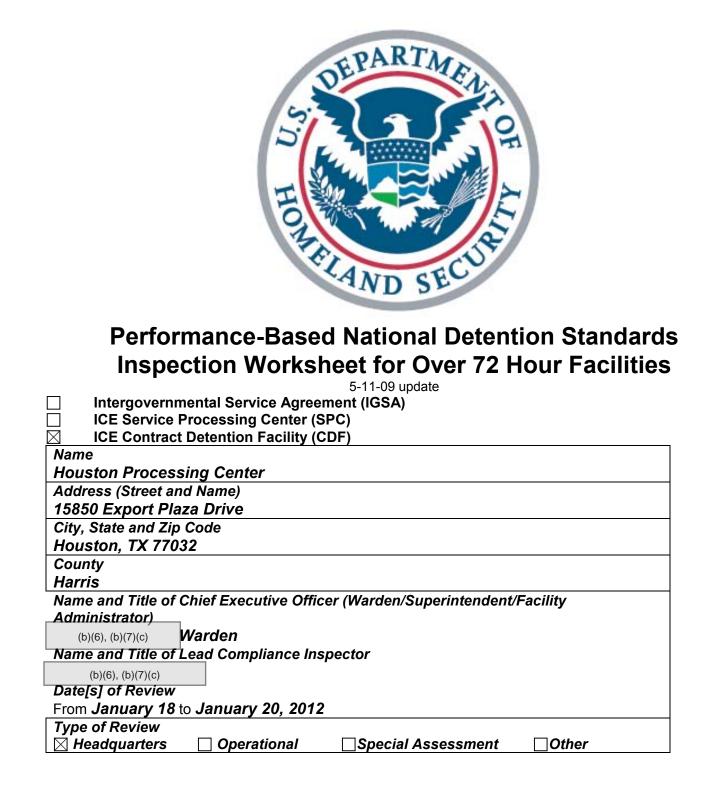
Condition of Confinement Inspection Worksheet (This document must be attached to each G-324A Detention Review Form) **This Form is to be used for Inspections of Facilities used over 72 Hours**



Introduction to the G324A Over 72hour Facility Detention Inspection Worksheets

What is "Performance-Based"?

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

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

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

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

Worksheet Overview

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

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

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

Worksheet Completion

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

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

Outcome Measures Completion

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

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

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Section I SAFETY

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

PART 1 – 1. EMERGENCY PLANS							
	This Detention Standard ensures a safe environment for detainees and employees by having in place contingency plans to quickly and effectively respond to any emergency situations that arise and to minimize their severity.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	No Detainee or detainee groups exercise control or authority over other detainees.	\boxtimes			Written facility policy states that a detainee or a detainee group may not exercise authority or control over other detainees.		
2.	 Detainees are protected from: Personal abuse Corporal punishment Personal injury Disease Property damage Harassment from other detainees 	\boxtimes			Written facility policy states that detainees will be protected from abuse, corporal punishment, personal injury, disease, property damage and harassment.		
3. •	Staff is trained to identify signs of detainee unrest. What type of training and how often?	\boxtimes			Training on how to identify signs of detainee unrest is provided during new employee training and annually thereafter. ICE training seminar, "Detecting Institutional Tension," is used as the basis of this training.		
4.	Staff effectively disseminates information on facility climate, detainee attitudes, and moods to the Facility Administrator.	\boxtimes			Staff routinely report information on climate, detainee attitudes and mood of the population to the facility leadership.		
5.	There is a designated person or persons responsible for emergency plans and their implementation. Sufficient time is allotted to the person or group for development and implementation of the plans.	\boxtimes			The Chief of Security is responsible for the Emergency Plans and their implementation. Sufficient time is allotted to the Chief of Security for Emergency Plan development and implementation. The Chief of Security plans and executes exercise drills on a quarterly basis.		
6.	Each emergency plan is assigned a number and is strictly accounted for. A list identifying the location of each emergency plan is maintained by the Chief of Security or equivalent.	\boxtimes			Each copy of the Emergency Plan is assigned a unique number and is strictly accounted for. The Chief of Security maintains a list showing the number and location of each copy of the Emergency Plan.		
7.	All staff receives training in the emergency plans during their orientation training as well as during their annual training.	\boxtimes			Training on the facility's Emergency Plan is conducted during new employee training and during annual training.		
8.	The General Section of the emergency plans discusses alternate routes to the facility for staff to use in the event the primary route is impassable.	\boxtimes			The General Section of the Emergency Plan shows alternate routes to the facility.		

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		
 9. The plans address the following issues: Confidentiality Accountability (copies and storage locations) Annual review procedures and schedule Revisions 	\boxtimes			The Emergency Plan clearly addresses confidentiality, accountability, annual reviews and revisions.		
10. Contingency plans include a comprehensive general section with procedures applicable to most emergency situations, including procedures for handling detainees with special needs.	\boxtimes			The General Section of the plan includes a section describing procedures applicable to most emergency situations and the handling of special needs detainees.		
11. Contingency plans include a procedure for notification of neighbors residing in close proximity to the facility.	\boxtimes			Procedures for notification of neighbors in close proximity to the facility are included in the Emergency Plan.		
 12. The facility has cooperative contingency plans with applicable: Local law enforcement agencies State agencies Federal agencies 	\boxtimes			This facility has established Memorandums of Understanding with the Houston Fire Department and the Houston Police Department for mutual support.		
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.				Joint mock emergency exercises are scheduled to test specific sections of the Emergency Plan. The local agencies that the facility has Memorandums of Understanding with are invited to participate but have continually declined. The mock exercises are conducted without the Houston Fire and Police Departments.		
14. All staff receives copies of the Facility Hostage policy and procedures.	\boxtimes			Training is provided on the Facility Hostage policy during new employee training then annually thereafter. The policy is available to all staff on the facility's computer system share drive.		
15 (b)(7)e Within 24 hours after release, hostages are screened for medical and psychological effects.				Staff are trained during new employee training and again annually on hostage policy and procedures. Included in this training (b)(7)e (b)(7)e Policy requires that hostages be screened for medical and psychological effects within twenty-four hours of release.		

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	Remarks			
16. The facility maintains a list of translator services in the event one is needed during a hostage crisis.	\boxtimes			A translator list is maintained in the facility command center.			
 Emergency plans include emergency medical treatment for staff and detainees during and after an incident. 	\boxtimes			This facility's Emergency Plan includes provisions to provide medical treatment for staff and detainees during and after an incident.			
 The Food Service Department maintains at least 3- days' worth of emergency meals for staff and detainees. 	\boxtimes			The Food Service Department maintains a twenty one day supply of food for staff and detainees at all times.			
 Written plans illustrate locations of shut-off valves and switches for utilities (water, gas, electric). 	\boxtimes			The Emergency Plan includes illustrations that locate shut-off valves and switches for utilities.			
20. Written plans include a Staff Work Stoppage procedure. This procedure is available for limited supervisory review.	\boxtimes			This facility has a written plan that addresses a Staff Work Stoppage. This plan is available for limited supervisory review only.			
 21. (MANDATORY) Written procedures cover: Work/Food Strike Fire Environmental Hazard Detainee Transportation System Emergency ICE-wide Lockdown Staff Work Stoppage Disturbances Escapes Bomb Threats Adverse Weather Internal Searches Facility Evacuation Detainee Transportation System Plan Hostages (Internal) Civil Disturbances 				This facility has written procedures that address a Work/Food Strike, Fire, Environmental Hazard, Detainee Transportation System Emergency, ICE-wide Lockdown, Staff Work Stoppage, Disturbances, Escapes, Bomb Threats, Adverse Weather, Internal Searches, Facility Evacuation, Detainee Transportation System Plan, Hostages (Internal) and Civil Disturbances.			
emergency debriefings and discussions.							
PART 1 – 1. EME	RGEN	SY PLANS	5				
⊠ Meets Standard	andard	□ N/A	1	☐Repeat Finding			

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During this inspection a thorough review of the facility Emergency Plan was conducted as well as an interview with the Chief of Security. The Emergency Plan is well written and thoroughly addresses the required plan components. Written facility policy states that a detainee or a detainee group may not exercise authority over other detainees. The Emergency Plan includes illustrations that locate shut-off valves and switches for all utilities. Staff are trained during new employee training and again annually on hostage policy and procedures. Included in this training are instructions that staff disregard instruction from hostages regardless of rank. The facility has a written plan that addresses a Staff Work Stoppage. This plan is available for limited supervisory review only.

(b)(6), (b)(7)(c) $\sqrt{\frac{01/20/2012}{2012}}$ Reviewer's Signature / Date

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.

eq	uipment.				
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
	(MANDATORY) The facility has a system for storing, issuing, and maintaining inventories of hazardous materials.	\boxtimes			All chemicals and hazardous materials are stored in secure locations with individual perpetual inventories.
2.	Constant inventories are maintained for all flammable, toxic, and caustic substances used/stored in each area of the facility.	\boxtimes			The inventories in the kitchen and laundry areas were reviewed and found to be accurate and complete.
3.	 The manufacturer's Material Safety Data Sheet (MSDS) file is up-to-date for every hazardous substance used. The 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			The facility safety manager maintains a master file of all Material Safety Data Sheets (MSDS) including a facility diagram and legend. The MSDS sheets are located in all appropriate areas.
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			Personal protective equipment is readily available. Any spills are immediately reported to a supervisor.
5.	The MSDS are readily accessible to staff and detainees in the work areas.	\boxtimes			The MSDS sheets were found in all work areas including the kitchen and laundry.
6.	 Hazardous materials are always issued under proper supervision. Quantities are limited. Detainees are trained. Staff always supervises detainees using these substances. 	\boxtimes			Hazardous materials are issued under proper supervision. Detainees are trained and training is documented, quantities are limited, and staff supervise detainees using these substances.
7.	All "flammable" and "combustible" materials (liquid and aerosol) are stored and used according to label recommendations.	\boxtimes			The central issuing point is outside the secure perimeter of the facility. Flammable and combustible aerosols found in the central issue point were stored in an NFPA (National Fire Protection Association) approved cabinet.
8.	Lighting fixtures and electrical equipment are installed in storage rooms and other hazardous areas and meet the National Electrical Code requirements.	\boxtimes			
9.	All toxic and caustic materials stored in their original containers in a secure area.	\boxtimes			The materials are stored in their original containers with an appropriate inventory.

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
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 receives a list of products containing diluted methyl alcohol, for example, shoe dye. All such products are clearly labeled as such. "Accountability" includes issuing such products to detainees in the smallest workable quantities.			\boxtimes	Products that contain methyl alcohol are not utilized at this facility.
12. Every employee and detainee using flammable, toxic, or caustic materials receives advanced training, in accordance with OSHA standards, in their use, storage, and disposal.				The detainee and employee training files were reviewed and are compliant with hazardous materials/hazardous communication training.
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).				The facility is in compliance with the requirements of the National Fire Protection Association and the Occupational Safety and Health Administration.
14. A technically qualified staff member conducts fire and safety inspections.				The facility safety manager conducts and documents all fire and safety inspections.
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.				The plan is contained in facility policy. The plan is approved on a yearly basis by the Houston Fire Department.
 17. The plan requires: Monthly fire inspections. Fire protection equipment strategically located throughout the facility. Public posting of emergency plan with accessible building/room floor plans. Exit signs and directional arrows. An area-specific exit diagram conspicuously posted in the diagrammed area. 				The facility conducts monthly fire inspections. The facility is fully sprinkled with adequate protection equipment throughout the structure. Emergency plans are available to staff and volunteers. Exit signs with arrows and area-specific diagrams appeared adequate.
18. Fire drills are conducted and documented quarterly in all facility locations including the administrative area.				The facility has a yearly fire drill schedule that includes all areas of the facility on a quarterly basis. All drills are documented and kept on file.

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.

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Components	Meets Standard	Does Not Meet Standard	V/N	Remarks
19. A sanitation program covers barbering operations.	\boxtimes			The facility has a sanitation policy that covers the barbering operations. The sanitation requirements are posted in the barbershop.
20. The barbershop has the facilities and equipment necessary to meet sanitation requirements.	\boxtimes			The facility has a room designated as a barbershop in the B West Corridor that is well equipped and meets sanitation requirements.
21. The sanitation standards are conspicuously posted in the barbershop.	\boxtimes			The sanitation standards are posted as required.
22. Written procedures regulate the handling and disposal of used needles and other sharp objects.	\boxtimes			The written procedure is contained in facility policy dealing with hazardous materials and waste management.
23. All items representing potential safety or security risks are inventoried and a designated individual checks this inventory weekly.	\boxtimes			The facility's medical staff inventories all needles, scalpels, and suture kits at the start of every shift.
 24. Standard cleaning practices include: Using specified equipment; cleansers; disinfectants and detergents. An established schedule of cleaning and follow-up inspections. 	\boxtimes			Facility policy on sanitation and general living conditions address both bulleted items in this component.
25. Spill kits are readily available.	\boxtimes			The medical department maintains all spill kits and they are available on a 24 hour basis.
26. A licensed medical waste contractor disposes of infectious/bio-hazardous waste.	\boxtimes			The facility has a contract with Stericycle for bio-hazardous waste disposal.
27. Staff is trained to prevent contact with blood and other body fluids and written procedures are followed.	\boxtimes			Part of the staff's orientation training and annual training addresses blood and body fluid procedures as required by the standard.
28. Do the methods for handling/disposing of refuse meet all regulatory requirements?	\boxtimes			The facility has a contract with United Waste for the handling and disposal of refuse.
 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			The facility has a contract with Orkin Pest Control for monthly pest control inspections and spraying.

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.

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Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
30. Drinking water and wastewater is routinely tested according to a fixed schedule.				The facility has on file a current certificate documenting the testing of water and wastewater provided by the City of Houston.
 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). 				Both emergency generators are tested on a weekly basis by maintenance for one hour. The Kentex Company tests on a quarterly basis and conducts a full load test on an annual basis.
32. The Facility appears clean and well maintained.	\square			
33. Hazardous material storage rooms meet the security and structural requirements of the standard. Storage cabinets meet the physical requirements specified in the standard.				The central issuing point is located outside the secure perimeter. All hazardous material stored inside the facility meets the storage requirements of the standard.
34. The Health Services Administrator has implemented a program supporting a high level of environmental sanitation.				
35. The Health Services Administrator conducts medical- facility inspections daily. Each inspection includes noting the condition of floors, walls, windows, horizontal surfaces, and equipment.				Inspections are completed and documented daily as required.
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.				Immigration Health Service Corps (IHSC) in coordination with the facility's safety manager is assigned to manage all environmental health and safety needs.
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.				Immigration Health Service Corps (IHSC) in coordination with the facility's safety manager is assigned to manage all environmental health and safety needs.

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

This auditor inspected the physical plant, interviewed staff, reviewed inspection results, and appropriate files. The facility is a one story concrete and steel building with a rated capacity of 1000 and was built in 1984 and upgraded in 2004. The detainee living areas consists of a dormitory type setting with a common dayroom area.

All chemicals and hazardous materials are stored in secure locations with individual perpetual inventories. The main issuing point for all chemical is located outside the secure perimeter of the facility in the warehouse/maintenance area. MSDS sheets were readily available to staff and detainees as required.

The facility has a fire prevention control and evacuation plan that is approved on a yearly basis by the Houston Fire Department. The facility has a contract with Casteel Automatic Fire Protection Company for the required annual fire sprinkler inspection that was conducted on June 28, 2011. The Fire Safe Protection Services Company inspected the fire alarm system on April 8, 2011. Industrial Fire Equipment inspected all the fire extinguishers on January 31, 2011. Fire drills are conducted and documented in every area on a quarterly basis. All drills are reviewed by the facility's safety manager. The medical department maintains blood and body fluid spill kits and is responsible for the clean up, and decontamination of all spills.

The facility has on file, a current certificate documenting the testing of water and wastewater provided by the City of Houston. Both emergency generators are tested on a weekly basis by maintenance for one hour. The Kentex Company tests on a quarterly basis and conducts a full load test on an annual basis.

(b)(6), (b)(7)(c) <u>01/20/2012</u> Reviewer's Signature / Date

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	PART 1 – 3. TRANSPORTATION (BY LAND)					
eq the	This Detention Standard prevents harm to the general public, detainees, and staff by ensuring that vehicles are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff. Standard NA: Check this box if all ICE Transportation is handled only by the ICE Field Office or Sub-Office in control of the detainee case.					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1.	Transporting officers comply with applicable local, state, and federal motor vehicle laws and regulations. Records support this finding of compliance.				Drivers' records were reviewed and found to comply with applicable local, state and federal motor vehicle laws. Transportation services are provided by a Corrections Corporation of America owned company named Transcor.	
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.				There are (b)(7)(e) ersonnel assigned to the transportation section. (b)(7)(e) of these persons have a valid Texas Commercial Driver's License (CDL) and)(7)(ehas a CDL permit.	
3.	Supervisors maintain records for each vehicle operated.				Records are maintained in the supervisor's office for each vehicle.	
4.	Documentation indicating annual inspection of vehicles and annual inspection in accordance with state statutes is available for review.	\boxtimes			Annual inspection of the transport vehicles is completed by a local contractor and maintained in individual vehicle files.	
5.	Documentation indicating safety repairs are completed immediately and vehicles are not used until they have been repaired and inspected is available for review.				Transcor provides transportation for detainees being moved more than fifty miles from the facility. They use a system called the "Zonar Tracking System" which provides a computer based maintenance system for all necessary repairs to the vehicle. This information is transmitted to Transcor headquarters which automatically schedules the vehicle for repairs. Staff inspects the returned vehicle prior to putting into service.	
6.	 Officers use a checklist during every vehicle inspection. Officers report deficiencies affecting operability. Deficiencies are corrected before the vehicle goes back into service. 				All vehicles are inspected before and after each use. Inspection results are provided to the supervisor who schedules necessary repairs before further use.	

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		
7. Transporting officers:				Written policy limits transport		
• Limit driving time to 10 hours in any 15 hour period when transporting detainees.				officers driving time to ten hours in any fifteen hour period, may begin driving again any offer eight		
• Drive only after eight consecutive off-duty hours.				driving again only after eight consecutive hours off, may drive no		
• Do not receive transportation assignments after having been on duty, in any capacity, for 15 hours.				more than fifty hours in a given work week and no more than		
• Drive a 50-hour maximum in a given work week; a 70-hour maximum during eight consecutive days.				seventy hours in an eight consecutive day period. However, during an emergency situation officers may drive more than the ten hours mentioned above to reach a safe area.		
• 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.				At leas()(7)(e)fficers with a		
 When buses travel in tandem with detainees, there are 1(7)(e) ualified officers per vehicle. 				Commercial Driver's License travel in any vehicle that transports detainees.		
An unaccompanied driver transports an empty vehicle.				detainees.		
9. The transporting officer inspects the vehicle before the start of each detail.				One of the transporting officers inspects the vehicle before it is put in service.		
10. Positive identification of all detainees being transported is confirmed.				Positive identification is made before a detainee is placed on a transport vehicle.		
11. All detainees are searched immediately prior to boarding the vehicle by staff controlling the bus or vehicle.				Detainees are pat searched before they board the transport vehicle.		
12. The facility ensures that the number of detainees transported does not exceed the vehicle manufacturer's occupancy level.				The transportation supervisor insures that the number of detainees on the vehicle does not exceed the manufacturer's occupancy level.		
13 (b)(7)e				(b)(7)e		
 14. The vehicle crew conducts a visual count once all passengers are on board and seated. Additional visual counts are made whenever the vehicle makes a scheduled or unscheduled stop. 				Policy requires that an initial count be conducted when all detainees are on the vehicle. Further, a count is conducted every time the vehicle makes a stop.		

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		
15. Policies and procedures are in place addressing the use of restraining equipment on transportation vehicles.	\boxtimes			Facility policy requires that all male detainees be in full restraints while females are not restrained.		
16. Officers ensure that no one contacts the detainees. (b)(7)e remains in the vehicle at all times when detainees are present.				Facility policy requires that transport officers prevent unauthorized contact with the detainees in transport.		
 17. Meals are provided during long distance transfers. The meals meet the minimum dietary standards, as identified by dieticians utilized by ICE. 	\boxtimes			Meals are provided for trips in excess of six hours.		
 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. 				All items scheduled for transport are inspected by the transport staff including food products. Meals are delivered in a cooler. Staff clean basins, latrines, and drinking water containers after the vehicle returns to the facility.		
19. Vehicles have: (b)(7)e	\boxtimes			(b)(7)e		
20. The vehicles are clean and sanitary at all times.				Two vehicles were inspected and found to be clean and sanitary. Policy and procedures require that transport staff clean each vehicle after use.		
 21. Personal property of a detainee transferring to another facility: Is inventoried. Is inspected. Accompanies the detainee. 				Transport staff inspect and inventory all detainee property. This property accompanies the detainee while in transit.		

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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 Transportati in control of the detainee case.	on is ha	andled on	ly by t	he ICE Field Office or Sub-Office	
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
22. The following contingencies are included in the written procedures for vehicle crews:					
Attack					
• Escape					
Hostage-taking				Facility policy includes written	
Detainee sickness				procedures for; attack, escape, hostage-taking, detainee or staff	
Detainee death				sickness, death, vehicle fire, riot,	
Vehicle fire	\boxtimes			traffic accident, mechanical	
Riot				problems, natural disasters, severe weather and procedures for	
Traffic accident				handling males and females on the	
Mechanical problems				same vehicle.	
Natural disasters					
Severe weather					
Passenger list is not exclusively men or women or minors					
PART 1 – 3. TRANSPO	ORTAT	ION (BY L	AND)		
🛛 Meets Standard 🛛 🗌 Does Not Meet St	andard	I	\ \	☐Repeat Finding	

This inspector reviewed facility policies and procedures and interviewed the Transcor Transportation Supervisor. The vehicles owned and operated by Transcor were uniformly clean and well maintained. (b)(7)(e) of the (b)(7)(e) officers assigned to officer has a CDL permit and expects to have the section have current Commercial Drivers Licenses (CDL) while the (b)(7)(e) a non-restricted CDL in thirty days.

01/20/2012 (b)(6), (b)(7)(c) Reviewer's Signature / Date

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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				
	is Detention Standard protects the community, detainees lerly operations when detainees are admitted to or relea				contractors by ensuring secure and
	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.				Detainees view the "Know Your Rights" video and the Corrections Corporation of America's orientation video in the holding cell as part of the admission process. In addition, both videos are shown daily in the housing unit from 7 to 9AM. These videos are available in both English and Spanish. Upon admission, each detainee receives a facility handbook which is available in English and Spanish. Detainees also receive a copy of the ICE National Detainee Handbook. Once the detainee is assigned to a housing unit, the Unit Manager conducts an orientation with the detainee.
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 screenings are performed by medical staff who have an office and exam room in the Booking area.
3.	When available, accompanying documentation is used to identify and classify each new arrival. In SPCs and CDFs, new detainees shall remain segregated from the general population during the orientation and classification period.	\boxtimes			Booking staff classify the detainee using the I-213 form. Classification staff review the classification decision. ICE provides the criminal history and detainees are classified on the same day of arrival. The detainee is then assigned to a housing unit following the booking process.
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			

PART 2 – 4. ADMISSION AND RELEASE					
This Detention Standard protects the community, detainees, staff, volunteers, and contractors by ensuring secure and orderly operations when detainees are admitted to or released from a facility.					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
property s similar co complete The detair are invento the A-file.	traband" standard governs all personal earches. IGSAs and CDFs use or have a ontraband standard. Staff prepares a inventory of each detainee's possessions. ee receives a copy. All identity documents oried and given to ICE staff for placement in All funds and valuables are safeguarded in e with ICE Policy.	\boxtimes			Facility policy covers the contraband standard.
and IGSA	bletes Form I-387 or similar form for CDFs s for every lost or missing property claim. orward all I-387 claims to ICE.				Staff would first conduct an investigation on the missing property claim then forward the claim to ICE.
	are issued appropriate and sufficient and bedding for the climatic conditions.				Three sets of thermals are issued to detainees in the winter season.
9. All release	s are coordinated with ICE.	\square			
10. Staff com required.	pletes paperwork/forms for release as				
	nee receives a receipt for personal property y the facility.	\boxtimes			
	has a system to maintain accurate records nentation for admission, orientation, and				A system has been developed in the Booking area to ensure that accurate records are maintained.
removal, c	enters all information pertaining to release, or transfer of all detainees into the Enforce ention Module (EADM) within 8 hours of				
	tion material shall be provided in English, and other language(s) as determined by the e Director.				
	PART 2 – 4. ADMIS	SION A	ND RELE	ASE	
	Meets Standard 🛛 Does Not Meet St	andard	□ N/A		☐Repeat Finding

This is a Contract Detention Facility. ICE detainees receive a facility and National ICE Detention Handbook. The facility detainee handbook is available in both English and Spanish. Medical screenings are performed by medical staff.

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

01/20/2012

Reviewer's Signature / Date

	PART 2 – 5. CLASSIFICATION SYSTEM						
con	This Detention Standard protects the detainees, staff, contractors, volunteers, and the community from harm, and contributes to orderly facility operations, by requiring a formal classification process for managing and separating detainees that is based on verifiable and documented data.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	SPC and CDF facilities use the required Objective Classification System. IGSAs use an objective classification system or similar system for classifying detainees.				The facility uses the ICE Detainee Classification System to classify detainees.		
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			Booking staff classifies the detainee using the I-213 form the same day of arrival. Classification staff review the classification decision. ICE provides the criminal history to the facility.		
3.	The intake/processing officer reviews work-folders, A- files, etc., to identify and classify each new arrival.	\boxtimes			ICE provides the facility with an I- 831 which lists the criminal charges, an I-203 Order to Detain, I-385 Photo and Print, I-213 Record of Deportable. These documents are used to identify and classify each new arrival.		
4.	Staff uses only information that is factual, and reliable to determine classification assignments. Opinions and unsubstantiated/ unconfirmed reports may be filed but are not used to score detainee classification.	\boxtimes					
5.	Housing assignments are based on classification- level.	\boxtimes			Housing unit levels used at this facility are Low, Moderate and High.		
6.	A detainee's classification-level does not affect his or her recreation opportunities. Detainees recreate with persons of similar classification designations.						
7.	Detainee work assignments are based upon classification designations.	\boxtimes			There are 14 available job assignments that detainees may volunteer for at the facility.		
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					
9.	The classification system includes standard procedures for processing new arrivals' appeals. Only a designated supervisor or classification specialist has the authority to reduce a classification-level on appeal.				The appeal process is outlined in the Detainee Handbook on page 6. The Assistant Warden has the authority to reduce a classification level on appeal.		

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.									
Combonents Meets Standard N/A N/A N/A N/A Remarks									
10. Classification appeals are resolved w/in 5 business days. Detainees are notified of the outcome within 10 business days.	\boxtimes								
11. Classification designations may be appealed to a higher authority such as the Facility Administrator or equivalent.				Classification designations may be appealed to the facility's Warden with the next level of appeal going to ICE.					
12. The Detainee Handbook or equivalent for IGSAs explains the classification levels, with the conditions and restrictions applicable to each.				The classification levels with the conditions and restrictions are outlined on page 7 of the facility's detainee handbook.					
 In SPCs and CDFs detainees are assigned color- coded uniforms and IDs to reflect classification levels. In IGSA's a similar system is utilized for each level of classification. 				Detainee uniforms are color-coded as follows: Blue = Low; Orange = Moderate and Red = High.					
PART 2 – 5. CLASS	PART 2 – 5. CLASSIFICATION SYSTEM								
🖂 Meets Standard 🛛 🗌 Does Not Meet St	andard	□ N/A							

Booking Officers classify each new arrival and the Classification Supervisor conducts a subsequent review of the classification decision. Detainees have an opportunity to appeal the initial classification decision. This Contract Detention Facility has 26 housing units plus 2 segregation units.

To reflect the classification level, a blue uniform is worn by Level 1 (Low) detainees, an orange-colored uniform is worn by Level 2 (Orange) detainees and red is worn for Level 3 (High). The detainee handbook describes the classification levels with the conditions and restrictions applicable to each.

(b)(6), (b)(7)(c)	(01/20/2012

-	PART 2 – 6. CONTRABAND						
	This Detention Standard protects detainees and staff and enhances facility security and good order by identifying, detecting, controlling, and properly disposing of contraband.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	The facility follows a written procedure for handling contraband. Staff inventories, holds, and reports it when necessary to the proper authority for action/possible seizure.	\boxtimes			Facility policy, "Controlling Contraband", addresses this component. Contraband is inventoried, held and reported, as necessary, for further action.		
2.	Contraband that is government property is retained as evidence for potential disciplinary action or criminal prosecution.	\boxtimes			Government property seized as contraband is retained as evidence for disciplinary action or possible prosecution.		
3.	Staff returns property not needed as evidence to the proper authority. Written procedures cover the return of such property.	\boxtimes			Written facility policy requires that property not needed as evidence is returned to the proper authority. A review of records indicates that this is routinely done.		
4.	Altered property is destroyed following documentation and using established procedures.	\boxtimes			Written procedures require that altered property be destroyed in accordance with facility policy. Such destruction is documented and retained. The facility routinely destroys altered property.		
5.	Before confiscating religious items, the Facility Administrator or designated investigator contacts a religious authority.	\boxtimes			Facility policy requires that a religious advisor be contacted before seizing religious items. A discussion with the Chaplain indicates that this is being done.		
6.	Staff follows written procedures when destroying hard contraband that is illegal.	\boxtimes			Facility provides written procedures for destroying hard contraband that is illegal.		
7.	 Hard contraband that is illegal (under criminal statutes) is retained and used for official use, e.g. training purposes. If yes, under specific circumstances and using specified written procedures. Hard contraband is secured when not in use. Soft Contraband is mailed to a third party or stored in accordance with the Detention Standard on Funds and Personal Property. 	\boxtimes			Hard contraband is not used for training purposes. All mailed soft contraband is either returned to sender at detainee expense or stored in detainee property until his/her release.		
8.	Detainees receive notification of contraband rules and procedures in the Detainee Handbook and notified when property is identified and seized as contraband.	\boxtimes			Rules for disposition of contraband are explained in the Detainee Handbook. Further, detainees are notified when contraband is identified and seized.		
9.	Facilities with Canine Units only use them for contraband detection.			\boxtimes	This facility does not have a canine unit.		

PART 2 – 6. CONTRABAND				
🛛 Meets Standard	Does Not Meet Standard	□ N/A	☐Repeat Finding	

Written policy was reviewed in researching compliance for this standard. Additionally, the Chief of Security and Chaplain was interviewed. Facility policy establishes procedures for handling soft, hard and illegal contraband. Detainees are advised of what contraband is and how it is disposed of in the Detainee Handbook.

(b)(6), (b)(7)(c) <u>01/20/2012</u> 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	
 The facility administrator or assistant administrator and department heads visit detainee living quarters and activity areas weekly. 				Documentation supports that senior management staff visit the detainee living quarters at least weekly.	
2. At least one male and one female staff are on duty where both males and females are housed.				A review of the detention officer roster showed that at least one female and one male officer are on duty at all times.	
3. Comprehensive annual staffing analysis determines staffing needs and plans.	\boxtimes			A comprehensive staffing analysis is conducted annually during budget development and review.	
4. Essential posts and positions are filled with qualified personnel.				A review of training records compared to post assignments shows that essential posts are filled with qualified personnel.	
5. Every Control Center officer receives specialized training.	\boxtimes			Specialized training is provided to all staff assigned to the Control Center. This is documented in the staff member's individual training record.	
6. Policy restricts staff access to the Control Center.				Both corporate and facility policy restricts staff access to the Control Centers.	
7. Detainees do not have access to the Control Center.	\boxtimes			Detainees are not permitted in the Control Centers.	
8. Communications are centralized in the Control Center.				Facility communications are centralized in the main Control Center which is staffed twenty four hours per day.	
 Facility security and safety will be monitored and coordinated by a secure, well-equipped, and continuously staffed control center. 				The facility has two Control Centers. Both are secure and appropriately equipped. The main Control Center is staffed with(b)(7)(e) highly trained officers twenty four hours per day while the second (b)(7)(e)	
10. The Control Center maintain employee Personal Data Cards (Form G-74 or contract equivalent).				The facility maintains a Corrections Corporation of American (CCA) form the equivalent of Personal Data Cards (G-74) in the main Control Center.	
11. Recall lists include the current home telephone number of each employee. Phone numbers are updated as needed.				Review of the recall list showed that current home telephone numbers are there and updated as necessary.	

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PART 2 – 7. FACILITY S	ECURIT	Y AND CO	ONTR	OL
This Detention Standard protects the community, staff, co that facility security is maintained and that events that pos				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
12. (b)(7)e		0 0		
				(b)(7)e
 Information about routine procedures, emergency situations, and unusual incidents will be continually recorded in permanent post logs and shift reports. 	\boxtimes			Information about routine activities, emergency situations and unusual incidents are recorded in permanent logs.
14. The front-entrance officer checks the ID of everyone entering or exiting the facility.				The front entrance officer checks the identification of everyone entering the facility. Further, all personnel entering the facility go through a metal detector and have their personal effects scanned in an x-ray machine. ICE officers generally enter through the entrance adjacent to their building. All ICE personnel sign in and out of a log book.
 All visits officially recorded in a visitor logbook or electronically recorded. 				All visits are recorded and logs are maintained.
16. The facility has a secure, color-coded visitor pass system.				This facility uses a color-coded pass system for visitors. A check of the front entrance logs showed that all visitors are issued color-coded badges.
17. Officers monitor all vehicular traffic entering and leaving the facility.	\boxtimes			All vehicles entering or leaving the facility pass by an officer who inspects and records their transit. The officer is located in the vehicular sally port which is manned twenty four hours per day.
 18. The facility maintains a log of all incoming and departing vehicles to sensitive areas of the facility. Each entry contains: The driver's name Company represented Vehicle contents Delivery date and time Date and time out Vehicle license number Name of employee responsible for the vehicle during the facility visit 	X			This facility maintains a permanent log of all vehicles entering and leaving the facility. Included in the log are the driver's name, company, general comments about the contents of the vehicle, delivery date and time, date and time out, license number of the vehicle and name of the employee responsible for the vehicle visit.

PART 2 – 7. FACILITY SECURITY AND CONTROL							
	This Detention Standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and that events that pose a risk of harm are prevented.						
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks			
19. Officers thoroughly search each vehicle entering and leaving the facility.	\boxtimes			All vehicles entering and leaving the facility are searched.			
20. The facility has a written policy and procedures to prevent the introduction of contraband into the facility or any of its components.				This facility has a written policy that addresses the introduction of contraband. Post Orders also contain a section dealing with the introduction and identification of contraband.			
21. The front entrance has a sally-port type entrance, with interlocking electronic doors or grilles.				There are electronically controlled doors/grills that are interlocked and form a sally port at the front entrance.			
22. The facility's perimeter will ensure that detainees remain within and that public access is denied without proper authorization.				The exterior of the facility is physically secure with controlled access through all entrances. (b)(7)e			
23. Written procedures govern searches of detainee housing units and personal areas.				Written procedures located in Post Orders and corporate and facility policies, govern the searches of detainee housing units and personal areas.			
24. Housing area searches occur at irregular times.				Post Orders give housing unit officers guidance on conducting area searches at irregular times.			
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.				Security posts are located throughout the facility to ensure that detention officers can see or hear detainees and respond to emergency situations as necessary.			
26. There are post orders for every security officer post.	\boxtimes			There are Post Orders for all security officer posts.			
27. Detainee movement from one area to another area is controlled by staff.	\boxtimes			All detainee movement is controlled by staff.			
28. Living areas are constructed to facilitate continuous staff observation of cell or room fronts, dayrooms, and recreation space.				Construction and physical layout of the housing units facilitates positive staff observation of cells and dormitories.			
29. Every search of the SMU and other housing units is documented.	\boxtimes			All searches of the Special Management Unit and other housing areas are documented.			
30. The SMU entrance has a sally port.	\boxtimes			Both the male and female Special Management Units have sally port entrances.			

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	
31. All tools entering SMU will be inspected and inventoried by the SMU officer prior to entering the housing unit.	\boxtimes			A Special Management Unit officer inventories the tools prior to entry into the unit. This inventory is held by the officer until work is complete. Another inventory is conducted upon exit from the unit.	
 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			Facility policy, "Security Inspections", provides written guidelines on 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 improvements.	
33. Every officer is required to conduct a security check of his/her assigned area. The results are documented.	\boxtimes			Post orders require that detention officers conduct a security check of their areas. These checks are documented in the log book.	
34. Documentation of security inspections is kept on file.	\boxtimes			Security checks are documented and maintained in accordance with facility policy. A review of security files demonstrates that this is being conducted.	
35. Procedures ensure that recurring problems and a failure to take corrective action are reported to the appropriate manager.	\boxtimes			Problems and uncorrected maintenance issues are reported to supervisory staff.	
36. Tools being taken into the secure area of the facility are inspected and inventoried before entering and prior to departure.	\boxtimes			All tools entering a secure area are inventoried prior to allowing entry and again before leaving the area. Any discrepancies are reported to the shift supervisor.	
37. Storage and supply rooms; walls, light and plumbing fixtures, accesses, and drains, etc. undergo frequent, irregular searches. These searches are documented.	\boxtimes			Searches of non-detainee access areas are searched on an irregular basis. These searches are documented.	
38. Walls, fences, and exits, including exterior windows, are inspected for defects once each shift.	\boxtimes			The perimeter of the institution, including walls, fences, exterior windows and exits are inspected each shift to ensure that the perimeter is secure.	

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	
 39. Daily procedures include: Perimeter alarm system tests. Physical checks of the perimeter fence. Documenting the results. 	\boxtimes			(b)(7)e	
40. Visitation areas receive frequent, irregular inspections.	\boxtimes			Post orders require that visitation areas receive frequent, irregular inspections.	
41. An officer is assigned responsibility for ensuring the security inspection process covers all areas of the facility.	\boxtimes			The Chief of Security is assigned the responsibility of ensuring that the inspection process covers all areas of the facility.	
42. The Maintenance Supervisor and Chief of Security or equivalent make monthly fence checks.	\boxtimes			These monthly fence checks are documented.	
FACILITY SECURITY AND CONTROL					
Meets Standard Does Not Meet Standard N/A Repeat Finding					

Facility policies and procedures were reviewed as well as interviews with the Warden, the Associate Warden and Chief of Security were conducted. The facility maintains an extensive set of records that documents visits to housing units, searches, perimeter security checks, control of tools and visitors entering the institution and assignment of qualified officers to essential posts.

(b)(6), (b)(7)(c) / <u>01/20/2012</u> Reviewer's Signature / Date

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PART 2 - 8. FUNDS AND PERSONAL PROPERTY

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

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

	Components	Meets Standard	Does Not Meet Standard	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			Detainee funds are receipted and placed in a drop safe. All valuables are inventoried and stored in a locked room in the booking area. Only designated supervisors have access to this area.
2.	Detainees' large valuables are secured in a location accessible to designated supervisor(s) or processing staff only.	\boxtimes			Large valuables are inventoried and secured in a locked room in the booking area. Only designated supervisors have access to this area.
3.	Staff search and itemize the baggage and personal property of arriving detainees, including funds and valuables, using a personal property inventory form that meets the ICE standard, in the presence of the detainee unless otherwise instructed by the facility administrator.	\boxtimes			The facility uses a property inventory form to itemize and inventory all personal property in the presence of the detainee.
4.	(b)(7)(e)officers are present during the processing of detainee funds and valuables during admissions processing to the facility. (b)(7)(e)officers verify funds and valuables.	\boxtimes			(b)(7)(epfficers were observed processing funds and valuables during the admission of a detainee.
5.	For IGSAs and CDFs, Is the facility using a personal property inventory form that meets the ICE standard?	\boxtimes			
6.	Staff gives the detainee the original inventory form, filing copies in the detainee's detention file and the personal property container.	\boxtimes			The detainee receives the original form and the other two copies are filed as required.
7.	Staff forwards an arriving detainee's medicine to the medical staff.	\boxtimes			The booking room staff forwards the medication of detainees to the medical department. The medical department determines if the detainee retains the medication.
8.	Staff searches arriving detainees and their personal property for contraband.	\boxtimes			All property is searched for contraband during processing.
9.	Property discrepancies are immediately reported to the Chief of Security or equivalent.	\boxtimes			All discrepancies are reported to the Chief of Security for further investigation.
10.	Staff follows written procedures when returning property to detainees.	\boxtimes			The facility has written procedures in place addressing returning property to detainees.
11.	CDF/IGSA facility procedures for handling detainee property claims are similar to the ICE standard.	\boxtimes			

PART 2 - 8. FUNDS AND PERSONAL PROPERTY

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

Standard NA: (IGSA ONLY) Check this box if all ICE detainee Funds, Valuables and Property are handled only by the ICE Field Office or Sub-Office in 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.				The facility attempts to contact an
	• By sending written notice to the detainee's last known address; via certified mail;	\boxtimes			out-processed detainee by mail and/or telephone. The detainee is given 30 days to claim their
	• The notice states that the detainee has 30 days in which to claim the property, after which it will be considered abandoned.				property or it is considered abandoned.
13.	Staff obtains a forwarding address from each detainee.	\boxtimes			
14.	It is standard procedure $f(d^{(p)})(q)$ officers to be present when removing/documenting the removal of funds from a detainee's possession.				(b)(7)(e) officers were observed processing funds during the admission of a detainee.
15.	Staff issue and maintain property receipts (G-589s) in numerical order.	\boxtimes			Receipts were maintained in numerical order.
16.	Staff complete and distribute the G-589 in accordance with the ICE standard.				
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.				The logs were reviewed and the required information was recorded.
18.	Staff tags large valuables with both a G-589 and an I- 77.				Large valuables were appropriately inventoried and stored.
19.	The supervisor verifies the accuracy of every G-589.	\square			
20.	 The supervisor ensures that: Detainee funds are, without exception, deposited into the cash box; 				
	• Every property envelope is sealed.	\boxtimes			The facility complies with the four bulleted items in this component.
	• All sealed property envelopes are placed in the safe.				buneted items in this component.
	• Large, valuable property is kept in the secured locked area.				
21.	Staff tags every baggage/facility container with an I- 77, completed in accordance with the ICE standard.	\boxtimes			All property bags were observed to be appropriately tagged.
22.	Staff secures 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.				The logbook was reviewed and found to be in compliance with this component.

PART 2 - 8. FUNDS AND PERSONAL PROPERTY

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

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
24.	In SPCs, the Supervisory Immigration Enforcement Agent, accompanied by a detention staff member conducts a comprehensive weekly audit.			\boxtimes	This facility is a CDF, not an SPC. The facility in coordination with ICE staff conduct all audits as required.	
25.	The Facility Administrator has established quarterly audits of baggage and non-valuable property as facility policy, the audits occur each quarter and audits are verified and entered in the log.				All audits are conducted on a quarterly basis and documented as required.	
26.	The facility positively identifies every detainee being released or transferred.					
27.	Staff routinely informs supervisors of lost/damaged property claims. Claims are properly investigated and missing or damaged property claim reports are filed.				Any discrepancies are reported immediately to a supervisor. All claims are investigated by the Chief of Security.	
28.	Every lost/damaged property report completed in accordance with the ICE standard on an I-387 (or equivalent). The Facility Administrator receives a copy and staff place the original in the detainee's A- file, retaining a copy in the detainee's detention file.					
PART 2 - 8. FUNDS AND PERSONAL PROPERTY						
	Meets Standard Does Not Meet Standard N/A Repeat Finding					

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

This inspector reviewed facility policy, procedures, and receipts; interviewed facility staff, detainees; and reviewed logs. The facility has policies and procedures in place to ensure the safe storage of detainee property. The property room is located in the booking area. Only booking staff and supervisors have access to the property room. Interviews with detainees revealed no complaints or grievances with regards to funds or personal property.

(b)(6), (b)(7)(c) <u>01/20/2012</u> 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.				The hold rooms are located within the secure perimeter of this facility.
 The hold rooms are clean, in good repair, well ventilated, well lit, and all activating switches located outside the room. 				All hold rooms were clean during this inspection, appeared to be in good repair, were well lit and ventilated, and utility activating switches were located outside the rooms.
 The hold rooms contain sufficient seating for the number of detainees held. 				During the inspection there was sufficient seating to accommodate all detainees.
4. No bunks/cots/beds or other related make shift sleeping apparatuses are permitted inside hold rooms.				
5. Hold room walls and ceilings are escape and tamper resistant.				All walls and ceilings in the hold rooms are tamper resistant. Each hold room has two inch thick, detention grade, fourteen gauge steel doors with tamper resistant locks.
6. Detainees are not held in hold rooms for more than 12 hours.				Records for twenty five detainees were checked and none showed that detainees were held longer than twelve hours.
7. Male and females detainees are segregated from each other at all times.				Males and females are segregated from each other at all times (even if married).
 Detainees are provided with basic personal hygiene items such as water, soap, toilet paper, cups for water, feminine hygiene items, diapers and wipes. 				Basic personal hygiene items such as water, soap, toilet paper, cups, feminine hygiene items, diapers and wipes are available for issue to the detainees.
 If the hold room is not equipped with toilet facilities, an officer is posted within visual or audible range to allow detainees access to such on a regular basis. 			\boxtimes	All hold rooms are equipped with toilet facilities.
10. All detainees are given a pat down search for weapons or contraband before being placed in the hold room.				Written procedures require that all detainees be given a pat down search before being placed in a hold room. This search is done by an officer of the same sex. This process was observed during the inspection.

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			After the last detainee is removed from a hold room an inspection is conducted. Any discrepancies are reported to the shift supervisor for corrective action.
 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			Facility policy, "Fire Prevention and Control", provides written instructions for the evacuation of detainees from the hold rooms and surrounding areas. The officer assigned to the hold room post in the intake area is assigned the responsibility for removing the detainees. There is a diagram mounted on each hold room window that shows the evacuation route.
13. An appropriate emergency service is called immediately upon a determination that a medical emergency exists.				This facility's medical department is called immediately upon a determination of a medical emergency.
 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			The hold rooms at this facility meet the square footage requirements of the standard.
 15. <u>In SPCs designed after 1998</u> the hold rooms are equipped with stainless steel combination lavatory/toilet fixtures with modesty panels. They are: Compliant with the American Disabilities Act. Small hold rooms (1 to 14 detainees) have at least one combi-unit. Large hold rooms (15 to 49 detainees) are provided with at least two combi-units. 	\boxtimes			This facility is a Contract Detention Facility (CDF) not a Service Processing Center (SPC). It meets the requirements of this component in that hold rooms have stainless steel lavatory/toilet fixtures with modesty panels, are compliant with the American Disabilities Act and have sufficient combination toilet units in all rooms to meet their rated capacity.
16. <u>In SPCs designed after 1998</u> the hold rooms have floor drain(s).	\boxtimes			This facility is a Contract Detention Facility (CDF) not a Service Processing Center (SPC). There is a floor drain in each hold room.

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	
17. <u>In SPCs designed after 1998</u> , the door to the hold room swings outward and the door complies with the specifications outlined in the standard.				This facility is a Contract Detention Facility (CDF) not a Service Processing Center (SPC). The hold rooms meet this component in that all room doors swing outward and meet the specification outlined in the standard.	
18. Family units, persons of advanced age (over 70), females with children, and unaccompanied juvenile detainees (under the age of 18) are not placed in hold rooms.	\boxtimes			This facility only holds adult males and females. Persons of an advanced age would not be placed in hold rooms. The shift supervisor would make special arrangements to temporarily house an individual of advanced age in another area within the facility.	
19. Minors (under 18) are confined apart from adults, except for immediate relatives or guardians.			\boxtimes	Minors are not held at this facility.	
 20. Each detention facility maintains a detention log (manually or by computer) for each detainee placed in a hold cell. The log includes the required information specified in the standard. 				An electronic log is maintained for each detainee placed in a hold room that documents all information required in the standard. Twenty five detainee logs were checked and all had the required information.	
 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 				A meal is provided to any detainee held in a hold room for more than six hours. Juveniles and babies are not held at this facility. Pregnant women have access to snacks, milk and/or juice.	
22. Any detainee with disabilities, including temporary disabilities, will be housed in a manner that provides for his or her safety and security.	\boxtimes			Detainees with disabilities are housed in a manner consistent with their condition.	
23. The maximum occupancy for the hold room will be posted.	\boxtimes			The maximum occupancy of the hold room is posted outside the door.	
24. Before placing a detainee in a room, an officer shall observe each individual to screen for obvious mental or physical problems.				Each detainee is observed during the intake process and any obvious mental or physical problems are reported to supervisory staff.	
25. Staff does not permit detainees to smoke in a hold room.	\boxtimes			There is no smoking permitted in a hold room.	

PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES					
This Detention Standard ensures the safety, security, and comfort of detainees temporarily held in Hold Rooms pending further processing. The maximum aggregate time an individual may be confined in a facility's Hold Room is 12 hours.					
Components	Meets Standard	Does Not Meet Standard	∀/N	Remarks	
 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. 				Post orders require that officers provide continuous auditory monitoring even when the hold room is not in direct line of sight. Visual monitoring occurs at least every fifteen minutes and is noted in the electronic detention log.	
PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES					
Meets Standard Does Not Meet Standard N/A Repeat Finding					

Written policies and procedures concerning hold room operations were reviewed. Additionally, several officers assigned to the hold room area were interviewed about practices. Hold rooms were found to be clean, well ventilated and secure during the inspection. Detainees receive a pat down search by a same sex staff member before being placed in a hold room.

(b)(6), (b)(7)(c) <u>01/20/2012</u> Reviewer's Signature / Date

	PART 2 – 10. KEY A	ND LO		ROL			
	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.				Both the security officer and the training officer have attended an approved locksmith training program.		
2.	The security officer, or equivalent, has responsibility for all administrative duties and responsibilities relating to keys, locks etc.				The security officer has responsibility for all administrative duties and responsibilities relating to keys and locks.		
3.	The security officer, or equivalent, provides training to all employees in key and lock control.	\boxtimes			The training officer provides training to all staff on key and lock control procedures.		
4.	The security officer, or equivalent, maintains inventories of all keys, locks and locking devices.	\boxtimes			The security officer maintains an electronic inventory of all keys, locks and locking devices.		
5.	The security officer follows a preventive maintenance program and maintains all preventive maintenance documentation.				This facility has a written preventive maintenance program and maintains all related documentation.		
6.	Facility policies and procedures address the issue of compromised keys and locks.	\boxtimes			Written facility policy addresses compromised locks and keys.		
7.	The security officer, or equivalent, develops policy and procedures to ensure safe combinations integrity.	\boxtimes			(b)(7)e		
8.	Only dead bolt or dead lock functions are used in detainee accessible areas.	\square					
9.	Non-authorized locks (as specified in the Detention Standard) are not used in detainee accessible areas.				Only locks approved in the standard are used in the facility.		
	The facility does not use grand master keying systems.				Grand master keying is not used in the facility		
11.	All worn or discarded keys and locks cut up and properly disposed of.	\boxtimes			Written policy describes procedures for proper disposal of keys and locks.		
12.	Padlocks and/or chains are not used on cell doors.	\boxtimes			Padlocks and chains are not used on cell doors.		
13.	 The entrance/exit door locks to detainee living quarters, or areas with an occupant load of 50 or more people, conform to Occupational Safety and Environmental Health Manual, Chapter 3 National Fire Protection Association Life Safety Code 101. 			\boxtimes	There are no dormitories with a detainee load of more than fifty persons.		
14.	The operational keyboard sufficient to accommodate all the facility key rings including keys in use is located in a secure area.				A check of the keyboard showed that there was enough room to accommodate all key rings.		

	PART 2 – 10. KEY AND LOCK CONTROL					
	Detention Standard maintains facility safety and secur ntained.	ity by re	quiring tha	t keys	and locks be properly controlled and	
	Components	Meets Standard	Does Not Meet Standard	A/N	Remarks	
	 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			Policies and procedures are in place to ensure that keys rings are identifiable, number of keys on the ring are cited, and keys cannot be removed from issued key rings without a special tool. Visual examination of key rings indicated compliance.	
16.	Emergency keys are available for all areas of the facility.	\boxtimes			Emergency keys are available for all (b)(7)e	
17.	The facility uses a key accountability system.	\square			A key accountability system is in place at the facility.	
18.	Authorization is necessary to issue any restricted key.	\boxtimes			Written facility policy requires that authorization is received prior to issuing a restricted key.	
19.	 Individual gun lockers are provided. They are located in an area that permits constant officer observation. In an area that does not allow detainee or public access. 				Gun lockers are located in the (b)(7)(e)	
	The facility has a key accountability policy and procedures to ensure key accountability. The keys are physically counted daily.				(b)(7)e All keys are physically counted daily.	
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			All staff members are trained in the proper handling of keys. In the event that keys are carried home, the individual is contacted and ordered to return the keys immediately. If keys are lost, misplaced or not accounted for, the shift supervisor is contacted immediately. Policy requires that detainees be prohibited from handling keys.	
22.	Locks and locking devices are continually inspected, maintained, and inventoried.	\boxtimes			The security officer is assigned this responsibility and maintains a schedule to accomplish same.	
23.	Each facility has the position of Security Officer. If not, a staff member appointed the collateral duties of security officer.	\boxtimes			This facility has a full time Security Officer who has the additional duty of Armorer.	

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	
24. The designated key control officer is the only employee who is authorized to add or remove a key from a ring.	\boxtimes			Only the key control officer has the authority to add or remove keys from a key ring.	
25. The splitting of key rings into separate rings is not authorized.	\boxtimes			Written facility policy precludes the splitting of key rings.	
PART 2 – 10. KEY AND LOCK CONTROL					
⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding					

This inspector reviewed policies and procedures and interviewed the Security Officer and the Captain of Security. Records and files that the standard requires are maintained. The facility has two staff members that have attended an approved locksmith training course. Staff receive training on key control during new employee training and annually thereafter.

(b)(6), (b)(7)(c) / <u>01/20/2012</u> Reviewer's Signature / Date

	PART 2 – 11. POPULATION COUNTS					
	is Detention Standard protects the community from harm puiring that each facility have an ongoing, effective syste					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1.	Staff conducts 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			Facility policy, "Count Principles and Procedures", provides written instruction on how to conduct counts. The facility conducts at least ten formal counts each day. One of these counts must be a face to photo count.	
2.	Activities cease or are strictly controlled while a formal count is being conducted.	\boxtimes			Facility policy and Post Orders require that all detainee movement stop before the count begins and do not resume until it is cleared.	
3.	There is a system for counting each detainee, including those who are outside the housing unit.				This facility's control center maintains an out-count of all detainees who temporarily leave the facility. The control center also maintains the master count which includes up to the minute information regarding detainee admissions, release, housing unit changes, hospital admissions and any other changes that could affect accountability.	
4.	Formal counts in all units take place simultaneously.				All areas of the facility are counted at the same time.	
5.	Officers do not allow detainee participation in the count.	\boxtimes			Detainees do not assist in the count.	
6.	A face-to-photo count follows each unsuccessful recount.	\boxtimes			Written facility policy requires a face-to-photo count after an unsuccessful recount.	
7.	Officers positively identify each detainee before counting him/her as present.	\boxtimes			Post Orders and facility policy require that officers make a positive identification of the detainee, "living, breathing flesh" not a human shape, before counting anyone.	
8.	Written procedures cover informal and emergency counts.	\boxtimes			A written procedure, "Count Principles and Procedures", addresses informal and emergency counts.	
9.	The control officer (or other designated position) maintains an "out-count" record of all detainees temporarily out of the facility.	\boxtimes			Facility policy and Post Orders require the main control center to maintain a count of all detainees temporarily out of the facility.	

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	Remarks
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			All staff receive training in count procedures during new employee training then annually thereafter. This training is documented in individual training folders.
PART 2 – 11. POPULATION COUNTS				
⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding				

This inspector interviewed control center staff and housing unit officers and reviewed facility policy and post orders concerning the Population Count standard. Additionally, two formal counts were observed during the inspection. Detainee movement stops before the count and does not resume until after the count clears. In the event of a "bad count", policy requires a face -to-photo count be conducted.

(b)(6), (b)(7)(c) 01/20/2012 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.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1. Every fixed post has a set of Post Orders.				All fixed posts have a set of Post Orders.		
2. In SPCs and CDFs, Post Orders are arranged in the required six-part folder format.				All Post Orders are in a six part format consisting of; General Order, Post Order, Operations Memorandum, Procedural Guidelines, General Emergency Information and Acknowledgement Documentation.		
3. Each set contains the latest inserts (emergency memoranda, etc.) and revisions.				A check of Post Orders showed that inserts and revisions were present.		
4. One individual or department is responsible for keeping all Post Orders current with revisions that take place between reviews.				The Manager, Quality Assurance, keeps Post Orders current with revisions that occur during the year.		
5. Review, updating, and reissuing of Post Orders occurs regularly and at least annually.				The Manager, Quality Assurance, initiates the annual review at this facility.		
6. The facility administrator authorizes all Post Order changes.	\boxtimes			The Warden's signature/initials appear on every page, including changes, to Post Orders.		
7. The facility administrator has signed and dated the last page of every section.				The Warden's signature, initials and date appear on the last page of every section of the Post Orders.		
8. A Post Orders master file is available to all staff.				The master file of Post Orders is available to staff on the computer system share drive.		
9. Procedures keep Post Orders and logbooks secure from detainees at all times.		\boxtimes		Post Orders in several of the housing units are not capable of being secured under lock and key.		
10. Copies of the applicable Post Orders are retained at the post only if secure from detainee access.		\boxtimes		Post Orders are kept at posts that do not have the capability of securing them.		
11. Supervisors ensure that officers understand the Post Orders, regardless of whether the assignment is temporary, permanent, or due to an emergency.				Supervisors ensure that officers understand their Post Orders before being assigned to a post.		
12. In SPCs and CDFs, each time an officer receives a different post assignment, he or she is required to read, sign, and date those Post Orders to indicate he or she has read and understands them.				When an officer is assigned to a different post he is required to read, sign and date the Post Order.		
13. Anyone assigned to an armed post qualifies with the post weapons before assuming post duty.	\square					

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	A/N	Remarks	
 14. Post Orders for armed posts, and for posts that control access to the institution perimeter, clearly state that: Any staff member who is taken hostage is considered to be under duress, and Any order issued by such a person, regardless of his or her position of authority, is to be disregarded. 	\boxtimes			Armed posts and posts that control access to the secure perimeter have Post Orders that include instructions on hostage situations. A review of the Post Orders for these posts verified that the instructions are present.	
15. Post Orders for armed posts provide instructions for escape attempts.	\boxtimes			Instructions for handling escape attempts are included in the Transportation Post Order	
16. The Post Orders for housing units track the daily event schedule.	\boxtimes			The Post Orders require that housing unit officers track the daily schedule in the housing unit. These entries include mail call, pill call, meals, etc. This information is documented in the unit logbook.	
 Housing unit post officers record all detainee activity in a log. The Post Orders include instructions on maintaining the logbook. 	\boxtimes			A log book is maintained in the housing unit. Instructions on completing this book are included in the Post Orders.	
PART 2 – 12. POST ORDERS					
Meets Standard Does Not Meet Standard N/A Repeat Finding					

During the inspection facility policy and individual Post Orders were reviewed. Additionally, the Chief of Security and four detention officers were interviewed with respect to the Post Orders. The Post Orders are divided into the six parts required by the standard and contain the warden's signature or initials on each page. Armed posts and posts that have access to the secure perimeter have a section that deals with a hostage situation. Post Orders are kept on posts in detainee housing units that do not have the capability of secure storage.

(b)(6), (b)(7)(c) / January 20, 2012 Reviewer's Signature / Date

PART 2 – 13. SEARCHES OF DETAINEES						
This Detention Standard protects detainees and staff and enhances facility security and good order by detecting, controlling, and properly disposing of contraband.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
 There are written policy and procedures governing searches of housing areas, work areas and of detainees. 				The facility's written policy is entitled Searches of Detainees.		
2. Written policy and procedures require staff to employ the least intrusive method of body search practicable, as indicated by the type of contraband and the method of suspected introduction or concealment.				The facility conducts random pat searches and would request permission from ICE before any strip search was conducted.		
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.				Page 2 of the facility's policy on Searches of Detainees covers the requirement that staff avoid unnecessary force during searches and to preserve the dignity of the detainee being searched, to the extent practicable.		
 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. 				Page 5 of the facility's policy on Searches of Detainees covers the requirement that staff leave a searched housing area, work area and detainee property in its original order, to the extent practicable.		
 Detainees are pat searched and screened by metal detectors routinely to control contraband. 				Detainees being pat searched and screened by metal detectors are covered in the facility's policy on Searches of Detainees.		
 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			Page 3 of the facility's policy on Searches of Detainees covers that strip searches are conducted only when there is reasonable belief or suspicion that contraband may be concealed on the person, or a good opportunity for concealment has occurred and when properly authorized by a supervisor.		
7. Body cavity searches are conducted by designated health personnel only when authorized by the facility administrator (or acting administrator) on the basis of reasonable belief or suspicion that contraband may be concealed in or on the detainee's person.				Page 5 of the facility's policy on Searches of Detainees covers that 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. There has been no body cavity searches conducted at this facility to date according to the Chief of Security.		

PART 2 – 13. SEARCHES OF DETAINEES					
This Detention Standard protects detainees and staff an controlling, and properly disposing of contraband.	d enha	nces facili	ty sec	urity and good order by detecting,	
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks	
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				Page 1 of the facility policy on Dry Cell Watches covers that dry cells are used for contraband detection only when there is reasonable belief of concealment, with proper authorization and in accordance with required procedures.	
 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. 				Pages 3 of the facility's policy on contraband covers that contraband which may be evidence with a violation of a criminal statute is preserved, inventoried, controlled and stored so as to maintain and document the chain of custody.	
10. Canines are not used in the presence of detainees				Although canines are not used at this facility, there is a policy on the Detention Center Canine Program that prohibits use of canines in front of detainees.	
PART 2 – 13. SEARCHES OF DETAINEES					
⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding					

The facility's policy on searches of detainees covers detection, control and proper disposition of contraband. Canines are not used at this facility.

01/20/2012 (b)(6), (b)(7)(c) 01/20/20 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			Facility policy "Sexual Abuse Prevention and Response" outlines the sexual abuse and assault program. The facility employs a Sexual Assault Response Team (SART) made up of five staff members. All staff receive training in this program during orientation and again annually.
2.	For SPCs and CDFs, the written policy and procedure has been approved by the Field Office Director.	\boxtimes			The Field Office Director approved facility policy, "Sexual Assault and Abuse Prevention and Response".
3.	Tracking statistics and reports are readily available for review by the inspectors.	\boxtimes			The Prison Rape Elimination Act (PREA) coordinator tracks all statistics for the program.
4.	All staff is trained, during orientation and in annual refresher training, in the prevention and intervention areas required by the Detention Standard.	\boxtimes			All staff receives training on the Sexual Abuse Prevention and Response program during their orientation and again, during annual refresher training. A review of a random sampling of facility and medical training records confirms this.
5.	Detainees are informed about the program in facility orientation and the detainee handbook (or equivalent).	\boxtimes			Detainees are informed about the program during the intake process and through the detainee handbook. A PREA video is shown in the holding cells in the intake area. The video is in English and Spanish.
6.	The Sexual Assault Awareness Notice is posted on all housing unit bulletin boards.	\boxtimes			
7.	The Sexual Assault Awareness Information brochure is available for detainees. (Required in SPCs and CDFs.)	\boxtimes			
8.	Detainees are screened upon arrival for "high risk" sexual assaultive and sexual victimization potential and housed and counseled accordingly.	\boxtimes			A "Sexual Assault Screening Tool" is used to screen detainees for high risk sexual assaultive behavior and sexual victimization potential while the detainee is in the intake area and before assignment to a housing unit.

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			
 All incidents of sexual abuse or assault by a detainee on a detainee have been documented in the past year. 				There were six allegations of sexual assault or abuse since the last inspection. Five of the six were by one male detainee and one by a female detainee. The Houston Police Department (HPD) was called to investigate each allegation. None of the allegations were substantiated.			
10. All incidents or allegations of sexual abuse or assault by staff on a detainee have been documented 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.							
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.				The Houston Police Department is called to investigate each allegation of sexual assault.			
13. When there is an alleged or proven sexual assault, the required notifications are promptly made.				The ICE Contract Officer's Technical Representative (COTR) is contacted when sexual assault or abuse allegations are made.			
14. Victims of sexual abuse or assault are referred to specialized community resources for treatment and gathering of evidence.							
15. All records associated with claims of sexual abuse or assault is maintained, and such incidents are specifically logged and tracked by a designated staff coordinator.				The Prison Rape Elimination Act (PREA) coordinator tracks all statistics for the program			
SEXUAL ABUSE AND ASSAULT F	REVEN	ITION AN		ERVENTION			
Meets Standard Does Not Meet St							

The facility has a comprehensive sexual abuse and assault prevention and intervention program. All staffs receive related training during their pre-service orientation and annual refresher training. Procedures are in place to prevent sexual assault and abuse on detainees and to provide prompt and effective intervention and treatment of victims. Detainees receive information regarding the Prison Rape Elimination Act during their intake and in the detainee handbook. There were six unsubstantiated allegations of sexual abuse or assaults on ICE detainees over the past year. Investigations and tracking documentation is thorough and complete.

(b)(6), (b)(7)(c) 01/20/2012

Reviewer's Signature / Date

	PART 2 – 15. SPECIAL MANAGEMENT UNITS							
seg Adı	This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
1.	Written policy and procedures are in place for special management units.				Facility policy, "Special Management Units (SMUs)", addresses policy and procedures for SMUs.			
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			A supervisor signs the Administrative Segregation order before a detainee is placed in the SMU.			
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.				Facility policy requires that a disciplinary hearing panel finds that the detainee committed a prohibited act of the "Greatest, High or High Moderate" level before being transferred to Disciplinary Segregation.			
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			A review of detainee files showed that medical personnel were informed and conducted a medical assessment of the detainee upon assignment to the SMU.			
5.	There are written policy and procedures to control and secure SMU entrances, contraband, tools, and food carts, in accordance with the Detention Standard on Facility Security and Control.				Written policy requires that the SMUs control and secure entrance to prevent introduction of contraband, tools and food carts in accordance with the standard.			
6.	The number of detainees confined to each cell or room does not exceed the capacity for which it was designed.	\boxtimes			All cells in the SMU are single cells and do not exceed the cell capacity when occupied.			
7.	Cells and rooms are well ventilated, adequately lit, appropriately heated and maintained in a sanitary condition at all times.				All occupied cells in the male SMU (eight) were visited. The cells were well ventilated, adequately lighted, appropriately cooled and maintained in a sanitary condition.			
8.	Permanent housing logs are maintained in SMUs to record pertinent information on detainees upon admission to and release from the unit, and in which supervisory staff and other officials record their visits to the unit.	\boxtimes			Permanent logs, including log books and detainee folders are maintained to show activities from admission to release from the unit.			

PART 2 – 15. SPECIAL MANAGEMENT UNITS							
This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.							
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
9. A permanent log is maintained in each SMU to record all activities concerning SMU detainees (meals served, recreation, visitors, etc.). In SPCs and CDFs, the SMU log records the detainee's name, A-number, housing location, date admitted, reasons for admission, tentative release date for detainees in Disciplinary Segregation, the authorizing official, and date released.	\boxtimes			A permanent log is maintained for each detainee in the SMU. The record shows the detainee's name, A-number, housing location, date admitted, reason for admission, release date, authorizing detention official and date released are maintained.			
 10. In SPCs and CDFs, a separate log is maintained in the SMU that all persons visiting the unit must sign and record: The time and date of the visit, and Any unusual activity or behavior of an individual detainee, with a follow-up memorandum sent through the facility administrator to the detainee's file. 				A bound log book records the date, time and name of the visitor to the unit. A separate log documents any unusual behavior on the part of an individual detainee. This information is passed on to the facility administrator.			
 11. A Special Management Housing Unit Record is maintained on each detainee in an SMU: In SPCs form I-888 (Special Management Housing Unit Record) is prepared immediately upon the detainee's placement in the SMU. In CDFs and IGSA facilities form I-888 or a comparable form is used. In SPCs and CDFs: By the end of each shift, the special housing unit officer records: Whether the detainee ate, showered, exercised, and took any medication, and Any additional information, for example, if the detainee has a medical condition, has exhibited suicidal or assaultive behavior, etc. When a health care provider visits an SMU detainee, he or she signs that individual's record, and the housing officer initials the record after all medical visits are completed and no later than the end of the shift. 	\boxtimes			A separate housing unit form is completed at the end of the midnight shift that shows all detainee activities during the previous twenty four hours. When a health care provider visits the unit he signs individual detainee records. After the visit of the health care provider the housing unit officer initials the record to show that all medical visits have been completed.			
12. Upon a detainee's release from the SMU, the releasing officer attaches the entire housing unit record to the Administrative Segregation Order or Disciplinary Segregation Order and forwards it to the Supervisor for inclusion in the detainee's detention file.	\boxtimes			The SMU officer sends the complete detainee housing unit folder to the Chief of Security for inclusion in the detainee's detention file.			

	PART 2 – 15. SPECIAL MANAGEMENT UNITS							
segi Adri	This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.							
	Components	Meets Standard	Does Not Meet Standard	V /N	Remarks			
13.	There are written policy and procedures concerning the property detainees may retain in each type of segregation.	\boxtimes			Facility policy lists the property that detainees in both Disciplinary and Administrative Segregation may have in their possession.			
14.	There are written policy and procedures concerning privileges detainees may have in each type of segregation. (In Administrative Segregation, detainees generally receive the same general privileges as detainees in the general population, as is consistent with available resources and safety and security considerations.)	\boxtimes			Written facility policy lists the type of privileges a detainee in either Administrative or Disciplinary Segregation may have. Detainees in Administrative Segregation generally have privileges equivalent to the general population.			
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 in Administrative Segregation are given the opportunity to participate in social activities in the unit. Additionally, they may work in the unit performing janitorial functions.			
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			Written policy and procedures require that detainees in the SMU are personally observed at least every thirty minutes. A check of detainee records showed that these thirty minute checks were routinely accomplished.			
17.	The shift supervisor sees each segregated detainee daily, including weekends and holidays.	\boxtimes			The unit log book showed that the shift supervisor visited each detainee each shift.			
18.	The facility administrator (or designee) visits each SMU daily.	\boxtimes			The unit log book showed that a senior member of the facility visited the SMU daily.			
19.	A health care provider visits every detainee in an SMU at least three times a week, and detainees are provided any medications prescribed for them. In SPCs and CDFs, a nurse, doctor or other appropriate health care professional visits the SMU at least once each workday and questions each detainee to identify any medical problems or requests. Any action taken is documented in a separate logbook, and the medical visit is recorded on the detainee's SMU Housing Record (Form I-888).	\boxtimes			Facility policy requires that a health care professional visits the SMU daily. A review of the unit log book and individual detainee files indicates that this medical visit occurs at least daily.			
20.	Detainees in SMUs are provided three nutritionally adequate meals per day, ordinarily from the general population menu.	\boxtimes			The detainees assigned to the unit are provided meals from the same menu as the general population.			

PART 2 – 15. SPECIAL MANAGEMENT UNITS							
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Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
21. Detainees in SMUs may shave and shower three times weekly and receive other basic services (laundry, hair care, barbering, clothing, bedding, linen) on the same basis as the general population.				Detainees in the SMU are given the opportunity to shave and shower at least three times per week.			
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			Facility policy appropriately addresses the issue of restricting bedding materials. This restriction has not occurred in the past year.			
23. Detainees in an SMU may write and receive letters the same as the general population.	\boxtimes			Detainees in the SMU have the same correspondence privileges as those in the general population.			
24. Detainees in an SMU ordinarily retain visiting privileges.	\boxtimes			Detainees in the SMU retain visiting privileges unless such privileges are taken as a result of a sanction.			
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.				Policy provides for the denial of general visits for a detainee in the SMU. This denial of visiting privileges has not occurred in the past year.			
26. Adequate documentation was generated, for any restricted or disallowed general visitation for a detainee in Administrative Segregation status because the detainee was charged with, or committed, a prohibited act having to do with visiting guidelines or otherwise acted in a way that indicated the detainee would be a threat to the orderly operation or security of the visiting room in the past year.	\boxtimes			Policy provides for the denial of general visitation for a detainee in Administrative Segregation status but this has not occurred in the past year.			
27. Under no circumstances is a detainee permitted to participate in general visitation while in restraints.	\boxtimes			Facility policy precludes a detainee from visiting while in restraints.			
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.				Special visitation hours are permitted for detainees in protective custody status and those who may be disruptive.			
29. In SPCs and CDFs, violent and disruptive detainees are limited to non-contact visits and, in extreme cases, not permitted to visit.				Facility policy allows supervisory staff to deny visitation to violent and/or disruptive detainees.			
30. Ordinarily, detainees in SMUs are not denied legal visitation.	\boxtimes						

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Components	Meets Standard	Does Not Meet Standard	¥/N	Remarks			
31. There are policy and procedures for a situation where special security precautions for legal visitation have to be implemented and for advising legal service providers and assistants prior to their visits.				Procedures are in place to allow legal visitation to occur where special security precautions are required. Legal service providers are notified before visitation.			
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.				The chaplain visits the SMU at least weekly and is also available to visit upon request. This was verified by checking the unit log book.			
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			Reading materials are made available to detainees in the SMU. During this inspection, reading materials were visible in cells throughout the unit.			
 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 				Detainees have access to a satellite law library in the SMU. Only one detainee is permitted at a time in this satellite law library. Procedures are in place to have a detainee's personal legal material brought to him upon request.			
request. 35. Detainees in Administrative Segregation or Disciplinary Segregation have the same law library access as the general population, unless compelling and documented security concerns require limitations.				Detainees have access to a satellite law library in the SMU. Only one detainee is permitted at a time in this satellite law library.			
36. Policy and procedures provide for legal material to be brought to individuals in Disciplinary Segregation under certain circumstances.				Policy and procedures exist for legal material to be brought to a detainee in Disciplinary Segregation upon request. A supervisor must approve this.			
 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. 				Facility policy requires this but according to staff assigned to the unit there has not been a denial of access to the satellite law library in the past year.			
38. Recreation for detainees in the SMU is separate from the general population.	\boxtimes			There are separate recreation areas for detainees assigned to the SMU.			

	PART 2 – 15. SPECIAL MANAGEMENT UNITS							
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	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
39.	The facility has policy and procedures to ensure detainees who must be kept apart never participate in activities in the same location at the same time. (For example, recreation for detainees in protective custody is separated from other detainees.)				Facility policy and unit post orders require that detainees who must be separated are kept separated. Detainees in the SMU only recreate individually.			
40.	Detainees in the SMU are offered at least one hour of recreation per day, scheduled at a reasonable time, at least five days per week. Where cover is not provided to mitigate inclement weather, detainees are provided weather-appropriate equipment and attire.				Detainees in Administrative Segregation are offered recreation seven days per week for at least one hour. Those in Disciplinary Segregation are offered at least one hour five days per week.			
41.	The recreation privilege is denied or suspended only if it would unreasonably endanger safety or security. Ordinarily, a detainee is denied recreation privileges only with the facility administrator's written authorization that documents why the detainee poses an unreasonable risk even when recreating alone. For an immediate safety or security situation, the shift supervisor may verbally authorize denial of an instance of recreation. When a detainee in an SMU is deprived of recreation (or any usual authorized items or activity), a report of the action is forwarded to the facility administrator.				The shift supervisor has the authority to deny a detainee recreation privileges when an unreasonable risk is present. Each time that this privilege is denied a written report is generated.			
42.	The case of a detainee denied recreation privileges is reviewed at least once each week, as part of the reviews required for all detainees in SMU status. The reviewer documents whether the detainee continues to pose a threat to self, others, or facility security and, if so, why.	\boxtimes			Detainees that have had their recreation privileges denied for an extended period have their status reviewed at least every seven days. This review is documented.			
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.				Written policy requires that denial of recreation privileges for more than fifteen days requires the concurrence of the warden and the health authority.			

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Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
44. Ordinarily, detainees in Administrative Segregation have telephone access similar to detainees in the general population, in a manner consistent with the special security and safety requirements of an SMU. Detainees in Disciplinary Segregation may be restricted from using telephones to make general calls as part of the disciplinary process; however, ordinarily, they are permitted to make direct and/or free and legal calls as described in the Detention Standard on Telephone Access, except for compelling and documented reasons of safety, security, and good order.	\boxtimes			Detainees assigned to Administrative Segregation receive telephone access similar to detainees in general population. Detainees assigned to Disciplinary Segregation may have their telephone privileges restricted only as part of the disciplinary process.			
 45. Ordinarily, a written order is completed and approved by a supervisor before a detainee is placed in Administrative Segregation. If exigent circumstances make that impracticable, the order is prepared as soon as possible. A copy of the order is given to the detainee within 24 hours, unless delivery would jeopardize the safety, security, or orderly operation of the facility. If the segregation is for protective custody, the order states whether the detainee requested the segregation and whether the detainee requests a hearing. The order remains on file in the SMU until the detainee is released from the SMU, at which point the releasing officer records the date and time of release on the order and forwards it to the chief of security or supervisor for the detainee's detention file. (An Administrative Segregation Order is not required for a detainee awaiting removal, release, or transfer within 24 hours.) 	\boxtimes			Detainees are placed in Administrative Segregation only when a written detention order signed by a supervisor is present. If circumstances prevent the concurrent creation of a detention order, it is written, signed and presented to the detainee within twenty four hours. A copy of the detention order is placed in the detainee file in the SMU. Once a detainee is released from the SMU, the order is completed by the unit officer and forwarded for inclusion in the detainee's detention file.			

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	Components	Meets Standard	Does Not Meet Standard	V /N	Remarks			
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 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 requires that a supervisor reviews a detainee's placement in Administrative Segregation within seventy two hours. A written record of this review is generated and placed in the detainee's unit file. A similar review occurs every seven days for the first sixty days and then every thirty days thereafter. A review of detainee files in the SMU verified that the reviews are occurring.			
	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 that a copy of every decision and recommendation for continued placement in Administrative Segregation be given to the detainee. Facility policy allows for the detainee to appeal the decision.			
	After seven consecutive days in Administrative Segregation, the detainee may exercise the right to appeal to the facility administrator the conclusions and recommendations of any review conducted. The detainee may use any standard form of written communication (for example, detainee request form), to file the appeal.	\boxtimes			Written facility policy allows a detainee to appeal his continued placement in Administrative Segregation after seven days.			
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			Policy requires that the Warden review a detainee's placement in Administrative Segregation after thirty days if the detainee appeals such placement. This review is occurring at this facility.			

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	Components	Meets Standard	Does Not Meet Standard	V/N	Remarks			
50.	When a detainee has been held in Administrative Segregation for more than 30 days, the facility administrator notifies the Field Office Director, who notifies the ICE/DRO Deputy Assistant Director, Detention Management Division.	\boxtimes			Facility policy requires that the ICE Field Officer Director be notified when a detainee is held in Administrative Segregation for more than thirty days. A check of detainee detention files showed that this is occurring.			
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						
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.				A detainee may only be placed in Disciplinary Segregation status based on an order generated by the Institution Disciplinary Panel. The maximum sanction for a single offense is sixty days in Disciplinary Segregation.			
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.				The warden sends the Field Officer Director a notification when a detainee has been held in Disciplinary Segregation status for thirty days.			
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.				A review of detainee files showed that the chair of the Institution Disciplinary Panel (IDP) prepares a written detention order before the detainee is moved to Disciplinary Segregation. A copy of this order is normally given to the detainee unless security concerns preclude it. The chair of the IDP also prepares the Disciplinary Segregation Order detailing the reason for disciplinary segregation. Upon release from the Special Management Unit the Disciplinary Segregation Order is forwarded to the Chief of Security for inclusion in the detainee's detention file. Copies of these documents are included in the detainee file in the SMU.			

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Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
 55. The facility has implemented written procedures for the regular review of all Disciplinary Segregation cases. A supervisor interviews and reviews the status of each detainee in Disciplinary Segregation every seven days and documents his or her findings on a Disciplinary Segregation Review Form (I-887). At each formal review, the detainee is to be given a written copy of the reviewing officer's decision and the basis for this finding, unless institutional security would be compromised. The reviewer may recommend the detainee's early release upon finding that Disciplinary Segregation is no longer necessary to regulate the detainee's behavior. Early release and return to the general population requires approval of the facility administrator. All review documents are placed in the detainee's detention file. 	\boxtimes			Facility policy requires that a supervisor interview every detainee in Disciplinary Segregation status every seven days. A copy of each formal review is provided to the detainee. The reviewer may recommend early release and return to general population but final approval of the warden is required.		
PART 2 – 15. SPECIAL	MANA	GEMENT	UNITS	6		
Meets Standard Does Not Meet Standard N/A Repeat Finding						

During the inspection, facility policy and Post Orders for the Special Management (SMU) unit were reviewed. Additionally, the Chief of Security, the Associate Warden and b)(7) detention officers assigned to the SMU were interviewed. There were eight male detainees and one female detainee assigned to the SMU during the inspection. A review of the detainee files showed that all required documentation was present. Senior management visited the SMU twice during the three day inspection. Medical staff visited every day and talked to each detainee.

(b)(6), (b)(7)(c) 01/20/2012 Reviewer's Signature / Date

PART 2 – 16. STAFF-DETAINEE COMMUNICATION

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

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The ICE/DRO Field Office Director ensures that weekly announced and unannounced visits occur.	\boxtimes			The ICE deportation officers' schedule is posted in each housing unit. ICE Supervisory Detention and Deportation Officers make unannounced visits to the housing units.
2.	Detention Staff and Deportation Staff conduct scheduled weekly visits with detainees.	\boxtimes			Facility Liaison Visit Checklists completed by the deportation officers were reviewed to support that visits are being conducted.
3.	Scheduled visits are posted in ICE/DRO detainee housing areas.	\boxtimes			The scheduled visit list is posted on the bulletin board in each housing unit.
4.	Visiting ICE staff observes and note current climate and conditions of confinement.	\boxtimes			Facility Liaison Visit Checklists completed by the deportation officers were reviewed to support that visits are being conducted.
5.	ICE/DRO Detainee Request Forms are available for use by ICE/DRO detainees.	\boxtimes			ICE Request forms are available in each housing unit and can be obtained from the deportation officer when they tour the housing unit.
6.	The facility treats detainee correspondence to ICE/DRO staff as Special Correspondence.	\square			
7.	A secure box is located in an accessible location for detainee's to place their Detainee Request Forms.	\boxtimes			The secure box for ICE detainee request forms is located outside of the housing unit.
8.	Only ICE staff are able to retrieve the contents of the secure box containing Detainee Request Forms,	\boxtimes			
9.	ICE/DRO staff responds to a detainee request from a facility within 72 hours and document the response in a log.	\boxtimes			Completed detainee request forms were reviewed as was the Detainee Correspondence Log maintained by the ICE staff which tracks the request form processing.
10	. ICE/DRO detainees are notified in writing upon admission to the facility of their right to correspond with ICE/DRO staff regarding their case or conditions of confinement.	\boxtimes			Page 3 of the facility's detainee handbook covers that ICE detainees may correspond with ICE staff regarding their case or conditions of confinement.

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Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
11. OIG Hotline Informational Posters are mounted in all appropriate common areas (recreation, dining, etc.) and, in SPCs and CDFs, in all housing areas.					
12. Daily telephone serviceability checks are documented in the housing unit logbook.				Telephone Serviceability checks are documented on the Telephone Serviceability Worksheet in accordance with the standard.	
PART 2 – 16. STAFF-DETAINEE COMMUNICATION					
Meets Standard Does Not Meet Standard N/A Repeat Finding					

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

Announced and unannounced visits by ICE staff occur and are documented. A box is located outside of the housing unit in the hallway for detainee request forms and is secure. This box is accessed by ICE personnel only.

OIG hotline informational posters were mounted in the housing areas and in all appropriate common areas such as the dining room, and recreation areas. Daily telephone serviceability checks are being conducted by both facility staff and ICE staff.

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

/ 01/20/2012 Reviewer's Signature / Date

	PART 2-17. TOOL CONTROL						
This Detention Standard protects detainees, staff, contractors, and volunteers from harm and contributes to orderly facility operations by maintaining control of tools, culinary utensils, and medical and dental instruments, equipment, and supplies.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	(MANDATORY) There is an individual who is responsible for developing a tool control procedure and an inspection system to insure accountability.	\boxtimes			The designated tool control officer for the facility is the Maintenance Supervisor. He is responsible for developing procedures and inspections to insure accountability of tools.		
2.	If the warehouse is located outside the secure perimeter, the warehouse receives all tool deliveries. If the warehouse is located inside the secure perimeter the facility administrator shall develop site- specific procedures, for example; storing tools at the rear sally port until picked up and receipted by the tool control officer. The tool control officer immediately places certain tools (band saw blades, files and all restricted tools) in secure storage.	\boxtimes			The warehouse is located outside the secure perimeter of the institution and receives all tools.		
3.	(MANDATORY) The use of tools, keys, medical equipment, and culinary equipment is controlled.	\boxtimes			During this review the use of both medical and culinary equipment was observed. These types of equipment were controlled by department staff. All tools were controlled by appropriate staff members.		
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			Metal chits are placed on the shadow board when a tool is issued.		
5.	 Tool inventories are required for: Facility Maintenance Department Medical Department Food Service Department Electronics Shop Recreation Department Armory 	\boxtimes			Tool inventories are maintained by the Facility Maintenance, Medical and Food Service Departments. The Recreation Department and Armory do not have tools. There is no Electronics Shop at the facility.		
6.	Tool Inventories are conspicuously posted on all tool boards, tool boxes and tool kits.	\boxtimes			Inventories are either posted on the tool board or inside the tool box or kit.		
7.	 The facility has a policy for the regular inventory of all tools. The policy sets minimum time lines for physical inventory and all necessary documentation. ICE facilities use AMIS bar code labels when required. 	\boxtimes			Facility policy requires that tools be inventoried weekly, monthly and quarterly.		

	PART 2-17. TO	OL CC	ONTROL				
This Detention Standard protects detainees, staff, contractors, and volunteers from harm and contributes to orderly facility operations by maintaining control of tools, culinary utensils, and medical and dental instruments, equipment, and supplies.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
8.	 The facility has a tool classification system. Tools are classified according to: Restricted (dangerous/hazardous) Non Restricted (non-hazardous). 	\boxtimes			(b)(7)e		
9.	Department heads are responsible for implementing proper tool control procedures as described in the standard.	\boxtimes			Facility policy, "Control of Tools and Equipment", states that department heads are responsible for implementing proper tool control procedures.		
10.	There are policies and procedures in place to ensure that all tools are properly marked and readily identifiable.	\boxtimes			Facility policy, "Control of Tools and Equipment", describes the way tools are to be marked and how to establish department responsibility for the tool.		
11.	 The facility has an approved tool storage system. The system ensures that all stored tools are accountable. Tools are stored on shadow boards in which the shadows resemble the tool. Shadow boards have a white background. Restricted tools are shadowed in red. Non-restricted tools are shadowed in black. Commonly used tools (tools that can be mounted) are stored in such a way that missing tools are readily noticed. 				This facility's tool storage system requires that tools be accountable by insuring that tools are mounted on a white background shadow board. Restricted tools will have a red shadow background while non- restricted tools will have a black shadow background. Further, these commonly used tools are all mounted in such a way that their disappearance will not escape attention. This was verified during a tour of the tool control areas.		
12.	Tools removed from service have their shadows removed from shadow boards.	\boxtimes			Facility policy requires that shadows be removed from shadow boards when a tool is removed from service. The tool inventory for that shadow board is also updated.		
13.	Tools not adaptable to a shadow board are stored in a locked drawer or cabinet.	\boxtimes			Individual tool boxes containing tools are secured with a hasp and padlock with an inventory sheet inside the box.		
14.	Sterile packs are stored under lock and key.	\boxtimes			Sterile packs are stored under lock and key at all times.		
15.	Each facility has procedures for the issuance of tools to staff and detainees.	\boxtimes			Detainees are not issued tools at this facility. There is a written procedure for the issuance of tools to staff.		

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	
 16. There are policies and procedures to address the issue of lost tools. The policy and procedures include: Verbal and written notification. Procedures for detainee access. Necessary documentation/review for all incidents of lost tools. 	\boxtimes			There are written policy and procedures to address the issue of lost tools. These procedures include both verbal and written notification to the appropriate supervisor, restriction of detainee access to the area and final documentation and review of the lost tool investigation.	
17. Broken or worn out tools are surveyed and disposed of in an appropriate and secure manner.				Damaged tools are turned in to the Tool Control Officer for disposition. All pieces of the tool are accounted for.	
18. All private or contract repairs and maintenance workers under contract with ICE, or other visitors, submit an inventory of all tools prior to admittance into or departure from the facility. The inventory is reviewed and verified prior to the contractor entering/departing the facility.				Contractor vendors that bring tools into the facility must present an inventory before entry. An officer verifies the correctness of the inventory. These vendors are than escorted the entire time they are in the facility. Prior to departure the tools are inventoried again to insure all tools are accounted for.	
19. Hoses longer than three feet in length are classified as a restricted tool.				Facility policy requires that all hoses over three feet in length be secured and any over ten feet in length be treated as a restricted tool.	
20. Scissors used for in-processing detainees are tethered to the furniture (e.g. table, counter, etc.) where they are used.	\boxtimes				
PART 2-17. TC		NTROL			
☐ Meets Standard ☐ Does Not Meet Standard ☐ N/A ☐ Repeat Finding					

During this inspection the facility policy on tool control was reviewed as well as Post Orders relating to bringing tools into the secure facility. Additionally, the Maintenance Supervisor, the Chief of Security and the Associate Warden were interviewed. The Food Service, Medical and Maintenance departments are the only sections that have tools. The maintenance department keeps all its tools outside the secure perimeter.

(b)(6), (b)(7)(c) <u>01/20/2012</u> Reviewer's Signature / Date

	PART 2 – 18. USE OF FORCE AND RESTRAINTS						
res	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			Facility policy, "Use of Force", gives policy and procedures for 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			This facility has written guidance in their "Use of Force" policy governing immediate use of force.		
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			Staff are taught in new employee training and annually thereafter that policy requires that in situations where a detainee who is isolated or can be isolated and poses no immediate threat to himself or others, staff must attempt to resolve the situation without resorting to force.		
4.	Written policy asserts that calculated rather than immediate use of force is feasible in most cases.	\boxtimes			This facility has written policy that states that calculated use of force in lieu of immediate use of force is feasible in most cases.		
5. •	The facility subscribes to the prescribed Confrontation Avoidance Procedures. Ranking detention official, health professional, and others confer before every calculated use of force.	\boxtimes			Confrontation Avoidance Procedures are used when time permits. At a minimum, the senior detention official on site, a health professional and others deemed necessary, confer before a calculated used of force is initiated.		
6.	 When a detainee must be forcibly moved and/or restrained and there is time for a calculated use of force, staff uses the Use-of-Force Team Technique. Under staff supervision. 	\boxtimes			Facility staff are trained in the Use- of-Force Team Technique. This technique is used, under the direction of a supervisor, when a detainee must be restrained or moved when time permits.		
7.	Staff members are trained in the performance of the Use-of-Force Team Technique.	\boxtimes			A review of training records indicates that staff are trained in the Use-of-Force Team Technique.		
8.	All use-of-force incidents are documented and reviewed.	\boxtimes			Both immediate and calculated use of force incidents are documented and reviewed by a supervisor.		

PART 2 – 18. USE OF FORCE AND RESTRAINTS						
This Detention Standard authorizes staff to use necessary physical force, after all reasonable efforts to otherwise resolve a situation have failed, and only for protection of self, detainees, or others, for prevention of escape or serious property damage, or to maintain the security and orderly operation of the facility.						
Components	Meets Standard	Does Not Meet Standard	V /N	Remarks		
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			Staff are trained on the proper techniques to use in a calculated use of force. Written procedures require that both audio and video recording from the beginning of the incident through its conclusion including the medical examination, occur. Any breaks in the recording are explained on the video tape.		
 10. Staff: Does not use force as punishment. Attempts to gain the detainee's voluntary cooperation before resorting to force Uses only as much force as necessary to control the detainee. Uses restraints only when other non-confrontational means, including verbal persuasion, have failed or are impractical. 	\boxtimes			Staff are trained during new employee training and annually thereafter, not to use force as punishment, to attempt to gain the detainee's cooperation before resorting to force, to only use as much force as necessary and to use restraints only when other means have failed or are impractical.		
11. Medication may only be used for restraint purposes when authorized by the Medical Authority as medically necessary.			\boxtimes	Facility policy does not permit 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			This facility's "Use of Force" policy gives the proper techniques for Use- of-Force Teams to follow in order to prevent injury and exposure to communicable diseases. Deployments of the Use-of-Force Team are audio and visually recorded if possible.		

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.							
Meets Standard	Does Not Meet Standard	N/A	Remarks				
		\boxtimes	Four/five point restraints are not used at this facility.				
			used at this facility.				
		\boxtimes	Four/five point restraints are not used at this facility.				
			Four/five point restraints are not used at this facility.				
			Facility policy requires officers to contact medical staff after an immediate-use-of-force situation is under control.				
			Before the warden authorizes the used of non-lethal weapons, medical staff review the detainee's medical records to ensure such use is not contra-indicated.				
			(b)(7)e				
			Medical personnel are consulted before restraining pregnant				
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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		
21. Protective gear is worn when restraining detainees with open cuts or wounds.				Staff wear face shields, gloves and arm protection when restraining detainees with open cuts or wounds.		
22. Staff documents every use of force, including what type of restraints was used during the incident.				Every use of force in the facility is documented, including the type of restraints that were used.		
23. It is standard practice to review any use of force and the non-routine application of restraints.	\boxtimes					
 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. 				Training records indicate that all officers receive training in self- defense, confrontation avoidance techniques and use of force. Use of force devices that are certified for use in the facility are also demonstrated and taught to officers.		
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		Not all staff that are authorized to carry and use Oleoresin Capsicum (OC) spray are trained and certified annually.		
26. The use of canines is restricted to contraband detection purposes only.			\boxtimes	This facility does not use canine units.		
27. The officers are thoroughly trained in the use of soft and hard restraints.				The use of soft and hard restraints is taught during new employee training and annually thereafter.		
 In SPCs, the Use of Force form is used. In other facilities (IGSAs / CDFs) this form or its equivalent is used. 				The facility uses a Corrections Corporation of America form that is equivalent to the form used in Service Processing Centers.		
PART 2 – 18. USE OF FO		ND REST	RAIN	ſS		
⊠ Meets Standard						

This inspector interviewed the Chief of Security, the Associate Warden and the Security Officer concerning the Use of Force standard. The facility has written policies and procedures for use of force and discusses the Use of Force Continuum. Before chemical weapons are used at the facility, medical staff reviews the detainee's medical records to insure that such use is not contraindicated. Training records indicate that officers receive training in self defense, confrontation avoidance and use-of-force. Useof-force devices that are certified for use in this facility are also taught and demonstrated to officers.

After reviewing a use-of-force video tape of an incident that occurred on January 10, 2012, and the associated report, it was determined that the lieutenant who used Oleoresin Capsicum (OC) spray on a disruptive ICE detainee was not currently trained or certified in the use of chemical agents. The lieutenant was last trained in the use of chemical agents on January 16, 2009, while the Use of Force standard requires that this training occur annually. This facility does not use tasers.

(b)(6), (b)(7)(c) 01/20/2012 Reviewer's Signature / Date

Section III ORDER

19 Disciplinary System

PART 3 – 19. DISCIPLINARY SYSTEM						
This Detention Standard promotes a safe and orderly liv with facility rules and regulations and imposing disciplin						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
 The facility has a written disciplinary system using progressive levels of reviews and appeals. 	\boxtimes			Facility policy ", Detainee Discipline", establishes written guidelines for the disciplinary process.		
2. The facility rules state that disciplinary action shall not be capricious or retaliatory.	\boxtimes			The facility policy statement on detainee discipline states that disciplinary action shall not be capricious or retaliatory.		
 Written rules prohibit staff from imposing or permitting the following sanctions: corporal punishment 				Facility policy prohibits staff from		
deviations from normal food service				imposing corporal punishment, deviations from normal food		
clothing deprivation				service, clothing deprivation,		
bedding deprivation	\square			bedding deprivation, denial of personal hygiene items, loss of		
denial of personal hygiene items				correspondence privileges,		
 loss of correspondence privileges 				deprivation of legal access and legal materials and deprivation of		
deprivation of legal access and legal materials				physical exercise as sanctions.		
deprivation of physical exercise						
4. The rules of conduct, sanctions, and procedures f violations are defined in writing and communicated all detainees verbally and in writing.				The rules of conduct, sanctions and procedures for violations are communicated to the detainees through an orientation video, the Detainee Handbook and posted on bulletin boards in the housing units.		
 The following items are conspicuously posted Spanish and English or other dominate languag- used in the facility: 				Detainee rights and responsibilities, prohibited acts, disciplinary severity		
Rights and Responsibilities	\boxtimes			scale and sanctions in both Spanish		
Prohibited Acts				and English are posted on housing unit bulletin boards and included in		
Disciplinary Severity Scale				the Detainee Handbook.		
Sanctions						
 When minor rule violations or prohibited acts occu informal resolutions are encouraged. 	ur,			Staff understand that they are encouraged to resolve minor rule violations informally.		
 Incident Reports and Notice of Charges are promp forwarded to the designated supervisor. 	tly 🖂			These documents are forwarded to the supervisor before the end of the shift.		

PART 3 – 19. DISCIPLINARY SYSTEM					
This Detention Standard promotes a safe and orderly living environment for detainees by expecting detainees to comply with facility rules and regulations and imposing disciplinary sanctions to control the behavior of those who do not.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
8. Incident Reports are investigated within 24 hours of the incident. The Unit Disciplinary Committee (UDC) or equivalent does not convene before investigations end.					
9. An intermediate disciplinary process is used to adjudicate minor infractions.					
 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 Hears pleadings by detainee and staff representative Bases its findings on the preponderance of evidence Imposes only authorized sanctions 				A Captain is assigned to conduct disciplinary hearings at this facility. The Captain conducts hearings on all charges, considers written reports, statements, physical evidence and oral testimony. He also hears pleadings by the detainee and staff representative if assigned. Findings are based on the preponderance of evidence. Further, only authorized sanctions are imposed.	
11. A staff representative is available if requested for a detainee facing a disciplinary hearing	\boxtimes			A staff representative is assigned to a detainee if requested.	
12. The facility permits hearing postponements or continuances when conditions warrant such a continuance. Reasons are documented.				Postponements or continuances of the disciplinary hearing are permitted when requested and conditions warrant.	
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.				Disciplinary panel imposed sanctions do not exceed the duration of punishment established by the Warden. Sanctions for disciplinary segregation do not exceed sixty days for a single offense.	
14. Written procedures govern the handling of confidential-source information. Procedures include criteria for recognizing "substantial evidence".					
15. All forms relevant to the incident, investigation, committee/panel reports, etc., are completed and distributed as required.				All forms are properly completed and forwarded to the appropriate staff member.	
PART 3 – 19. DISC	IPLINA	RY SYSTI	EM		
⊠ Meets Standard					

Remarks: (Record significant facts, observations, other sources used, etc.) The Detainee Handbook provides detainees a thorough, clear explanation of the disciplinary process at this facility. The

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

orientation video viewed by all detainees also gives an overview of the disciplinary process. This inspector interviewed four ICE detainees about the disciplinary system and found that this sample of the population understood the process. (b)(7)e were also interviewed about the disciplinary process who stated that they understood the process and practiced the use of informal resolution for resolving minor rule infractions.

(b)(6), (b)(7)(c) / <u>01/20/2012</u> Reviewer's Signature / Date

Section IV CARE

- **20 Food Service**
- **21 Hunger Strikes**
- 22 Medical Care
- 23 Personal Hygiene
- 24 Suicide Prevention and Intervention

25 Terminal Illness, Advance Directives, and Death

PART 4 – 20. FOOD SERVICE							
	This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	The food service program is under the direct supervision of a professionally trained and certified Food Service Administrator (FSA). The Responsibilities of cooks and cook foremen are in writing. The FSA determines the responsibilities of the Food Service Staff.	\boxtimes			The food service staff is certified by the Houston Department of Health and Human Services in professional food service and sanitation. The Food Service Administrator, in addition to having over 22 years experience, is a certified food service director and ServSafe certified through Canteen Correctional Services. Responsibilities of cooks and all staff are determined by the Food Service Administrator and are in writing.		
2.	The Cook Foreman is on duty on days when the FSA is off duty and vice versa.	\boxtimes			There is a food service supervisor on duty when the Food Service Administrator is not on duty.		
3.	The FSA provides food service employees with training that specifically addresses detainee-related issues. In ICE Facilities this includes a review of the "Food Service" standard	\boxtimes			The Food Service Administrator provides training to all food service staff that 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	\boxtimes			The food service department does not utilize knives. Items such as dough cutters, spoons, ladles, and spatulas, are secured in a locked cabinet in the Food Service Administrator's office and is controlled and inventoried by detention staff as required. All keys utilized in the food service area are maintained in the "B" control center where staff use a "chit system" for key accountability.		
5.	All knives not in a secure cutting room are physically secured to the workstation and staff directly supervises detainees using knives at these workstations. Staff monitor the condition of knives and dining utensils			\boxtimes	The food service department does not utilize knives.		
6.	Special procedures (when necessary) govern the handling of food items that pose a security threat.	\boxtimes			Staff inventory and directly supervise the use of these items.		
7.	(shakedowns) of detainee work areas.	\boxtimes			The kitchen area is searched on a daily basis by the food service and detention staff.		
8.	The FSA monitors staff implementation of the facility population count procedures. These procedures are in writing. Staff is trained in count procedures.	\boxtimes			The detention staff conduct all counts in the food service area.		

PART 4 – 20. FOOD SERVICE						
This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
9. (MANDATORY) There is adequate health protection for all detainees and staff in the facility, and for all persons working in food service. Detainees and other persons working in food service are monitored each day for health and cleanliness by the food service supervisor or designee. Detainee clothing and grooming comply with the "Food Service" standard.	\boxtimes			The detainees are monitored on a daily basis. The results are recorded. Upon observation, all were neat, clean, and wore hairnets and gloves.		
10. The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date.	\boxtimes					
11. The Cook Foreman or equivalent instructs newly assigned detainee workers in the rules and procedures of the food service department.				All newly-assigned detainee workers are trained by the Food Service Administrator on rules and procedures and the operations of all equipment. All training is documented and detainees sign off on the training provided.		
 12. During orientation and training session(s), the Cook Supervisor (CS) explains and demonstrates: Safe work practices and methods. Safety features of individual products/ pieces of equipment. Training covers the safe handling of hazardous material[s] the detainee are likely to encounter in their work. 	\boxtimes			The Food Service Administrator trains newly assigned detainee workers on all three of the bulleted items in this component.		
13. The Cook Foreman documents all training in individual detainee detention files.				The training for the detainee workers is documented and kept on file in the Food Service Administrator's office.		
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 are paid one dollar a day for working in the food service department and they are paid daily.		
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.				The facility meals are served at 4:30 AM, 10:00 AM, and 4:30 PM. The facility menu calls for a hot item with two meals each day. The feeding schedule reflected fewer than 14 hours between meals.		
16. For cafeteria-style operations, a transparent "sneeze guard" protects both the serving line and salad bar line.				The facility has no cafeteria-style operations. All detainees are served in the housing units.		
17. The facility has a standard 35-day menu cycle. IGSAs use a 35 day or similar system for rotating meals.	\boxtimes					

PART 4 – 20. FOOD SERVICE					
This Detention Standard ensures that detainees are provide in a sanitary and hygienic food service operation.	ed a nut	ritionally ba	lanced	d diet that is prepared and presented	
Components	Meets Standard	Does Not Meet Standard	¥/N	Remarks	
18. (MANDATORY) A registered dietitian shall conduct a complete nutritional analysis that meets U.S. Recommended Daily Allowances (RDA), at least annually, of every master-cycle menu planned by the FSA. The dietitian must certify menus before they are incorporated into the food service program. If necessary, the FSA shall modify the menu in light of the nutritional analysis to ensure nutritional adequacy. The menu will need to be revised and re-certified by the registered dietician in that event.	\boxtimes			The facility menu has been certified by a Canteen Correctional Services registered dietitian license # 724836. Any revisions require the menu to be re-certified by the dietitian.	
19. The FSA has established procedures to ensure that items on the master-cycle menu are prepared and presented according to approved recipes.				The facility uses Canteen Correctional Services company recipes.	
 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 				Approved menu substitutions have been established with notification to the Food Service Administrator required.	
21. All staff and volunteers know and adhere to written "food preparation" procedures.				Food preparation procedures are included in staff and detainee worker job descriptions.	
 22. A Common Fare menu available to detainees, at no charge, whose dietary requirements cannot be met on the main. Changes to the planned Common Fare menu can be made at the facility level. Hot entrees are offered three times a week. The Common Fare menus satisfy nutritional recommended daily allowances (RDAs). Staff routinely provides hot water for instant beverages and foods. Common Fare meals are served with: Disposable plates and utensils. Reusable plates and utensils. Staff use separate cutting boards, knives, spoons, scoops, etc., to prepare the Common Fare diet items. 				The common-fare menu can be changed at the facility level, and hot entrees are offered at least three times a week. The facility uses reusable plates and utensils for common-fare diet items, and has separate cutting boards and utensils. The common-fare menus have been certified to meet nutritional recommended daily allowances. Each housing unit has a microwave oven to heat water for instant beverages and foods.	
23. Detainees whose religious beliefs require the adherence to particular religious dietary laws are referred to the Chaplain or FSA.					
24. A supervisor at the command level must approve a detainee's removal from the Common Fare Program.	\boxtimes				
25. The Facility Administrator, in conjunction with the chaplain and/or local religious leaders provides the FSA a schedule of the ceremonial meals for the following calendar year.				The Food Service Administrator is provided a schedule for the year by the chaplain.	

PART 4 – 20. F	OOD S	ERVICE				
This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
 26. The Common Fare Program accommodates detainees abstaining from particular foods or fasting for religious purposes at prescribed times of the year. Muslims fasting during Ramadan receive their meals after sundown. Jews who observe Passover but do not participate in the Common Fare Program receive the same Kosher-for- Passover meals as those who do participate. Main-line offerings include one meatless meal (lunch or dinner) on Ash Wednesday and Fridays during Lent. 				The facility provides Ramadan meals, Kosher meals, and meatless meals as required for Lent.		
27. The food service program addresses medical diets.				The medical department approves all medical diets and notifies the Food Service Administrator of all requirements. The food service program provides medical diets such as: dental soft, diabetic, and low sodium.		
28. Satellite-feeding programs follow guidelines for proper sanitation.	\boxtimes			The facility uses a satellite feeding program. The feeding was observed, and found to meet proper sanitary guidelines.		
29. Hot and cold foods are maintained at the prescribed, "safe" temperature(s) as served. See Detention Standard on Food Service for guidance.	\boxtimes			The temperatures are safely maintained and documented as required.		
30. All meals provided in nutritionally adequate portions.	\boxtimes			Portions are based upon review of the registered dietician.		
31. Food is not used to punish or reward detainees based upon behavior.	\boxtimes			The facility does not use food to punish or reward detainees based on their behavior.		
 32. The food service staff instruct detainee volunteers on: Personal cleanliness and hygiene; Sanitary techniques for preparing, storing, and serving food, and; The sanitary operation, care, and maintenance of equipment. 				Training on the three bulleted items are conducted and documented by the Food Service Administrator in each detainee training file.		
33. Everyone working in the food service department complies with food safety and sanitation requirements.	\boxtimes					
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			The facility has a written procedure that addresses this component. The facility documents all inspection as required.		

PART 4 – 20. FOOD SERVICE							
This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.							
Components	Meets Standard	Does Not Meet Standard	¥/N	Remarks			
35. Reports of discrepancies are forwarded to the Facility Administrator or designated department head and corrective action is scheduled and completed.	\boxtimes			All reports and discrepancies are forwarded to the Assistant Warden and corrective action is implemented.			
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			The facility documents the temperature checks after each meal on a temperature log. The previous two months of logs were reviewed with no discrepancies found.			
37. (MANDATORY) Staff documents the results of every refrigerator/ freezer temperature check, in accordance with the Detention Standard on Food Service.	\boxtimes			The temperature checks are recorded as required. The previous two months of documentation were reviewed with no discrepancies found.			
 The cleaning schedule for each food service area is conspicuously posted. 	\boxtimes			The cleaning schedule is posted outside the Food Service Administrator's office.			
39. Procedures include inspecting all incoming food shipments for damage, contamination, and pest infestation.	\boxtimes						
40. Storage areas are locked when not in use.	\boxtimes			All storage areas were secured as required.			
41. Food service personnel conduct shakedowns along with detention staff.	\boxtimes						
42. <u>In SPCs only</u> : The ICE supervisor on duty ensures that ICE officers participate in dining room supervision.			\boxtimes	This facility is a CDf, not an SPC, and does not have a dining room. All detainees are served in their respective housing unit.			
43. Menus are certified by a registered dietitian prior to being incorporated into the Food Service Program.	\boxtimes			Menus are certified by a dietitian from Canteen Correctional Services prior to being implemented.			
44. <u>In SPCs only:</u> the FSA prepares quarterly cost estimates for the Common Fare Program. This quarterly estimate is factored into the quarterly budget.			\boxtimes	This facility is a CDF, not an SPC.			
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			The freezer and cooler have plastic curtains and the rear door leading to the loading dock utilizes an air curtain.			
47. Staff complies 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			The facility utilizes "first in, first out" (FIFO) to control inventory.			

PART 4 – 20. F	OODS	ERVICE				
This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
49. Staff complies with all ICE Housekeeping, Storeroom/Refrigerator requirements. Identify and explain any shortcomings.						
50. Dining room facilities and operating procedures will provide sufficient space and time for detainees to eat meals in a relatively relaxed, unregimented atmosphere.				Detainees are served their meals in their housing units and are given sufficient time and space to eat their meals.		
 51. (MANDATORY) An independent, external source shall conduct annual inspections to ensure that the food service facilities and equipment meet governmental health and safety codes. Corrective action is taken on deficiencies, if any. 				The Houston Department of Health and Human Services conducts a yearly inspection of food service facilities and equipment. The facility has a current inspection on file that expires on March 27, 2012. Any deficiencies are corrected immediately.		
52. Personnel inspecting the food service department shall note needed corrective action(s), if any, in a written report to the Facility Administrator.						
53. Only those toxic and caustic materials required for sanitary maintenance of the facility, equipment, and utensils shall be used in the food service department. Material Safety Data Sheets (MSDSs) will be maintained on all flammable, toxic, and caustic substances used.				The appropriate Material Safety Data Sheets are maintained by the Food Service Administrator.		
54. (MANDATORY) The FSA is responsible for pest control in the food service department, including contracting the services of an outside exterminator.				The food service department has a current pest control contract with Orkin Pest Control of Houston, Texas.		
FOOD S	SERVIC	E				
🛛 Meets Standard 🛛 🗌 Does Not Meet St	andard	□ N/A		☐Repeat Finding		

The food service department is operated by Canteen Correctional Services. They are providing detainees with nutritious and attractively presented meals. The menus have been nutritionally analyzed, certified, and approved by a Canteen Correctional Services registered dietitian. The meals are prepared from approved recipes by trained detainee workers under the supervision of the food service staff. The food service department follows the appropriate HACCP (Hazard Analysis at Critical Control Points) procedures during food preparation procedures. The facility uses a satellite feeding procedure with the detainees eating in the dayroom area of the housing units. Sanitation of the food service department was found to be good during the review. The kitchen restrooms are supplied with hot water, hand soap and disposable towels. The dry storage areas were clean and well organized. The stock rotation is done on a "first in, first out," (FIFO) method.

(b)(6), (b)(7)(c) <u>01/20/2012</u> Reviewer's Signature / Date

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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	
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			Detainees refusing food for 72 hours are placed on hunger strike status and referred to the medical department for evaluation.	
2.	Facility immediately reports via the chain of command a hunger strike to ICE/DRO.	\boxtimes			Facility staff report hunger striking detainees to ICE personnel. Medical hunger strike policy requires medical staff to provide a daily report to ICE.	
3.	The facility has established procedures to ensure staff respond immediately to a hunger strike.	\boxtimes			Post orders and medical hunger strike policy require staff to immediately respond to a hunger strike.	
4.	Policy and procedure require that staff isolate a hunger-striking detainee from other detainees.	\boxtimes			Facility hunger strike policy requires hunger striking detainees to be housed in the special housing unit.	
5.	Medical personnel are authorized to place a detainee in the Special Management Unit or a locked hospital room.	\boxtimes			Facility hunger strike policy requires hunger striking detainees to be housed in the special housing unit.	
6.	Medical staff records the weight and vital signs of a hunger-striking detainee at least once every 24 hours.	\boxtimes			Medical hunger strike policy requires health care staff to obtain and document the weight and vital signs of hunger strikers, at least once daily.	
7.	The facility medical authority obtains a hunger striker's consent before medical treatment.	\boxtimes			Medical staff attempts to obtain a signed consent form prior to administering medical treatment.	
8.	A signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment, or two staff/provider signatures indicating detainee refusal to sign form.	\boxtimes			Medical staff attempts to obtain a signed "Refusal" form IHSC-820. Two health care staff are required to witness and sign the form if the detainee refuses to sign the declination.	
9.	Unless otherwise directed by the medical authority, staff delivers 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			Detention staff are instructed to deliver three meals per day to the detainee's isolation cell, irrespective of a verbal decline of food.	
10.	Staff maintains the hunger striker's supply of drinking water/other beverages.	\boxtimes			Detention staff are instructed to maintain a supply of water in a hunger striker's cell.	

PART 4 – 21. HU	INGER	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		
11. During a hunger strike, staff removes all food items from the hunger striker's living area.				All food items are removed from a hunger striker's cell. Hunger striking detainees may not order food items from the commissary.		
12. Staff is directed to record the hunger striker's fluid intake and food consumption on the Hunger Strike Monitoring Form I-839 or equivalent.	\boxtimes			Detention staff are required to record the food and fluid intake of hunger striking detainees.		
13. The medical staff has written procedures for treating hunger strikers.				Medical staff has clear protocols for the daily monitory of hunger strikers. Evaluation and management is individualized, when necessary.		
14. Staff documents 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 is required to document all treatment attempts.		
15. All staff receives orientation and annual training on recognizing the signs of a hunger striker and on the procedures for referral for medical assessment. Medical staff receives training in hunger-strike evaluation and treatment and remain up-to-date on these techniques.				All staff, except Immigration Health Service Corps (IHSC) personnel receive hunger strike training during facility orientation and again annually. IHSC staff does not participate in facility training. However, all medical staff receives hunger strike training during a separate medical orientation and annual refresher training.		
PART 4 – 21. HU	PART 4 – 21. HUNGER STRIKES					
🛛 Meets Standard 🛛 🗌 Does Not Meet St	andard	□ N/A		☐Repeat Finding		

Together, the facility and Immigration Health Service Corps have comprehensive hunger strike policies that conform to the detention standards. Procedures are in place to protect the health and well-being of hunger strikers. Detention and medical staffs are trained separately in the recognition, referral and monitoring of detainees engaging in a hunger strike.

The standard's rating was based on observations; review of policies and training records; and staff interviews.

(b)(6), (b)(7)(c) 01/20/2012

Reviewer's Signature / Date

	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			
1.	The facility operates a health care facility in compliance with state and local laws and guidelines.				Medical care within the facility is provided under Immigration Health Service Corps (IHSC) and their contractors. The licenses of health care staff were reviewed and all had current and verified licenses. The IHSC medical department holds a valid "waived category" Clinical Laboratory Information Amendments (CLIA) certificate and a current Drug Enforcement Agency (DEA) registration.			
2.	The facility's in-processing procedures of arriving detainees include medical screening.	\boxtimes			In-processing procedures include medical and mental health screenings performed by medical staff.			
3.	(MANDATORY) The essential positions needed to perform the health services mission and provide the required scope of services are described in a staffing plan that is reviewed at least annually by the health authority.				Medical staffing includes a physician clinical directorb)(7)(e) physician assistantsb)(7)(e) nurse practitionets)(7)(e) egistered nurses, one dentist, one dental assistant, (b)(7)e social worker, one pharmacistb)(7)(e) pharmacy techniciansb)(7)(e)censed vocational nurses, one nurse manager, one quality assurance/program manager and four medical records technicians. IHSC staffing also includes health services administrative staff. Contract staff provides additional medical and mental health services. Staffing is sufficient to perform the health services mission. The positions are described in a staffing plan that has been reviewed annually by the health authority.			
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			Newly admitted detainees are informed orally and in the detainee handbook about how to access health services. Translation assistance is obtained, if required.			
5.	Detainees will have access to and receive specified 24-hour emergency medical, dental, and mental health services.	\boxtimes			Medical staff is on-site 24 hours a day, seven days a week. Twenty four hour emergency dental and mental health services are available through local and community resources.			

	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		
6.	New direct care staff will receive tuberculosis tests prior to their job assignment and periodically thereafter and will be offered the hepatitis B vaccine series.				New direct health care staff receive tuberculosis (TB) screening and testing prior to arrival to their job assignment and again annually. When indicated, hepatitis B vaccine is required for all new direct health care employees.		
7.	Health care services will be provided by trained and qualified personnel, whose duties are governed by job descriptions and who are properly licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements.	\boxtimes			The personnel files of health care staff were reviewed and all had valid licenses, certificates, credentials and current job descriptions.		
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).				Each detainee receives a copy of the national and local detainee handbooks. The handbooks are available in both English and Spanish. Procedures for accessing healthcare services are clearly explained in the local handbook.		
9.	In SPCs and CDFs, medical personnel credentialing and verification complies with the standards established by the NCCHC and Joint Commission.				The personnel files of health care staff were reviewed and all had primary source verification of their credentials.		
10.	 Within 12 hours of arrival, all newly admitted detainees receive initial medical, dental and mental health screening by a health care provider or a detention officer specially trained to perform this function. When screening is performed by a detention officer, the facility maintains documentation of the officer's special training. 				The health-care records of 20 newly admitted ICE detainees were reviewed and all had received initial medical dental and mental health screening by members of the medical staff. These screenings are never conducted by detention staff.		
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.				The facility utilizes a telephonic translation service when language difficulties exist.		
12.	The facility has sufficient space and equipment to afford each detainee privacy when receiving health care.				The facility has sufficient space and equipment to provide privacy during examinations and treatment. There are seven examination rooms throughout the facility.		
13.	The medical facility has its own restricted-access area. The restricted access area is located within the confines of the secure perimeter.				The health services unit has its own restricted access area within the secure perimeter of the facility.		

	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			
14.	The medical facility entrance includes a holding/waiting room.	\boxtimes			The health services unit has a waiting room.			
	The medical facility's holding/waiting room under the direct supervision of custodial staff.	\boxtimes			The waiting area is under the direct supervision of a detention officer.			
16.	Detainees in the holding/waiting room have access to a toilet and a drinking fountain.	\boxtimes			The waiting area has two drinking fountains. Detainees have access to a toilet upon request.			
17.	 Medical records are kept apart from other files. They are: Secured in a locked area within the medical unit. With physical access restricted to authorized medical staff. Procedurally, no copies made and placed in detainee files. 	\boxtimes			The health services unit utilizes a computerized medical record. Access to the medical record is User ID and password restricted. Only authorized medical staff may access data in the computerized medical record. Protected medical information is not placed in the detention files.			
18.	(MANDATORY) A signed and dated consent form is obtained from a detainee before medical treatment is administered.	\boxtimes			A review of 20 ICE detainee health records confirms that a signed and dated consent form is obtained from each detainee during the intake process.			
19.	Detainees use the I-813 (or IGSA equivalent) to authorize the release of confidential medical records to outside sources.	\boxtimes			Detainees must sign an "Authorization for Release of Confidential Health Information" form before medical information is released to outside sources.			
20.	The facility health care provider is given advance notice prior to the release, transfer, or removal of a detainee.	\boxtimes			Interviews with health care and medical records staff confirmed that they receive adequate advance notice prior to the transfer or removal of detainees.			
21.	A detainee's medical records will be transferred as appropriate. All detainees will be transferred with a copy of their transfer summary.	\boxtimes			Complete detainee medical records are seldom transferred with the detainee. Medical staff completes a "Medical Summary of a Federal Inmate/Alien in Transit" form for each transferred 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			When paper medical records are transferred with a detainee, they are placed in a sealed envelope and labeled with the detainee's name and number. The envelope is stamped "Medical Confidential".			

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			
23. Medical screening includes a Tuberculosis (TB) test.				Medical intake screening includes symptomatic screening for tuberculosis. If the detainee did not arrive with evidence of prior tuberculosis testing or treatment, a digital chest x-ray is obtained. The facility has a contract with radiologists from the University of Maryland and the interpretation of the x-ray is obtained within four hours. Detainees are not placed in a housing unit until tuberculosis clearance has been obtained. Detainees who are symptomatic for tuberculosis or have suspicious chest x-rays are placed in one of four negative pressure isolation rooms until cleared by licensed health care providers.			
 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. 				Mental health screening is performed by medical staff during the intake screening process and before the detainee is assigned to a housing unit.			
25. The facility health care provider promptly reviews all I- 794s (or equivalent) to identify detainees needing medical attention.				Only health care providers conduct the intake medical screening and they know immediately when detainees require urgent attention.			
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.				The health care records of 20 ICE detainees were reviewed and all had health appraisals within 14 days of arrival.			
27. Detainees in the Special Management Unit have access to the same level of health care as detainees in the general population.				Detainees in the special management units have the same access to healthcare as the general population. A nurse makes visual and verbal contact with each detainee in the special housing units at least once each day.			

	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			
28.	 Staff provides 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. 				Access to sick call is not made through the filing of sick call request forms. Detainees who desire routine health care can personally line up for sick call triage, seven days per week. Detainees are evaluated at that time and scheduled for sick call appointments based on that evaluation.			
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			Local Operating Procedure, "Emergency Services" provides guidance to staff when immediate outside medical care is required. Medical staff is on-site at all times.			
30.	The plan includes an on-call provider.	\boxtimes			Medical staff is on-site at all times. However, the facility does maintain an emergency on-call telephone list.			
31.	The plan includes a list of telephone numbers for local ambulances and hospital services.				The "Emergency Services" procedure lists "911" as the number to call for an ambulance. The health services unit maintains the telephone numbers of all local hospitals and consultant health care providers.			
32.	The plan includes procedures for facility staff to utilize this emergency health care consistent with security and safety.				Facility transportation policy requires staff to consider safety and security in emergency transports.			
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.				All staffs are trained in cardiopulmonary resuscitation and first aid. There is no place within the facility that cannot be accessed by trained personnel in less than three minutes.			
34.	Where staff is used to distribute medication, a health care provider properly trains these officers.			\boxtimes	Only health care staff dispenses medication to detainees.			
35.	Pharmaceuticals and nonprescription medicines will be stored, inventoried, dispensed, and administered in accordance with sound standards and facility needs for safety and security.				All pharmaceuticals are stored in a climate controlled environment. Controlled substances are inventoried and dispensed according to sound correctional standards. Medications that are subject to abuse or medications whose compliance must be closely monitored are dispensed at a medication administration line.			

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			
 36. (MANDATORY) Each facility has written policy and procedures for the management of pharmaceuticals that include: A formulary of all prescription and nonprescription medicines stocked or routinely procured from outside sources. A method for obtaining medicines not on the formulary. Prescription practices, including requirements that medications are prescribed only when clinically indicated and that prescription are reviewed before being renewed. Procurement, receipt, distribution, storage, dispensing, administration, and disposal of medications. Secure storage and perpetual inventory of all controlled substances (DEA Schedule II-V), syringes, and needles. 	\boxtimes			Medical policies "Pharmacy Services" and "Narcotics Control and Inventory" provide written guidance to medical staff for the management of pharmaceuticals. The facility maintains a written formulary for all medications and a method of obtaining medications which are not on the formulary. The policies outline prescription practices, procurement, distribution, storage, dispensing, administration, and disposal of medication. Secure storage and a perpetual inventory of all controlled substances and sharp instruments are maintained.			
 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 area within the health services unit. The pharmacy is constructed of concrete block with walls that extend from the floor to the ceiling. There is a false ceiling. However, the concrete walls extend to the level of the true ceiling. There is a solid metal entrance door that is secured with a high-security locking device. Access is limited to authorized medical staff. Controlled substances are stored in a double locked metal cabinet, with access limited to the pharmacist.			
 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. 				Some medications are dispensed through a pass-through window. Administration and management is in accordance with federal law. The pharmacy is supervised by a licensed pharmacist. Medications are dispensed by healthcare personnel. The facility utilizes a medication administration record (MAR) to record when many pharmaceuticals are administered.			

	PART 4 – 22. N	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		
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 administered or distributed in a timely manner and according to the orders written by a physician, dentist, physician assistant or a nurse practitioner.		
40.	 Medication may not be delivered or administered by detainees. In facilities that are medically staffed 24 hours a day, the health care provider distributes medication. In facilities that are not medically staffed 24 hours a day, medication may be distributed by detention officers, who have received proper training by the health care provider, only when medication must be delivered at a specific time when medical staff is not on duty. 	\boxtimes			Medications are only distributed or dispensed by licensed medical staff. Neither detainees nor detention staff distributes medications at this facility.		
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.				Only licensed health care staff distributes medications.		
42.	The Warden/Facility receives notification that a detainee that has special medical needs.	\boxtimes			The Warden receives notification regarding detainees with special needs during the weekly administration/department head meeting.		
43.	Procedures are in place, consistent with the detention standard, for examinations by independent medical service providers and experts.	\boxtimes			When detainees request an examination by an independent medical service provider or expert, the request must be made through ICE. National IHSC policy prohibits their staff from "providing medical professional oversight, equipment or supplies". "If it is determined by ICE that a medical outside interest is going to evaluate a detainee at the medical facility, the IHSC will not become involved in any respect". Facility procedures are in place to permit examinations by independent medical service provider when requested by ICE.		

	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			
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. 	\boxtimes			Local operating procedures "Bloodborne Pathogen - Exposure Control Plan" and "Bloodborne Pathogen-Post Exposure Control Plan" as well as standard operating procedure "Infectious Disease Surveillance" address the management of infectious and communicable diseases. These policies and clinical practice guidelines address coordination with public health authorities, education, media relations and their reporting to local and state authorities. Clinical practice guidelines are also available for tuberculosis, hepatitis, HIV infection and avian influenza.			
45.	Detainees diagnosed with a communicable disease are isolated according to local medical operating procedures.	\boxtimes			If necessary, detainees with certain communicable diseases are isolated in one of four negative pressure isolation rooms.			
46.	All new arrivals receive TB screening in accordance with guidelines of the Centers for Disease Control (CDC). Unless a chest x-ray is the primary screening method, the PPD (mantoux method) is the primary screening method. (For a detainee on whom the PPD is contraindicated; a chest x-ray will be needed. Detainees not screened are housed separate from the general population.	\boxtimes			Newly arriving detainees receive symptomatic screening for tuberculosis. A digital chest x-ray is the primary screening method for tuberculosis at this facility. Chest x-rays are interpreted prior to the detainees being placed in the general population.			
47.	Detainees with symptoms suggestive of TB are placed in a negative pressure isolation room and promptly evaluated for TB disease. Detainees at facilities with no negative pressure isolation room are referred to an appropriate off-site facility.	\boxtimes			Detainees who have symptoms of tuberculosis are placed in one of four negative pressure isolation rooms.			
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			Transportation for routine outside health care services is provided by facility detention staff. A local ambulance service is utilized for emergency medical transports. Medical information is faxed or communicated telephonically.			

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			
49.	Detainee who requires close, chronic or convalescent medical supervision will be treated in accordance with a plan approved by licensed physician, physician assist, nurse practitioner, dentist, or mental health practitioner that includes directions to health care and other involved personnel.				Detainees who require close or frequent supervision are managed according to written orders issued by a licensed medical or mental health practitioner. The facility utilizes a medical short stay unit to observe and manage detainees who require close, chronic or convalescent care.			
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.	\square			Pregnancy testing is performed on all females during the intake process. Uncomplicated pregnancy management is provided by in- house medical staff. Prenatal care, counseling, nutrition assistance and post partum follow up for high-risk pregnancies is obtained through community obstetrics providers.			
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				The medical records of 10 ICE detainees with chronic care conditions were reviewed. All had timely and regular monitoring of their health care issues.			
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.				Facility health care staff completes a "Detainee Special Needs" form when a detainee requires special consideration for housing, transfer or transportation.			
53.	Detainees will have access to emergency and specified routine dental care provided under direction and supervision of a licensed dentist.				The facility employs a full-time dentist and dental assistant. The dentist is a United States Public Health Service employee and is available for emergency call back at any time.			
54.	(MANDATORY) Detainees with mental health problems will be referred to a mental health provider as needed for detection, diagnosis, treatment, and stabilization to prevent psychiatric deterioration while confined.	\boxtimes			Detainees with mental health issues are referred to the staff social worker or one of the three psychiatrists who visit the facility each week.			
55.	Crisis intervention services are available for detainees who experience acute mental health episodes.				Mental health crisis intervention services are available in cooperation with West Oaks Hospital.			

	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.						
prev	vention and health education, so that their health care	neeus a	are met in a	a ume	ly and enicient manner.		
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
56.	Medical and mental health interviews, examinations, and procedures will be conducted in settings that respect detainees' privacy, and female detainees will be provided female escorts for health care by male health care providers.	\boxtimes			Medical and mental health interviews are conducted in examination rooms that provide adequate privacy.		
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			Detainees referred for mental health evaluation or treatment are evaluated by a licensed mental health provider, usually within 24 to 48 hours but never more than 72 hours of referral.		
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. 	\boxtimes			Local operating procedure "Restraints and Seclusion" and national Immigration Health Service Corps (IHSC) policy "Medical Restraints, Therapeutic Seclusion and Emergency Psychotropic Medications" provide guidance to staff when mechanical or chemical restraints are considered. The policies outlined the types of restraints that may be used; the conditions under which the restraints may be applied; the length of time the restraints are to be applied and how they are monitored. An after incident review and a post-restraint observation report are required.		

	PART 4 – 22. MEDICAL CARE							
	This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
	 (MANDATORY) 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. 				National IHSC policy "Medical Restraints, Therapeutic Seclusion and Emergency Psychotropic Medications" provides guidance to staff when involuntary administration of psychotropic medications is considered. The policy requires obtaining a federal court order and an order from an authorizing physician that specifies the duration of therapy; documentation that less restrictive interventions have been exercised without success; the route of administration; instructions for monitoring for adverse reactions; and a treatment plan for less restrictive alternatives.			
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			The medical records of 20 ICE detainees were reviewed and all had evidence of dental screening by a physician assistant, nurse practitioner or trained registered nurse. The training records of the registered nurses performing dental examinations were reviewed and all had evidence of training by the chief dental officer.			
61.	In each detention facility, the designated health authority and Facility Administrator determines the contents, number, location(s), use protocols, and procedures for monthly inspections of first aid kits.	\boxtimes			The program manager and the safety manager determine the contents, number and location of first aid kits. The safety manager performs a monthly inventory.			
62.	An automatic external defibrillator should be available for use at the facility.	\boxtimes			There are three automatic external defibrillators throughout the facility.			
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			Pursuant to the quality assurance/ program manager, if an ICE detainee refuses life sustaining treatment, ICE personnel are notified as soon as possible when forced treatment is considered.			
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 Warden and all department heads meet weekly to discuss areas of mutual concern. Additional medical staff are present when needed.			

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 NA Standard Standar					
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.				Biohazardous waste is placed in appropriate containers and collected periodically by a contract vendor. Dental instruments and equipment are sterilized or cleaned after each use.	
66. (MANDATORY) The health authority will implement a system of internal review and quality assurance.				The health services unit has a functioning performance improvement program. The minutes of the last two program meetings were reviewed.	
PART 4 – 22. MEDICAL CARE					
⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding					

Health care in the facility is provided by employees of the Immigration Health Services Corps (IHSC) a division of the United States Public Health Service. Additional services are provided by their contract vendors. The health services unit is currently accredited by the Joint Commission, the American Correctional Association and the National Commission on Correctional Health Care. Care is provided in a clean environment, which is adequately staffed and properly equipped. Persons with acute and chronic needs are identified during the intake screening and physical assessment processes. Timely and regular follow up is conducted for detainees with chronic care medical and mental health conditions. Medical, dental and mental health care services are also provided in a timely manner. Detainees requiring close observation for medical or mental health issues are housed in a Short Stay Unit (SSU) within the health services area. A review of ICE detainee medical records confirmed timely medical and mental health intake screenings and appropriate physical assessments.

The standard's rating was based on observations; a review of policies, training records, and health care records; and staff interviews.

ICE detainees are not charged co-pay for medical, dental or mental health services.

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PART 4 – 23. PERSONAL HYGIENE						
This Detention Standard ensures that each detainee is able to maintain acceptable personal hygiene practices through the provision of adequate bathing facilities and the issuance and exchange of clean clothing, bedding, linens, towels, and personal hygiene items.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
 There is a policy and procedure for the regular issuance and exchange of clothing, bedding, linens, towels, and personal hygiene items. The supply of these items exceeds the minimum required for the number of detainees. 				Facility policy "Inmate/Resident Property" and the detainee handbook provide information on the issuance and exchange of clothing, bedding, linens, towels and personal hygiene items. The supply is adequate to meet the needs of the detainee population.		
 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			Newly arriving detainees receive three uniform sets (pants and shirt), three pairs of socks, three pairs of underwear (including bras for female detainees) and one pair of shoes.		
3. Additional clothing is available for changing weather conditions and as is seasonally appropriate.				The facility is climate controlled. However, additional outer garments are available, if needed.		
 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 are issued one mattress with a built-in pillow, two sheets, one blanket, and two towels. The facility is climate controlled. Supplies are adequate to meet the needs of the detainee population.		
 The facility provides and replenishes personal hygiene items as needed. Gender-specific items are available. ICE detainees are not charged for these items. 				The facility provides soap, a toothbrush and tooth paste and toilet paper to all detainees. Feminine hygiene products and denture cleaner are also provided, when required. Detainees are not charged for these items.		

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.		exonalige				
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks		
 6. Toilet facilities are: Clean Adequate in number and can be used without staff assistance 24 hours per day when detainees are confined in their cells or sleeping areas. ACA Expected Practice 4-ALDF-4B-08 requires that toilets be provided at a minimum ratio of one for every 12 male detainees or one for every 8 female detainees. For males, urinals may be substituted for up to one-half of the toilets. 				Male and female housing units were observed and found to be clean. There is an adequate number of showers, toilets and sinks in the housing units to meet the needs of the male and female populations. Handicapped accessible showers and toilets are available.		
 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 were observed to be clean. The temperature logs for showers were reviewed and all readings were between 100 and 120 degrees Fahrenheit.		
8. Detainees with disabilities are provided adequate facilities, support, and assistance needed for self-care and personal hygiene.				Detainees with disabilities are housed in units that have handicap- accessible toilets, sinks and showers. Assist rails are available for the handicap showers and toilets.		
 9. Detainees are provided clean clothing, linen and towels. Socks and undergarments - daily. Outer garments - twice weekly. Sheets - weekly. Towels - weekly. Pillowcases - weekly. 						
10. Food service detainee volunteer workers are permitted to exchange outer garments daily.				Food service workers are permitted to exchange their outer garments daily.		
11. Volunteer detainee workers are permitted to exchanges of outer garments more frequently.				Volunteer detainee workers may exchange their outer garments more frequently than the general population.		
PART 4 – 23. PEF	SONA	L HYGIEN	E			
🛛 Meets Standard 🛛 🗌 Does Not Meet St	andard	□ N/A		☐Repeat Finding		
95						

All detainees are issued an adequate supply of clean clothes, linens, towels, bedding and hygiene items. Ample toilet and bathing facilities are available for male and female detainees. Frequent issuance and exchanges of hygiene items, clothing, bedding, and linens promote an acceptable level of personal hygiene.

The standard's rating was based on a review of policies, observations and staff interviews.

(b)(6), (b)(7)(c) 01/20/2012 Reviewer's Signature / Date

PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 The facility has a written suicide prevention and intervention program approved and signed by the health authority and Facility Administrator and reviewed annually. 	\boxtimes			The facility has a suicide prevention and intervention program that is signed by the health authority and Warden. Facility policies "Suicide Prevention/Risk Reduction" and "Suicide Management" are reviewed by the Health Services Administrator.
 2. At a minimum, the Program shall include procedures to address: Intake screening and referral requirements; The identification and supervision of suicide-prone detainees; Staff training requirements; The management and reporting of suicidal incidents, suicide watches, and deaths; Provision of safe housing for suicidal detainees; Debriefing of any suicides and suicide attempts by administrative, security, and health services staff; Guidelines for returning a previously suicidal detainee to a facility's general population, upon written authorization of the clinical director. Reporting guidelines for facility personnel when suspected suicidal behavior is observed; and Written procedures for the proper handling of detainees who exhibit suicidal behavior. 				Together, the facility and medical suicide prevention and intervention policies adequately address intake screening and referral requirements; staff training requirements; and suicidal detainee housing, monitoring, documentation and observation requirements. Procedures are also provided for how to return a previously suicidal detainee to the general population.
 Every new staff member receives suicide-prevention training. Suicide-prevention training occurs during the employee orientation and annual training. 	\boxtimes			A review of a random sample of detention staff training records confirms that suicide prevention and intervention training is provided during employee orientation and again, annually. Medical staff does not participate in training provided by the facility. Medical staff receive suicide prevention and intervention training as part of their orientation and again annually. This was confirmed by a review of medical staff training records.

PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION

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

Components	Meets Standard	Does Not Meet Standard	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. 				The lesson plan and PowerPoint presentation were reviewed and the training prepares staff in the recognition, referral, management, housing, monitoring and reporting on potentially suicidal detainees.
 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. 	X			A health care provider screens all newly arriving detainees for suicide potential. The screening occurs during the intake process and before the detainee is placed in a housing unit.
 Written procedures contain when and how to refer at- risk detainees to medical staff and procedures are followed. 	\boxtimes			Facility policy "Suicide Prevention/Risk Reduction" and IHSC policy "Suicide Management" provide instructions on how to refer at-risk detainees.
 Written procedures include returning a previously suicidal detainee to the general population, upon written authorization of the clinical director or appropriate health care professional. 	\boxtimes			IHSC suicide management policy requires the order of a licensed heath care provider and licensed mental health practitioner to return a previously suicidal detainee to the general population.
 The facility has a designated isolation room for evaluation and treatment. 	\boxtimes			The designated isolation rooms for suicide watch are located in the male and female segregation units.
 The designated isolation room does not contain any structures or smaller items that could be used in a suicide attempt. 	\boxtimes			The suicide watch rooms in the special housing units were observed and do not contain small or sharp items that could be used in a suicide attempt.
10. Medical staff has approved the room for this purpose.	\boxtimes			Medical staff has approved the cells for suicide watch.

PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION					
This Detention Standard protects detainees' health and well being by training staff to prevent suicide by recognize potential signs and situations of risk and to intervene with appropriate sensitivity, supervision, referral, and treatment.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
11. Staff observes and document the status of a suicide- watch detainee at least once every 15 minutes/constant observation.	\boxtimes			In all suicide watch cases, a detention officer constantly observes the suicide-watch detainee. The officer's observations are documented at least every 15 minutes.	
12. At facilities with twenty-four-hour medical staff, observation of imminently suicidal detainees by medical or detention staff shall occur no less than every 15 minutes. The Clinical Director (CD) may recommend constant direct supervision. If a detainee is clinically evaluated and determined to be at risk for suicide, medical staff shall document the status of the detainee in the medical record at least every two hours, unless otherwise directed by the CD.				In all suicide watch cases, a detention officer constantly observes the suicide-watch detainee The officer's observations are documented at least every 15 minutes	
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				Medical staff reports all detainees on suicide watch to ICE personnel.	
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.				Completed suicides or serious suicide attempts are subject to a mortality review. Critical incident debriefing is provided to affected staff and detainees.	
PART 4 – 24. SUICIDE PREV	ENTIO		ERVE	INTION	
⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding					

Facility and medical staff are trained separately in the recognition, referral and management of potentially suicidal detainees. This occurs during new employee pre-service training and during annual refresher training. Policy and procedures protect the health and well-being of detainees on suicide watch. There were no detainee suicides since the prior inspection.

The standard's rating was based on observations of detainees on suicide watch; a review of policies, training records, and medical records; and staff interviews. Evidence of screening for suicide potential is available in all detainee medical records

(b)(6), (b)(7)(c) / <u>01/20/2012</u> Reviewer's Signature / Date

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

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

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	Detainees, who are chronically or terminally ill, are transferred to an appropriate off-site medical facility.	\boxtimes			Detainees who are chronically or terminally ill and are beyond the scope of services provided by the facility medical staff are transferred to a more appropriate medical or detention 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			When detainees are hospitalized, medical staff notify ICE and ICE notifies the next of kin regarding the detainee's location and visiting restrictions.
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. 				Medical Local Operating Procedure "Advance Directives" provides guidance to staff when detainees request to prepare a living will or advance directive.
4.	There is a policy addressing "Do Not Resuscitate Orders"	\boxtimes			Medical Local Operating Procedure "Do Not Resuscitate Orders (DNR)" addresses this issue.
5.	Detainees with a "Do Not Resuscitate" order in the medical record receive maximal therapeutic efforts short of resuscitation.				Medical Local Operating Procedure "Do Not Resuscitate Orders (DNR)" states, "Any detainee with a DNR order in the medical record is entitled to receive maximal therapeutic efforts short of resuscitation."
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.				Medical Local Operating Procedure "Do Not Resuscitate Orders (DNR)" requires medical staff to notify the supervision/Branch Chief of the name and basic circumstances of any detainee for whom a DNR order has been written and the Branch Chief will notify the Office of the Director and Legal Counsel.

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	
 The facility has written procedures to address the issues of organ donation by detainees. 	\boxtimes			The "Medical -Legal" chapter of the National Immigration Health Service Corps (IHSC) Manual addresses organ donation by detainees.	
8. The facility has written procedures to notify ICE officials, deceased family members and consulates, when a detainee dies while in custody.	\boxtimes			Medical policy "Procedures Following the Death of a Detainee" requires staff to notify the ICE Assistant Field Office Director (AFOD) when a detainee dies in custody.	
9. The facility has a policy and procedure to address the death of a detainee while in transport.	\boxtimes			Facility policy "Transportation Procedures" provides instruction to transporting staff when a detainee dies in transport.	
10. At all ICE locations the detainee's remains disposed of in accordance with the provisions detailed in this standard.	\boxtimes			The facility works with ICE to return the remains to the deceased detainee's family or appropriate consulate.	
 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			Pursuant to the Assistant Field Office Director, if neither the family nor the consulate claims the detainee's remains, ICE will provide an indigent's burial. They would also notify the Department of Veterans Affair if the detainee were a U.S. military veteran.	
12. An original or certified copy of a detainee's death certificate is placed in the subject's A-File.	\boxtimes			Original or certified copies of detainee death certificates have been obtained and have been sent to the appropriate authorities for placement in the detainee's 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			There were two ICE detainee deaths since the last inspection. An inspection of the mortality review confirmed compliance with local policies in obtaining an autopsy, requesting death certificates and transportation of the body.	

PART 4 – 25. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH				
This Detention Standard ensures that each facility's contin fatal injury, and advance directives and provides specific g				
☐ Check this box if the facility does not accept ICE d 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
14. ICE staff follows established procedures to properly close the case of a deceased detainee.	\boxtimes			Pursuant to the Assistant Field Office Director, one deceased detainee's file is closed and the other is still open. The death occurred approximately six weeks prior to this inspection and ICE received a photocopy of the death certificate the week of this review.
PART 4 – 25. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH				
⊠ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding				

Policies and procedures are in place for notifying ICE and other interested parties when detainees die or become seriously ill. Written Immigration Health Service Corps policies are also in place to address preparation of advance directives, living wills, do not resuscitate orders and organ donation.

There were two ICE detainee deaths since the prior inspection. Policies and procedures were followed for the disposition of the remains and making required notifications.

1) A 31 year old Hispanic male died on 1/12/11. The detainee arrived at the facility on 1/6/11. His medical intake screening and physical assessment were conducted in a timely manner and were not remarkable except that he was taking Tuberculosis prophylaxis medications. On 1/10/11, the detainee was evaluated in the facility's urgent care room with a stated history of vomiting for three days. He was observed in the urgent care room for a short while and then taken to the local emergency room when his condition deteriorated. A brain scan revealed he had an intracranial mass and bleeding; and his blood work showed serious abnormalities. He was transferred to another hospital in Houston for more definitive evaluation and treatment.

On 1/12/11, he underwent a craniotomy to relieve pressure on his brain. He never recovered from the procedure and expired on that date. The death certificate listed complications of chronic myelogenous leukemia as the cause of death.

2) A 53 year old Hispanic male died on 12/19/11. He arrived at the facility on 11/4/11. His medical intake screening and physical assessment were timely. The detainee had a history of hypertension, adult onset diabetes (controlled with oral medication) and left leg swelling. Due to the swelling in his leg, he was admitted to the medical short stay unit for observation. On 11/7/11, he was admitted to a local hospital to rule out deep vein thrombophlebitis. That diagnosis was not confirmed and he was returned to the facility. He was monitored closely by medical staff for his hypertension, diabetes and leg swelling. On 12/19/11, he had a cardiopulmonary arrest while in his housing unit. Emergency response was timely and appropriate. He was taken by ambulance to the local emergency department where resuscitative measures were not successful. The death certificate listed Atherosclerotic Hypertensive Cardiovascular Disease as the cause of death.

The standard's rating was based on a review of policies and staff interviews.

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Section V ACTIVITIES

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

	PART 5 – 26. CORRESPONDENCE AND OTHER MAIL						
	This Detention Standard ensures that detainees will be able to correspond with their families, the community, legal representatives, government offices, and consular officials consistent with the safe and orderly operation of the facility.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	The facility has written policy and procedures concerning correspondence and other mail. The rules for correspondence and other mail are posted in each housing or common area or provided to each detainee via a detainee handbook.				Mail guidelines are outlined in the detainee handbook and posted in the housing units.		
2.	The facility provides key information in English, Spanish, and other languages spoken by a significant number of detainees.	\boxtimes			The facility's detainee handbook is available in both English and Spanish.		
3.	Incoming mail is distributed to detainees within 24 hours or 1 business day after it is received and inspected.				Mail arrives at the facility at approximately 12 PM and is normally distributed to detainees by 2:00 PM the same day.		
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			The local postal service picks up the outgoing mail at the same time they drop off the incoming mail.		
5.	Staff maintains a logbook-recording acceptance of priority, priority overnight, and certified mail delivered to the facility for a detainee.				The mail room clerk maintains a logbook with acceptance of priority overnight and certified detainee mail delivered to the facility.		
6.	Staff does not open and inspect incoming general correspondence and other mail (including packages and publications) without the detainee present unless documented and authorized in writing by the Facility Administrator or equivalent for prevailing security reasons.				The mail room clerk goes to each housing unit to deliver mail. She opens and inspects it with the detainee present.		
7.	Staff does not read incoming general correspondence without the Facility Administrator's prior approval.	\boxtimes					
8.	Staff does not inspect incoming Special Correspondence for physical contraband or to verify the "special" status of enclosures without the detainee present.						
9.	Staff is prohibited from reading or copying incoming and outgoing Special Correspondence without the detainee present.				The mail room clerk stated that staff are prohibited from reading or copying incoming and outgoing Special Correspondence without the detainee present.		

PART 5 – 26. CORRESPONDENCE AND OTHER MAIL						
This Detention Standard ensures that detainees will be able to correspond with their families, the community, legal representatives, government offices, and consular officials consistent with the safe and orderly operation of the facility.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
10. Staff is only authorized to inspect outgoing correspondence or other mail without the detainee present when there is reason to believe the item might present a threat to the facility's secure or orderly operation, endanger the recipient or the public, or might facilitate criminal activity.				The mail room clerk stated that staff is only authorized to inspect outgoing correspondence or other mail without the detainee present when there is reason to believe the item might present a threat to the facility's secure or orderly operation, endanger the recipient or the public or might facilitate criminal activity.		
11. Correspondence to a politician or to the media is processed as Special Correspondence and is not read or copied.	\boxtimes					
12. The official authorizing the rejection of incoming mail sends written notice to the sender and the addressee.				The mail room clerk sends written notice to the sender and to the addressee when incoming mail is rejected. Examples of this were reviewed.		
13. The official authorizing censorship or rejection of outgoing mail provides the detainee with signed written notice.	\boxtimes					
14. Staff maintains a written record of every item removed from detainee mail.				The mail room clerk maintains documentation of every item removed from detainee mail. Examples were reviewed.		
15. The Facility Administrator or designee monitors staff handling of discovered contraband and its disposition. Records are accurate and up to date.				The mail room clerk documents discovered contraband and its disposition. Records reviewed were up to date.		
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.				Detainee funds are receipted and placed in a drop safe. The detainee is issued a receipt for the cash.		
17. Original identity documents (for example, passports, and birth certificates) are immediately removed and forwarded to ICE staff for placement in the A-files.						
18. Staff provides the detainee a copy of his or her identity document(s) upon request.						
19. Staff disposes of prohibited items found in detainee mail in accordance with the Detention Standard on "Contraband".						

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	
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				
21. The facility has a system for detainees to purchase stamps and for mailing all Special Correspondence and a minimum of 5 pieces of general correspondence per week.				Postage stamps may be purchased from the commissary for outgoing mail.	
22. The facility provides writing paper, envelopes, and pencils at no cost to ICE detainees.				The recreation supervisor provides writing paper, envelopes and pencils at no cost to ICE detainees.	
23. SMU detainees have the same correspondence privileges as general population.	\boxtimes				
24. Detainees have access to outside publications.	\boxtimes				
PART 5 – 26. CORRESPONDENCE AND OTHER MAIL					
⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding					

Mail is received, processed, and delivered to the detainee population in a timely manner at this facility. A log is maintained for all legal, priority and certified mail processed.

(b)(6), (b)(7)(c) / <u>01/20/2012</u> Reviewer's Signature / Date

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

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

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

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

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

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

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

Components	Meets Standard	Does Not Meet Standard	A/N	Remarks	
 11. Escort officers ensure that detainees: Conduct them 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. Do not arrange to visit family or friends unless approved before the trip. Make no unauthorized phone calls. Know they are subject to search, urinalysis, breathalyzer, or comparable test upon return to the facility. 					
12. The facility routinely subjects a detainee returning from an escorted trip to a search, urinalysis, breathalyzer, etc.					
13. Standard procedure requires the immediate return to the facility of any detainee who violates trip rules.					
14. The Field Office Director is the approving official for all non-medical escorted trips.					
 15. Facility procedures comply with the following ICE Standards: Transportation (Land Transportation Restraints applied strictly in accordance with the Use of Force Standard. 					
PART 5 – 27. ESCORTED TRIPS F	OR NO	N-MEDIC	AL EM	ERGENCIES	
☐ Meets Standard					

Remarks: (Record significant facts, observations, other sources used, etc.) All ICE non-medical emergency trips are handled only by an ICE Field Office or Sub-Office in control of the detainee case.

(b)(6), (b)(7)(c) <u>01/20/2012</u> Reviewer's Signature / Date

	PART 5 – 28. MARRIAGE REQUESTS						
	This Detention Standard ensures that each marriage request from an ICE/DRO detainee receives a case-by-case review and based on internal guidelines for approval of such requests.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
cc	he Field Office Director or Facility Administrator onsiders detainee marriage requests on a case-by- ase basis.				The facility has practices in place to forward any detainee marriage request to the ICE field office for consideration on a case-by-case basis.		
re	he Field Office Director reviews every marriage quest rejected by a Facility Administrator or IGSA. ejections are documented.						
	is standard practice to require a written request for ermission to marry.	\boxtimes			The detainee must send a written request to the warden.		
cc	he written request includes a signed statement or omparable documentation from the intended spouse, onfirming marital intent.				Each marriage request includes a signed statement from the intended spouse that confirms marital intent.		
his	he Facility Administrator provides a written copy of s or her decision to the detainee and his or her legal presentative.				The warden returns the request to the detainee with the decision.		
sta	/hen permission is denied, the Facility Administrator ates the basis for his or her decision along with structions on how the detainee can file an appeal.						
	he Facility Administrator provides the detainee with a ace and time to make wedding arrangements.				The facility chaplain handles the arrangements.		
	he detainee handbook explains the marriage request ocess.				The process is outlined as required on page 13 of the detainee handbook.		
IC	<u>SPCs</u> the Facility Administrator or highest ranking E official on-site is the only officer authorized to oprove a request to marry.			\boxtimes	This facility is a CDF, not an SPC; however, the Facility Administrator approves or denies all requests and forwards the requests to the ICE field office for further consideration.		
	PART 5 – 28. MAR	RIAGE	REQUES	TS			
	⊠ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding						

The facility has a clearly written policy on detainee marriage requests. Detainees are provided information on marriages via the National Detainee Handbook, the facility's Detainee Handbook, and by the chaplain. The last marriage took place on October 7, 2011.

	PART 5 - 29. RECREATION						
wit	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.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	The Facility provides:				Each detainee is offered one hour of		
	An indoor recreation program.	\boxtimes			indoor or outdoor recreation each		
	An outdoor recreation program.				day.		
2.	A recreational specialist (for facilities with more than 350 detainees) tailors the program activities and offerings to the detainee population.	\boxtimes			The facility has a rated capacity of 1,000 detainees and has one recreation supervisor and two recreation coordinators.		
3.	Regular maintenance keeps recreational facilities and equipment in good condition.	\boxtimes			Equipment observed in both the male and female recreation areas appeared to be in good condition.		
4.	The recreational specialist or trained equivalent supervises detainee recreation workers.	\boxtimes			All detainee workers are supervised by staff.		
5.	The recreational specialist or trainee equivalent oversees recreation programs for Special Management Unit and special-needs detainees.	\boxtimes					
6.	Dayrooms offer sedentary activities, e.g., board games, cards, television.	\boxtimes			In each housing unit dayroom the detainees have access to television, chess, checkers, cards, dominos, and puzzles.		
7.	Outside activities are restricted to limited-contact sports.	\boxtimes			The facility authorizes the playing of basketball, handball, and soccer.		
8.	Each detainee has the opportunity to participate in daily recreation.	\boxtimes			The facility offers both indoor and outdoor recreation to all detainees for one hour each day.		
9.	Detainees have access to recreation activities outside the housing units for at least one hour daily.	\boxtimes					
10.	Staff checks all items for damage and condition when equipment is returned.	\boxtimes			The damage is noted and forwarded to the maintenance department for repair.		
11.	Staff conducts searches of recreation areas before and after use.	\boxtimes			Detention staff conduct searches before and after each recreation period.		
	Recreation areas are under constant staff supervision.	\boxtimes			Detention staff were observed monitoring recreation during each recreation period.		
	Supervising staff are equipped with radios.	\boxtimes					
14.	The facility provides detainees in the SMU at least one hour of outdoor recreation time daily, five times per week.	\boxtimes			The Special Management Unit has its own indoor and outdoor recreation areas and detainees are offered recreation on a daily basis.		

	PART 5 - 29. RECREATION					
This Detention Standard ensures that each detainee has a within the constraints of safety, security, and good order.						
If outdoor recreation is offered check this box. Iter	ms 19-2 I		then	be marked "N/A".		
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
15. Detainees in disciplinary/administrative segregation receive a written explanation when a panel revokes his or her recreation privileges.				The detainee receives written notification on the Disciplinary Panel Report Form I-894.		
16. Special programs or religious activities are available to detainees.						
17. All volunteers have completed an orientation program with documentation required before entering a secure portion of the facility where detainees are present.				The facility does not use volunteers in the recreation department.		
18. Visitors, relatives or friends of detainees are not allowed to serve as volunteers.			\boxtimes	The facility does not use volunteers in the recreation department.		
19. If the facility has no outside recreation, are detainees considered for transfer after six months?			\boxtimes	This facility provides outdoor recreation.		
20. If yes, written procedures ensure timely review of all eligible detainees.				This facility provides outdoor recreation; therefore this component does not apply.		
21. Case officers make written transfer recommendations about every six-month detainee to the Facility Administrator.				This facility provides outdoor recreation; therefore this component does not apply.		
22. The Facility Administrator documents all detainee- transfer decisions, whether yes or no.			\boxtimes	This facility provides outdoor recreation; therefore this component does not apply.		
23. The detainee's written decision for or against an offered transfer documented in his or her A-file.				This facility provides outdoor recreation; therefore this component does not apply.		
24. Staff notifies the detainee's legal representative of his or her decision to accept/decline a transfer.				This facility provides outdoor recreation; therefore this component does not apply.		
25. If no recreation is available, the ICE Field Office routinely review transfer eligibility for all detainees after 60 days.			\boxtimes	This facility provides outdoor recreation; therefore this component does not apply.		
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.				This facility provides outdoor recreation; therefore this component does not apply.		
27. The detainee's legal representative is notified of the detainee's/Facility Administrator's decision.				This facility provides outdoor recreation; therefore this component does not apply.		
PART 5 - 29.	RECRE					
⊠ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding						

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This inspector reviewed facility policy and procedures, and interviewed facility staff and detainees. Detainees are provided access to indoor and outdoor recreational programs and activities on a daily basis. The facility provides the necessary equipment and space to meet the recreational needs of the detainees.

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		
 Detainees are allowed to engage in religious services. When available, these services are provided in major languages spoken within the facility. 	\boxtimes			All religious services are provided through the facility chaplain.		
2. Space is available for detainees to participate in religious services.	\boxtimes			The facility has a chapel located in B-East for religious services.		
3. The facility allows detainees to observe the major "holy days" of their religious faith.List any exceptions.	\boxtimes			The facility complies with different religious faiths and had no noted exceptions.		
 4. The facility accommodates recognized holy-day observances by: Providing special meals, consistent with dietary restrictions. Honoring fasting requirements. Facilitating religious services. Allowing activity restrictions. 				The facility provides special meals including Ramadan, Lenten, and Kosher. They allow for fasting requirements and activity restrictions.		
 Each detainee is allowed religious items in his/her immediate possession; refer to the Funds and Personal Property Standard. 				Detainees are allowed to retain small religious medallions, religious books, prayer rugs, and other authorized items.		
 Volunteer's credentials are checked and verified before allowing participation in detainee programs. 				The facility completes background checks on all volunteers. Volunteers are required to sign a waiver of liability before entering the secure portion of the facility.		
 Members of faiths not represented by clergy may request to present their own services within security allowances. 				The services must be approved and supervised by the facility chaplain.		
8. Detainees in the Special Management Unit may participate in religious practices unless otherwise documented for the safety and security of the facility.				The chaplain visits the Special Management Unit detainees on a one on one basis for religious practices and visits are documented.		
RELIGIOUS	PRAC	TICES				
🛛 Meets Standard 🛛 🗌 Does Not Meet S	andard	□ N/A		☐Repeat Finding		

The facility's policy, procedure, and practices with regard to religious practices were reviewed and found to be acceptable. The religious program is organized and conducted by the facility chaplain who recruits volunteers to conduct religious services as required. Religious services and pastoral care are provided by the chaplain as needed. Detainees of different religious beliefs are provided reasonable and equitable opportunities to participate in their faiths.

(b)(6), (b)(7)(c) <u>01/20/2012</u> Reviewer's Signature / Date

	PART 5 – 31. TELEPHONE ACCESS						
	This Detention Standard ensures that detainees may maintain ties with their families and others in the community by providing them reasonable and equitable access to telephone services.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	Detainees are allowed to access to telephones during established facility waking hours, including access to TTY devices.	\boxtimes			Housing unit phones are available for detainee use between the hours of 7:00 AM and 11:00 PM.		
2.	Upon admittance, detainees are made aware of the facility's telephone access policy.				Each detainee receives a detainee handbook and views an Orientation video from 7-9 AM each morning. In addition, the Unit Manager conducts an orientation with the new detainee.		
3.	Notification explaining the facilities telephone policy is in the Detainee Handbook.	\boxtimes			Pages 9 and 10 of the Detainee Handbook explain the facility's telephone policy.		
4.	Access rules, including updated telephone and consulate number, are posted in housing units.	\boxtimes					
5.	The facility makes a reasonable effort to provide key information to detainees in languages spoken by any significant portion of the facility's population.	\boxtimes			The facility provides key information regarding telephones in English and Spanish.		
6.	Telephones are provided at a minimum ratio of one telephone per 25 detainees in the facility population.	\boxtimes			Each living unit has at least one telephone per 20 detainees.		
7.	Telephones are inspected daily by facility staff to ensure that they are in good working order.				Telephones are inspected daily and the results are documented on the daily inspection form.		
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					
10.	The facility administration monitors repair progress and takes appropriate measures to ensure that the required repairs are begun and completed timely.	\boxtimes					
11.	Detainees are afforded a reasonable degree of privacy for legal phone calls.	\boxtimes			The recreation supervisor or ICE staff assists the detainee when a private legal call needs to be made.		
12.	A procedure exists to assist a detainee who is having trouble placing a confidential call.				The detainee contacts the recreation supervisor who provides the assistance needed to place a confidential call.		
13.	The facility provides the detainees with the ability to make non-collect (special access) calls.				Detainees are given a PIN number to enable a call to be made outside of the facility.		
14.	Special Access calls are at no charge to the detainees.				Detainees are given a PIN number to enable a call to be made outside of 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	Remarks			
15.	In facilities unable to fully meet this requirement initially because of limitations of its telephone service, ICE makes alternate arrangements to provide required access within 24 hours of a request by a detainee.			\boxtimes	This component is not applicable since the facility is able to comply with the requirements for special access calls.			
	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			This is handled by ICE staff.			
18.	All telephone restrictions are documented.	\boxtimes			There have been no telephone restrictions to date.			
19.	The facility has a system for taking and delivering emergency detainee telephone messages.				The unit manager takes the call and delivers the message.			
20.	Phone call messages are given to detainees as soon as possible.							
21.	Detainees are allowed to return emergency phone calls as soon as possible.				There is a portable phone in disciplinary segregation that is used by detainees.			
22.	Detainees in disciplinary segregation are allowed phone calls relating to the detainee's immigration case or other legal matters, including consultation calls.				There is a portable phone in disciplinary segregation that is used by detainees.			
23.	Detainees in disciplinary segregation are allowed phone calls to consular/embassy officials.				There is a portable phone in disciplinary segregation that is used by detainees to contact consular/embassy officials.			
24.	Detainees in disciplinary segregation are allowed phone calls for family emergencies.	\boxtimes			There is a portable phone in disciplinary segregation that is used by detainees.			
25.	Detainees in administrative segregation and protective custody are afforded the same telephone privileges as those in general population.	\boxtimes						
	When detainee phone calls are monitored, notification is posted by detainee telephones, including a recorded message on the phone system, that phone calls made by the detainees may be monitored. Special Access calls are not monitored.							
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			Three housing unit phones were checked by this inspector and the number for the OIG was programmed into the system and was operable.			

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		
 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 				Documentation was viewed which supports that weekly detainee phone checks are conducted by ICE staff.		
PART 5 – 31. TELEPHONE ACCESS						
🛛 Meets Standard 🗌 Does Not Meet Standard 🗌 N/A 🔤 Repeat Finding						

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

(b)(6), (b)(7)(c) (<u>01/20/2012</u>

Reviewer's Signature / Date

	PART 5 – 32. VISITATION							
	This Detention Standard ensures that detainees will be able to maintain ties through visitation with their families, the community, legal representatives, and consular officials, within the constraints of safety, security, and good order.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
1.	There is a written visitation procedure, schedule, and hours for general visitation.	\boxtimes			The visitation schedule is posted in the housing units and is outlined in the detainee handbook.			
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			Detainees may have one visit per week for up to one hour of non- contact visitation with family and friends.			
3.	The visitation schedule and rules are available to the public.	\boxtimes			The schedule and rules are posted in the facility lobby. There is also a handout available.			
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			The visitation pamphlet and the detainee handbook are available in both English and Spanish.			
6.	A general visitation log is maintained.	\boxtimes			A visitation log is maintained by the front lobby officer and the visitation officer. The information is also entered into the computer system.			
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			There is a handout available that outlines the dress code.			
9.	Visitors are searched and identified according to standard requirements.	\boxtimes			Visitors go through a metal detector. A wand may be used and a pat down is conducted, if needed.			
10.	The requirement on visitation by minors is complied with.	\boxtimes						
11.	At facilities where there is no provision for visits by minors, ICE arranges for visits by children and stepchildren, on request, within the first 30 days.	\boxtimes			Visitation by minors is permitted and outlined in the detainee handbook on page 12.			
12.	After that time, on request, ICE considers a transfer, when possible, to a facility that will allow minor visitation. At a minimum, monthly visits are allowed.			\boxtimes	This component is not applicable since this facility allows visitation by minors.			
13.	Anytime a visit is denied, to either a general population detainee or SMU detainee, the denial is documented.	\boxtimes						
14.	Detainees in special housing are afforded visitation.	\boxtimes						
15.	Legal visitation is available seven (7) days a week, including holidays.	\boxtimes			Legal visitation is described on page 12 of the detainee handbook.			

PART 5 – 32. VISITATION						
This Detention Standard ensures that detainees will be able to maintain ties through visitation with their families, the community, legal representatives, and consular officials, within the constraints of safety, security, and good order.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
16. On regular business days legal visitation hours provide for a minimum of eight (8) hours per day and a minimum of four hours per day on weekends and holidays.				Legal visitation is described on page 12 of the detainee handbook.		
17. On regular business days, detainees are given the option of continuing a meeting with a legal representative through a scheduled meal.	\boxtimes					
18. Private consultation rooms are available for attorney meetings. There is a mechanism for the detainee and his/her representative to exchange documents.	\boxtimes			Private consultation rooms are available and were viewed.		
19. There are written procedures governing detainee searches.				Facility policy Searches of Inmates, Residents and Various Locations, addresses this requirement.		
20. Legal representatives and assistants are subject to a non-intrusive search – such as a pat-down search of the person or a search of the person's belongings - at any time for the purpose of ascertaining the presence of contraband.				A metal detector and x-ray machine are used.		
21. Per the Standard, prior to each visit, legal service providers and assistants are identified.				A bar card is faxed to the facility ahead of time and presented for review at the time of the visit.		
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.						
24. Provisions for NGO visitation as stated in the Detention Standards are complied with.						
25. Law enforcement officials, requesting to visit with a detainee, are referred to the ICE Facility Administrator for approval.						
26. Former detainees or aliens in proceedings, requesting to visit with a detainee, are referred to the Facility Administrator or ICE Field Office.	\boxtimes					
PART 5 – 32	. VISIT	ATION				
Meets Standard Does Not Meet Standard N/A Repeat Finding						

The facility permits authorized persons to visit detainees, within security and operational constraints. The facility allows detainees to meet privately with their current or prospective legal representatives and legal assistants as well as with consular officials. Visitation guidelines are listed in the detainee handbook and posted in the housing unit as well as in the facility lobby. A handout outlining visitation procedures is available.

PART 5 – 33. VOLUNTARY WORK PROGRAM

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

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The facility has a voluntary work program.				The program is outlined in facility policy and was found to address the voluntary work program requirements.
2.	Detainee housekeeping meets acceptable levels of neatness, cleanliness and sanitation standards.	\boxtimes			
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	The facility does not allow any detainee details outside the secure perimeter.
4.	 Written procedures govern selection of detainees for the Voluntary Work Program. The same procedures apply for replacement workers as for "new" workers. Staff follows written procedures. 	\boxtimes			The facility has a written policy that meets the two bulleted items of this component.
5.	Where possible, physically and mentally challenged detainees participate in the program.				
6. •	The facility complies with work-hour requirements for detainees, not exceeding: Eight hours a day. Forty hours a week.				Detainees that participate in the voluntary work program do not exceed eight hours a day or forty hours a week.
7.	Detainee volunteers ordinarily work according to a fixed schedule.				Each department has a fixed work schedule for the detainee workers.
8.	If a detainee is removed from a work detail, staff places the written justification for the action in the detainee's detention file.	\boxtimes			Any action is documented as required and filed appropriately.
9.	Staff, in accordance with written procedure, ensures that detainee volunteers understand their responsibilities as workers before they join the work program.	\boxtimes			All detainee volunteers are appropriately trained as required
10	 The voluntary work program meets: OSHA standards NFPA standards ACA standards 				The facility meets the standards of the three bulleted items in this component.
11	 Medical staff screen and formally certifies detainee food service volunteers; Before the assignment begins As a matter of written procedure 				All detainees are medically screened prior to being assigned to the food service department as outlined in facility policy.

PART 5 – 33. VOLUNTARY WORK PROGRAM					
This Detention Standard provides detainees opportunities to work and earn money while confined, subject to the number of work opportunities available and within the constraints of safety, security, and good order. While not legally required to do so, ICE/DRO affords working detainees basic Occupational Safety and Health Administration (OSHA) protections.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
 Detainees receive safety equipment/ training sufficient for the assignment 	\boxtimes			All training is sufficient and documented as required.	
 Proper procedure is followed when an ICE detainee is injured on the job. 	\boxtimes			Medical department is notified immediately.	
PART 5 – 33. VOLUNTARY WORK PROGRAM					
⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding					

This inspector reviewed policy, procedures and interviewed facility staff and detainees. The facility provides the detainees the opportunity to work within the constraints of their security level. They receive appropriate training and medical screening as required prior to starting their assignment. Detainees are never authorized to work outside the secured perimeter.

Section VI JUSTICE

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

	PART 6 - 34. DETAINEE HANDBOOK						
ma pro	This Detention Standard requires that, upon admission, every detainee be provided comprehensive written orientation materials that describe such matters as the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care, in English, Spanish, and other languages and that detainees acknowledge receipt of those materials.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	The facility has a detainee handbook. Each detainee receives a copy of the local handbook and the ICE National Detainee Handbook.				The facility provides a local handbook and the National Detainee Handbook to all detainees during admission.		
2.	The detainee handbook is written in English and translated into Spanish, and other languages spoken by significant numbers of detainees in that facility.				The detainee handbooks are written in English and Spanish. The facility has not designated a third language at this time based on facility population needs.		
3.	A procedure for requesting interpretive services for essential communication has been developed.				The facility uses "Language Line Services" for interpretation needs.		
4.	Orientation materials are read to detainees who cannot read, or they are provided the material via audio or video recordings.				The facility has an orientation video in both 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					
7.	There is an annual review of the handbook by a designated committee or staff member.	\boxtimes			The review is conducted annually by the Quality Assurance Manager.		
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. 				The three bulleted items in this component are outlined in the detainee handbook.		
9.	The detainee handbook states in clear language basic detainee responsibilities.	\boxtimes			The detainee responsibilities are outlined in the detainee handbook on pages 25 and 26.		
10	The handbook clearly outlines the methods for classification of detainees, explains each level, and explains the classification appeals process.	\boxtimes			The classification process is outlined on pages 6 and 7, including the appeals process.		
11	. The handbook states when a medical examination will be conducted.				The handbook states that a medical screening will occur upon initial intake.		
12	The handbook describes the facility, housing units, dayrooms, In-dorm activities and special management units.						

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		
13. The handbook describes: official count times and count procedures, meal times, feeding procedures, procedures for medical or religious diets, smoking policy, clothing exchange schedules and if authorized, clothes washing and drying procedures and expected personal hygiene practices.				All elements of this component are outlined in the detainee handbook.		
14. The handbook describes times and procedures for obtaining disposable razors and explains that detainees attending court will be afforded the opportunity to shave first.				The handbook outlines the razor policy as required in the standard, including detainees attending court having an opportunity to shave.		
15. The handbook describes barber hours and hair cutting restrictions.				The handbook refers to the barber hours being posted in the housing units. The hours were posted on bulletin boards in each housing unit. Hair cutting restrictions were outlined in the handbook.		
16. The handbook describes; the telephone policy, debit card procedures, direct and frees calls; locations of telephones; policy when telephone demand is high; and policy and procedures for emergency phone calls.				All elements of this component are outlined in the detainee handbook.		
17. The handbook addresses religious programming.	\boxtimes			Religious programming is outlined on page 10 of the detainee handbook.		
18. The handbook states times and procedures for commissary or vending machine usage. (where available)				The commissary is open Monday - Friday with items subject to limitation and/or changes without notification.		
19. The handbook describes the detainee voluntary work program.						
20. The handbook describes the library location and hours of operation and law library procedures and schedules.				The handbook states that the law library is located in the south corridor across from the "A" building commissary. The days of operation are Monday - Friday. While the hours are not listed in the handbook, they are posted on bulletin boards in the housing units.		
21. The handbook describes: attorney and regular visitation hours, policies, and procedures, location of the list of pro bono legal organizations; group legal rights presentations schedule and sign up procedures.				All elements of this component are outlined in the detainee handbook.		
22. The handbook/supplement provides local ICE contact information.	\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		
23. The handbook describes the facility contraband policy.				The contraband policy is described on page 25 of the detainee handbook.		
24. The handbook describes the facility visiting hours and schedule and visiting rules and regulations.				The handbook describes the visiting procedures, and states the visiting days will alternate according to the last digit of the detainee's "A" number.		
25. The handbook describes the correspondence policy and procedures.	\boxtimes					
 26. The handbook describes the detainee disciplinary policy and procedures, including: Prohibited acts and severity scale sanctions. Time limits in the Disciplinary Process. Summary of Disciplinary Process. 				The handbook describes the disciplinary policy and procedures including the three bulleted items in this component.		
 27. The grievance section of the handbook explains all steps in the grievance process – Including: Informal (if used) and formal grievance procedures; The appeals process; In CDFs procedures for filing an appeal of a grievance with ICE. Staff/detainee availability to help during the grievance process. Guarantee against staff retaliation for filing/pursuing a grievance. How to file a complaint about officer misconduct with the Department of Homeland Security. 	\boxtimes			The grievance section of the handbook outlines the grievance process and explains the six bulleted items in this component.		
28. The handbook describes the medical sick call procedures for general population and segregation.	\boxtimes					
 29. The handbook describes the facility recreation policy including: Outdoor recreation hours. Indoor recreation hours. In dorm leisure activities. Rules for television viewing. 				The handbook describes the recreation policy that includes the four bulleted items in this component.		
30. The handbook describes the detainee dress code for daily living; and work assignments and the meaning of color-coded uniforms.				This component is outlined on pages 23 and 24 of the detainee handbook.		
31. The handbook specifies the rights and responsibilities of all detainees.						

PART 6 - 34. DETA	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.					
Combouents Standard N/A N/A Standard N/A N/A N/A Standard Standard Standard Standard Standard N/A				Remarks	
32. Detainees are required to sign for the handbook to ensure accountability.	\boxtimes			The detainee signs for the handbook on the Receiving/Discharge Checklist.	
33. Orientation materials are provided to illiterate detainees either orally or via audio/video tapes in a language they can understand.	\boxtimes				
PART 6 - 34. DETAINEE HANDBOOK					
⊠ Meets Standard					

This inspector interviewed staff, detainees, and observed the booking process where each detainee was issued the National Detainee Handbook and the facility handbook upon admission. The detainee signs for the receipt of each handbook and the handbooks are available in English and Spanish. Between the two handbooks, all the information required in the standard is available to each detainee. In the event the detainee needs assistance understanding the handbook, assistance is provided.

PART 6 – 35. GRIEVANCE SYSTEM							
This Detention Standard protects detainees' rights and ensures they are treated fairly by providing a procedure by which they may file formal grievances and receive timely responses.							
Components		Meets Standard	Does Not Meet Standard	N/A	Remarks		
 Detainees are informed about the and formal grievance system. 	e facility's informal				Detainees are informed through the National Detainee Handbook and the facility's detainee handbook that are issued to every detainee during the admission process.		
 The admissions process includes p arrival with a copy of the detain equivalent). 	nee handbook (or				Every detainee is issued the National Detainee Handbook and the facility's detainee handbook that outlines the grievance system.		
 3. The grievance section of the hand steps in the grievance process – In Informal and formal grievance The appeals process a procedures; Staff/detainee availability to grievance process Guarantee against staff filing/pursuing a grievance. How to file a complaint about with the Department of Justice How to file an emergency grievance 	ncluding: procedures; and step-by-step help during the retaliation for officer misconduct				The handbook explains the grievance process steps including the six bulleted items in this component.		
 Written procedures provide for the of oral grievances (Not mandat detainee has up to five days within or her concern known to a member 	tory). If yes, the which to make his				The facility has a written policy addressing this component. The detainee has five days from the date of the incident to make his/her concern known.		
 5. Detainees have access to the grieval equivalent in IGSA), using formal p Detainees may seek help from facility staff when preparing a g Illiterate, disabled, or non detainees receive special necessary. 	orocedures. other detainees or grievance. n-English-speaking	\boxtimes			Facility policy outlines that detainees have access to the grievance committee and may seek help when needed, including illiterate, disabled, or non-English speaking detainees.		
 Facility has written procedures for handling a time-sensitive emergen 	cy grievance.				The facility has a written policy that addresses the identifying and handling of emergency grievances.		
 Every member of the staff know emergency grievances, including t expediting them. 	the procedures for				All staff are trained on grievances and based on interviews, staff have the knowledge on how to identify and handle emergency grievances.		
 Staff shall not harass, discipline, p retaliate against a detainee who fi grievance. 		\boxtimes					

PART 6 – 35. GRIEVANCE SYSTEM					
This Detention Standard protects detainees' rights and ens they may file formal grievances and receive timely response		ey are treat	ed fair	ly by providing a procedure by which	
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
 9. Procedures include maintaining a Detainee Grievance Log. If not, an alternative acceptable record keeping system is maintained. "Nuisance complains" are identified in the records. For quality control purposes, staff document nuisance complaints received but not filed. 				The Grievance Coordinator maintains a grievance log that identifies and documents nuisance complaints.	
10. If a detainee who establishes a pattern of filing nuisance complaints or otherwise abusing the grievance system, the Facility Administrator may authorize staff to refuse to process subsequent complaints. This authority may not be delegated, even to an acting Facility Administrator.	\boxtimes			There was no documentation that the grievance system has been abused and the facility administrator has never denied a detainee the right to file a grievance.	
11. Staff is required to forward any grievance that includes officer misconduct to a higher official or, in a CDF/IGSA facility, to ICE.	\boxtimes			The facility administrator and ICE are notified immediately.	
12. Informal resolution of a written grievance is documented in the detainee's Detention File.	\boxtimes				
13. Staff complies 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.				There were no documented incidents of officer misconduct. However, based on interviews with staff, it would be reported immediately up the chain of command.	
 14. <u>In SPCs and CDFs</u>, when a Detainee does not accept the grievance committee's decision, he/she files an appeal with the ICE Facility Administrator. In all facilities written procedures cover detainee appeals and are included in the detainee handbook 				The facility has a written policy on appeals. In addition, the appeal process is outlined in the detainee handbook.	
15. <u>In SPCs/CDFs</u> , the detainee has a reasonable timeframe after the incident or informal-grievance outcome to file a formal grievance.	\boxtimes			The detainee has five days from the date of the incident to make his/her concern known.	
PART 6 – 35. GRI	EVANC	E SYSTE	М		
🛛 Meets Standard 🛛 🗌 Does Not Meet St	andard	□ N/A		☐Repeat Finding	

This inspector interviewed facility staff and reviewed facility policy and procedures. The facility follows written procedures that address detainee grievances in an organized and timely manner. The grievance procedure is supervised by the Grievance Coordinator. Documentation of all grievances is completed in the "grievance log". During the last twelve months there have been 70 grievances filed by ICE detainees and 25 (36%) have been resolved in favor of the ICE detainee.

(b)(6), (b)(7)(c) / <u>01/20/ 2012</u> Reviewer's Signature / Date

PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL								
Th	This Detention Standard protects detainees' rights by ensuring their access to courts, counsel, and legal materials.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
1.	The facility provides a designated law library for detainee use.	\boxtimes			There are two Law Libraries, one for male detainees and one for female detainees.			
2.	 The law library contains all materials listed in the "Access to Legal Materials" Standard, Attachment A. The listing of materials is posted in the law library. In lieu of/or in addition to the physical law library, 	\boxtimes						
	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 male detainee library has five computers, three printers, one			
	Operable computers and printers, in sufficient numbers in order to provide accessPhotocopiers, and	\boxtimes			copier and one typewriter. The female library has one computer and one printer.			
	Supplies for both.							
4.	The library contains a sufficient number of chairs, is well lit and is reasonably isolated from noisy areas.							
5.	The law library is adequately equipped with typewriters, computers or both and has sufficient supplies for daily use by the detainees.	\boxtimes			The male detainee library has five computers and one typewriter. The female library has one computer. All detainees have access to paper, pens, CD Roms, stapler, hole puncher and pencil sharpener.			
6.	Detainees are provided with the means to save legal work in a private electronic format for future use.	\boxtimes			CD Roms are available.			
7.	The facility subscribes to updating services where applicable and legal materials requiring updates are current.	\boxtimes			The facility subscribes to the Bender Bulletin.			
8.	Outside persons and organizations are permitted to submit published legal material for inclusion in the legal library. Outside published material is forwarded and reviewed by the ICE prior to inclusion.	\boxtimes						
9.	There is a designated ICE or facility employee who inspects, updates, and maintain/replace legal material and equipment on a routine basis. The designee properly disposes outdated supplements and replaces damaged or missing material promptly.	\boxtimes			The recreation supervisor is responsible for inspecting, updating and maintaining legal material and equipment.			
10	Detainees are offered a minimum 5 hours per week in the law library. Detainees are not required to forego recreation time in lieu of library usage. Detainees facing a court deadline are given priority use of the law library.	\boxtimes			Documentation of law library usage by detainees is maintained by the recreation supervisor.			

PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL					
This Detention Standard protects detainees' rights by ensu	uring the	eir access	to cou	irts, counsel, and legal materials.	
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
 Detainees may request material not currently in the law library. Each request is reviewed and where appropriate an acquisition request is initiate and timely pursued. Request for copies of court decisions are accommodated within 3 – 5 business days. 	\boxtimes			Detainees may make a request to the recreation supervisor who forwards the request to ICE or the detainee may submit the request directly to ICE via the secure ICE mail box outside of the housing unit.	
12. The facility permits detainees to assist other detainees, voluntarily and free of charge, in researching and preparing legal documents, consistent with security.	\boxtimes				
13. Staff ensures 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			The recreation supervisor advises that detainees may request assistance from the YMCA Legal Aid Clinic.	
14. Detainees may retain a reasonable amount of personal legal material in the general population and in the special management unit. Stored legal materials are accessible within 24 hours of a written request.	\boxtimes				
15. Detainees housed in Administrative Segregation and Disciplinary Segregation units have the same law library access as the general population, barring security concerns. Detainees denied access to legal materials are documented and reviewed routinely for lifting of sanctions.	\boxtimes				
16. All denials of access to the law library fully documented.	\boxtimes			Per the recreation supervisor, there have been no denials of access to the law library.	
17. Facility staff informs ICE Management when a detainee or group of detainees is denied access to the law library or law materials.	\boxtimes			Per the recreation supervisor, there have been no denials of access to the law library or law materials.	
 Detainees who seek judicial relief on any matter are not subjected to reprisals, retaliation, or penalties. 	\square				
19. Indigent detainees are provided with free envelopes and stamps to mail related to legal matters.	\boxtimes			Indigent detainees may make a request to the recreation supervisor who would issue free envelopes, paper and pens. The mail room issues free postage to indigent detainees. A log is maintained by both the recreation supervisor and the mail room clerk.	
PART 6 – 36. LAW LIBRARI	ES AN	D LEGAL	MATE	RIAL	
🛛 Meets Standard 🛛 🗌 Does Not Meet St	andard	□ N/A		☐Repeat Finding	

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This contract detention facility ensures that detainees have access to courts, counsel and legal materials. There are two Law Libraries, one for male detainees and one for female detainees. The LexisNexis electronic law library is up to date and operable. Law Library usage is documented as is the issuance of free envelopes, paper, pens and stamps to indigent detainees.

	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 conc Acceptable overall and continue o						
1.	The Field Office is responsive to requests by attorneys and accredited representatives for group presentations.	\boxtimes					
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.				ICE has contracted with the VERA Institute via a grant with the Department of Justice for the local YMCA to make Legal Rights Group Presentations weekly.		
3.	The facility follows policy and procedure when rejecting or requesting modifications to objectionable material provided or presented by the attorney or accredited representative.						
4.	Posters announcing presentations appear in common areas at least 48 hours in advance and sign-up sheets are available and accessible.						
5.	Detainees have access to group presentations on immigration law, procedures and detainee options. Documentation is submitted and maintained when any detainee is denied permission to attend a presentation and the reason(s) for the denial.	\boxtimes			There have been no denials for detainees to attend Legal Rights Group presentations.		
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			There have been no instances of detainees in segregation being unable to attend presentations.		
8.	Interpreters are admitted when necessary to assist attorneys and other legal representatives.	\boxtimes			The Language Line interpretation service is used by the facility.		
	Presenters are afforded a minimum of one hour to make the presentation and additional time to conduct a question-and-answer session.						
10	. Staff permits presenters to distribute ICE/DRO- approved materials.	\boxtimes					
11	. The facility permits presenters to meet with small groups of detainees to discuss their cases after the group presentation. ICE/DRO or authorized detention staff is present but do not monitor conversations with legal providers.						

PART 6 - 37. LEGAL RIGHTS GROUP PRESENTATIONS						
This Detention Standard protects detainees' rights by ensuring their access to information presented by authorized persons and organizations for the purpose of informing them of U.S. immigration law and procedures.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
Check here if No Group Presentations were conducted within the past 12 months. Mark Standard as Acceptable overall and continue on with next portion of worksheet.						
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.				There have been no instances during this past year.		
13. The facility plays ICE/DRO-approved videotaped presentations on legal rights, at regular opportunities at the request of outside organizations.	\boxtimes			There have been no requests made during this past year.		
14. A copy of the Group Legal Rights Presentation policy, including attachments, is available to detainees upon request	\boxtimes			The Group Legal Rights presentation policy is covered on page 12 of the detainee handbook.		
15. The facility maintains equipment for viewing approved electronically formatted presentations.	\boxtimes					
PART 6 - 37. LEGAL RIGHTS GROUP PRESENTATIONS						
Meets Standard Does Not Meet Standard N/A Repeat Finding						

ICE has contracted with the VERA Institute via a grant with the Department of Justice for the local YMCA to make Legal Rights Group Presentations. Legal Rights presentations are conducted weekly and any detainee may attend.

Section VII ADMINISTRATION & MANAGEMENT

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

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

PART 7 – 38. DETENTION FILES						
This Detention Standard contributes to efficient and responsible facility management by maintaining for each detainee booked into a facility for more than 24 hours a file of all significant information about that person.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
12. The Facility Administrator or staff designate ensures that necessary equipment and supplies, including copier and copier supplies are available; all equipment is maintained in good working order and that equipment has the capacity to handle the volume of work.	\boxtimes			There are two copy machines available.		
13. The Detention Operations Supervisor or equivalent can direct certain documents be added to a detainee's detention File.	\boxtimes					
14. Archived files are purged after six years by shredding or burning.	\boxtimes			Documentation reviewed found archived files for ICE detainees were shredded on 5-27-09.		
15. Field Offices maintains detention files on detainees housed in IGSA Facilities as needed. These files are maintained for a minimum of 18 months.			\boxtimes	This is a contact detention facility and files are maintained for a minimum of six years.		
PART 7 – 38. DE	PART 7 – 38. DETENTION FILES					
⊠ Meets Standard						

A detention file is created for each detainee upon arrival to the facility and is maintained in a locked file cabinet in the facility's booking area. A log system is in place to document the removal of files. Archived files were last shredded on 5-27-09.

PART 7 - 39. NEWS MEDIA	PART 7 - 39. NEWS MEDIA INTERVIEWS AND TOURS					
This Detention Standard ensures that the public and the responsibility through interviews and tours.	This Detention Standard ensures that the public and the media are informed of events within the facility's areas of responsibility through interviews and tours.					
Components	Meets Standards	Does Not Meet Standards	V/N	Remarks		
1. The ICE/DRO Field Office Director approved all interviews by reporters, other news media representatives, academics and others not covered by the Detention Standard on Visitation.	\boxtimes					
2. All personal interviews are documented with the News Interview Authorization form (or equivalent) and filed in the detainee's A-file with a copy in the facility's Detention File.	\boxtimes			News Interview Authorization forms were reviewed.		
3. The Field Office Director consulted with Headquarters before deciding to allow an interview with a detainee who was the center of a controversy, or special interest, or high profile case.	\boxtimes					
4. Signed released forms are obtained and retained in the detainee's a-file from any media representatives who photographed or recorded any detainee in any way that would individually identify him or her.	\boxtimes			Signed released forms were reviewed.		
 5. All press pools are organized `according to the procedures in the Detention Standard. A press pool may be established when the Field Office Director and facility administrator determine that the volume of interview requests warrants such action. All media representatives with pending or requested, tours, or visits were notified that, effective immediately and until further notice, all media representatives must comply with the press pool guidelines established by the Field Office Director. All material generated from such a press pool is made available to all news media, without right of first publication or broadcast. 						
PART 7 - 39. NEWS MEDIA				DURS		
⊠ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding						

During this inspection the ICE Office Public Affairs staff were touring and taking photos of various areas of this facility. News media interviews and tour forms were reviewed. The Chaplain is the facility's News Media Coordinator.

	PART 7 – 40. S	TAFF T	RAINING				
	This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	The facility conducts appropriate orientation, initial training, and annual training for all staff, contractors, and volunteers.				All staff receives appropriate orientation training from two to four weeks depending on job classification. After successful completion of the orientation, staff receives annual in-service training as required.		
2.	The amount and content of training is consistent with the duties and function of each individual and the degree of direct supervision that individual receives.				The training manager has customized training to meet the needs of the facility and the individual.		
3.	At leas (b)(7)e qualified individual with specialized training for the position coordinates and oversees the staff development and training program. At a minimum, full-time training personnel complete a 40-hour training-for-trainers course.				The training manager has successfully completed a training- for-trainers course.		
4.	Training is governed and guided by a training plan that is reviewed and approved annually by the facility administrator.				The training curriculum is reviewed and approved by Corrections Corporation of America in coordination with the facility administrator.		
5.	 An accurate and complete record is maintained of all formal training activities in: Individual training folders, Other training records systems, and/or Electronic systems. 				Files were reviewed and were found to comply with the three bulleted items in this component.		

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		
 6. Each new employee, contractor, and volunteer is provided an orientation prior to assuming duties. While tailored specifically for staff, contractors, and volunteers, the orientation programs include, at a minimum: Working conditions Cultural diversity/understanding staff & detainees Code of ethics Personnel policy manual Employees' rights and responsibilities Drug-free Workplace Health-related emergencies Signs of Suicide risk and precautions Suicide prevention and intervention Hunger strikes Use of Force Keys and Locks Overview of the criminal justice system Tour of the facility Facility organization Staff rules and regulations Sexual harassment/sexual misconduct awareness Personnel policies Program overview Orientation and training on detainee handbook and detainee rights. National Detention Standards 				A review of the training curriculum and training files indicated that the facility meets the requirements of the twenty three bulleted items in this component.		

PART 7 – 40. S	TAFF T	RAINING		
This Detention Standard ensures that staff, contractors, and requiring that they receive initial and ongoing refresher tra		nteers are	comp	etent in their assigned duties by
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 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. 	\boxtimes			A review of the training curriculum and training files indicated that the facility meets the requirements of the sixteen bulleted items in this component.

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

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 tra Components	Meets Standard	Does Not Meet Standard	N/A	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. 	\boxtimes			Health care employees are trained through the Immigration Health Service Corps (IHSC). A review of their training files indicated that new staff receives six weeks of orientation and on-the-job training and a minimum of 40 hours of annual training. The fourteen bulleted items in this component are addressed in the training curriculum.	

PART 7 – 40. ST	AFF T	RAINING			
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
 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 Interpersonal relations Social/cultural lifestyles of the detainee population Cultural diversity/understanding staff & detainees Communication skills Cardiopulmonary resuscitation (CPR)/first aid Counseling techniques Sexual abuse/assault awareness National Detention Standards. 				A review of the training curriculum and training files indicated that the facility meets the requirements of the twenty four bulleted items in this component.	
 11. Situation Response Teams (SRTs) receive: Specialized training before undertaking their assignments. 	\boxtimes			All staff selected for the Situation Response Team (SRT) receives specialized training during a six day academy requirement and an additional eight to twelve hours a month during the year.	
 12. Facility management and supervisory staff receive: Management and Supervisory training 	\boxtimes			Supervisors attend the "Samberg Front Line Leadership" program which is an effective means of developing leadership qualities in all front line supervisory personnel.	

PART 7 – 40. STAFF TRAINING					
This Detention Standard ensures that staff, contractors, a requiring that they receive initial and ongoing refresher tra		nteers are	comp	etent in their assigned duties by	
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks	
13. (MANDATORY) Personnel authorized to use firearms receive training that covers their use, safety, and care and constraints on their use before being assigned to a post involving their possible use.				The firearm curriculum indicates staff receives the appropriate training that addresses safety, care and constraints on their uses. Staff is never assigned prior to training.	
14. (MANDATORY) All personnel authorized to use firearms demonstrate competency in their use at least annually.				Staff is required to pass a written test (80%) annually and demonstrate firearms competency (70%) on a quarterly basis.	
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			Training files indicated that staff is trained in the use of "Oleoresin Capsicum" (OC) prior to being issued the chemical. The training includes the treatment of individuals exposed to the chemical.	
 16. All staff receives orientation and annual training on the facility's drug-free workplace program. Typical contents are: Staff, contractors, and volunteers prohibited from: Using illegal drugs. Possessing illegal drugs except in the authorized performance of official duties. Procedures to be used to ensure compliance. Opportunities available for treatment and/or counseling for drug abuse. Penalties for violation of the policy. 	\boxtimes			A review of the training curriculum and training files indicated that the facility meets the requirements of the six bulleted items in this component.	
17. New staff is required to acknowledge in writing that they have reviewed and understand the facility's drug- free workplace program, and a copy of the signed acknowledgement is maintained in that person's personnel file.					
 18. All staff is trained during orientation and annually thereafter, regarding the facility's code of ethics. Typical contents are: Staff, contractors, and volunteers prohibited from: Using their official positions to secure privileges for themselves or others. Engaging in activities that constitute a conflict of interest. Accepting any gift or gratuity from, or engaging in personal business transactions with a detainee or a detainee's immediate family. Acceptable behavior in the areas of campaigning, lobbying or political activities. 				A review of the training curriculum and training files indicated that the facility meets the requirements of the five bulleted items in this component.	

PART 7 – 40. STAFF TRAINING				
This Detention Standard ensures that staff, contractors, a requiring that they receive initial and ongoing refresher tra		nteers are	comp	etent in their assigned duties by
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
19. New staff are required to acknowledge in writing that they have reviewed and understand facility work rules, ethics, regulations, conditions of employment, and related documents, and a copy of the signed acknowledgement is maintained in that person's personnel file.				
 20. (MANDATORY) All staff in frequent contact with detainees is trained at least annually to respond to health-related emergencies within four minutes. The training is provided by a responsible medical authority in cooperation with the facility administrator and includes: Recognizing of signs of potential health emergencies and the required responses. Administering first aid and cardiopulmonary resuscitation (CPR). Obtaining emergency medical assistance through the facility plan and its required procedures. Recognizing signs and symptoms of mental illness, suicide risk, retardation, and chemical dependency. The facility's established plan and procedures for providing emergency medical care including, when required, the safe and secure transfer of detainees for appropriate hospital or other medical services, including by ambulance when indicated. 				A review of the training curriculum, training files, and staff interviews, indicated that the facility meets the requirements of the five bulleted items in this component.
 21. All staff in frequent contact with detainees are trained at least annually on the facility's Sexual Abuse and Assault Prevention and Intervention Program, to include: Understanding that sexual abuse or assault is never an acceptable consequence of detention. Recognizing housing or other situations where sexual abuse or assault may occur. Recognizing the physical, behavioral, and emotional signs of sexual abuse or assault and ways to prevent such occurrences. Knowing how to report knowledge or suspicion of sexual abuse or assault and make intervention referrals in the facility's program. 				A review of the training curriculum and training files indicated that the facility meets the requirements of the four bulleted items in this component.

PART 7 – 40. STAFF TRAINING					
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.					
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks	
 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. 	\boxtimes			A review of the training curriculum, training files, and staff interviews, indicated that the facility meets the requirements of the seven bulleted items in this component.	
23. All staff is 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 is trained in proper procedures for the care and handling of keys. Orientation training shall be accomplished before staff is issued keys, and key control shall be among the topics covered in annual training. Ordinarily, such training is done by the Security Officer or Key Control Officer.	\boxtimes			All staff receives training in key control as part of their orientation and annual training requirements.	
 25. Through ongoing (at least annual) training, all detention facility staff is made aware of their responsibilities to control situations involving aggressive detainees. At a minimum, training shall include: The requirements of this Detention Standard The use of force continuum Communication techniques Cultural diversity Dealing with the mentally ill Confrontation-avoidance techniques Approved methods of self-defense Force cell-move techniques Communicable diseases, particularly precautions to be taken for use of force Application of restraints (progressive and hard) Reporting procedures. 				A review of the training curriculum, and training files indicated that the facility meets the requirements of the eleven bulleted items in this component.	

PART 7 – 40. STAFF TRAINING				
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
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				
⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding				

This inspector reviewed lesson plans, training files, attendance sheets, training curriculum, and interviewed staff and supervisors. The training center is located outside the secured perimeter. Before assuming duties, each new employee is provided appropriate orientation as required. Staff receives annual training as required throughout the year. Staff assigned to special response teams receive commensurate training including annual refresher courses. The amount and content of the training appears to be consistent with the duties and function of each individual. All training was documented in permanent training files. Medical coverage is provided through Immigration Health Service Corps (IHSC). IHSC conducts their own training, maintains files, lesson plans, and attendance sheets as required by the standard.

(b)(6), (b)(7)(c) 01/20/2012

Reviewer's Signature / Date

	PART 7 - 41. TRANSFER OF DETAINEES					
res	This Detention Standard ensures that transfers of detainees from one facility to another are professionally and responsibly managed in regard to notifications, detainee records, safety and security, and protection of detainee funds and personal property.					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1.	 When a detainee is represented by legal counsel or a legal representative, and a G-28 has been filed, the representative of record is notified by the detainee's Deportation Officer within 24 hours of transfer. The notification is recorded in the detainee's file When the A-File is not available, notification is noted within ENFORCE. 	\boxtimes			The Deportation Officer records the notification in the detainee's file. Per the Supervisory Detention and Deportation Officer this is normally completed within 8 hours of the transfer.	
2.	Notification includes the reason for the transfer and the location of the new facility,	\boxtimes			The notification form does include the reason for the transfer and the location of the new facility.	
3.	The deportation officer is allowed discretion regarding the timing of the notification when extenuating circumstances are involved.	\boxtimes				
4.	The attorney and detainee are notified that it is their responsibility to notify family members regarding a transfer.	\boxtimes				
5.	 Facility policy mandates that: Times and transfer plans are never discussed with the detainee prior to transfer. The detainee is not notified of the transfer until immediately prior to departing the facility. The detainee is not permitted to make any phone calls or have contact with any detainee in the general population. 	\boxtimes			The facility policy on Transfers of Detainees includes the bulleted components. For security reasons times and transfer plans are never discussed.	
6.	The detainee is provided with a completed Detainee Transfer Notification Form.	\boxtimes			The notification form is provided upon arrival at the new facility.	
7.	Form G-391 or equivalent authorizing the removal of a detainee from a facility is used.	\boxtimes			Form is I-203 or I-216, Authorization to Detain or Release, is used.	
8.	 For medical transfers: The Division of Immigration Health Services (DIHS) Medical Director or designee approves the transfer. Medical transfers are coordinated through the local ICE/DRO office. A medical transfer summary is completed and accompanies the detainee. Detainee is issued a minimum of 7 days worth of prescription medications. 	\boxtimes			All components are being met at this Contract Detention Facility.	

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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	V/N	Remarks	
9. Detainees are transferred with a completed transfer summary sheet in a sealed envelope with the detainee's name and A-number and the envelope is marked Medical Confidential.	\boxtimes			Detainees are transferred with a completed transfer summary form which is placed in a sealed envelope with the detainee's name and number and the envelope is marked Medical Confidential.	
10. For medical transfers, transporting officers receive instructions regarding medical issues.	\boxtimes				
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			ICE staff ensures that detainees are able to make a phone call at their new location.	
14. Meals are provided when transfers occur during normally schedule meal times.	\boxtimes			Sack lunches are provided if transfers occur during normally 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				
PART 7 - 41. TRANS	FER O	F DETAIN	EES		
🛛 Meets Standard 🛛 🗌 Does Not Meet St	andard	□ N/A		☐Repeat Finding	

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

2 of Enforcement and Removal Operations

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



U.S. Immigration and Customs Enforcement

MEMORANDUM FOR:

Steven P. Boll Acting Field Office Director

FROM:

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

Assistant Director for Detention Management

SUBJECT: Houston Processing Center Annual Review

The annual review of the Houston Processing Center conducted during January 18-20, 2012, in Houston, Texas 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-324, Detention Facility Review Form, the G-324 Worksheet, LCI Summary Memorandum, and a copy of this memorandum.

Should vou or vour staff have any questions regarding this matter, please contact(b)(6), (b)(7)(c)Deputy Assistant Director, Detention Management Division at (202) 73(B)(6), (b)(7)(c)

cc: Official File

	ICE Service Processing Center
\boxtimes	ICE Contract Detention Facilit
	ICE Intergovernmental Service

- **ICE Contract Detention Facility**
 - **ICE Intergovernmental Service Agreement**

B. Current Inspection

Type of Inspection
Field Office HQ Inspection
Date[s] of Facility Review
January 18-20/ 2012

C. Previous/Most Recent Facility Review

Date[s] of Last Facility R January 18-20, 2011	eview
Previous Rating	
Meets Standards	Does Not Meet Standards

D. Name and Location of Facility

Name			
Houston Processing Center			
Address (Street and Name)			
15850 Export Plaza Dr.			
City, State and Zip Code			
Houston, Texas 77032			
County			
Harris			
Name and Title of Facility Administrator			
(Warden/OIC/Superintendent)			
(b)(6), (b)(7)(c) Warden			
Telephone # (Include Area Code)			
281-449(6), (b)(7)(c)			
Field Office / Sub-Office (List Office with oversight			
responsibilities)			
Houston Field Office			
Distance from Field Office			
8 Miles			

E. ICE Information

Name of Inspector (Last Name, Title and Duty Station) (b)(6), (b)(7)(c)LCI / Nakamoto Name of Team Member / Title / Duty Location (b)(6), (b)(7) (Security SME / Nakamoto Name of Team Member / Title / Duty Location (b)(6), (b)(7)(E)ood/Safety SME / Nakamoto Name of Team Member / Title / Duty Location (b)(6), (b)(7)(c) Medical SME / Nakamoto Name of Team Member / Title / Duty Location / /

F. CDF/IGSA Information Only

Contract Number	Date of Contract or IGSA		
HSCEDM-09-D-000007	April 30, 2009		
Basic Rates per Man-Day 102.97			
Other Charges: (If None, Indicate N/A) Detainee Workers1.00 ; Transportation 30.08 ; 222,916.67 ;			

Estimated Man-days Per Year 319,607

G. Accreditation Certificates

American Correctional Association	
Check box if facility has no accreditation[s]	

H. Problems / Complaints (Copies must be attached)

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

I. **Facility History**

Date Built		
1984		
Date Last Remodeled or Upgraded		
2004		
Date New Construction / Bedspace Added		
N/A		
Future Construction Planned		
Yes X No Date:		
Current Bedspace	Future Bedspace (# New Beds only)	
1,000 Number: 0 Date:		

J. Total Facility Population

	Total Facility Intake for previous 12 months
]	19,384
5	Total ICE Mandays for Previous 12 months
	319,607

K. Classification Level (ICE SPCs and CDFs Only)

	L-1	L-2	L-3
Adult Male	435	185	134
Adult Female	108	11	15

L. Facility Capacity

	Rated	Operational	Emergency	
Adult Male	887	887	887	
Adult Female	113	113	113	
Facility holds Juveniles Offenders 16 and older as Adults				

M. Average Daily Population

	ICE	USMS	Other
Adult Male	698.5		
Adult Female	134.1		

Support:

N. Facility Staffing Level

(b)(7)(e)

Security:	
Security.	

Significant Incident Summary Worksheet

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

Incidents	Description	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault:	Types (Sexual ² , Physical, etc.)	Р	Р	Р	Р
Offenders on Offenders ¹	With Weapon	0	0	0	0
	Without Weapon	1	0	2	0
Assault:	Types (Sexual Physical, etc.)	Р	Р	Р	Р
Detainee on Staff	With Weapon	0	0	0	0
	Without Weapon	1	0	2	0
Number of Forced Moves, incl. Forced Cell moves ³		0	0	0	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)	0	0	0	0
Number of Times Canines Used in Facility		0	0	0	0
Offender / Detainee Medical Referrals as a result of injuries sustained.		2	0	12	24
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	13	13	28	17
	# Resolved in favor of Offender/Detainee	1	4	12	2
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	0	0	0	0
	Number	1	0	0	1
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	22	18	12	50
	# Psychiatric Cases referred for Outside Care	3	2	11	12

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

3

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

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

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

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

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LCI Review Assurance Statement

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

Lead Compliance Inspector: (Print Name)	Signature
(b)(6), (b)(7)(c)	(b)(6), (b)(7)(c)
Title & Duty Location	Date
Lead Compliance Inspector, The Nakamoto Group, Inc.	01/20/2012

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

Does Not Meet Standards

Comments: This contract detention facility does not utilize tasers.

ICE DETAINEE DEATHS:

1) A 31 year old Hispanic male died on 1/12/11. The detainee arrived at the facility on 1/6/11. His medical intake screening and physical assessment were conducted in a timely manner and were not remarkable except that he was taking Tuberculosis prophylaxis medications. On 1/10/11, the detainee was evaluated in the facility's urgent care room with a stated history of vomiting for three days. He was observed in the urgent care room for a short while and then taken to the local emergency room when his condition deteriorated. A brain scan revealed he had an intracranial mass and bleeding; and his blood work showed serious abnormalities. He was transferred to another hospital in Houston for more definitive evaluation and treatment.

On 1/12/11, he underwent a craniotomy to relieve pressure on his brain. He never recovered from the procedure and expired on that date. The death certificate listed complications of chronic myelogenous leukemia as the cause of death.

Policies and procedures were followed for the disposition of the remains and making required notifications.

2) A 53 year old Hispanic male died on 12/19/11. He arrived at the Houston Processing Center on 11/4/11. His medical intake screening and physical assessment were timely. The detainee had a history of hypertension, adult onset diabetes (controlled with oral medication) and left leg swelling. Due to the swelling in his leg, he was admitted to the medical short stay unit for observation. On 11/7/11, he was admitted to a local hospital to rule out deep vein thrombophlebitis. That diagnosis was not confirmed and he was returned to the facility. He was monitored closely by medical staff for his hypertension, diabetes and leg swelling. On 12/19/11, he had a cardiopulmonary arrest while in his housing unit. Emergency response was timely and appropriate. He was taken by ambulance to the local emergency department where resuscitative measures were not successful. The death certificate listed Atherosclerotic Hypertensive Cardiovascular Disease as the cause of death.

Policies and procedures were followed for the disposition of the remains and making required notifications.