housing pods.		
30. The handbook describes the detainee dress code for daily living; and work assignments and the meaning of color-coded uniforms.	\boxtimes					
31. The handbook specifies the rights and responsibilities of all detainees.	\boxtimes					
32. Detainees are required to sign for the handbook to ensure accountability.	\boxtimes					
33. Orientation materials are provided to illiterate detainees either orally or via audio/video tapes in a language they can understand.	\boxtimes			The orientation video is in English and Spanish.		
PART 6 - 34. DETA	PART 6 - 34. DETAINEE HANDBOOK					

Due to the large number of detainees admitted and released, the facility plays an orientation video each morning to familiarize the detainees with the facility and ICE procedures. The site specific facility handbook is comprehensive and provides detailed information. The ICE National Detainee Handbook is also provided to each detainee upon arrival.

(b)(6), (b)(7)(c) 03/22/2012

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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.

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			The orientation presentation and handbook provide this information to detainees upon their arrival.
2.	The admissions process includes providing each new arrival with a copy of the detainee handbook (or equivalent).	\boxtimes			
	 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. 				The detainee handbook encourages detainees to informally resolve their complaints with housing unit officers. The handbook also gives steps to take in requesting a supervisor's assistance if dissatisfied with the initial response to resolve a complaint. There is a guarantee against reprisal, and the Office of Inspector General hotline telephone number and mailing address are provided. There have been no emergency grievances filed in the past 12 months.
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			
5.	 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			
	Facility has written procedures for identifying and handling a time-sensitive emergency grievance.	\boxtimes			Policy addresses identification of emergency grievances and outlines steps to take when responding to them.
7.	Every member of the staff knows how to identify emergency grievances, including the procedures for expediting them.	\boxtimes			

PART 6 - 35.	GRIEVANCE SYSTEM
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This Detention Standard protects detainees' rights and ensures they are treated fairly by providing a procedure by which	ch
they may file formal grievances and receive timely responses.	

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
8. Staff shall not harass, discipline, punish or otherwise retaliate against a detainee who files a complaint or grievance.	\boxtimes				
 9. Procedures include maintaining a Detainee Grievance Log. If not, an alternative acceptable record keeping system is maintained. "Nuisance complains" are identified in the records. For quality control purposes, staff document nuisance complaints received but not filed. 				The grievance log is organized by date, grievance, and resolution. Most grievances filed in the past 12 months were informally resolved. Staff logs all informally resolved grievances.	
10. If a detainee who establishes a pattern of filing nuisance complaints or otherwise abusing the grievance system, the Facility Administrator may authorize staff to refuse to process subsequent complaints. This authority may not be delegated, even to an acting Facility Administrator.	\boxtimes			There is no evidence detainees are abusing the grievance process by filing nuisance complaints.	
11. Staff are required to forward any grievance that includes officer misconduct to a higher official or, in a CDF/IGSA facility, to ICE.	\boxtimes			One grievance filed 03/2012 alleged staff misconduct. The grievance was forwarded to the contract security supervisor and reported to the ICE Supervisory Deportation and Detention Officer.	
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.	\boxtimes				
 14. In SPCs and CDFs, when a Detainee does not accept the grievance committee's decision, he/she files an appeal with the ICE Facility Administrator. In all facilities written procedures cover detainee appeals and are included in the detainee handbook 	\boxtimes			The Detainee Grievance Committee responds to detainee appeals within 15 days of receipt.	
15. In SPCs/CDFs, the detainee has a reasonable timeframe after the incident or informal-grievance outcome to file a formal grievance.	\boxtimes			The detainee has five days to file an informal-grievance from the date of the incident.	
PART 6 – 35. GRI	EVANC	E SYSTE	VI		

Detainees may place a grievance inside a locked box in each housing unit or in other locations throughout the facility. The forms are picked up daily, signed and dated by a receiving ICE agent, and logged into the system by the ICE Detention Operations Officer in charge of grievances. The detainees have five days to file a complaint, which is then heard by the Detainee Grievance Committee. The committee has 15 days to respond to the detainee. Overall, grievances were minimal for the past 12 months.

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PART 6 - 36. LAW LIBRARIES AND LEGAL MATERIAL This Detention Standard protects detainees' rights by ensuring their access to courts, counsel, and legal materials. Meets Standard Does Not Meet Standard Components Remarks The facility provides a designated law library for The facility has a dedicated room \boxtimes detainee use. that serves as its law library. 2. The law library contains all materials listed in the "Access to Legal Materials" Standard, Attachment A. LexisNexis is the primary source for The listing of materials is posted in the law library. accessing legal materials. There is \boxtimes П also a sparse collection of case law In lieu of/or in addition to the physical law library, books available. ICE detainees have access to the Lexus Nexus electronic law library. 3. If the Lexis/Nexis CD-ROM service alternative is used for the publications in Attachment A, the facility provides detainees sufficient: The law library contains two operable LexisNexis computer Operable computers and printers, in sufficient \boxtimes terminals, one copier and general numbers in order to provide access office supplies. Photocopiers, and Supplies for both. 4. The library contains a sufficient number of chairs, is \boxtimes well lit and is reasonably isolated from noisy areas. The law library is adequately equipped with The law library contains two typewriters, computers or both and has sufficient LexisNexis computer terminals in \boxtimes supplies for daily use by the detainees. good working order, paper/writing supplies and a copier. 6. Detainees are provided with the means to save legal To save legal materials, detainees work in a private electronic format for future use. use floppy discs or USB cards. \boxtimes They are available through the commissary. They are provided at no cost to indigent detainees. The facility subscribes to updating services where \boxtimes applicable and legal materials requiring updates are 8. Outside persons and organizations are permitted to Submission of outside publications submit published legal material for inclusion in the is at the discretion of the \boxtimes legal library. Outside published material is forwarded Supervisory Immigration and reviewed by the ICE prior to inclusion. Enforcement Agent (SIEA). There is a designated ICE or facility employee who An Immigration Enforcement Agent inspects, updates, and maintain/replace legal material (IEA) has been designated to and equipment on a routine basis. The designee \boxtimes maintain law library materials and properly disposes outdated supplements and replaces equipment in up-to-date and good damaged or missing material promptly. working order. 10. Detainees are offered a minimum 5 hours per week in Law library hours are 9:00 AM to the law library. Detainees are not required to forego 9:00 PM daily. This schedule does \boxtimes recreation time in lieu of library usage. Detainees not require detainees to supplant facing a court deadline are given priority use of the law recreation time for law library time. library.

PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL					
This Detention Standard protects detainees' rights by ensu	uring the	eir access	to cou	ırts, counsel, and legal materials.	
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks	
11. Detainees may request material not currently in the law library. Each request is reviewed and where appropriate an acquisition request is initiate and timely pursued. Request for copies of court decisions are accommodated within 3 – 5 business days.	\boxtimes			Requests for outside legal materials are at the discretion of the SIEA. Such requests are generally accommodated within two to three days.	
12. The facility permits detainees to assist other detainees, voluntarily and free of charge, in researching and preparing legal documents, consistent with security.	\boxtimes			A detainee assisting other detainees in research/litigation preparation is permitted at the discretion of the SIEA.	
13. Staff ensure that illiterate or non-English-speaking detainees without legal representation receive more than access to English-language law books after indicating their need for help.	\boxtimes				
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			Personal legal materials are saved on floppy discs or USB cards and kept in the detainee's housing pod property storage locker.	
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			Administrative and disciplinary segregation detainees are allowed access to the law library. No detainees have been denied access to legal materials in the past 12 months.	
16. All denials of access to the law library fully documented.	\boxtimes			No detainees have been denied access to legal materials in the past 12 months.	
17. Facility staff inform ICE Management when a detainee or group of detainees is denied access to the law library or law materials.	\boxtimes				
18. Detainees who seek judicial relief on any matter are not subjected to reprisals, retaliation, or penalties.	\boxtimes				
19. Indigent detainees are provided with free envelopes and stamps to mail related to legal matters.	\boxtimes			All detainees are provided free envelopes/postage for legal matters.	
PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL					

Inspection of the law library, interviews with detainees using the law library, interviews with SIEAs and IEAs, and review of LexisNexis materials and updates indicated detainee rights are being protected by their access to courts, counsel and legal materials.

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	PART 6 - 37. LEGAL RIGHTS GROUP PRESENTATIONS						
	s Detention Standard protects detainees' rights by ens sons and organizations for the purpose of informing the						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
	Check here if No Group Presentations were cond Acceptable overall and continue o						
1.	The Field Office is responsive to requests by attorneys and accredited representatives for group presentations.				Representatives from the Florence Immigration & Refuge Rights Project hold a group meeting every Thursday in the dining hall.		
2.	Upon receipt of concurrence by the Field Office Director, the facility or authorized ICE/DRO Field Office ensures proper notification to attorneys or accredited representatives in a timely manner.	\boxtimes			The Florence Immigration & Refuge Rights Project has standing approval to conduct legal rights presentations. The group has been conducting these sessions on-site for years.		
3.	The facility follows policy and procedure when rejecting or requesting modifications to objectionable material provided or presented by the attorney or accredited representative.	\boxtimes			Policy controls the entry of legal rights materials. There have been no rejections of, or requested modifications to, legal materials presented in the past 12 months.		
4.	Posters announcing presentations appear in common areas at least 48 hours in advance and sign-up sheets are available and accessible.	\boxtimes			An announcement that the Florence Immigration & Refuge Rights Project is on-site each Thursday is made to all new admissions during intake. Detainees do not have to sign-up to attend; they simply line up for escort when movement to the session is called. Posters are not displayed due the sessions recurring theme and the open public attendance format.		
5.	Detainees have access to group presentations on immigration law, procedures and detainee options. Documentation is submitted and maintained when any detainee is denied permission to attend a presentation and the reason(s) for the denial.	\boxtimes			Detainees meet with a representative of the group in the dining hall for group sessions and in the visiting room for individual sessions. No denials for meeting with legal rights groups have occurred in the past 12 months.		
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.	\boxtimes			Segregation detainees are allowed to meet with group representative in the non-contact visiting rooms.		

PART 6 - 37. LEGAL RIGHTS GROUP PRESENTATIONS					
This Detention Standard protects detainees' rights by ensuring their access to information presented by authorized persons and organizations for the purpose of informing them of U.S. immigration law and procedures.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
☐ Check here if No Group Presentations were cond Acceptable overall and continue of					
8. Interpreters are admitted when necessary to assist attorneys and other legal representatives.	\boxtimes			ICE does not provide interpreters for confidential individual counseling sessions. Outside interpreters, however, would be allowed to participate, when needed.	
9. Presenters are afforded a minimum of one hour to make the presentation and additional time to conduct a question-and-answer session.	\boxtimes				
 Staff permit presenters to distribute ICE/DRO- approved materials. 	\boxtimes			Distribution of such materials must be approved in advance.	
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.				After a presentation, additional time with group representatives in a private setting is allowed for personal case management discussion. ICE staff does not attend these sessions.	
12. Group presenters who have had their privileges suspended are notified in writing by the Field Office Director or designee, and the reasons for suspension are documented. The Headquarters Office for Detention and Removal, Field Operations and Detention management Division is notified when a group or individual is suspended from making presentations.	\boxtimes			No group presenters have been suspended in the past 12 months. Policy and procedures are in place, however, to address this issue if warranted.	
13. The facility plays ICE/DRO-approved videotaped presentations on legal rights, at regular opportunities at the request of outside organizations.	\boxtimes			Video presentations would be allowed, if content is approved. No such submissions have been received since the last inspection.	
 A copy of the Group Legal Rights Presentation policy, including attachments, is available to detainees upon request 	\boxtimes			The handbook addresses access to group legal rights presentations.	
15. The facility maintains equipment for viewing approved electronically formatted presentations.	\boxtimes				
PART 6 - 37. LEGAL RIGHTS	S GRO	UP PRESE	NTA	TIONS	
⊠ Meets Standard ☐ Does Not Meet St	andard	∏ N/A		Repeat Finding	

Interviews with the Assistant Field Office Director and Supervisory Detention Deportation Officer, monitoring of the Thursday group session, and review of policy revealed a program is in place and practiced that informs detainees of their rights and immigration law and procedures.

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Performance-Based National Detention Standards

Section VII ADMINISTRATION & MANAGEMENT

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

PART 7 - 38. DETENTION 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.

	oked into a facility for more than 24 hours a file of all sig	, illiouri	·	on abo	at 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.	\boxtimes			
2.	The detainee Detention File contains either originals or copies of documentation and forms generated during the admissions process.	\boxtimes			File reviews indicated items such as admission documents, behavioral actions and release forms are included.
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 				
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			Files are located in locked cabinets inside a secure access office. Access keys are assigned by the key control officer.
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			Detention file staff complete a close-out regiment that dictates the collection of required documentation to terminate a file.
	The officer closing the Detention File makes a notation that the file is complete and ready to be archived.	\boxtimes			
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			The detention file room has a sign- out log documenting the in/out date, time, and name of each file.
9.	Electronic record-keeping systems and data are protected from unauthorized access.	\boxtimes			ENFORCE, the automated recordkeeping system, is password protected.
10.	Unless release of information is required by statute or regulation, a detainee must sign a release-of-information consent form prior to the release of any information, and a copy of the form is maintained in the detainee's Detention File.	\boxtimes			All new admissions sign a release of information form authorizing retrieval of data from their file. These forms are kept in the detention file.

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		
 Electronic data on individual detainees is subject to the same Privacy Act regulations as the contents of traditional paper Detention Files and A-files. 						
12. The Facility Administrator or staff designate ensures that necessary equipment and supplies, including copier and copier supplies are available; all equipment is maintained in good working order and that equipment has the capacity to handle the volume of work.	\boxtimes					
13. The Detention Operations Supervisor or equivalent can direct certain documents be added to a detainee's detention File.	\boxtimes			The Supervisory Immigration Enforcement Agent (SIEA) can authorize inclusion of any documentation in a detention file.		
 Archived files are purged after six years by shredding or burning. 				Archived files are not destroyed at this facility.		
15. Field Offices maintains detention files on detainees housed in IGSA Facilities as needed. These files are maintained for a minimum of 18 months.						
PART 7 – 38. DETENTION FILES						

Review of detention files, interviews with detention file room staff, and interviews with Immigration Enforcement Agents indicated detention files are assembled for all new admissions, are securely stored, include required documentation, are maintained in an orderly format and are retained within prescribed timelines.

(b)(6), (b)(7)(c) <u>03/22/2012</u> Reviewer's Signature / Date

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. Standards Standards Does Not Meet Components Remarks 1. The ICE/DRO Field Office Director approved all Approval from the Field Office interviews by reporters, other news media Director is given after ICE \boxtimes representatives, academics and others not covered by Headquarters has been notified and the Detention Standard on Visitation. approves the request. 2. All personal interviews are documented with the News Detainees to be interviewed Interview Authorization form (or equivalent) and filed in complete a Detainee Interview the detainee's A-file with a copy in the facility's Release Form and ICE Form 60-001 Detention File. (Privacy Waiver Authorizing \boxtimes Disclosure to a Third Party) that serves as consent to meet with media representatives. These forms are placed in the detainee's A-file. 3. The Field Office Director consulted with Headquarters before deciding to allow an interview with a detainee ICE Headquarters approves all \boxtimes who was the center of a controversy, or special media interview requests. interest, or high profile case. Signed released forms are obtained and retained in the detainee's a-file from any media representatives \boxtimes who photographed or recorded any detainee in any way that would individually identify him or her. 5. All press pools are organized 'according to the procedures in the Detention Standard. A press pool may be established when the Field Office Director and facility administrator determine that the volume of interview requests warrants such action. The facility does not have an established press pool. Procedures All media representatives with pending or \boxtimes are in place, however, that govern requested, tours, or visits were notified that, its structure and operational effective immediately and until further notice, all guidelines, if implemented. 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 INTERVIEWS AND TOURS

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

Review of policy, procedures and authorization forms, and an interview with a Supervisory Detention and Deportation Officer, revealed news media interviews and tours are reviewed, documented and controlled by the ICE Field Office and ICE Headquarters.

☐ Does Not Meet Standard

(b)(6), (b)(7)(c)	03/22/2012
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Meets Standard

□ N/A

Repeat Finding

Reviewer's Signature / Date

	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			With the exception of the contract security officers, all other ICE and non-ICE personnel receive appropriate initial training and orientation. The contract security officers receive training from their own company instructors.	
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 (b)(7)e ualified 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			The training officer has completed 80 hours in a train-the-trainer course.	
4.	Training is governed and guided by a training plan that is reviewed and approved annually by the facility administrator.	\boxtimes				
5.	An accurate and complete record is maintained of all formal training activities in: Individual training folders, Other training records systems, and/or Electronic systems.	\boxtimes			The training records are maintained electronically. Signature sheets are maintained for classroom courses.	

Components	Meets Standard	Does Not Meet Standard	A/A	Remarks
6. Each new employee, contractor, and volunteer is provided an orientation prior to assuming duties While tailored specifically for staff, contractors, and volunteers, the orientation programs include, at a minimum: Working conditions Cultural diversity/understanding staff & detainees Code of ethics Personnel policy manual Employees' rights and responsibilities Drug-free Workplace Health-related emergencies Signs of Suicide risk and precautions Suicide prevention and intervention Hunger strikes Use of Force Keys and Locks Overview of the criminal justice system Tour of the facility Facility goals and objectives Facility organization Staff rules and regulations Sexual harassment/sexual misconduct awareness Personnel policies Program overview Orientation and training on detainee handbook and detainee rights. Requirement of special-needs detainees.		Does Me Stand	'N	The contract security officers receive this training from their own company instructors and the records are maintained off-site.

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 newly hired staff receive training in the subjects listed in this component.

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. 				With the exception of the contract security officers, all employees interacting with detainees receive this training. The contract security officers receive training from their own company instructors.

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

requiring that they receive initial and origoning refresher tha		# n		
Components	Meets Standard	Does Not Meet Standard	W/A	Remarks
 10. Security personnel (including contractors) will receive training on the following subjects, at a minimum: Security procedures and regulations Supervision of detainees Searches of detainees, housing units, and work areas Signs of suicide risk, precaution, prevention and intervention. Code of Ethics Health-related emergencies Drug-free workplace Suicide precautions Self-defense techniques Use-of-force regulations and tactics Report writing Detainee rules and regulations Key control Rights and responsibilities of detainees Safety procedures Emergency plans and procedures Interpersonal relations Social/cultural lifestyles of the detainee population Cultural diversity/understanding staff & detainees Communication skills Cardiopulmonary resuscitation (CPR)/first aid Counseling techniques Sexual abuse/assault awareness National Detention Standards. 				The contract security company provides this training to their own employees. Their training is conducted off-site and their records are maintained outside of the facility.
11. Situation Response Teams (SRTs) receive:Specialized training before undertaking their assignments.				Situation Response Teams receive monthly training.
12. Facility management and supervisory staff receive:Management and Supervisory training				
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			(b)(7)e
14. (MANDATORY) All personnel authorized to use firearms demonstrate competency in their use at least annually.	\boxtimes			(b)(7)e

requiring that they receive initial and ongoing refresher that				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
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			Staff initially qualify in the use of chemical agents and quality annually thereafter.
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. 				A review of the training curriculum and training files indicated training
 Possessing illegal drugs except in the authorized performance of official duties. 				addresses the topics referenced in this component.
 Procedures to be used to ensure compliance. 				
 Opportunities available for treatment and/or counseling for drug abuse. 				
 Penalties for violation of the policy. 				
17. New staff are required to acknowledge in writing that they have reviewed and understand the facility's drugfree workplace program, and a copy of the signed acknowledgement is maintained in that person's personnel file.	\boxtimes			
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. 				Staff receive training in professional
 Engaging in activities that constitute a conflict of interest. 			Ш	conduct and ethics.
 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. 				
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			All staff sign forms acknowledging they have received ethics training. The forms are scanned into an electronic file for record keeping.

requiring that they receive initial and origining remedies that					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
 20. (MANDATORY) All staff in frequent contact with detainees is trained at least annually to respond to health-related emergencies within four minutes. The training is provided by a responsible medical authority in cooperation with the facility administrator and includes: Recognizing of signs of potential health emergencies and the required responses. 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. 				In addition to training, ongoing mock drills are conducted throughout the year in order to test staff responsiveness to health-related emergencies.	
 21. All staff in frequent contact with detainees are trained at least annually on the facility's Sexual Abuse and Assault Prevention and Intervention Program, to include: Understanding that sexual abuse or assault is never an acceptable consequence of detention. Recognizing housing or other situations where sexual abuse or assault may occur. Recognizing the physical, behavioral, and emotional signs of sexual abuse or assault and ways to prevent such occurrences. Knowing how to report knowledge or suspicion of sexual abuse or assault and make intervention referrals in the facility's program. 				A review of the training curriculum and training files indicated the training addresses the topics referenced in this component.	

requiring that they receive initial and ongoing refresher tra	g.				
Components	Meets Standard	Does Not Meet Standard	Y/N	Remarks	
 22. (MANDATORY) All staff in frequent contact with detainees are trained at least annually on the facility's Suicide Prevention and Intervention Program, to include: Identifying the warning signs and symptoms of impending suicidal behavior, Demographic, cultural, and precipitating factors of suicidal behavior, Responding to suicidal and depressed detainees, Communication between correctional and health care personnel, Referral procedures, Housing observation and suicide-watch level procedures, and Follow-up monitoring of detainees who have attempted suicide. 				Suicide prevention training is provided in the initial employee training and annually thereafter.	
23. All staff are trained during orientation and annually to recognize the signs of a hunger strike and on the procedures for referral for medical assessment.	\boxtimes				
24. All staff are trained in proper procedures for the care and handling of keys. Orientation training shall be accomplished before staff are issued keys, and key control shall be among the topics covered in annual training. Ordinarily, such training is done by the Security Officer or Key Control Officer.				The key control officer provides training on key management.	
 25. Through ongoing (at least annual) training, all detention facility staff are made aware of their responsibilities to control situations involving aggressive detainees. At a minimum, training shall include: The requirements of this Detention Standard The use of force continuum Communication techniques Cultural diversity Dealing with the mentally ill Confrontation-avoidance techniques Approved methods of self-defense Force cell-move techniques Communicable diseases, particularly precautions to be taken for use of force Application of restraints (progressive and hard) Reporting procedures. 				A review of the training curriculum and training files indicated the training addresses the topics referenced 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	Y/N	Remarks
26. Employees are encouraged to continue their education and professional development through incentives such as salary enhancement, reimbursement of costs, and administrative leave.				
PART 7 – 40. STAFF TRAINING				
	andard	l □ N/A	1	☐Repeat Finding

Annual training occurred during the week of the inspection. The classrooms were observed and monitored as part of this review. Topics listed in this standard were being taught or were on the schedule to be taught as a refresher course. Staff records are permanently maintained electronically and are easily accessible. The training officer has prior experience as an instructor in the ICE academy and was skilled in his ability to produce training documents during the review.

Various sub-contractors work within the confines of the SPC. These staff receive orientation training and familiarization training prior to beginning their duties within the facility.

Lesson plans, training records, and attendance sheets were examined for this review. Additionally, the training staff and one instructor were interviewed on the training requirements.

(b)(6), (b)(7)(c) / 03/22/2012 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
le re	When a detainee is represented by legal counsel or a regal representative, and a G-28 has been filed, the expresentative of record is notified by the detainee's eportation Officer within 24 hours of transfer. The notification is recorded in the detainee's file When the A-File is not available, notification is				Transfer notification is documented in the A-file, and notation is also posted in ENFORCE, the facility automated recordkeeping system.
	noted within ENFORCE. otification includes the reason for the transfer and the location of the new facility,	\boxtimes			Notification provided to the detainee at the time of transfer includes the name, address and telephone number of the new facility. Reasons for transfer are limited to medical, change of venue, recreation, security or other.
th	he deportation officer is allowed discretion regarding the timing of the notification when extenuating reumstances are involved.	\boxtimes			
re	he attorney and detainee are notified that it is their esponsibility to notify family members regarding a ansfer.	\boxtimes			The Deportation Removal Officer (DRO) assigned to the detainee case notifies the attorney of record and the detainee's family of transfer details.
5. Fa	acility policy mandates that: Times and transfer plans are never discussed with the detainee prior to transfer. The detainee is not notified of the transfer until immediately prior to departing the facility. The detainee is not permitted to make any phone calls or have contact with any detainee in the general population.	\boxtimes			
	he detainee is provided with a completed Detainee ransfer Notification Form.	\boxtimes			The notification does not include travel plans.
	orm G-391 or equivalent authorizing the removal of a etainee from a facility is used.	\boxtimes			Forms G-391 and I-216 are the authorizations used for detainee releases.

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.

Meets Standard Does Not Meet Standard N/A N/A		W/A	Remarks		
8. For medical transfers:					
 The Division of Immigration Health Services (DIHS) Medical Director or designee approves the transfer. 					
 Medical transfers are coordinated through the local ICE/DRO office. 	\boxtimes				
 A medical transfer summary is completed and accompanies the detainee. 					
 Detainee is issued a minimum of 7 days worth of prescription medications. 					
 Detainees are transferred with a completed transfer summary sheet in a sealed envelope with the detainee's name and A-number and the envelope is marked Medical Confidential. 	\boxtimes				
 For medical transfers, transporting officers receive instructions regarding medical issues. 	\boxtimes			Information provided is on a need-to-know basis.	
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.	\boxtimes				
13. Indigent detainees unable to make a telephone call at their new location are able to make a telephone call at the government's expense within 12 hours of arrival.	\boxtimes				
14. Meals are provided when transfers occur during normally schedule meal times.	\boxtimes			Sack lunches are provided when transfer times intersect with scheduled meal times.	
15. An A-File or work folder accompanies the detainee when transferred to a different Field Office or sub- office.	\boxtimes				
16. A-Files are forwarded to the receiving office via overnight mail no later than one business day following the transfer.	\boxtimes			According to a Detention Operation Supervisor (DOS), A-files accompany detainees on transfer.	
PART 7 - 41. TRANS	FER O	FDETAIN	EES		

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

Review of policy, an interview with a DOS, review of transferred detainee ENFORCE files, and observation of transfer-out processing revealed detainee transfers are managed with supervisory oversight, documentation, and within procedural guidelines outlined in the standard.

(b)(6), (b)(7)(c)	03/22/2012
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Reviewer's Signature / Date

A. Type of Facility Reviewed

B. Current Inspection Type of Inspection Field Office ⋈ HQ Inspection Date[s] of Facility Review 03/ 20-22/ 2012 C. Previous/Most Recent Facility Review Date[s] of Last Facility Review 03/22-24/2011 Previous Rating Meets Standards Does Not Meet Standards Date B 1961 Date L	ICE Intergovernmental Service Agreement Current Inspection of Inspection Field Office	G. Accr List all St ACA-200 Checl H. Prob The Facil Court The Facil Major
B. Current Inspection Type of Inspection □ Field Office □ HQ Inspection Date[s] of Facility Review 03/ 20-22/2012 C. Previous/Most Recent Facility Review Date[s] of Last Facility Review 03/22-24/2011 Previous Rating □ Meets Standards □ Does Not Meet Standards Date B 1961 Date L Date L	Current Inspection of Inspection Field Office HQ Inspection Es of Facility Review 20-22/ 2012 Previous/Most Recent Facility Review Es of Last Facility Review	H. Prob The Facil Court The Facil Major
B. Current Inspection Type of Inspection ☐ Field Office ☐ HQ Inspection Date[s] of Facility Review 03/ 20-22/2012 C. Previous/Most Recent Facility Review Date[s] of Last Facility Review 03/22-24/2011 Previous Rating ☐ Meets Standards ☐ Does Not Meet Standards Date B 1961 Date L Date L	rof Inspection Field Office HQ Inspection Field	H. Prob The Facil Court The Facil Major
Type of Inspection ☐ Field Office ☐ HQ Inspection Date[s] of Facility Review 03/ 20-22/ 2012 C. Previous/Most Recent Facility Review Date[s] of Last Facility Review 03/22-24/2011 Previous Rating ☐ Meets Standards ☐ Does Not Meet Standards Date B 1961 Date L Date L	rof Inspection Field Office HQ Inspection Field	H. Prob The Facil Court The Facil Major
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03/22-24/2011 Previous Rating		⊠ Chec
☐ Name and Location of Facility ☐ Does Not Meet Standards ☐ Date B ☐ 1961	2-24/2011	
D. Name and Location of Facility Date L	ious Rating	
D. Name and Location of Facility Date L	Meets Standards Does Not Meet Standards	Date Buil
D. Name and Location of Facility		
Decem	Name and Location of Facility	Date Last
NAME	ie e	Decembe
Proteine Service Processing Center		Date New
Address (Sirect and Name)	ress (Street and Name)	1990/250
1 12.30 IN FIHALFALKWAY	N. Pinal Parkway	Future Co
City, State and Zip Code	, State and Zip Code	∑ Yes [
Florence, Arizona 63132	ence, Arizona 85132	Current E
County 392	nty	392
Pinal		
Name and Title of Facility Administrator		
(Warden OTC/Superintendent)		Total Fac
Assistant I teld Office Director	(6), (b)(7)(c) Assistant Field Office Director	14,299
	phone # (Include Area Code)	Total ICE
(320) ((0)(1)(0)		142,694
Field Office / Sub-Office (List Office with oversight		
responsionates)		K. Class
Phoenix /		
Distance from Field Office	ance from Field Office	Adult Ma
64 miles Adult I	nilos	Adult Fer

E. ICE Information

Name of Inspector (Last Name, Title and Duty Station)

(b)(6), (b)(7)(c)LCI / Nakamoto Group
Name of Team Member / Title / Duty Location

(b)(6), (b)(7)(d)Medical SME / Nakamoto Group
Name of Team Member / Title / Duty Location

(b)(6), (b)(7)(c) Safety-Food Service SME / Nakamoto Group
Name of Team Member / Title / Duty Location

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

F. CDF/IGSA Information Only

TT CD1/TG5/TTIMOTIMETON	Janay		
Contract Number	Date of Contract or IGSA		
N/A	N/A		
Basic Rates per Man-Day			
N/A			
Other Charges: (If None, Indic	ate N/A)		
N/A; N/A; N/A;			
Estimated Man-days Per Year			
N/A			

G. Accreditation Certificates

List all State or National Accreditation[s] received:	
ACA-2009, JCAHO-2010, NCCHC-2009	
Check box if facility has no accreditation[s]	

H. Problems / Complaints (Copies must be attached)

11. Troblems / 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

1. Facility History			
Date Built			
1961			
Date Last Remodeled	or Upgraded		
December 14, 2011			
Date New Construction / Bedspace Added			
1990/250 beds added			
Future Construction Planned			
Current Bedspace Future Bedspace (# New Beds only)			
392	Number: N/A Date: N/A		

J. Total Facility Population

Total Facility Intake for previous 12 months 14,299
Total ICE Mandays for Previous 12 months 142,694

K. Classification Level (ICE SPCs and CDFs Only)

	L-1	L-2	L-3
Adult Male	360	24	0
Adult Female	0	0	0

L. Facility Capacity

Rated Operational Emergen			
Adult Male 392 392 392			
Adult Female 0 0			
☐ Facility holds Juveniles Offenders 16 and older as Adults			

M. Average Daily Population

	ICE	USMS	Other
Adult Male	384	0	0
Adult Female	0	0	0

N. Facility Staffing Level

		Security: Asset/ATSI(b)(7)(e)	ICE _{(b)(7)(e)}	Support: Asset/ATS(b)(7)(e)	IC(E)(7)(e)
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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.)	N/A	N/A	P	4-P/1-S
Offenders on Offenders ¹	With Weapon	0	0	0	0
	Without Weapon	0	0	1	5
Assault:	Types (Sexual Physical, etc.)	N/A	N/A	N/A	N/A
Detainee on Staff	With Weapon	0	0	0	0
	Without Weapon	0	0	0	0
Number of Forced Moves, incl. Forced Cell moves ³		0	0	2	0
Disturbances ⁴		0	0	0	0
Number of Times Chemical Agents Used		0	0	0	1
Number of Times Special Reaction Team Deployed/Used		0	0	0	0
# Times Four/Five Point	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	0	0
Restraints applied/used	Type (C=Chair, B=Bed, BB=Board, O=Other)	N/A	N/A	N/A	N/A
Number of Times Canines Used in Facility		0	0	0	0
Offender / Detainee Medical Referrals as a result of injuries sustained.		0	0	0	0
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	2	1	20	6
	# Resolved in favor of Offender/Detainee	0	0	4	1
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	N/A	N/A	N/A	N/A
	Number	0	0	0	0
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	24	39	22	39
	# Psychiatric Cases referred for Outside Care	0	0	0	0

⁻

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

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

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

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

Neets Standards 2. Does Not Meet Standards 3. Repeat Finding 4. Not Applicable 7. PART 1 SAFETY	DHS/ICE Detention Standards Review Summary Report					
PART 1 SAFETY	1. N		1	2	3	4
Emergency Plans						
Environmental Health and Safety				П	П	
3 Transportation (By Land)	-		+=		一	
PART 2 SECURITY		,	+			
4 Admission and Release			_			
5 Classification System				ПП		
6 Contraband						
7 Facility Security and Control				_		
8 Funds and Personal Property						
9			+ = -			П
10						
11						
12	-					
13 Searches of Detainees			-			
14 Sexual Abuse and Assault Prevention and Intervention						
15 Special Management Units						
16 Staff-Detainee Communication			+			
17 Tool Control	-					
18			\boxtimes			
PART 3 ORDER 19 Disciplinary System □ □ □ PART 4 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 5 ACTIVITIES 26 Correspondence and Other Mail □ □ □ 27 Escorted Trips for Non-Medical Emergencies □ □ □ 28 Marriage Requests □ □ □ 29 Recreation □ □ □ 30 Religious Practices □ □ □ 31 Telephone Access □ □ □ 32 Visitation □ □ □ 33 Voluntary Work Program □ □ □ PART 6 JUSTICE 34 Detainee Handbook □ □ □ 35 Grievance System □ □ □ 36 Law Libraries and Legal Material □ □ □ 37 Legal Rights Group Presentations □ □ □ 38 Detention Files □ □ □ 39 News Media Interviews and Tours □ □ □ <tr< td=""><td></td><td></td><td>\boxtimes</td><td></td><td></td><td></td></tr<>			\boxtimes			
19 Disciplinary System	PAI					
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21 Hunger Strikes □ □ 22 Medical Care □ □ 23 Personal Hygiene □ □ 24 Suicide Prevention and Intervention □ □ 25 Terminal Illness, Advance Directives, and Death □ □ PART 5 ACTIVITIES 26 Correspondence and Other Mail □ □ 27 Escorted Trips for Non-Medical Emergencies □ □ 28 Marriage Requests □ □ 29 Recreation □ □ 30 Religious Practices □ □ 31 Telephone Access □ □ 32 Visitation □ □ 33 Voluntary Work Program □ □ PART 6 JUSTICE 34 Detainee Handbook □ □ 35 Grievance System □ □ 36 Law Libraries and Legal Material □ □ 37 Legal Rights Group Presentations □ □ PART 7 ADMINISTRATION & MANAGEMENT 39 News Media Interviews and Tours □ □ 40 Staff Training □ □	PAI					
22 Medical Care □ □ 23 Personal Hygiene □ □ 24 Suicide Prevention and Intervention □ □ 25 Terminal Illness, Advance Directives, and Death □ □ PART 5 ACTIVITIES 26 Correspondence and Other Mail □ □ 27 Escorted Trips for Non-Medical Emergencies □ □ 28 Marriage Requests □ □ 29 Recreation □ □ 30 Religious Practices □ □ 31 Telephone Access □ □ 32 Visitation □ □ 33 Voluntary Work Program □ □ PART 6 JUSTICE 34 Detainee Handbook □ □ 35 Grievance System □ □ 36 Law Libraries and Legal Material □ □ 37 Legal Rights Group Presentations □ □ PART 7 ADMINISTRATION & MANAGEMENT 39 News Media Interviews and Tours □ □ 40 Staff Training □ □	20	Food Service	\boxtimes			
22 Medical Care □	21	Hunger Strikes	\boxtimes			
24 Suicide Prevention and Intervention □	22	Medical Care	\boxtimes			
24 Suicide Prevention and Intervention □	23	Personal Hygiene	\boxtimes			
PART 5 ACTIVITIES 26 Correspondence and Other Mail □	24					
26 Correspondence and Other Mail □ <t< td=""><td>25</td><td>Terminal Illness, Advance Directives, and Death</td><td></td><td></td><td></td><td></td></t<>	25	Terminal Illness, Advance Directives, and Death				
27 Escorted Trips for Non-Medical Emergencies □ □ □ 28 Marriage Requests □ □ □ 29 Recreation □ □ □ 30 Religious Practices □ □ □ 31 Telephone Access □ □ □ 32 Visitation □ □ □ 33 Voluntary Work Program □ □ □ PART 6 JUSTICE 34 Detainee Handbook □ □ □ 35 Grievance System □ □ □ 36 Law Libraries and Legal Material □ □ □ 37 Legal Rights Group Presentations □ □ □ PART 7 ADMINISTRATION & MANAGEMENT 38 Detention Files □ □ □ 39 News Media Interviews and Tours □ □ □ 40 Staff Training □ □ □	PAI	RT 5 ACTIVITIES				
28 Marriage Requests □ □ □ 29 Recreation □	26	Correspondence and Other Mail	\boxtimes			
29 Recreation □	27	Escorted Trips for Non-Medical Emergencies	\boxtimes			
30 Religious Practices	28	Marriage Requests	\boxtimes			
31 Telephone Access □ □ 32 Visitation □ □ 33 Voluntary Work Program □ □ PART 6 JUSTICE 34 Detainee Handbook □ □ 35 Grievance System □ □ 36 Law Libraries and Legal Material □ □ 37 Legal Rights Group Presentations □ □ PART 7 ADMINISTRATION & MANAGEMENT 38 Detention Files □ □ 39 News Media Interviews and Tours □ □ 40 Staff Training □ □	29	Recreation	\boxtimes			
31 Telephone Access □	30	Religious Practices	\boxtimes			
33 Voluntary Work Program □ □ □ □ □ □ PART 6 JUSTICE 34 Detainee Handbook □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	31	Telephone Access	\boxtimes			
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35 Grievance System	PA					
36 Law Libraries and Legal Material □ □ □ □ 37 Legal Rights Group Presentations □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	34		\boxtimes			
37 Legal Rights Group Presentations □ □ PART 7 ADMINISTRATION & MANAGEMENT 38 Detention Files □ □ 39 News Media Interviews and Tours □ □ 40 Staff Training □ □	35		\square			
PART 7 ADMINISTRATION & MANAGEMENT 38 Detention Files □ □ 39 News Media Interviews and Tours □ □ 40 Staff Training □ □	36	Law Libraries and Legal Material	\boxtimes			
38 Detention Files □ □ 39 News Media Interviews and Tours □ □ 40 Staff Training □ □	37	Legal Rights Group Presentations	\boxtimes			
39 News Media Interviews and Tours □ □ □ □ 40 Staff Training □ □ □	PA	RT 7 ADMINISTRATION & MANAGEMENT				
40 Staff Training	38					
	39	News Media Interviews and Tours	\boxtimes			
41 Transfer of Detainees	40		1			
	41	Transfer of Detainees				

LCI Review Assurance Statement

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

Lead Compliance Inspector: (Print Name)	Signature
(b)(6), (b)(7)(c)	(b)(6), (b)(7)(c)
Title & Duty Location	Date
Lead Compliance Inspector, The Nakamoto Group, Inc.	03/22/2012

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

Recommended Rating:	⊠ Meets Standards
G	Does Not Meet Standards

Comments: The facility was built in 1961and consists of a compound that includes an Under-72 hour facility (separated by a controlled access fence) that serves as the reception, admission, holding, and classification center for the entire compound, and an Over-72 hour facility that consists of a traditional plat of housing, programs and support areas resulting in a combined capacity of 392 adult male detainees. The entire compound is enclosed by a fenced perimeter.

The facility is clean, orderly and staffed with a roster of seasoned, knowledgeable staff that showed responsiveness and professionalism to detainees. Detainees demonstrated a relaxed demeanor during the inspection and registered no substantive complaints about their treatment by staff, services or available programs.

The only concern noted was in the Suicide Prevention and Intervention standard. The designated isolation room contains structures and smaller items that could be used in a suicide attempt by hanging such as an open barred cell door, a wall vent with large openings, an accessible light fixture and an exposed sprinkler head. Facility practices to mitigate the concern include constant one-on-one observation and limiting detainee possessions to a suicide-resistant smock and blanket from which strips of cloth cannot be torn.

The facility does not use Tasers and does not have a canine unit.

The facility does not have a medical co-pay program.