Office of Enforcement and Removal Operations

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



U.S. Immigration and Customs Enforcement

FEG 1.4 2013

MEMORANDUM FOR:

David W. Jennings Field Office Director Houston Field Office

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

FROM:

Assistant Director for Custody Management

SUBJECT:

Joe Corley Detention Facility Annual Review 2012

(A) AD

The annual review of the Joe Corley Detention Facility conducted on December 4-6, 2012, in Conroe, 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-324A Detention Facility Review Form, the G-324A 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) 7327(6), (b)(7)(c)

cc: Official File

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Department of Homeland Security

Immigration and Customs Enforcement: Office of Enforcement and Removal Operations

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



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

REVIEW TEAM USE: (Edits Permitted, ALL FIELDS REQUIRED)

Facilty Information				
Facility Name: Joe Corley Detention Facility				Pre-Occupancy:
Facility Type: IGSA Intergovernmental Service Agr	eement (IGSA), ICE Service Proce	ssing Center (SPC), ICE Contr	act Detentio	n Facility (CDF)
Address: 500	Hilbig Road			
City: Conroe		State: TX		Zip Code: 77301
County: Montgomery				
CEO Name (b)(6), (b)(7)	(c)	CEO Title: Warden		
Review Information (Use following format for dates: mm/dd/yyyy)				
Start Date: 12/4/2012End Date: 12/6/2012Review Type: Headquarters				
Lead Name (b)(6), (b)(7)(c) Lead Title: LCI			ad Title: LCI	
Review Document Issue Summary (See Document Check Section to Review/Update)				
Error(s) Found:	0	Items Not Rated:		0

ICE HQ USE ONLY: (DO NOT EDIT*)

Form Name: G324A_PBNDS	Form Key: 3		Form Date: 6/19/2012	
Form Type: PBNDS		Form Review Type: Annual		Form Over/Under 72 Status: 072
*If Edite are required, contact ICE UD for an undeted form				

*If Edits are required, contact ICE HQ for an updated form.

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 "Does Not Meet Standard" or "N/A".

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.

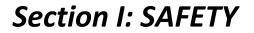
The RIC will review facility outcome measures data and provide analysis of the data to describe facility performance and trends. In a few instances outcome measures are not provided for some the NDS because after careful consideration of the standard the assessment process has been determined to be more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

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Emergency Plans Environmental Health and Safety Transportation (By Land)

Page 6 of 163 FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE) G-324A (Coded 10132010) Detention Review Worksheet - Rev: 6/19/2012 – Form Key 3

	PART 1 – 1. EMERGENCY PLANS (Key: A)				
	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	Rating	Remarks (1000 Char Max)		
1.	No Detainee or detainee groups exercise control or authority over other detainees.	Meets Standard	Policy and practice do not allow detainees to excise control or authority over other detainees.		
2.	 Detainees are protected from: Personal abuse Corporal punishment Personal injury Disease Property damage 	Meets Standard	Policy and practice protect detainees from all of the abuses listed in this component.		
	 Harassment from other detainees 				
3. •	Staff are trained to identify signs of detainee unrest. What type of training and how often?	Meets Standard	All security staff receive pre- service and annual in-service training in how to identify signs of detainee unrest.		
4.	Staff effectively disseminate information on facility climate, detainee attitudes, and moods to the Facility Administrator.	Meets Standard	The facility uses the Shift Activity Report to disseminate information to staff.		
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.	Meets Standard	The Chief of Security is responsible for emergency plans and their implementation. Sufficient time is allotted for development and implementation of the plans.		
6.	Each emergency plan is assigned a number and is strictly accounted for. A list identifying the location of each emergency plan is maintained by the Chief of Security or equivalent.	Meets Standard			
7.	All staff receive training in the emergency plans during their orientation training as well as during their annual training.	Meets Standard	All staff receive pre-service and annual in-service training on the emergency plans.		
8.	The General Section of the emergency plans discusses alternate routes to the facility for staff to use in the event the primary route is impassable.	Meets Standard			
9.	 The plans address the following issues: Confidentiality Accountability (copies and storage locations) Annual review procedures and schedule Revisions 	Meets Standard	Policy and the emergency plans fully address all of the bulleted items in this component.		

PART 1 – 1. EMERG	ENCY PLANS (Key: A)			
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	Rating	Remarks (1000 Char Max)		
10. Contingency plans include a comprehensive general section with procedures applicable to most emergency situations, including procedures for handling detainees with special needs.	Meets Standard			
11. Contingency plans include a procedure for notification of neighbors residing in close proximity to the facility.	Meets Standard	Emergency plans contain a procedure for notification of neighbors residing close to the facility.		
 12. The facility has cooperative contingency plans with applicable: Local law enforcement agencies State agencies Federal agencies 	Meets Standard	The facility has mutual aid contracts with local, state and federal agencies.		
13. The facility conducts mock emergency exercises with agencies or departments with which they share mutual aid agreements and Memoranda of Understandings. The exercises should test specific emergency plans to assess their effectiveness.	Meets Standard	The facility conducts annual mock emergency exercises with agencies with which they have mutual aid agreements. The last such exercise was conducted in August 2012.		
14. All staff receive copies of the Facility Hostage policy and procedures.	Meets Standard	All facility employees receive and sign for a copy of the hostage policy.		
15. (b)(7)e (b)(7)e Within 24 hours after release, hostages are screened for medical and psychological effects.	Meets Standard	(b)(7)e Hostages receive medical and psychological screening following release.		
16. The facility maintains a list of translator services in the event one is needed during a hostage crisis.	Meets Standard	If no local translator is on duty, the facility uses the ATT language line for translator services.		
17. Emergency plans include emergency medical treatment for staff and detainees during and after an incident.	Meets Standard	Emergency plans include procedures for medical treatment of detainees and staff during and after an incident.		
 The Food Service Department maintains at least 3- days' worth of emergency meals for staff and detainees. 	Meets Standard	The food service department maintains a minimum of three- days' worth of emergency meals.		
19. Written plans illustrate locations of shut-off valves and switches for utilities (water, gas, electric).	Meets Standard	Emergency plans identify the location of all utility shut-off valves and switches.		
20. Written plans include a Staff Work Stoppage procedure. This procedure is available for limited supervisory review.	Meets Standard			

PART 1 – 1. EMERGENCY PLANS (Key: A)			
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	Rating	Remarks (1000 Char Max)	
21. (MANDATORY) Written procedures cover:			
Work/Food Strike			
• Fire			
Environmental Hazard			
Detainee Transportation System Emergency			
ICE-wide Lockdown	Meets Standard	The facility has emergency plans which address all of the events listed in this component.	
Staff Work Stoppage			
Disturbances			
• Escapes			
Bomb Threats			
Adverse Weather			
Internal Searches			
Facility Evacuation			
Detainee Transportation System Plan			
Hostages (Internal)			
Civil Disturbances			
22. The Emergency Plans specify a procedure for post- emergency debriefings and discussions.	Meets Standard		

PART 1 – 1. EMERGENCY PLANS – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.)(5000 Character Max)

Overall review of the facility emergency procedures and staff interviews confirmed the facility has plans in place for emergencies which are likely to occur. Staff is well versed in monitoring the detainee climate within the facility. The facility management does not allow mistreatment of detainees by either staff or other detainees. Staff training and daily supervision of detainees is conducted in such a manner that detainees are protected from abuse. All staff receive pre-service and annual training on the facility emergency plans. The plans are considered confidential and are handled accordingly.

Overall Rating: Meets Standard Reviewer Name (Printed) (b)(6), (b)(7)(c)

Completion Date: 12/6/2012

	PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY (Key: B)				
	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	Rating	Remarks (1000 Char Max)		
1.	(MANDATORY) The facility has a system for storing, issuing, and maintaining inventories of hazardous materials.	Meets Standard	Policy addresses storing, issuing and maintaining inventories of hazardous materials.		
2.	Constant inventories are maintained for all flammable, toxic, and caustic substances used/stored in each area of the facility.	Meets Standard	Perpetual inventories are maintained for hazardous materials used in the facility and were reviewed during the inspection.		
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. 	Meets Standard	Material Safety Data Sheets (MSDSs) are up-to-date for hazardous materials stored and used in the facility. An MSDS log is maintained and specifically lists the location of all hazardous materials used in the facility. An MSDS master file is maintained in the safety office as well as in the medical unit.		
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.	Meets Standard	Personnel using hazardous substances wear personal protective equipment. All spills and hazards are reported to the Safety Officer.		
5.	The MSDS are readily accessible to staff and detainees in the work areas.	Meets Standard			
6.	 Hazardous materials are always issued under proper supervision. Quantities are limited. Detainees are trained. Staff always supervise detainees using these substances. 	Meets Standard	No cleaning substances are issued to detainees in a hazardous form; they are diluted prior to issuance. Quantities of hazardous materials are limited in the facility. Detainees are not allowed to handle hazardous substances and are under staff supervision while using the diluted cleaning substances.		
7.	All "flammable" and "combustible" materials (liquid and aerosol) are stored and used according to label recommendations.	Meets Standard			
8.	Lighting fixtures and electrical equipment are installed in storage rooms and other hazardous areas and meet the National Electrical Code requirements.	Meets Standard			

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY (Key: B)				
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	Rating	Remarks (1000 Char Max)		
9. All toxic and caustic materials stored in their original containers in a secure area.	Meets Standard	Hazardous substances were observed stored in their original containers in locked storage areas.		
10. Excess flammables, combustibles, and toxic liquids are disposed of properly in accordance with MSDS.	Meets Standard			
11. Staff directly supervise and account for products with methyl alcohol. Staff receive a list of products containing diluted methyl alcohol, for example, shoe dye. All such products are clearly labeled as such. "Accountability" includes issuing such products to detainees in the smallest workable quantities.	N/A	There are no products containing methyl alcohol in the 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.	Meets Standard			
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).	Meets Standard	The facility does not have a sprinkler system in the detainee housing area; however, ICE/DSCU granted a waiver of this requirement which states the facility "Meets the Standard and is in compliance with PBNDS by meeting the intent of the Environmental Health and Safety Standard with regard to the Expected Practices - Fire Prevention and Control, which requires that new construction comply with the Standard Building Code and local law."		
14. A technically qualified staff member conducts fire and safety inspections.	Meets Standard	The Safety Officer is highly trained and qualified to conduct fire and safety inspections.		
15. The Safety Office (or officer) maintains files of inspection reports, including corrective actions taken.	Meets Standard			
16. (MANDATORY) The facility has an approved fire prevention, control, and evacuation plan.	Meets Standard	The City of Conroe, Texas Fire Department reviews the facility's fire prevention, control and evacuation plan annually. The latest review was conducted in February 2012.		

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY (Key: B)			
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	Rating	Remarks (1000 Char Max)	
17. The plan requires:			
Monthly fire inspections.			
 Fire protection equipment strategically located throughout the facility. 		The fire plan adequately	
 Public posting of emergency plan with accessible building/room floor plans. 	Meets Standard	addresses the elements listed in this component.	
 Exit signs and directional arrows. 			
 An area-specific exit diagram conspicuously posted in the diagrammed area. 			
18. Fire drills are conducted and documented quarterly in all facility locations including the administrative area.	Meets Standard	Fire drills are conducted and documented monthly.	
19. A sanitation program covers barbering operations.	Meets Standard		
20. The barbershop has the facilities and equipment necessary to meet sanitation requirements.	Meets Standard		
21. The sanitation standards are conspicuously posted in the barbershop.	Meets Standard		
22. Written procedures regulate the handling and disposal of used needles and other sharp objects.	Meets Standard	Policy addresses the handling and disposal of used needles and other sharp objects.	
23. All items representing potential safety or security risks are inventoried and a designated individual checks this inventory weekly.	Meets Standard		
 24. Standard cleaning practices include: Using specified equipment; cleansers; disinfectants and detergents. An established schedule of cleaning and follow-up inspections. 	Meets Standard	Standard cleaning procedures are used throughout the facility. Only specified equipment, cleansers, disinfectants and detergents are utilized, and all cleaning is completed according to a schedule.	
25. Spill kits are readily available.	Meets Standard		
26. A licensed medical waste contractor disposes of infectious/bio-hazardous waste.	Meets Standard	Disposal of infectious/bio- hazardous waste is provided by a licensed medical waste disposal contractor.	
27. Staff are trained to prevent contact with blood and other body fluids and written procedures are followed.	Meets Standard		
28. Do the methods for handling/disposing of refuse meet all regulatory requirements?	Meets Standard		

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY (Key: B)				
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	Rating	Remarks (1000 Char Max)		
 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. 	Meets Standard	A professional licensed pest control contractor provides pest control services to the facility on a monthly and as needed basis. The services include preventive spraying for indigenous insects.		
30. Drinking water and wastewater is routinely tested according to a fixed schedule.	Meets Standard	Water and wastewater services for the facility are provided by the City of Conroe, Texas. The latest test of the drinking water supply was conducted in 2012 and found the drinking water to meet or exceed all requirements of the federal government.		
 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). 	Meets Standard	Emergency generators are tested every week under load for one hour. Other emergency systems are tested as required, with corrective action taken when necessary.		
32. The Facility appears clean and well maintained.	Meets Standard			
33. Hazardous material storage rooms meet the security and structural requirements of the standard. Storage cabinets meet the physical requirements specified in the standard.	Meets Standard	Hazardous materials inside the secure perimeter are stored in rooms which are structurally secure and meet the requirements of this standard. Flammable substances are securely stored in cabinets which meet the physical requirements of the standard.		
34. The Health Services Administrator has implemented a program supporting a high level of environmental sanitation.	Meets Standard	The Health Services Administrator (HSA) conducts daily inspections of the facility, which support 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.	Meets Standard			
36. The assigned staff member shall: Conduct special investigations and comprehensive surveys of environmental health conditions, and provide advisory, consultative, inspection, and training services regarding environmental health conditions.	Meets Standard	The responsibility of the HSA to conduct special investigations and comprehensive surveys of environmental health conditions is clearly outlined in writing.		

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY (Key: B)

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	Rating	Remarks (1000 Char Max)
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.	Meets Standard	The Safety Officer is responsible for developing and implementing policies and procedures for the environmental health program of the facility. The Safety Officer maintains certifications in Correctional Safety and Environmental Assessment.
 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. 	Meets Standard	Environmental and safety conditions of the facility are maintained at a level that meets the recognized safety and hygiene standards of the entities listed in this component. The facility does not have a fire sprinkler system in the housing areas, but has received a waiver for this requirement from the Texas Jail Standards Commission as well as the ICE/DSCU.

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The rating for this standard was based upon a review of policies, interviews with the safety officer and a review of the documentation produced for each inspection. Detailed fire and safety inspections are conducted weekly and monthly by qualified facility personnel. The facility's fire prevention, control and evacuation plan is reviewed and approved annually by the local fire authority. The facility is also toured annually by members of the local fire authority. Storage areas where caustic, toxic and flammable substances are stored were inspected. Constant inventories are maintained and were found to be accurate. The facility is clean and well maintained.

Overall Rating: Meets Standard Reviewer Name (Printed (b)(6), (b)(7)(c)

Completion Date: 12/6/2012

	PART 1 – 3. TRANSPORTATION (BY LAND) (Key: C) 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.			
ma				
s	tandard N/A			
	ck the above button if all ICE Transportation is handled only se. (All Line Items and standard will be rated "N/A")	y by the ICE Field Office or S	ub-Office in control of the detainee	
	Components	Rating	Remarks (1000 Char Max)	
1.	Transporting officers comply with applicable local, state, and federal motor vehicle laws and regulations. Records support this finding of compliance.	Meets Standard		
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.	Meets Standard		
3.	Supervisors maintain records for each vehicle operated.	Meets Standard	Individual vehicle maintenance records are maintained by the manager in charge of the transportation unit.	
4.	Documentation indicating annual inspection of vehicles and annual inspection in accordance with state statutes is available for review.	Meets Standard	The individual records for all transportation vehicles contained documentation indicating annual inspections have been done.	
5.	Documentation indicating safety repairs are completed immediately and vehicles are not used until they have been repaired and inspected is available for review.	Meets Standard	The individual records for transportation vehicles were reviewed, and all contained documentation indicating that any needed repairs were being made immediately. Vehicles are not used until the repairs have been completed and the vehicles have been inspected.	
6.	 Officers use a checklist during every vehicle inspection. Officers report deficiencies affecting operability. Deficiencies are corrected before the vehicle goes back into service. 	Meets Standard	Transportation officers use a standardized checklist to inspect each vehicle. Deficiencies are noted and problems are corrected before the vehicle is returned to service.	

PART 1 – 3. TRANSPORTATION (BY LAND) (Key: C)			
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 N/A			
Click the above button if all ICE Transportation is handled only case. (All Line Items and standard will be rated "N/A")	y by the ICE Field Office or S	ub-Office in control of the detainee	
Components	Rating	Remarks (1000 Char Max)	
7. Transporting officers:			
 Limit driving time to 10 hours in any 15 hour period when transporting detainees. 			
 Drive only after eight consecutive off-duty hours. 		The transportation policy and	
 Do not receive transportation assignments after having been on duty, in any capacity, for 15 hours. 	Meets Standard	actual practice of transportation unit staff fully address each of the bulleted items in this	
 Drive a 50-hour maximum in a given work week; a 70- hour maximum during eight consecutive days. 		component.	
 During emergency conditions (including bad weather), officers may drive as long as necessary to reach a safe area–exceeding the 10-hour limit. 			
8. (b)(7)(e) officers with valid Commercial Drivers Licenses, (CDL's) required in any vehicle transporting detainees.			
 When buses travel in tandem with detainees, there are (b)(7)(equalified officers per vehicle. 	Meets Standard		
An unaccompanied driver transports an empty vehicle.			
 The transporting officer inspects the vehicle before the start of each detail. 	Meets Standard	All vehicles are inspected by transportation officers prior to the start of each detail.	
10. Positive identification of all detainees being transported is confirmed.	Meets Standard		
11 . All detainees are searched immediately prior to boarding the vehicle by staff controlling the bus or vehicle.	Meets Standard	All detainees are searched and must pass through a metal detector prior to boarding the vehicle.	
12. The facility ensures that the number of detainees transported does not exceed the vehicle manufacturer's occupancy level.	Meets Standard		
13. (b)(7)e	Meets Standard	(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. 	Meets Standard		
15. Policies and procedures are in place addressing the use of restraining equipment on transportation vehicles.	Meets Standard		

PART 1 - 3. TRANSPORTATION (BY LAND) (Key: C)

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 N/A Click the above button if all ICE Transportation is handled only by the ICE Field Office or Sub-Office in control of the detainee case. (All Line Items and standard will be rated "N/A") Components Rating Remarks (1000 Char Max) 16. Officers ensure that no one contacts the detainees. Policy and practice ensure that no individual contacts detainees • (b)(7)epfficer remains in the vehicle at all times when during transports.(b)(7)eofficer detainees are present. **Meets Standard** remains with the vehicle at all times when detainees are present. 17. Meals are provided during long distance transfers. Meets Standard The meals meet the minimum dietary standards, as identified by dieticians utilized by ICE. 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 Meets Standard with the Food Service representative. Basins, latrines, and drinking-water, containers, dispensers are cleaned and sanitized on a fixed schedule. 19. Vehicles have: • (b)(7)e Meets Standard (b)(7)e 20. The vehicles are clean and sanitary at all times. Multiple vehicles were inspected Meets Standard and were found to be in a clean and sanitary condition.

PART 1 – 3. TRANSPORTATION (BY LAND) (Key: C)		
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 N/A		
Click the above button if all ICE Transportation is handled only	by the ICE Field Office or S	ub-Office in control of the detainee
case. (All Line Items and standard will be rated "N/A")		
Components	Rating	Remarks (1000 Char Max)
21. Personal property of a detainee transferring to another facility:		
• Is inventoried.	Meets Standard	
• Is inspected.		
Accompanies the detainee.		
22. The following contingencies are included in the written procedures for vehicle crews:		
Attack		
• Escape		
Hostage-taking		
Detainee sickness		
Detainee death		The facility transportation policy
Vehicle fire	Meets Standard	fully addresses each of the
Riot		events listed in this component.
Traffic accident		
Mechanical problems		
Natural disasters		
Severe weather		
 Passenger list is not exclusively men or women or minors 		

PART 1 – 3. TRANSPORTATION (BY LAND) – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The rating for this standard was determined by reviewing policy, interviewing staff and reviewing vehicle records maintained by the facility transportation unit. All transports of detainees are conducted by facility security staff. Review of the driver, vehicle and vehicle maintenance records showed that the appropriate information concerning the vehicles and drivers is being maintained. Maintenance and repairs are being accomplished as required. Multiple transportation vehicles were inspected and were found to be clean and well maintained. All vehicles contained the required logs, emergency and safety equipment. The vehicle logs were found to be current.

Overall Rating: Meets Standard				
Reviewer Name (Printed)	(b)(6), (b)(7)(c)		Completion Date: 12/6/2012	

Section II SECURITY

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

	PART 2 – 4. ADMISSIC	ON AND RELEASE (Key: D)		
	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	Rating	Remarks (1000 Char Max)		
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.	Meets Standard	During the admissions process, detainees receive an orientation to the facility that includes all of the requirements listed in this component. Detainees also receive a copy of the ICE National Detainee Handbook and the facility handbook.		
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.	Meets Standard	Medical screenings are conducted by medical staff during the intake process, prior to the detainee being sent to general population.		
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.	Meets Standard	Staff use Form I-213, Record of Deportable/Inadmissible Alien, to identify and classify new arrivals. Detainees are segregated from the general population during the classification and orientation 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.	Meets Standard			
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.	Meets Standard	Detainees are not strip searched unless reasonable suspicion has been established. Any strip searches would be documented on the G-1025 form, with the form signed by a supervisor.		
6.	The "Contraband" standard governs all personal property searches. IGSAs and CDFs use or have a similar contraband standard. Staff prepare a complete inventory of each detainee's possessions. The detainee receives a copy. All identity documents are inventoried and given to ICE staff for placement in the A-file. All funds and valuables are safeguarded in accordance with ICE Policy.	Meets Standard			
7.	Staff complete Form I-387 or similar form for CDFs and IGSAs for every lost or missing property claim. Facilities forward all I-387 claims to ICE.	Meets Standard	A Form I-387, Report of Detainee Missing Property, is used for every lost or missing property claim. The I-387 form is forwarded to ICE.		

PART 2 – 4.	ADMISSION AN	DRELEASE	(Kev: D)
			(Rey. D)

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	Rating	Remarks (1000 Char Max)
8.	Detainees are issued appropriate and sufficient clothing and bedding for the climatic conditions.	Meets Standard	
9.	All releases are coordinated with ICE.	Meets Standard	The facility uses Form I-203, Order to Detain or Release, for all releases approved by ICE.
10.	Staff complete paperwork/forms for release as required.	Meets Standard	
11.	Each detainee receives a receipt for personal property secured by the facility.	Meets Standard	Each detainee receives a receipt for personal property secured by the facility. This was observed during the inspection.
12.	The facility has a system to maintain accurate records and documentation for admission, orientation, and release.	Meets Standard	
13.	ICE staff enter all information pertaining to release, removal, or transfer of all detainees into the Enforce Alien Detention Module (EADM) within 8 hours of action.	Meets Standard	ICE staff enters all information pertaining to release, removal or transfer of detainees into the Enforce Alien Detention Module (EADM) immediately upon the detainee leaving the facility.
14.	All orientation material shall be provided in English, Spanish, and other language(s) as determined by the Field Office Director.	Meets Standard	All orientation material is provided in both English and Spanish.

PART 2 – 4. ADMISSION AND RELEASE – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The facility protects the community, detainees, staff, volunteers and contractors by ensuring secure and orderly operations when detainees are admitted to or released from the facility. Detainees are issued a facility handbook and the ICE National Detainee Handbook during the intake process. Facility staff provides detainees with an orientation to the facility which includes the viewing of an orientation video. To evaluate this standard, staff and detainees were interviewed, policy was reviewed, orientation criteria and the detainee handbook were reviewed and detention files were checked.

Overall Rating: Meets Standard Reviewer Name (Printed)

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

Completion Date: 12/6/2012

	PART 2 – 5. CLASSIFICATION SYSTEM (Key: E)				
ord	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	Rating	Remarks (1000 Char Max)		
1.	SPC and CDF facilities use the required Objective Classification System. IGSAs use an objective classification system or similar system for classifying detainees.	Meets Standard	The facility uses an objective 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. 	Meets Standard	The classification system addresses the bulleted items listed in this component.		
3.	The intake/processing officer reviews work-folders, A- files, etc., to identify and classify each new arrival.	Meets Standard	The intake process includes a review of the Form I-203, Order to Detain or Release an Alien, and of Form I-213, Record of Deportable/Inadmissible Alien, to identify and classify each new arrival.		
4.	Staff use only information that is factual, and reliable to determine classification assignments. Opinions and unsubstantiated/ unconfirmed reports may be filed but are not used to score detainee classification.	Meets Standard			
5.	Housing assignments are based on classification-level.	Meets Standard			
6.	A detainee's classification-level does not affect his or her recreation opportunities. Detainees recreate with persons of similar classification designations.	Meets Standard			
7.	Detainee work assignments are based upon classification designations.	Meets Standard	Only low and medium security detainees are allowed to have work assignments.		
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.	Meets Standard	The classification process includes reassessment/reclassifications. The first reassessment is completed 60 to 90 days after the initial assessment. Subsequent reassessments are completed at 90 to 120 day intervals. Special reassessments are completed within 24 hours.		

PART 2 - 5. CLASSIFICATION SYSTEM (Key: E)

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.

ven				
	Components	Rating	Remarks (1000 Char Max)	
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.	Meets Standard	A detainee can appeal his classification level by submitting a Detainee Request Form. The Classification Supervisor has the authority to reduce a classification level on appeal.	
10.	Classification appeals are resolved w/in 5 business days. Detainees are notified of the outcome within 10 business days.	Meets Standard	Classification appeals are resolved within five business days and the detainee is notified within ten business days.	
11.	Classification designations may be appealed to a higher authority such as the Facility Administrator or equivalent.	Meets Standard	Classification designations can be appealed to the Warden for final review.	
12.	The Detainee Handbook or equivalent for IGSAs explains the classification levels, with the conditions and restrictions applicable to each.	Meets Standard		
13.	In SPCs and CDFs detainees are assigned color-coded uniforms and IDs to reflect classification levels. In IGSA's a similar system is utilized for each level of classification.	Meets Standard	ICE detainees in this IGSA facility wear colored-coded uniforms and identification wristbands. Blue is used for low security detainees, green is used for medium security and red is used for those designated as high security.	

PART 2 – 5. CLASSIFICATION SYSTEM – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The facility has a formal classification process for managing and separating detainees that is based on verifiable and documented data. Detainees are separated from the general population during the classification and orientation process. To evaluate this standard, staff and detainees were interviewed, policy was reviewed and the classification process was observed.

Overall Rating: Meets Standard Reviewer Name (Printed) (b)(6), (b)(7)(c)

Completion Date: 12/6/2012

	PART 2 – 6. CONTRABAND (Key: F)				
	This Detention Standard protects detainees and staff and enhances facility security and good order by identifying, detecting, controlling, and properly disposing of contraband.				
	Components	Rating	Remarks (1000 Char Max)		
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.	Meets Standard	Staff follows written procedures for the handling of contraband; and inventory, hold and report when necessary to the proper authority the seizure of all contraband.		
2.	Contraband that is government property is retained as evidence for potential disciplinary action or criminal prosecution.	Meets Standard	Contraband which is government property is retained as evidence for use in disciplinary or criminal action.		
3.	Staff return property not needed as evidence to the proper authority. Written procedures cover the return of such property.	Meets Standard	Procedures cover the return of property not needed as evidence.		
4.	Altered property is destroyed following documentation and using established procedures.	Meets Standard			
5.	Before confiscating religious items, the Facility Administrator or designated investigator contacts a religious authority.	Meets Standard	The Chief of Security would contact a contract chaplain if a religious item is to be confiscated.		
6.	Staff follow written procedures when destroying hard contraband that is illegal.	Meets Standard	The facility contraband policy fully covers the destruction of 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. 	Meets Standard	The facility does not retain any illegal contraband for training purposes. Soft contraband is mailed to a third party or is stored in accordance with the Funds and Personal Property standard.		
8.	Detainees receive notification of contraband rules and procedures in the Detainee Handbook and notified when property is identified and seized as contraband.	Meets Standard	All detainees receive a copy of the facility handbook, which contains the contraband rules. Detainees are notified via a confiscation form if any property is seized.		
9.	Facilities with Canine Units only use them for contraband detection.	Meets Standard	The facility does not have any canine units. If necessary, outside law enforcement would be contacted and their units used, but only for purposes of contraband detection.		

PART 2 – 6. CONTRABAND – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The rating for this standard was based on review of facility policies and staff interviews. The facility has procedures in place for the seizure, accountability and disposition of contraband. The facility does not retain hard contraband for training purpose.

Overall Rating: Meets Standard Reviewer Name (Printed) (b)(6), (b)(7)(c)

Completion Date: 12/6/2012

Reviewer Signature (for printed form submission):

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PART 2 – 7. FACILITY SECU	RITY AND CONTROL (Key: G)		
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	Rating	Remarks (1000 Char Max)		
1. The facility administrator or assistant administrator and department heads visit detainee living quarters and activity areas weekly.	Meets Standard	The Warden and other administrators make weekly tours of the facility, including detainee living areas.		
 At least one male and one female staff are on duty where both males and females are housed. 	Meets Standard			
3. Comprehensive annual staffing analysis determines staffing needs and plans.	Meets Standard			
4. Essential posts and positions are filled with qualified personnel.	Meets Standard			
5. Every Control Center officer receives specialized training.	Meets Standard	Policy specifies that all officers assigned to Central Control receive specialized training.		
6. Policy restricts staff access to the Control Center.	Meets Standard	Policy restricts staff access to Central Control to only those staff with a need to be in the control center.		
7. Detainees do not have access to the Control Center.	Meets Standard	Detainees do not have access to Central Control.		
8. Communications are centralized in the Control Center.	Meets Standard	Facility communications are centralized in Central Control.		
 Facility security and safety will be monitored and coordinated by a secure, well-equipped, and continuously staffed control center. 	Meets Standard	Central Control is staffed 24 hours a day, seven days a week.		
10. The Control Center maintain employee Personal Data Cards (Form G-74 or contract equivalent).	Meets Standard	Central Control maintains employee Personal Data Cards. A (b)(7)(e)		
11. Recall lists include the current home telephone number of each employee. Phone numbers are updated as needed.	Meets Standard	Employee recall lists are maintained in Central Control and phone numbers are updated as needed.		
12 (b)(7)e	Meets Standard	(b)(7)e		
13. Information about routine procedures, emergency situations, and unusual incidents will be continually recorded in permanent post logs and shift reports.	Meets Standard	Information about routine and emergency situations is recorded in the permanent Shift Commander's Log.		
14. The front-entrance officer checks the ID of everyone entering or exiting the facility.	Meets Standard	The facility entrance officer checks the identification of everyone entering or leaving the facility.		

PART 2 – 7. FACILITY SECURITY AND CONTROL (Key: G)			
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	Rating	Remarks (1000 Char Max)	
15. All visits officially recorded in a visitor logbook or electronically recorded.	Meets Standard		
16. The facility has a secure, color-coded visitor pass system.	Meets Standard		
17. Officers monitor all vehicular traffic entering and leaving the facility.	Meets Standard	All vehicular traffic entering or leaving the facility is monitored by the facility mobile patrol officer and the rear sally port gate officer. Additionally, Central Control staff monitors all vehicular traffic via video camera.	
 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 	Meets Standard	The log maintained by the rear sally port gate officer contains all of the information required by this component. The log was inspected and found to be current and properly completed.	
19. Officers thoroughly search each vehicle entering and leaving the facility.	Meets Standard	All vehicles entering and leaving the facility use a single sally port gate entrance. The officer assigned to the gate thoroughly searches each vehicle entering and leaving the facility.	
20. The facility has a written policy and procedures to prevent the introduction of contraband into the facility or any of its components.	Meets Standard		
21. The front entrance has a sally-port type entrance, with interlocking electronic doors or grilles.	Meets Standard		
22. The facility's perimeter will ensure that detainees remain within and that public access is denied without proper authorization.	Meets Standard	The design of the facility perimeter fence ensures that detainees are kept in, and public access without proper authorization is denied.	
23. Written procedures govern searches of detainee housing units and personal areas.	Meets Standard		
24. Housing area searches occur at irregular times.	Meets Standard	Searches of detainee housing units occur at irregular times.	

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 Rating Remarks (1000 Char Max) 25. Security officer posts located in or immediately adjacent to The security officers assigned to detainee living areas to permit officers to see or hear and supervise the detainee living respond promptly to emergency situations. Personal units are located adjacent to the contact and interaction between staff and detainees is Meets Standard living units. Facility policy and required and facilitated. practice encourage interaction and contact between detainees and staff. There is a set of post orders for 26. There are post orders for every security officer post. Meets Standard every security officer post. Policy and staff practice control 27. Detainee movement from one area to another area is controlled by staff. Meets Standard the movement of detainees within the facility. 28. Living areas are constructed to facilitate continuous staff observation of cell or room fronts, dayrooms, and Meets Standard recreation space. 29. Every search of the SMU and other housing units is Multiple housing unit logs and documented. the special management unit Meets Standard (SMU) log were reviewed and found to contain documentation of searches. 30. The SMU entrance has a sallyport. The SMU used for ICE detainees Meets Standard has a sally port type entrance. 31. All tools entering SMU will be inspected and inventoried by Meets Standard the SMU officer prior to entering the housing unit. 32. The facility has a comprehensive security inspection policy. The facility has a comprehensive The policy specifies: security inspection policy. This Posts to be inspected policy specifies the posts to be **Required inspection forms** inspected, the forms to be used, Meets Standard the frequency of the inspections Frequency of inspections and guidelines and procedures Guidelines for checking security features • for reporting weak spots and Procedures for reporting weak spots, in-consistencies, • areas needing improvement. and other areas needing improvement 33. Every officer is required to conduct a security check of Policy requires every officer to his/her assigned area. The results are documented. conduct a security inspection of Meets Standard his/her assigned area and to document the inspection in the appropriate log. Meets Standard 34. Documentation of security inspections is kept on file.

PART 2 – 7. FACILITY SECURITY AND CONTROL (Key: G)		
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	Rating	Remarks (1000 Char Max)
35. Procedures ensure that recurring problems and a failure to take corrective action are reported to the appropriate manager.	Meets Standard	All recurring problems are reported to the Warden. The Chief of Security is charged with correcting the problems and reporting the results to the Warden.
36. Tools being taken into the secure area of the facility are inspected and inventoried before entering and prior to departure.	Meets Standard	All tools brought into the facility are inspected by either the front entrance officer or the rear sally port officer. The officer logs the inspections.
37. Storage and supply rooms; walls, light and plumbing fixtures, accesses, and drains, etc. undergo frequent, irregular searches. These searches are documented.	Meets Standard	
 Walls, fences, and exits, including exterior windows, are inspected for defects once each shift. 	Meets Standard	All exterior portions of the facility, including wall, fences, exits and windows, are inspected (b)(7)e
 39. Daily procedures include: Perimeter alarm system tests. Physical checks of the perimeter fence. Documenting the results. 	Meets Standard	The perimeter alarm systems are checked (b)(7)e A physical check of the perimeter fence is conducted (b)(7)e (b)(7)e The results of these checks are recorded on a facility inspection log/form.
40. Visitation areas receive frequent, irregular inspections.	Meets Standard	
41. An officer is assigned responsibility for ensuring the security inspection process covers all areas of the facility.	Meets Standard	The Chief of Security is responsible for the overall security inspection process.
42. The Maintenance Supervisor and Chief of Security or equivalent make monthly fence checks.	Meets Standard	Policy requires the Chief of Security and Maintenance Supervisor to conduct monthly fence checks. Review of the logs showed the inspections are occurring and are documented.

PART 2 – 7. FACILITY SECURITY AND CONTROL – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The ratings for this standard were determined following review of the policies and logs and staff interviews. Review of procedures and post orders, along with staff interviews and review of facility logs, confirmed that the facility has an inspection process and other necessary controls in place to control the introduction of contraband and to ensure facility safety, prevent escapes and maintain the facility in a sanitary condition for staff and detainees. All tools taken into and out of the facility are inventoried and logged by the front entrance officer or the rear gate officer. Staff interviewed throughout the facility were familiar with their responsibility to conduct security inspections and document these inspections. Security

PART 2 – 7. FACILITY SECURITY AND CONTROL – Reviewer Summary				
(Use following format for dates: mm/dd/yyyy)				
inspections were found to be logged in security logs throughout the facility				
Overall Rating: Meets Standard				
Reviewer Name (Printed (b)(6), (b)(7)(c)	Completion Date: 12/6/2012			
Reviewer Signature (for printed form submission):				

	PART 2 - 8. FUNDS AND PERSONAL PROPERTY (Key: H)			
	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.			
Sta	andard N/A			
	k the button above (IGSA ONLY) if all ICE detainee Funds, V ice or Sub-Office in control of the detainee case. (All Line I			
	Components	Rating	Remarks (1000 Char Max)	
1.	Detainee funds and valuables are properly separated and stored. Detainee funds and valuables are accessible to designated supervisor(s) only.	Meets Standard	Policy indicates funds and valuables are separated, inventoried and stored in a safe accessible to designated supervisors.	
2.	Detainees' large valuables are secured in a location accessible to designated supervisor(s) or processing staff only.	Meets Standard	A detainee's large valuables are inventoried and stored in a location accessible to designated supervisors only	
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.	Meets Standard		
4. (b)(7)(epfficers are present during the processing of detainee funds and valuables during admissions processing to the facility (b)(7)(epfficers verify funds and valuables.	Meets Standard	In clear view of the detained b)(7)(e booking officers process and verify detainee funds and valuables during the admissions process.	
5.	<u>For IGSAs and CDFs</u> , Is the facility using a personal property inventory form that meets the ICE standard?	Meets Standard		
6.	Staff give the detainee the original inventory form, filing copies in the detainee's detention file and the personal property container.	Meets Standard	The original receipt for detainee funds and valuables is given to the detainee.	
7.	Staff forward an arriving detainee's medicine to the medical staff.	Meets Standard	If a detainee is in possession of medication when he arrives at the facility, the medication is confiscated and forwarded to medical personnel for processing.	
8.	Staff search arriving detainees and their personal property for contraband.	Meets Standard		
9.	Property discrepancies are immediately reported to the Chief of Security or equivalent.	Meets Standard	Any discrepancies in a detainee's property are immediately reported to the Chief of Security.	
10.	Staff follow written procedures when returning property to detainees.	Meets Standard		
11.	CDF/IGSA facility procedures for handling detainee property claims are similar to the ICE standard.	Meets Standard		

PART 2 - 8. FUNDS AND PERSONAL PROPERTY (Key: H) 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 N/A Click the button above (IGSA ONLY) 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. (All Line Items and standard will be rated "N/A") Remarks (1000 Char Max) Components Rating 12. The facility attempts to notify an out-processed detainee that he/she left property in the facility. • By sending written notice to the detainee's last known address; via certified mail; Meets Standard The notice states that the detainee has 30 days in which to claim the property, after which it will be considered abandoned. 13. Staff obtain a forwarding address from each detainee. When the detainee will provide a Meets Standard forwarding address, it is obtained. It is standard procedure fo(b)(7)(epfficers to be present b)(7)(e)ntake officers and the 14. when removing/documenting the removal of funds from a detainee sign the receipt Meets Standard detainee's possession. documenting the detainee's funds. 15. Staff issue and maintain property receipts (G-589s) in Property receipts are issued and Meets Standard numerical order. maintained in numerical order. 16. Staff complete and distribute the G-589 in accordance Staff completes a Personal with the ICE standard. Property Receipt and distributes the receipt in compliance with the ICE standard. The facility is Meets Standard operated by the GEO Group, Inc. The Personal Property Receipt is a GEO form that meets the ICE standard. The number of each Personal 17. The processing officer records each G-589 issuance in a G-589 logbook. The record includes the initials and star Meets Standard Property Receipt is logged on the numbers of receipting officers. property logbook. The I-77 and the Personal 18. Staff tag large valuables with both a G-589 and an I-77. Meets Standard Property Receipt are attached to the large valuables container. 19. The supervisor verifies the accuracy of every G-589. Supervisors verify the accuracy of every Personal Property Receipt. Meets Standard Documentation of the verification process was reviewed during the inspection.

	PART 2 - 8. FUNDS AND PERSONAL PROPERTY (Key: H)			
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 N/A				
	Click the button above (IGSA ONLY) 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. (All Line Items and standard will be rated "N/A")			
	Components	Rating	Remarks (1000 Char Max)	
the cash b • Every prop • All sealed	unds are, without exception, deposited into	Meets Standard	Facility staff deposits all detainee funds in a cash box in sealed envelopes. All sealed envelopes are placed in a safe. Large parcels of property are maintained in the property room. Access to the property room is limited.	
-	ry baggage/facility container with an I-77, accordance with the ICE standard.	Meets Standard	An I-77 form is attached to all detainee property. The form is completed in compliance with the ICE standard.	
	very container used to store property with a numbered strap.	Meets Standard	Numbered tamper-proof straps secure every container used to store detainee property.	
number, bag	cords detainee name, A- number/detainee- gage-check/ I-77 number, security tie-strap perty description, date issued and date	Meets Standard	The information required in this component is recorded on a logbook. The logbook was examined during the inspection.	
accompanied	upervisory Immigration Enforcement Agent, by a detention staff member conducts a ve weekly audit.	N/A	This facility is an IGSA. A comprehensive weekly audit of detainee funds and property is conducted by the facility's Compliance Administrator and the Contract Officer's Representative. Documentation of those inspections was reviewed during the inspection.	
of baggage a	dministrator has established quarterly audits nd non-valuable property as facility policy, cur each quarter and audits are verified and e log.	Meets Standard	Quarterly audits of property are conducted by the Property Officer. Documentation of the quarterly audits was reviewed during the inspection.	
26. The facility preleased or tr	positively identifies every detainee being ansferred.	Meets Standard	Each detainee is positively identified by facility staff prior to release or transfer.	

PART 2 - 8. FUNDS AND PERSONAL PROPERTY (Key: H)

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 N/A

Click the button above (IGSA ONLY) 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. (All Line Items and standard will be rated "N/A")

	Components	Rating	Remarks (1000 Char Max)
27.	Staff routinely inform supervisors of lost/damaged property claims. Claims are properly investigated and missing or damaged property claim reports are filed.	Meets Standard	All property is reconciled against the personal property receipt in the presence of the detainee. Any discrepancies are immediately reported to the officer in charge.
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.	Meets Standard	Lost or damaged property is reported on the I-387 form. The facility administrator receives a copy and a copy is placed in the detainee's detention file.

PART 2 - 8. FUNDS AND PERSONAL PROPERTY – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The rating for this standard was based upon a review of policies, inspection of logbooks, inspection of the valuable item storage locker, an interview with the property room officer and an inspection of the baggage and non-valuable storage room. Detainee intake, where the process of inventorying and receipting a detainee's property and valuables is conducted, was also observed. Access to all detainee property storage areas is limited to specific personnel. Audits of valuables and non-valuables are conducted and logged as required. The processes for inventorying and protecting detainee property protect the facility from the introduction contraband and other items into the housing units.

Overal	l Rating:	Meets	Sta <u>ndard</u>

Reviewer Name (Printed) (b)(6), (b)(7)(c)

Reviewer Signature (for printed form submission):

Completion Date: 12/6/2012

	PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES (Key: I)		
	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	Rating	Remarks (1000 Char Max)
1.	The hold room is situated in a location within the secure perimeter.	Meets Standard	The hold rooms are located inside the secure perimeter.
2.	The hold rooms are clean, in good repair, well ventilated, well lit, and all activating switches located outside the room.	Meets Standard	Inspection of the hold rooms showed they were clean, in good repair, well vented and well lit. All activating switches were located outside the rooms.
3.	The hold rooms contain sufficient seating for the number of detainees held.	Meets Standard	The hold rooms contained sufficient seating for the number of detainees held.
4.	No bunks/cots/beds or other related make shift sleeping apparatuses are permitted inside hold rooms.	Meets Standard	Policy does not allow any bunks, cots, beds or other sleeping material to be used inside the hold rooms.
5.	Hold room walls and ceilings are escape and tamper resistant.	Meets Standard	Inspection of the hold rooms showed the walls and ceilings were escape proof and tamper resistant.
6.	Detainees are not held in hold rooms for more than 12 hours.	Meets Standard	
7.	Male and females detainees are segregated from each other at all times.	Meets Standard	The facility does not house female ICE detainees. The facility does, however, house non-ICE female detainees. Policy specifies that male and female detainees will be segregated at all times.
8.	Detainees are provided with basic personal hygiene items such as water, soap, toilet paper, cups for water, feminine hygiene items, diapers and wipes.	Meets Standard	
9.	If the hold room is not equipped with toilet facilities, an officer is posted within visual or audible range to allow detainees access to such on a regular basis.	Meets Standard	All of the hold rooms included toilet facilities.
10.	All detainees are given a pat down search for weapons or contraband before being placed in the hold room.	Meets Standard	
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. 	Meets Standard	Policy and practice require that each hold room is cleaned and inspected for tampering once detainees are removed and before other detainees are placed into the rooms.

PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES (Key: I)			
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	Rating	Remarks (1000 Char Max)	
 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. 	Meets Standard	The facility has a written evacuation plan. The Intake Supervisor is responsible for removing all detainees from the intake area in case of an evacuation or other emergency.	
13. An appropriate emergency service is called immediately upon a determination that a medical emergency exists.	Meets Standard		
 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. 	Meets Standard	The facility has one single occupancy hold room which has the required square footage. The remaining hold rooms are all multiple occupancy, and all have the required square footage.	
 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. 	Meets Standard	The hold rooms all contain stainless steel combination lavatory/toilet fixtures (combi- units) and modesty panels. The rooms are compliant with the Americans with Disabilities Act. All of the large hold rooms contain two combi-units.	
16. <u>In SPCs designed after 1998</u> the hold rooms have floor drain(s).	Meets Standard	All of the hold rooms have floor drains.	
17. In SPCs designed after 1998, the door to the hold room swings outward and the door complies with the specifications outlined in the standard.	Meets Standard	All of the doors to the hold rooms swing outward. The doors comply with the specifications 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.	Meets Standard	Detainees over the age of 70 are not placed in hold rooms. The facility does not house female or juvenile ICE detainees.	
19. Minors (under 18) are confined apart from adults, except for immediate relatives or guardians.	N/A	This facility does not house juvenile detainees.	
 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. 	Meets Standard	This facility maintains a log of each detainee placed in a hold room. The log includes the required information specified in the standard.	

PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES (Key: 1)				
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	Rating	Remarks (1000 Char Max)		
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. 	Meets Standard			
 Meal are served to juveniles regardless of time in custody 				
22. Any detainee with disabilities, including temporary disabilities, will be housed in a manner that provides for his or her safety and security.	Meets Standard	Any detainee with a disability, including any temporary disability, is evaluated by medical staff and housed appropriately.		
23. The maximum occupancy for the hold room will be posted.	Meets Standard	The capacities for all hold rooms are posted.		
24. Before placing a detainee in a room, an officer shall observe each individual to screen for obvious mental or physical problems.	Meets Standard			
25. Staff does not permit detainees to smoke in a hold room.	Meets Standard	This is a non-smoking facility.		
26. Officers closely supervise hold rooms through direct supervision, to ensure:				
 Continuous auditory monitoring, even when the hold room is not in the officer's direct line of sight, and 		Intake officers closely supervise the hold rooms by visually monitoring the rooms every 15 minutes, by maintaining		
 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." 	Meets Standard	continuous auditory monitoring and by the constant surveillance of any detainee exhibiting signs of hostility or depression.		
 Constant surveillance of any detainee exhibiting signs of hostility, depression, or similar behaviors. 		· · ·		

PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The ratings for this standard were determined by review of facility policy, inspection of the intake area and staff interviews. Overall review of facility policy and practice and staff interviews showed the facility is using the hold rooms in the intake area for temporary detention of detainees being processed into/out of the facility and being transferred. Detainees being processed into the facility are not held in excess of 12 hours. The intake hold rooms were observed to be clean and well maintained. The automated tracking log used by staff in the intake area contains all of the required information mandated by the standard.

Overall Rating: Meets Standard Reviewer Name (Printed) (b)(6), (b)(7)(c)

Completion Date: 12/6/2012

	PART 2 – 10. KEY AND	LOCK CONTROL (Key: J)	
	Detention Standard maintains facility safety and security ntained.	by requiring that keys a	nd locks be properly controlled and
	Components	Rating	Remarks (1000 Char Max)
1.	The security officer[s], or equivalent, has attended an approved locksmith training program.	Meets Standard	The Key Control Officer has attended an approved locksmith training program.
2.	The security officer, or equivalent, has responsibility for all administrative duties and responsibilities relating to keys, locks etc.	Meets Standard	The Key Control Officer is responsible for all administrative duties relating to keys and locks.
3.	The security officer, or equivalent, provides training to all employees in key and lock control.	Meets Standard	
4.	The security officer, or equivalent, maintains inventories of all keys, locks and locking devices.	Meets Standard	The Key Control Officer maintains inventories of all keys and locks.
5.	The security officer follows a preventive maintenance program and maintains all preventive maintenance documentation.	Meets Standard	The Key Control Officer follows a quarterly preventive maintenance program and maintains all maintenance records.
6.	Facility policies and procedures address the issue of compromised keys and locks.	Meets Standard	
7.	The security officer, or equivalent, develops policy and procedures to ensure safe combinations integrity.	Meets Standard	The facility safe combinations are changed annually or sooner if circumstances dictate.
8.	Only dead bolt or dead lock functions are used in detainee accessible areas.	Meets Standard	
9.	Non-authorized locks (as specified in the Detention Standard) are not used in detainee accessible areas.	Meets Standard	
10.	The facility does not use grand master keying systems.	Meets Standard	Policy prohibits the use of a grand master keying system.
11.	All worn or discarded keys and locks cut up and properly disposed of.	Meets Standard	
12.	Padlocks and/or chains are not used on cell doors.	Meets Standard	
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. 	Meets Standard	Door locks conform to the bulleted requirements.

	PART 2 – 10. KEY AND LOCK CONTROL (Key: J)				
	This Detention Standard maintains facility safety and security by requiring that keys and locks be properly controlled and maintained.				
	Components	Rating	Remarks (1000 Char Max)		
14.	The operational keyboard sufficient to accommodate all the facility key rings including keys in use is located in a secure area.	Meets Standard	The facility uses the Key Watcher System for the storage and dispensing of keys. The system is located in a secure portion of the facility and is sufficient to accommodate all of the facility key rings, including keys in use in a secure area.		
15.	 Procedures in place to ensure that key rings are: Identifiable Numbers of keys on the ring are cited? Keys cannot be removed from issued key rings 	Meets Standard	All of the facility key rings are identifiable, containing a chit noting the key ring number and the number of keys on the ring. Keys cannot be removed from the individual key rings.		
16.	Emergency keys are available for all areas of the facility.	Meets Standard	Emergency keys are available for all areas of the facility and are stored in Central Control.		
17.	The facility uses a key accountability system.	Meets Standard			
18.	Authorization is necessary to issue any restricted key.	Meets Standard			
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. 	Meets Standard	Individual gun lockers are located (b)(7)(e) are under constant staff observation. None of the locations are accessible to detainees. (b)(7)(e) (b)(7)(e)		
20.	The facility has a key accountability policy and procedures to ensure key accountability. The keys are physically counted daily.	Meets Standard	The facility has a key accountability system. The individual keys on each key ring are physically counted each day by the evening assistant shift commander.		

PART 2 - 10. KEY AND LOCK CONTROL (Key: J)

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

	Components	Rating	Remarks (1000 Char Max)	
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. 	Meets Standard	All facility staff are trained and held responsible for proper key control procedures. Facility policy and practice require that keys inadvertently taken home by staff be immediately returned, that lost key rings or keys be reported immediately to the shift commander and that detainees are not permitted to handle keys assigned to staff.	
22.	Locks and locking devices are continually inspected, maintained, and inventoried.	Meets Standard		
23.	Each facility has the position of Security Officer. If not, a staff member appointed the collateral duties of security officer.	Meets Standard	The Key Control Officer is the Security Officer.	
24.	The designated key control officer is the only employee who is authorized to add or remove a key from a ring.	Meets Standard	The Key Control Officer is the only employee who can add or remove keys from key rings.	
25.	The splitting of key rings into separate rings is not authorized.	Meets Standard	Policy prohibits the splitting of key rings.	

PART 2 – 10. KEY AND LOCK CONTROL – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The rating for this standard was determined by review of facility policy, physical inspection of the Key Watcher system and individual key rings and staff interviews. The facility uses the Key Watcher system for the storage and dispensing of keys. Review of facility procedures and actual practice, staff interviews and visual observation of key control areas confirmed that policies for the use, accountability and maintenance of keys and locks are being practiced by facility staff. All individual keys are accounted for each day. Individual key rings are accounted for each shift. The facility has a dedicated officer for all key control functions.

Overall Rating: Meets Standard Reviewer Name (Printed (b)(6), (b)

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

Completion Date: 12/6/2012

	PART 2 – 11. POPULATION COUNTS (Key: K)		
	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.		
tha	Components	Rating	Remarks (1000 Char Max)
1.	Staff conduct a formal count at least once each 8 hours (no less than three counts per day). At least one of these counts shall be a face to photo count.	Meets Standard	Counts take place at 12:30, 2:00, 3:30 and 6:30 a.m. and 1:00, 3:00, 8:30 and 11:00 p.m. The 6:30 a.m. and 8:30 p.m. counts are face-to-photo counts.
2.	Activities cease or are strictly controlled while a formal count is being conducted.	Meets Standard	No detainee activities are allowed during the count process.
3.	There is a system for counting each detainee, including those who are outside the housing unit.	Meets Standard	The count policy and practice accounts for all detainees at the facility, including those outside the housing units.
4.	Formal counts in all units take place simultaneously.	Meets Standard	All formal counts take place at the same time.
5.	Officers do not allow detainee participation in the count.	Meets Standard	Detainee participation in the count process is not allowed.
6.	A face-to-photo count follows each unsuccessful recount.	Meets Standard	Policy requires a face-to-photo count following each unsuccessful count.
7.	Officers positively identify each detainee before counting him/her as present.	Meets Standard	Officers are trained to positively identify each detainee before counting him present.
8.	Written procedures cover informal and emergency counts.	Meets Standard	
9.	The control officer (or other designated position) maintains an "out-count" record of all detainees temporarily out of the facility.	Meets Standard	The Count Room maintains the official "out-count" record of all detainees temporarily out of the facility.
10	. Security officers and any other staff with responsibilities for conducting counts are provided adequate initial and periodic training in count procedures, and that training is documented in each person's training folder.	Meets Standard	

PART 2 – 11. POPULATION COUNTS – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The rating for this standard was determined by review of facility policy, staff interviews and observation of the count process. The 1:00 p.m. count was observed and found to be conducted in compliance with facility policy. All movement ceases during count. Staff is well versed in the count requirements. Facility procedures have been incorporated into actual practice. The overall count process accounts for all detainees throughout each 24 hour period.

Overall Rating: Meets Standard Reviewer Name (Printed) (b)(6), (b)(7)(c)

Completion Date: 12/6/2012

PART 2 – 11. POPULATION COUNTS – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

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

	PART 2 – 12. POST ORDERS (Key: L)		
	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	Rating	Remarks (1000 Char Max)
1.	Every fixed post has a set of Post Orders.	Meets Standard	The facility has post orders for every post.
2.	In SPCs and CDFs, Post Orders are arranged in the required six-part folder format.	Meets Standard	The post order books are arranged in the six-part folder format.
3.	Each set contains the latest inserts (emergency memoranda, etc.) and revisions.	Meets Standard	
4.	One individual or department is responsible for keeping all Post Orders current with revisions that take place between reviews.	Meets Standard	The Compliance Coordinator is responsible for keeping all post orders current with revisions.
5.	Review, updating, and reissuing of Post Orders occurs regularly and at least annually.	Meets Standard	The Warden reviews all post orders for updates quarterly.
6.	The facility administrator authorizes all Post Order changes.	Meets Standard	
7.	The facility administrator has signed and dated the last page of every section.	Meets Standard	The Warden signs and dates the last page of all post orders.
8.	A Post Orders master file is available to all staff.	Meets Standard	A post order master file is available to all staff in the shift commander's office.
9.	Procedures keep Post Orders and logbooks secure from detainees at all times.	Meets Standard	
10.	Copies of the applicable Post Orders are retained at the post only if secure from detainee access.	Meets Standard	
11.	Supervisors ensure that officers understand the Post Orders, regardless of whether the assignment is temporary, permanent, or due to an emergency.	Meets Standard	Supervisors sign an acknowledgement sheet in each post order signifying the officers understand their individual post orders.
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.	Meets Standard	Each time an officer receives a new post assignment, he/she 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.	Meets Standard	Officers assigned to armed posts must qualify with the weapons assigned to that post prior to assuming the position.

PART 2 – 12. POST ORDERS (Key: L)				
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	Rating	Remarks (1000 Char Max)		
14. Post Orders for armed posts, and for posts that control access to the institution perimeter, clearly state that:	-			
• (b)(7)e	Meets Standard	(b)(7)e		
15. Post Orders for armed posts provide instructions for escape attempts.	Meets Standard			
16. The Post Orders for housing units track the daily event schedule.	Meets Standard	The facility housing unit post orders track the daily event schedule.		
17. Housing unit post officers record all detainee activity in a log. The Post Orders include instructions on maintaining the logbook.	Meets Standard	Housing unit officers record the daily activities of detainees in the unit logs. Post orders include instructions on maintaining the log.		

PART 2 – 12. POST ORDERS – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The rating for this standard was determined following review of policies and post orders and staff interviews. Facility post orders were reviewed at multiple locations throughout the facility and were found to be current, to be signed by the facility administrator and to contain the required updates. The housing unit post orders contained the daily event schedule. The post order binders were all located in secure locations and detainee access was not allowed. Every fixed post at the facility has a set of post orders which include required information. The post orders were found to be comprehensive and to give appropriate direction to staff.

Overall Rating: Meets Standard

Reviewer Name (Printed (b)(6), (b)(7)(c)

Completion Date: 12/6/2012

	PART 2 – 13. SEARCHES OF DETAINEES (Key: M)			
	This Detention Standard protects detainees and staff and enhances facility security and good order by detecting, controlling, and properly disposing of contraband.			
	Components	Rating	Remarks (1000 Char Max)	
1.	There are written policy and procedures governing searches of housing areas, work areas and of detainees.	Meets Standard		
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.	Meets Standard	Written policy and procedures require staff to conduct body searches in the least intrusive manner practicable, as determined by the type of contraband suspected and how it is being introduced into the facility.	
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.	Meets Standard		
4.	Written policy and procedures require staff to leave a searched housing area, work area and detainee property in its original order, to the extent practicable.	Meets Standard	Written policy requires staff to leave a searched area in its original order when possible.	
5.	Detainees are pat searched and screened by metal detectors routinely to control contraband.	Meets Standard		
6.	Strip Searches are conducted only when there is reasonable belief or suspicion that contraband may be concealed on the person, or a good opportunity for concealment has occurred, and when properly authorized by a supervisor.	Meets Standard	Policy states that ICE detainees will not be strip searched unless there is suspicion that the detainee may be concealing a weapon or other contraband. A supervisor must authorize any strip search.	
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.	Meets Standard	Manual or instrument inspections of body cavities are conducted only when there is reason to believe that a detainee is attempting to conceal contraband and when authorized by the Warden or designee. All body cavity searches will be conducted by designated health care personnel.	
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	Meets Standard		

PART 2 - 13. SEARCHES OF DETAINEES (Key: M)

	This Detention Standard protects detainees and staff and enhances facility security and good order by detecting, controlling, and properly disposing of contraband.			
	Components	Rating	Remarks (1000 Char Max)	
9.	Contraband that may be evidence in connection with a violation of a criminal statute is preserved, inventoried, controlled, and stored so as to maintain and document the chain of custody.	Meets Standard	Policy states that all items of serious contraband, such as drugs and weapons, be controlled and that chain of custody be maintained until the contraband is officially released to law enforcement authorities or placed into the evidence locker by the Chief of Security.	
10	 Canines are not used in the presence of detainees 	Meets Standard	When canine units are used, all detainees are removed from the area prior to the search.	

PART 2 – 13. SEARCHES OF DETAINEES – Reviewer Summary (Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The facility protects staff and detainees and enhances facility security by searching for, controlling and properly disposing of any contraband found. The facility has a written policy for the search of housing areas, work areas and detainees. Pat searches are routinely conducted. Strip searches of detainees are not standard practice and are only conducted when there is reasonable suspicion that contraband may be present on the detainee. To evaluate this standard, staff was interviewed; policy was reviewed, shakedowns were observed and shakedown documents were reviewed.

Overall Rating: Meets Standard

Reviewer Name (Printed)

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

Completion Date: 12/6/2012

	PART 2 – 14. SEXUAL ABUSE AND ASSAUL	T PREVENTION AND I	NTERVENTION (Key: N)
ass	is Detention Standard requires that facilities that house ICE saults on detainees, provide prompt and effective interventi ntrol, discipline, and prosecute the perpetrators of sexual ab	ion and treatment for vict	
	Components	Rating	Remarks (1000 Char Max)
1.	The facility has a Sexual Abuse and Assault Prevention and Intervention Program.	Meets Standard	The facility has policies and procedures for a Sexual Abuse and Assault Prevention and Intervention program. All staff are provided training regarding the policy and procedures during pre-service training and again during annual refresher training. Quarterly updates are also provided. Detainees receive information regarding the program during the classification process and in the ICE National Detainee Handbook and the facility handbook.
2.	For SPCs and CDFs, the written policy and procedure has been approved by the Field Office Director.	N/A	The written policy for sexual abuse and assault prevention and intervention in this IGSA facility has been signed by the Warden.
3.	Tracking statistics and reports are readily available for review by the inspectors.	Meets Standard	The Prison Rape Elimination Act (PREA) Coordinator maintains tracking statistics on all allegations of sexual abuse or assault. The report was available for the inspector.
4.	All staff are trained, during orientation and in annual refresher training, in the prevention and intervention areas required by the Detention Standard.	Meets Standard	All staff are provided training regarding the sexual abuse and assault prevention and intervention policies and procedures during pre-service training and again during annual refresher training. Quarterly updates are also provided.
5.	Detainees are informed about the program in facility orientation and the detainee handbook (or equivalent).	Meets Standard	
6.	The Sexual Assault Awareness Notice is posted on all housing unit bulletin boards.	Meets Standard	
7.	The Sexual Assault Awareness Information brochure is available for detainees. (Required in SPCs and CDFs.)	Meets Standard	The Sexual Assault Awareness Information brochure is available to detainees.

PART 2 – 14. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (Key: N)

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	Rating	Remarks (1000 Char Max)
8.	Detainees are screened upon arrival for "high risk" sexual assaultive and sexual victimization potential and housed and counseled accordingly.	Meets Standard	Medical staff screens all arriving detainees for high risk sexual assaultive and sexual victimization potential.
9.	All incidents of sexual abuse or assault by a detainee on a detainee have been documented in the past year.	Meets Standard	There have been no allegations of sexual abuse or assault since the previous inspection. The last allegation of abuse or assault occurred in September 2011.
10.	All incidents or allegations of sexual abuse or assault by staff on a detainee have been documented in the past year.	Meets Standard	There have been no allegations of sexual abuse or assault by staff on detainees since the previous inspection.
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.	Meets Standard	
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.	Meets Standard	All alleged sexual assaults are reported to the local sheriff for a complete investigation and possible prosecution.
13.	When there is an alleged or proven sexual assault, the required notifications are promptly made.	Meets Standard	There have been no allegations of sexual abuse or assault since the previous inspection. However, policy requires staff to report all alleged or proven sexual abuse or assault cases to the facility's corporate headquarters (The GEO Group, Inc.), to the local sheriff and to ICE personnel. Staff interviews confirmed they are aware of the procedures.
14.	Victims of sexual abuse or assault are referred to specialized community resources for treatment and gathering of evidence.	Meets Standard	Per the Health Services Administrator, victims of sexual abuse or assault are referred to Herman Memorial Hospital for evaluation, treatment and forensic evidence gathering.
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.	Meets Standard	Records of sexual abuse or assault are maintained by the PREA Coordinator. The incidents are tracked on a computerized spreadsheet.

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

PART 2 – 14. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The facility has a comprehensive Sexual Abuse and Assault Prevention and Intervention Program. All staff receive related training during pre-service training and annual refresher training. Quarterly updates are also provided. All arriving detainees are screened for "high risk" sexual assaultive and sexual victimization potential by classification and medical staffs as part of the in-processing procedures. Detainees receive information regarding the program through the orientation video and in the national and local detainee handbooks. Procedures are in place to provide prompt and effective intervention and treatment for victims and control, discipline and prosecution of perpetrators. There have been no allegations of sexual abuse or assault in the facility since the prior inspection. The standard's rating was based on direct observation, a review of policies and staff interviews.

Overall Rating: Meets Standard Reviewer Name (Printed (b)(6), (b)(7)(c)

Completion Date: 12/6/12

	Components	Rating	Remarks (1000 Char Max)
1.	Written policy and procedures are in place for special management units.	Meets Standard	The facility has comprehensive written policies which regulate the operation of the Special Management Units (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.	Meets Standard	
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.	Meets Standard	
4.	(MANDATORY) Health care personnel are immediately informed when a detainee is admitted to an SMU to provide assessment and review as indicated by health care protocols.	Meets Standard	Policies require that medical personnel are immediately notified when a detainee is placed into an SMU. During the inspection, there were no ICE detainees in the SMU. Review of several files of ICE detainees previously placed in the SMU revealed that each contained Pre-Segregation Medical History and Physical forms dated on the day the detainee was placed in SMU.
5.	There are written policy and procedures to control and secure SMU entrances, contraband, tools, and food carts, in accordance with the Detention Standard on Facility Security and Control.	Meets Standard	
6.	The number of detainees confined to each cell or room does not exceed the capacity for which it was designed.	Meets Standard	All SMU cells are single occupancy only.
7.	Cells and rooms are well ventilated, adequately lit, appropriately heated and maintained in a sanitary condition at all times.	Meets Standard	Tours of the SMU showed the cells to be well ventilated, sanitary, well lit and appropriately heated
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.	Meets Standard	

Components	Rating	Remarks (1000 Char Max)
 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. 	Meets Standard	Officers assigned to the SMU in this IGSA facility maintain a unit log recording all of the data specified in this component.
 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. 	N/A	This facility is an IGSA. The facility does not maintain a separate log for recording visits by all persons who visit the SMU. Any visitors to the SMU are recorded by the SMU staff in the unit log; however, visitors are not required to sign a separate log.
 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. 	Meets Standard	The SMU staff maintains a Special Management Housing Unit record on each detainee in the SMU. The unit officers record daily whether the detainee ate, showered exercised, or took any medication. Unit staff also records any additional information pertinent to the detainee. Medical staff and security staff both initial the housing record of each detainee to note the detainee was visited by medical staff.
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.	Meets Standard	Upon a detainee's release from the SMU, the entire housing unit record and the Segregation Order are forwarded for inclusion in the detainee's detention file.

	Components	Rating	Remarks (1000 Char Max)
13.	There are written policy and procedures concerning the property detainees may retain in each type of segregation.	Meets Standard	Policy specifies the personal property detainees may retain in each type of segregation.
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.)	Meets Standard	
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).	Meets Standard	The segregation unit which houses ICE detainees has a dayroom inside the unit which allows detainees on administrative segregation status to spend additional time outside their cells for the purpose of socializing, watching TV and playing board games.
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).	Meets Standard	The facility uses the Pipe System to electronically record the personal observation tours made by SMU officers to observe each detainee in the SMU. If required, detainees are observed more frequently.
17.	The shift supervisor sees each segregated detainee daily, including weekends and holidays.	Meets Standard	
18.	The facility administrator (or designee) visits each SMU daily.	Meets Standard	
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).	Meets Standard	A health care provider and a mental health care worker visit and have face to face conversations with each detainee in the SMU each day of the week. Each detainee is questioned to identify any medical or psychiatric problems. Medical staff maintains a separate log of these visits in addition to recording the visits on the SMU daily log. Medications are dispensed as required.

	Components	Rating	Remarks (1000 Char Max)
20.	Detainees in SMUs are provided three nutritionally adequate meals per day, ordinarily from the general population menu.	Meets Standard	
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.	Meets Standard	Detainees in the SMU are allowed to shave and shower three times per week and receive other basic services such as laundry, hair care, barbering and clothing/linen exchange on the same basis as general population detainees.
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.	Meets Standard	
23.	Detainees in an SMU may write and receive letters the same as the general population.	Meets Standard	
24.	Detainees in an SMU ordinarily retain visiting privileges.	Meets Standard	
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.	Meets Standard	
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.	Meets Standard	There were no ICE detainees in the SMU during the inspection. Facility staff could not recall a recent occasion where an SMU detainee's visiting privileges were curtailed or not allowed. Any visiting restriction would be documented and approved by the facility administrator.
27.	Under no circumstances is a detainee permitted to participate in general visitation while in restraints.	Meets Standard	Policy does not allow detainees to participate in general visiting while in restraints.

	Components	Rating	Remarks (1000 Char Max)
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.	Meets Standard	All visiting is non-contact. Additionally, detainees in the SMU use separate visiting booths which accommodate a single detainee. Per policy, detainees who are in protective custody status or who are violent and/or disruptive may not be allowed to use the visiting room during normal visiting hours.
29.	In SPCs and CDFs, violent and disruptive detainees are limited to non-contact visits and, in extreme cases, not permitted to visit.	Meets Standard	All visiting for detainees at this facility is non-contact. Six individual visiting booths are set aside for SMU detainees to use for visits. Facility policy does allow for visiting privileges to be suspended for violent and disruptive detainees; however, staff could not recall ever having to suspend the visiting privileges of an ICE detainee.
30.	Ordinarily, detainees in SMUs are not denied legal visitation.	Meets Standard	
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.	Meets Standard	The SMU policy contains procedures for implementing special security precautions for legal visits and for advising legal service providers and assistants prior to their visits.
32.	Detainees in SMUs are allowed visits by members of the clergy, upon request; unless it is determined a visit presents a risk to safety, security, or orderly operations.	Meets Standard	
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.	Meets Standard	

	Components	Rating	Remarks (1000 Char Max)
	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.	Meets Standard	
	Detainee requests for access to legal material in their personal property are accommodated as soon as possible and always within 24 hours of a detainee's request.		
	Detainees in Administrative Segregation or Disciplinary Segregation have the same law library access as the general population, unless compelling and documented security concerns require limitations.	Meets Standard	
	Policy and procedures provide for legal material to be brought to individuals in Disciplinary Segregation under certain circumstances.	Meets Standard	Detainees can be escorted to the law library or the librarian may bring a mobile cart and computer containing the LexisNexis program to the SMU for the detainee to use.
37.	Fully documented in the SMU housing logbook.	Meets Standard	Any denial of law library access is supported by security concerns, is for the shortest time period, is fully documented in the SMU logbook and is reported to the facility Warden and to ICE.
	Recreation for detainees in the SMU is separate from the general population.	Meets Standard	The SMU has multiple separate recreation yards adjacent to the unit which allows SMU detainees to recreate separate from general population detainees.
	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.)	Meets Standard	Policies specify that detainees who must be kept apart do not participate in activities in the same location at the same time.
	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.	Meets Standard	Detainees in the SMU are offered a minimum of one hour of recreation seven days a week. The recreation yards are not covered; weather-appropriate clothing and equipment are provided.

	Components	Rating	Remarks (1000 Char Max)
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.	Meets Standard	
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.	Meets Standard	The case of a detainee denied recreation privileges is reviewed each day by the Chief of Security, who documents the results of the review.
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.	Meets Standard	
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.	Meets Standard	

	Components	Rating	Remarks (1000 Char Max)
	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.)	Meets Standard	Written orders are prepared for all detainees placed in administrative segregation prior to placement. If unable to comply, the order is prepared as soon as possible and a copy is given to the detainee within 24 hours. The order specifies whether the detainee requested the placement and whether the detainee requests a hearing. The order remains on file in the SMU until placed in the detainee's detention file upon his release. During the inspection, there were no ICE detainees in the SMU. Each of the files of ICE detainees previously been placed in the SMU contained a completed written segregation order.
46.	There are implemented written procedures for the regular review of all detainees in Administrative Segregation. A supervisor conducts a review within 72 hours of the detainee's placement in Administrative Segregation to determine whether segregation is still warranted. The review includes an interview with the detainee, and a written record is made of the decision and the justification. In SPCs and CDFs, the Administrative Segregation Review Form (I-885) is used. If a detainee is segregated for the detainee's protection, but not at the detainee's request, continued detention requires the authorizing signature of the facility administrator or assistant facility administrator on the I- 885. When a detainee has spent seven days in Administrative Segregation, and every week thereafter for the first 60 days and at least every 30 days thereafter, a supervisor conducts a similar review, including an interview with the detainee, and documents the decision and justification. A reviewing authority who concludes a detainee should be removed from Administrative Segregation, submits that recommendation to the facility administrator (or designee) for approval.	Meets Standard	Policy requires the Chief of Security to conduct a review of a detainee's placement within 72 hours of that placement in administrative segregation. The review requires an in-person interview with the detainee. A written record is made of the decision and justification. If placement is not at the detainee's request, the Chief of Security must authorize the placement. A committee composed of the Classification Supervisor, facility investigator and segregation counselor reviews the cases of all detainees in the SMU each seven days for the first 60 days and at least each 30 days thereafter. If a reviewer determines a detainee should be released, the facility administrator must approve.

	Components	Rating	Remarks (1000 Char Max)
47.	A copy of the decision and justification for each review is given to the detainee, unless, in exceptional circumstances, this provision would jeopardize security. The detainee is given an opportunity to appeal a review decision to a higher authority within the facility.	Meets Standard	All detainees are provided a copy of the decision and justification for each review. The detainee may appeal the review decision.
48.	After seven consecutive days in Administrative Segregation, the detainee may exercise the right to appeal to the facility administrator the conclusions and recommendations of any review conducted. The detainee may use any standard form of written communication (for example, detainee request form), to file the appeal.	Meets Standard	All detainees in administrative segregation may appeal their placement to the facility administrator using any standard form of written communication.
49.	If a detainee has been in Administrative Segregation for more than 30 days and objects to this status, the facility administrator reviews the case to determine whether that status should continue, taking into account the views of the detainee. A written record is made of the decision and the justification. A similar review is done every 30 days thereafter.	Meets Standard	
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.	Meets Standard	
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.	Meets Standard	
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.	Meets Standard	All detainees are placed in disciplinary segregation by order of the Institution Disciplinary Panel after a hearing in which the detainee was found guilty of a prohibited act. The maximum sanction for a single incident is 60 days. The facility administrator must approve the placement.
53.	After the first 30 days in Disciplinary Segregation, the facility administrator sends a written justification to the Field Office Director, who may decide to transfer the detainee to a facility where he or she could be placed in the general population.	Meets Standard	

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	Rating	Remarks (1000 Char Max)
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.	Meets Standard	
	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.		
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.	Meets Standard	
	The reviewer may recommend the detainee's early release upon finding that Disciplinary Segregation is no longer necessary to regulate the detainee's behavior. Early release and return to the general population requires approval of the facility administrator.		
	All review documents are placed in the detainee's detention file.		

PART 2 – 15. SPECIAL MANAGEMENT UNITS – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The rating for this standard was determined following review of facility policy, staff interviews and multiple tours of the Special Management Unit. The unit and cells were clean and well maintained, were adequately furnished and housed only one detainee per cell. SMU logs were found to contain the required information and were current. All detainees housed in segregated housing receive a copy of the documentation placing them in segregation status. A special committee conducts reviews at set periods of time, and detainees receive copies of these reviews and justifications. There were no ICE detainees in either administrative or disciplinary segregation status during the inspection. The files of the two detainees previously held in the SMU were reviewed and found to contain all of the necessary placement orders, pre-housing health care assessments and completed paperwork from the Institution Disciplinary Committee. Detainees in the SMU are visited each day by medical and mental health staff and are interviewed face to face to ascertain their health status. The SMU operates in such a manner

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

PART 2 – 15. SPECIAL MANAGEMENT UNITS – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

that detainee and staff safety is ensured and due process requirements are being followed. The SMU also provides a safe housing environment for detainees who cannot live in the general population.

Overall Rating: Meets Standard Reviewer Name (Printed (b)(6), (b)(7)(c)

Completion Date: 12/6/2012

PART 2 - 16. STAFF-DETAINEE COMMUNICATION (Key: P)

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	Rating	Remarks (1000 Char Max)
 The ICE/DRO Field Office Director ensures that wannounced and unannounced visits occur. 	weekly Meets Standard	Supervisory Detention and Deportation Officers and Immigration Enforcement Agents conduct unannounced weekly visits. Deportation Officers conduct announced weekly visits.
 Detention Staff and Deportation Staff conduct sche weekly visits with detainees. 	eduled Meets Standard	Deportation Officers conduct weekly visits with ICE detainees.
 Scheduled visits are posted in ICE/DRO detainee he areas. 	ousing Meets Standard	
 Visiting ICE staff observe and note current climat conditions of confinement. 	te and Meets Standard	Visiting staff document their visits on the Facility Liaison Visit Checklist.
5. ICE/DRO Detainee Request Forms are available for ICE/DRO detainees.	use by Meets Standard	
6. The facility treats detainee correspondence to ICI staff as Special Correspondence.	E/DRO Meets Standard	
 A secure box is located in an accessible location detainee's to place their Detainee Request Forms. 	on for Meets Standard	A secure box is located in the hallway outside each detainee housing unit for the placement of Detainee Request Forms.
8. Only ICE staff are able to retrieve the contents secure box containing Detainee Request Forms,	of the Meets Standard	Only ICE staff has access to the secure Detainee Request Form box.
9. ICE/DRO staff respond to a detainee request from a within 72 hours and document the response in a lo		ICE detainee request forms are picked up daily. Responses are usually provided within 24 hours.
10. ICE/DRO detainees are notified in writing upon adm to the facility of their right to correspond with ICI staff regarding their case or conditions of confinem	E/DRO	ICE detainees are issued the National Detainee Handbook, which includes information on their right to correspond with ICE regarding their case or conditions of confinement.
 OIG Hotline Informational Posters are mounted appropriate common areas (recreation, dining, etc.) a SPCs and CDFs, in all housing areas. 		Office of Inspector General (OIG) Hotline Informational Posters are located throughout the facility.
12. Daily telephone serviceability checks are document the housing unit logbook.	nted in Meets Standard	

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

PART 2 – 16. STAFF-DETAINEE COMMUNICATION – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

ICE staff conducts announced and unannounced visits to the facility. The facility has 21 detention staff and two supervisory staff assigned full-time. Deportation Officers conduct scheduled visits Monday through Friday. All visits are documented. Detainee issues are addressed by ICE staff within 24 hours. Those ICE detainees interviewed voiced no complaints. To evaluate this standard, ICE staff and detainees were interviewed, logs were reviewed, posters observed and the housing units were checked.

Overall Rating: Meets Standard Reviewer Name (Printed

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

Completion Date: 12/6/2012

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

	PART 2 – 17. TOOL CONTROL (Key: Q)			
	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	Rating	Remarks (1000 Char Max)	
1.	(MANDATORY) There is an individual who is responsible for developing a tool control procedure and an inspection system to insure accountability.	Meets Standard	The Chief of Security is responsible for developing the tool control policy and an inspection system to ensure accountability.	
2.	If the warehouse is located outside the secure perimeter, the warehouse receives all tool deliveries. If the warehouse is located inside the secure perimeter the facility administrator shall develop site-specific procedures, for example; storing tools at the rear sallyport until picked up and receipted by the tool control officer. The tool control officer immediately places certain tools (band saw blades, files and all restricted tools) in secure storage.	N/A	The warehouse is located outside the secure perimeter. All tools delivered to the facility are received at the outside warehouse.	
3.	(MANDATORY) The use of tools, keys, medical equipment, and culinary equipment is controlled.	Meets Standard	Policy and practice ensure that all tools, keys, medical equipment and culinary equipment are controlled.	
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.	Meets Standard	Medical equipment does not lend itself to use of a chit system. The medical staff use inventories and sign-in/sign-out logs to control medical and dental equipment. The food service department uses a chit system and shadow board to control and store tools. Storage of all other tools is outside the secure perimeter and was not inspected.	

	PART 2 – 17. TOO	L CONTROL (Key: Q)		
	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.			
ope	Components	Rating	Remarks (1000 Char Max)	
5.	 Tool inventories are required for: Facility Maintenance Department Medical Department Food Service Department Electronics Shop Recreation Department Armory 	Meets Standard	Policy requires that all of the departments listed in this component maintain inventories. The maintenance department, electronics shop and armory are located outside the secure perimeter and were not inspected. Inventories for the food service and medical departments were reviewed and were found to be current and accurate. The recreation department does not have tools. Tools brought into the facility by maintenance staff must be accompanied by an inventory. Several tool bags being brought in by maintenance staff were checked, and each contained an accurate tool inventory list.	
6.	Tool Inventories are conspicuously posted on all tool boards, tool boxes and tool kits.	Meets Standard	All tool inventories are posted or maintained where tools are stored.	
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. 	Meets Standard	Policy requires the regular inventory of all tools and sets the minimum time frames for their physical inventory. The facility etches all tools.	
8.	 The facility has a tool classification system. Tools are classified according to: Restricted (dangerous/hazardous) Non Restricted (non-hazardous). 	Meets Standard	The facility has a tool classification system. Tools are classified as Class A (restricted) or Class B (non-restricted).	
9.	Department heads are responsible for implementing proper tool control procedures as described in the standard.	Meets Standard	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.	Meets Standard	Policy requires that all tools be marked. Tools stored in the kitchen were all etched, as were all tools being brought into the facility by maintenance staff.	

	PART 2 – 17. TOO	L CONTROL (Key: Q)		
	This Detention Standard protects detainees, staff, contractors, and volunteers from harm and contributes to orderly facility			
ope	operations by maintaining control of tools, culinary utensils, and medical and dental instruments, equipment, and supplies Components Rating Remarks (1000 Char Max)			
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. 	Meets Standard	The facility has an approved tool storage system which fully addresses each of the bulleted items in this standard. Review of tool storage in food service showed that tools were stored on shadow boards with a white background. Restricted tools	
	 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. 		were outlined in red and non- restricted tools were outlined in black. Tools were all stored in such a way that missing tools are readily noticed.	
12.	Tools removed from service have their shadows removed from shadow boards.	Meets Standard	Any tool removed from service has its shadow removed from the shadow board.	
13.	Tools not adaptable to a shadow board are stored in a locked drawer or cabinet.	Meets Standard	Tools not adaptable to a shadow board are stored in a locked drawer or cabinet.	
14.	Sterile packs are stored under lock and key.	Meets Standard	Sterile packs are stored under lock and key.	
15.	Each facility has procedures for the issuance of tools to staff and detainees.	Meets Standard		
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. 	Meets Standard	Policies for lost tools fully address each of the bulleted items in this component.	
17.	Broken or worn out tools are surveyed and disposed of in an appropriate and secure manner.	Meets Standard		
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.	Meets Standard		
19.	Hoses longer than three feet in length are classified as a restricted tool.	Meets Standard	Policy requires that hoses longer than three feet in length are classified as restricted tools.	
20.	Scissors used for in-processing detainees are tethered to the furniture (e.g. table, counter, etc.) where they are used.	Meets Standard	Scissors and other tools used in the intake area are all tethered to counter tops.	

PART 2-17. TOOL CONTROL – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The facility has a dedicated tool control officer. Review of tool control practice, inventories and accountability throughout the facility found that facility procedures are being followed by staff. All staff interviewed were familiar with tool control requirements and the need to inventory all tools. Multiple tool carts used by maintenance staff inside the facility were inspected and found to have properly marked tools and up-to-date inventories. Tools used in the food service and medical departments were accurately inventoried and were stored in a secure manner.

Overall Rating: Meets Standard Reviewer Name (Printed (b)(6)

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

Completion Date: 12/6/2012

PART 2 – 18. USE OF FORCE AND RESTRAINTS (Key: R) 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.			
1.	(MANDATORY) The facility has a Use of Force Policy.	Meets Standard	The facility has a written use of force policy.
2.	Written policy authorizes staff to respond in an immediate-use-of-force situation without a supervisor's presence or direction.	Meets Standard	Policy allows staff to respond to immediate use-of-force situations without a supervisor's presence or direction.
3.	When the detainee is in an area that is or can be isolated (e.g., a locked cell, a range), posing no direct threat to the detainee or others, policy requires that staff must try to resolve the situation without resorting to force.	Meets Standard	
4.	Written policy asserts that calculated rather than immediate use of force is feasible in most cases.	Meets Standard	
5 . ●	The facility subscribes to the prescribed Confrontation Avoidance Procedures. Ranking detention official, health professional, and others confer before every calculated use of force.	Meets Standard	
6.	 When a detainee must be forcibly moved and/or restrained and there is time for a calculated use of force, staff use the Use-of-Force Team Technique. Under staff supervision. 	Meets Standard	
7.	Staff members are trained in the performance of the Use- of-Force Team Technique.	Meets Standard	All security officers receive pre- service and annual in-service training in the use-of-force team technique.
8.	All use-of-force incidents are documented and reviewed.	Meets Standard	Policy requires that all use-of- force incidents be documented and reviewed.
9.	All use of force incidents are properly documented and forwarded for review use of force documentation at a minimum, shall include the medical examination through the conclusion of the incident. All calculated uses of force incidents must be audio visually recorded in its entirety from the beginning of the incident to its conclusion. Any breaks in recording, e.g., dead batteries, tape exhausted, are fully explained on the video.	Meets Standard	

PART 2 – 18. USE OF FORCE AND RESTRAINTS (Key: R)			
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	Rating	Remarks (1000 Char Max)	
 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. 	Meets Standard	Policy fully addresses each of the bulleted items listed in this component.	
11. Medication may only be used for restraint purposes when authorized by the Medical Authority as medically necessary.	Meets Standard	If medication is used for restraint purposes, authorization by the appropriate medical staff member is required. Such medication is used only if medically necessary.	
12. (MANDATORY) Use-of-Force Teams follow written procedures that attempt to prevent injury and exposure to communicable disease(s).	Meets Standard	Policy requires that use-of-force teams be equipped with the proper protective equipment to guard against exposure to communicable diseases.	
 Standard procedures associated with using four/five point restraints include: Soft (nylon/leather) restraints. Dressing the detainee appropriately for the temperature. A bed, mattress, and blanket/sheet. Checking the detainee at least every 15 minutes. Logging each check. Repositioning detainee often enough to prevent soreness or stiffness. Medical evaluation of the restrained detainee twice per eight-hour shift. When qualified medical staff are not immediately available, staff position the detainee "face-up." 	Meets Standard	(b)(7)e (b)(7)e The facility use-of- force policy fully addresses each of the bulleted items in this component.	
14. The shift supervisor monitors the detainee's position/condition every two hours.He/she allows the detainee to use the restroom at these times under safeguards.	Meets Standard	Policy requires that the shift supervisor monitor the detainee's position and condition every two hours and allow the detainee to use the restroom if necessary.	
15. All detainee checks are logged.	Meets Standard		

PART 2 – 18. USE OF FORCE AND RESTRAINTS (Key: R) 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.			
16. In immediate-use-of-force situations, officers contact medical staff once the detainee is under control.	Meets Standard	Policy requires that medical staff be contacted immediately after an immediate use-of-force situation is under control.	
 17. When the Facility Administrator authorizes use of non-lethal weapons: Medical staff are consulted before staff use pepper 			
 Medical staff reviews the detainee's medical file 	Meets Standard		
before use of a non-lethal weapon is authorized.			
 Intermediate Force Weapons, when not in use are stored in areas where access is limited to authorized personnel and to which detainees have no access. 	Meets Standard	(b)(7)e	
19. If Intermediate Force Weapons are stored in the Special Management Unit (SMU), they are stored and maintained the same as Class R tools.	N/A		
 20. Special precautions are taken when restraining pregnant detainees. Medical personnel are consulted 	Meets Standard	The facility does not house female ICE detainees. Because the facility does house female non-ICE detainees, however, policy does require that special precautions be taken when restraining pregnant detainees and that medical staff be consulted.	
21. Protective gear is worn when restraining detainees with open cuts or wounds.	Meets Standard		
22. Staff document every use of force, including what type of restraints was used during the incident.	Meets Standard	Policy requires that staff fully document every use-of-force and include the type of restraints used.	
23. It is standard practice to review any use of force and the non-routine application of restraints.	Meets Standard		
24. All officers receive training in self-defense, confrontation- avoidance techniques and the use of force to control detainees.	Meets Standard		
 Specialized training is given to officers ensuring they are certified in all devices approved for use. 			

PART 2 – 18. USE OF FORCE AND RESTRAINTS (Key: R)

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	Rating	Remarks (1000 Char Max)
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.	Meets Standard	(b)(7)e
26.	The use of canines is restricted to contraband detection purposes only.	Meets Standard	If canines are used inside the facility, their use is restricted to contraband detection.
27.	The officers are thoroughly trained in the use of soft and hard restraints.	Meets Standard	
28.	In SPCs, the Use of Force form is used. In other facilities (IGSAs / CDFs) this form or its equivalent is used.	Meets Standard	This IGSA facility uses Incident Report forms to record all uses of force.

PART 2 – 18. USE OF FORCE AND RESTRAINTS – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The rating for this standard was determined by review of facility policy, staff interviews and review of incident reports. Policy reviews and staff interviews showed that force is used only after all other reasonable means to resolve the situation have failed. Policy and training asserts that only the minimum force needed to control the situation will be used. All uses of force are documented and reviewed. (b)(7)e

(b)(7)e

In the past 12 months, the facility has had only one incident where force was used on an ICE detainee. The incident occurred on November 6, 2012 and involved a 22 year old Hispanic detainee. Officers were searching the detainee's living area when the detainee became agitated, kicked one officer and head-butted another. Officers used physical force to place the detainee against the wall and then to a prone position on the floor where the detainee was placed in wrist restraints. The detainee suffered no injuries. One officer suffered abrasions to his forehead.

Overall Rating: Meets Standard Reviewer Name (Printed) (b)(6), (b)(7)(c)

Completion Date: 12/6/2012

Section III ORDER

Disciplinary System

Page **71** of **163** FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE) G-324A (Coded 10132010) Detention Review Worksheet - Rev: 6/19/2012 – Form Key 3

	PART 3 – 19. DISCIPL	INARY SYSTEM (Key: S)		
	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	Rating	Remarks (1000 Char Max)	
1.	The facility has a written disciplinary system using progressive levels of reviews and appeals.	Meets Standard	The facility has a written disciplinary policy which uses progressive levels of reviews and appeals.	
2.	The facility rules state that disciplinary action shall not be capricious or retaliatory.	Meets Standard		
3.	Written rules prohibit staff from imposing or permitting the following sanctions:corporal punishment			
	deviations from normal food serviceclothing deprivation	Moote Standard	Policy does not allow imposing	
	bedding deprivationdenial of personal hygiene items	Meets Standard	any of the sanctions noted in this component.	
	 loss of correspondence privileges 			
	deprivation of legal access and legal materials			
	deprivation of physical exercise			
4.	The rules of conduct, sanctions, and procedures for violations are defined in writing and communicated to all detainees verbally and in writing.	Meets Standard		
5.	 The following items are conspicuously posted in Spanish and English or other dominate languages used in the facility: Rights and Responsibilities Prohibited Acts Disciplinary Severity Scale Sanctions 	Meets Standard	In each housing unit, the rights and responsibilities, prohibited acts, severity scale and sanctions are posted. The same information is also contained in the facility handbook, which each detainee receives. The items are written in English and Spanish.	
6.	When minor rule violations or prohibited acts occur, informal resolutions are encouraged.	Meets Standard	Procedures encourage the informal resolution of minor rule violations.	
7.	Incident Reports and Notice of Charges are promptly forwarded to the designated supervisor.	Meets Standard	Incident Reports and Notices of Charges are forwarded promptly to the shift commander following an incident.	

PART 3 – 19. DISCIPLINARY SYSTEM (Key: S) 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	Rating	Remarks (1000 Char Max)		
8. Incident Reports are investigated within 24 hours of the incident. The Unit Disciplinary Committee (UDC) or equivalent does not convene before investigations end.	Meets Standard	Policy requires that Incident Reports are investigated within 24 hours. The disciplinary committees do not convene prior to completion of the investigation.		
9. An intermediate disciplinary process is used to adjudicate minor infractions.	Meets Standard			
 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 	Meets Standard	The facility uses a Unit Disciplinary Committee to adjudicate minor infractions and an Institution Disciplinary Committee to adjudicate major infractions. These committees perform all of the functions noted in this component during the disciplinary hearing process.		
11. A staff representative is available if requested for a detainee facing a disciplinary hearing	Meets Standard			
 The facility permits hearing postponements or continuances when conditions warrant such a continuance. Reasons are documented. 	Meets Standard	The facility allows hearing postponements and requires any postponement to be documented.		
13. The duration of punishment set by the Facility Administrator, as recommended by the disciplinary panel does not exceed established sanctions. The maximum time in disciplinary segregation does not exceed 60 days for a single offense.	Meets Standard	The duration of punishment cannot exceed the established sanctions. The maximum time in disciplinary segregation for a single offense is 60 days.		
14. Written procedures govern the handling of confidential- source information. Procedures include criteria for recognizing "substantial evidence".	Meets Standard			
15. All forms relevant to the incident, investigation, committee/panel reports, etc., are completed and distributed as required.	Meets Standard	At the completion of the disciplinary process, a Disciplinary Proceedings Record is completed and submitted to the Warden for review. Other forms are also completed and distributed as required.		

PART 3 – 19. DISCIPLINARY SYSTEM – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

PART 3 – 19. DISCIPLINARY SYSTEM – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The rating for this standard was determined following review of facility policy, staff interviews and review of numerous Rule Violation Reports issued to ICE detainees. These completed forms reflected that facility procedures and policy regarding disciplinary hearings were being followed. Facility staff is managing the disciplinary process in a manner which affords detainees their due process rights.

Overall Rating: Meets Standard Reviewer Name (Printed) (b)(6), (b)(7)(c)

Completion Date: 12/6/2012

Section IV CARE

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

	PART 4 – 20. FOO	D SERVICE (Key: T)		
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	Rating	Remarks (1000 Char Max)	
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.	Meets Standard	The Food Service Administrator (FSA) is licensed by the Montgomery County Environmental Health Services Department and is trained in the ServSafe program.	
2.	The Cook Foreman is on duty on days when the FSA is off duty and vice versa.	Meets Standard		
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	Meets Standard	All food service employees receive the same orientation training as new correctional officers. This training addresses detainee-related issues.	
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	Meets Standard	The facility does not use knives in the food service operation. Dough cutters are used for this purpose. All kitchen utensils are maintained in a locked cabinet and are signed in and out. A chit system is also used to account for kitchen utensils. The key to the kitchen utensil storage cabinet is maintained by the FSA or the Food Service Production Manager.	
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	Meets Standard	The facility does not use knives in the food service operation. Dough cutters and other potentially dangerous kitchen utensils are tethered to a work table when in use. Staff monitors the condition of all kitchen utensils daily.	
6.	Special procedures (when necessary) govern the handling of food items that pose a security threat.	Meets Standard		
7.	Operating procedures include daily searches (shakedowns) of detainee work areas.	Meets Standard		
8.	The FSA monitors staff implementation of the facility population count procedures. These procedures are in writing. Staff are trained in count procedures.	Meets Standard		

	PART 4 – 20. FOC	DD SERVICE (Key: T)			
	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	Rating	Remarks (1000 Char Max)		
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.	Meets Standard	ICE detainees working in the food service program are medically cleared prior to assuming their work assignment. The workers are also examined by correctional officers when they report to work to ensure they meet health and cleanliness standards. Detainees working in the food service program were observed to be neat and clean and wearing appropriate clean clothing.		
10.	The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date.	Meets Standard			
11.	The Cook Foreman or equivalent instructs newly assigned detainee workers in the rules and procedures of the food service department.	Meets Standard	The Safety Officer instructs the newly assigned detainee workers in the rules and safety procedures of the food service program.		
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. 	Meets Standard	The training provided by the Safety Officer addresses the required elements of this component.		
13.	The Cook Foreman documents all training in individual detainee detention files.	Meets Standard	Documentation of the training provided to detainees is maintained in the Safety 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.	Meets Standard	Detainees working in the food service program at this facility are paid three dollars a day.		
15.	Detainees are served at least two hot meals every day. No more than 14 hours elapse between the last meal served and the first meal of the following day.	Meets Standard			
16.	For cafeteria-style operations, a transparent "sneeze guard" protects both the serving line and salad bar line.	N/A	The facility does not use a cafeteria style serving line. Detainees are served meals in their housing units.		
17.	The facility has a standard 35-day menu cycle. IGSAs use a 35 day or similar system for rotating meals.	Meets Standard	The facility uses a 42-day menu cycle for rotating meals.		

PART 4 – 20. FOOD SERVICE (Key: T)

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. Rating Components Remarks (1000 Char Max) 18. (MANDATORY) A registered dietitian shall conduct a complete nutritional analysis that meets U.S. Recommended Daily Allowances (RDA), at least annually, A registered dietitian conducts a of every master-cycle menu planned by the FSA. The complete nutritional analysis on dietitian must certify menus before they are incorporated each of the menus used in the Meets Standard into the food service program. If necessary, the FSA shall facility on an annual basis. The modify the menu in light of the nutritional analysis to menus are certified prior to being ensure nutritional adequacy. The menu will need to be used. revised and re-certified by the registered dietician in that event. 19. The FSA has established procedures to ensure that items on the master-cycle menu are prepared and presented Meets Standard according to approved recipes. 20. The Cook Foreman has the authority to change menu Menu items may be changed by items if necessary. the FSA if necessary. Any Meets Standard changes are documented and If yes, documenting each substitution, along with its justified, with the documentation justification, with copy to the FSA forwarded to the Warden. 21. All staff and volunteers know and adhere to written "food Meets Standard preparation" procedures. 22. A Common Fare menu available to detainees, at no charge, A common fare menu is available whose dietary requirements cannot be met on the main. to detainees whose dietary requirements cannot be met by Changes to the planned Common Fare menu can be the main menu. The common made at the facility level. fare menu may be changed at Hot entrees are offered three times a week. the facility level if necessary. Hot The Common Fare menus satisfy nutritional entrees are provided at each recommended daily allowances (RDAs). meal. All menus used at the facility have been certified by a Staff routinely provide hot water for instant beverages and foods. registered dietitian as meeting Meets Standard the recommended daily • Common Fare meals are served with: allowances. Hot water is Disposable plates and utensils. 0 available to detainees on each Reusable plates and utensils. 0 housing unit. Kosher meals are pre-packaged and served with Staff use separate cutting boards, knives, spoons, • disposable plates and utensils. scoops, etc., to prepare the Common Fare diet items. Since pre-packaged kosher meals are served as needed, the facility does not maintain separate cutting boards and utensils. 23. Detainees whose religious beliefs require the adherence to particular religious dietary laws are referred to the Meets Standard Chaplain or FSA. 24. A supervisor at the command level must approve a Meets Standard detainee's removal from the Common Fare Program.

PART 4 – 20. FOOD SERVICE (Key: T)			
This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in sanitary and hygienic food service operation.			
Components	Rating	Remarks (1000 Char Max)	
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.	Meets Standard	A schedule of ceremonial meals is provided to the FSA.	
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.		The common fare program	
• Jews who observe Passover but do not participate in the Common Fare Program receive the same Kosherfor- Passover meals as those who do participate.	Meets Standard	addresses the requirements listed in this component.	
• Main-line offerings include one meatless meal (lunch or dinner) on Ash Wednesday and Fridays during Lent.			
27. The food service program addresses medical diets.	Meets Standard		
28. Satellite-feeding programs follow guidelines for proper sanitation.	Meets Standard		
29. Hot and cold foods are maintained at the prescribed, "safe" temperature(s) as served. See Detention Standard on Food Service for guidance.	Meets Standard	Temperature logs reviewed during the inspection confirmed that hot and cold foods are maintained at safe temperatures.	
30. All meals provided in nutritionally adequate portions.	Meets Standard		
31. Food is not used to punish or reward detainees based upon behavior.	Meets Standard		
 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. 	Meets Standard	Detainee workers in the food service program were observed to be clean and neat and were dressed in clean clothing. Detainees are instructed daily in the techniques for preparing, storing and serving food and complete these functions under the supervision of food service personnel. Detainees also receive instruction in the sanitary operation, care and maintenance of food service equipment.	
33. Everyone working in the food service department complies with food safety and sanitation requirements.	Meets Standard		

PART 4 – 20. FOOD SERVICE (Key:

	s Detention Standard ensures that detainees are provided a itary and hygienic food service operation.	nutritionally balanced die	t that is prepared and presented in a
3011	Components	Rating	Remarks (1000 Char Max)
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.	Meets Standard	Policy addresses the required weekly inspections of the food service program by administrative, medical and dietary personnel. Documentation of the weekly inspections was reviewed.
35.	Reports of discrepancies are forwarded to the Facility Administrator or designated department head and corrective action is scheduled and completed.	Meets Standard	
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.	Meets Standard	Review of documentation of temperature checks of all dishwashing machines confirmed that temperature checks are conducted after each meal.
37.	(MANDATORY) Staff document the results of every refrigerator/ freezer temperature check, in accordance with the Detention Standard on Food Service.	Meets Standard	Review of documentation confirmed that temperatures of all refrigerators and freezers are checked and documented.
38.	The cleaning schedule for each food service area is conspicuously posted.	Meets Standard	
39.	Procedures include inspecting all incoming food shipments for damage, contamination, and pest infestation.	Meets Standard	
40.	Storage areas are locked when not in use.	Meets Standard	
41.	Food service personnel conduct shakedowns along with detention staff.	Meets Standard	
42.	In SPCs only: The ICE supervisor on duty ensures that ICE officers participate in dining room supervision.	N/A	This IGSA facility does not utilize a central dining area.
43.	Menus are certified by a registered dietitian prior to being incorporated into the Food Service Program.	Meets Standard	A complete nutritional analysis of each menu used in the facility is conducted annually by a registered dietitian. The menus are certified prior to being used in the facility.
44.	In SPCs only: the FSA prepares quarterly cost estimates for the Common Fare Program. This quarterly estimate is factored into the quarterly budget.	Meets Standard	A quarterly cost estimate for the Common Fare Program is prepared and factored into the quarterly budget of this IGSA facility.
45.	When required, only food service staff prepare the sack lunches for detainee transportation.	Meets Standard	The FSA reported that only food service personnel prepare sack lunches for detainee transportation.

PART 4 – 20. FOO	D SERVICE (Key: T)		
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	Rating	Remarks (1000 Char Max)	
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.	Meets Standard		
47. Staff comply with the ICE requirements for "food receipt and storage.	Meets Standard		
48. Stock inventory levels are monitored and adjusted to correct overage and shortage problems.	Meets Standard		
 Staff comply with all ICE Housekeeping, Storeroom/Refrigerator requirements. Identify and explain any shortcomings. 	Meets Standard		
50. Dining room facilities and operating procedures will provide sufficient space and time for detainees to eat meals in a relatively relaxed, unregimented atmosphere.	Meets Standard	The facility does not utilize a central dining area. Detainees eat their meals in the dayrooms of their housing areas and are provided sufficient space and time.	
51. (MANDATORY) An independent, external source shall conduct annual inspections to ensure that the food service		The Montgomery County Environmental Health Services	

Cor	conduct annual inspections to ensure that the food service facilities and equipment meet governmental health and safety codes. rrective action is taken on deficiencies, if any.	Meets Standard	Environmental Health Services Department inspects the food service operation in the facility annually. Any deficiencies noted during these inspections 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.	Meets Standard	The Warden receives a copy of the annual inspection report.
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.	Meets Standard	
54.	(MANDATORY) The FSA is responsible for pest control in the food service department, including contracting the services of an outside exterminator.	Meets Standard	Pest control services are provided by a professional, licensed pest control provider.

PART 4 – 20. FOOD SERVICE – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The rating for this standard was based on observation of the food service process, including meal preparation, serving and clean-up and on an interview with the FSA. The area is maintained in a sanitary and hygienic manner. Documentation of daily cleaning, meal temperature checks, refrigerator/freezer temperatures checks and dishwasher temperature checks was reviewed. Meals are served on a 42-day menu cycle. Medical and religious diets are provided as required. All menus have been certified by a registered dietitian. Detainee volunteer workers observed in the food service area appeared clean and were wearing appropriate hair netting.

PART 4 – 20. FOOD SERVICE – Reviewer Summary				
(Use following format for dates: mm/dd/yyyy)				
Overall Rating: Meets Standard				
Reviewer Name (Printed) (b)(6), (b)(7)(c)	Completion Date: 12/6/2012			
Reviewer Signature (for printed form submission):				

PART 4 – 21. HUNGER STRIKES (Key: U)				
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	Rating	Remarks (1000 Char Max)	
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.	Meets Standard	Policy states that a detainee is considered to be on a hunger strike when evidence shows they have no oral food or fluid intake for 72 hours.	
2.	Facility immediately reports via the chain of command a hunger strike to ICE/DRO.	Meets Standard	Policy requires staff to report ICE detainee hunger strikes to ICE personnel through the chain of command.	
3.	The facility has established procedures to ensure staff respond immediately to a hunger strike.	Meets Standard	Policy requires staff to immediately respond to a hunger strike. Per the Health Services Administrator (HSA), there have been no hunger strikes by ICE detainees since the previous inspection.	
4.	Policy and procedure require that staff isolate a hunger- striking detainee from other detainees.	Meets Standard	Policy requires that staff house hunger strikers in one of the medical observation cells within the health services unit. These cells allow for constant monitoring by video camera.	
5.	Medical personnel are authorized to place a detainee in the Special Management Unit or a locked hospital room.	Meets Standard	Medical personnel are permitted to house hunger strikers in the medical observation unit.	
6.	Medical staff record the weight and vital signs of a hunger- striking detainee at least once every 24 hours.	Meets Standard	Weights, vital signs and a dipstick urinalysis for ketones are obtained and recorded twice each day.	
7.	The facility medical authority obtains a hunger striker's consent before medical treatment.	Meets Standard	All detainees sign a consent for medical treatment form as part of their medical intake screening procedures. If invasive procedures are considered, an additional consent form will be obtained.	

PART 4 – 21. HUNGER STRIKES (Key: U)				
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	Rating	Remarks (1000 Char Max)		
 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. 	Meets Standard	Detainees are asked to sign a Refusal of Medical Treatment form when medical evaluation and treatment are declined. If the detainee refuses to sign the form, two staff members must sign as witnesses to the refusal. This practice was confirmed by a review of medical records.		
9. Unless otherwise directed by the medical authority, staff deliver three meals per day to the detainee's room, regardless of the detainee's response to a verbally offered meal and document those meal offers.	Meets Standard	Policy requires staff to deliver three meals a day to hunger striking detainees, irrespective of a verbal declination.		
10. Staff maintain the hunger striker's supply of drinking water/other beverages.	Does Not Meet Standard	Water and other beverages are offered as part of a hunger striker's meal. However, independent access to water is available in the medical observation cells where hunger striking detainees are housed. The standard states that staff will provide drinking water to the detainee, as opposed to the language of the component, which indicates that staff maintain the drinking water for the detainee. The facility adheres to the standard.		
11. During a hunger strike, staff remove all food items from the hunger striker's living area.	Meets Standard	All food and edible commissary items are removed from a hunger striker's cell.		
 Staff are directed to record the hunger striker's fluid intake and food consumption on the Hunger Strike Monitoring Form I-839 or equivalent. 	Meets Standard	Food and fluid intake is recorded on a Hunger Strike Monitoring Form provided by ICE.		
13. The medical staff have written procedures for treating hunger strikers.	Meets Standard	The facility is operated by The GEO Group, Inc. GEO Care hunger strike protocols are used when evaluating and treating hunger striking ICE detainees. Clinical management is individualized, based on the detainee's medical history and physical findings.		

PART 4 – 21. HUNGER STRIKES (Key: U)			
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	Rating	Remarks (1000 Char Max)	
14. Staff document all treatment attempts in the medical record, including attempts to persuade the hunger striker by counseling him or her of the medical risks.	Meets Standard	Policy requires staff to record all treatment attempts. There were no ICE detainee hunger strikes since the prior inspection and the practice could not be confirmed.	
15. All staff receive orientation and annual training on recognizing the signs of a hunger striker and on the procedures for referral for medical assessment. Medical staff receive training in hunger-strike evaluation and treatment and remain up-to-date on these techniques.	Meets Standard	A review of the training plan and a sampling of training records confirmed that all staff receive training on hunger strikes during pre-service training and annual refresher training. As confirmed per review of medical staff credential/training files, medical staff receive training in the medical management of hunger strikes as part of their medical orientation and again annually.	

PART 4 – 21. HUNGER STRIKES – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The facility and medical department have comprehensive hunger strike policies. All staff are trained in the recognition, referral, monitoring and management of hunger striking detainees during orientation and annual refresher training. Procedures are in place to protect the health and well-being of hunger strikers. The standard's rating was based on a review of policies, medical protocols and training records and on staff interviews. There were no ICE detainee hunger strikes since the prior inspection.

Overall Rating: Meets Standard

Reviewer Name (Printed) (b)(6), (b)(7)(c)

Completion Date: 12/6/2012

	PART 4 – 22. MEDICAL CARE (Key: V)			
	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	Rating	Remarks (1000 Char Max)	
1.	The facility operates a health care facility in compliance with state and local laws and guidelines.	Meets Standard	The health services unit has a current waived category Clinical Laboratory Improvement Amendment (CLIA) certificate and a Class E pharmacy permit.	
2.	The facility's in-processing procedures of arriving detainees include medical screening.	Meets Standard	In-processing procedures include a medical, mental health and dental screening.	
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.	Meets Standard	The staffing plan was reviewed and is approved annually by the Health Services Administrator (HSA).	
4.	(MANDATORY) Newly admitted detainees will be informed, orally and in writing (in a language they can understand), about how to access health services.	Meets Standard	Detainees are informed about how to access health services by means of a video shown during in-processing. The information is also provided in writing in the detainee handbooks. Both are available in English and Spanish. The AT&T Language Line, a telephonic interpretation service, is used as needed for communicating with detainees who speak only a language not spoken by staff.	
5.	Detainees will have access to and receive specified 24- hour emergency medical, dental, and mental health services.	Meets Standard	All staff are certified in cardiopulmonary resuscitation (CPR), first aid and use of an automated external defibrillator (AED). Nursing staff are onsite at all times. When not present in the facility, the physician, mental health counselor and dentist are on call for emergencies. Community resources are available and include a regional hospital and emergency transportation services.	

	PART 4 – 22. MEI	DICAL CARE (Key: V)	
	Detention Standard ensures that detainees have access to Ith education, so that their health care needs are met in a t		
	Components	Rating	Remarks (1000 Char Max)
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.	Meets Standard	A review of personnel files confirmed that direct care health care staff are required to have a tuberculosis (TB) test as a condition of employment, and the test is repeated annually. Direct care staff are also offered the hepatitis B vaccine series, if they are eligible.
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.	Meets Standard	The licenses and certifications of professional medical staff were verified as active and current through state licensing boards. Position descriptions were available for review for all licensed or certified staff.
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).	Meets Standard	A copy of the ICE National Detainee Handbook and the facility detainee handbook are given to each detainee upon arrival. The handbooks are available in English and Spanish and explain how to access health care.
9.	In SPCs and CDFs, medical personnel credentialing and verification complies with the standards established by the NCCHC and Joint Commission.	Meets Standard	Review of the credentialing file maintained by the HSA in this IGSA facility confirmed verification of licenses and training.
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. 	Meets Standard	The medical records of 20 ICE detainees were reviewed. All had evidence of completed medical, mental health and dental screening by health care staff within 12 hours of the detainee's arrival.
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.	Meets Standard	The facility uses the AT&T Language Line as a telephonic translation service when a staff interpreter is not available.
12.	The facility has sufficient space and equipment to afford each detainee privacy when receiving health care.	Meets Standard	As confirmed by observation, the health services unit has sufficient space and equipment to afford privacy during evaluations and treatment.

	PART 4 – 22. MED	DICAL CARE (Key: V)	
	Detention Standard ensures that detainees have access to Ith education, so that their health care needs are met in a ti		
	Components	Rating	Remarks (1000 Char Max)
13.	The medical facility has its own restricted-access area. The restricted access area is located within the confines of the secure perimeter.	Meets Standard	The health services unit is within the secure perimeter of the facility and has its own restricted access area.
14.	The medical facility entrance includes a holding/waiting room.	Meets Standard	The health services unit has a waiting area adjacent to the examination area.
15.	The medical facility's holding/waiting room under the direct supervision of custodial staff.	Meets Standard	The waiting area is under the direct observation of a detention officer.
16.	Detainees in the holding/waiting room have access to a toilet and a drinking fountain.	Meets Standard	A toilet and drinking water are available to the detainees in the waiting area.
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. 	Meets Standard	Medical records are maintained apart from other files. The medical records are kept in a locked room, with access restricted to authorized medical personnel and the ICE Contracting Officer's Representative (COR). Copies of medical information are not placed in other detainee files.
18.	(MANDATORY) A signed and dated consent form is obtained from a detainee before medical treatment is administered.	Meets Standard	The medical records of 20 ICE detainees were reviewed and all 20 had signed and dated consent forms completed during the intake process.
19.	Detainees use the I-813 (or IGSA equivalent) to authorize the release of confidential medical records to outside sources.	Meets Standard	Detainees sign a Release of Information form when medical records are released to outside sources. This was confirmed per a review of ICE detainee medical records.
20.	The facility health care provider is given advance notice prior to the release, transfer, or removal of a detainee.	Meets Standard	Per the HSA, the facility is given two to three days advance notice prior to a detainee's release or transfer.
21.	A detainee's medical records will be transferred as appropriate. All detainees will be transferred with a copy of their transfer summary.	Meets Standard	A Medical Summary of a Federal Inmate/Alien In-Transit form is completed for all transferring ICE detainees. The summary lists all current diagnosis and medications.

	PART 4 – 22. MEDICAL CARE (Key: V)			
	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	Rating	Remarks (1000 Char Max)	
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."	Meets Standard	Medical records, and medications when applicable, transferred with ICE detainees are placed in a sealed envelope and labeled with the detainee's name and A-number. The envelope is marked "Medical Confidential".	
23.	Medical screening includes a Tuberculosis (TB) test.	Meets Standard	Almost all ICE detainees arrive at the facility with TB testing having been completed at another facility. Medical in-processing procedures include symptomatic screening for TB. If there is no documentation of recent TB testing, the detainee also receives a digital chest x-ray. The results of the x-ray are usually received within an hour, and the detainee is not placed into the general population until TB clearance is confirmed.	
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. 	Meets Standard	Per review of 20 ICE detainee medical records, all had evidence of a mental health screening completed by health care staff during in-processing.	
25.	The facility health care provider promptly reviews all I- 794s (or equivalent) to identify detainees needing medical attention.	Meets Standard	A health care provider completes the medical intake screening forms and reviews the information as it is obtained.	
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.	Meets Standard	Per review of 20 ICE detainee medical records, all included documentation of physical assessments conducted within 14 days of the detainee's arrival. The assessments are routinely performed by a registered nurse (RN) who was trained by a physician to conduct the assessments. Completed assessments are reviewed by the physician.	

	PART 4 – 22. ME	DICAL CARE (Key: V)	
	Detention Standard ensures that detainees have access to th education, so that their health care needs are met in a t		
nea	Components	Rating	Remarks (1000 Char Max)
27.	Detainees in the Special Management Unit have access to the same level of health care as detainees in the general population.	Meets Standard	Detainees in the Special Management Unit receive the same level of health care as the general population. Each detainee is also visited twice daily by a nurse and once daily by a member of the mental health staff.
28.	 Staff provide detainees with health- services (sick call) request slips daily, upon request. Request slips are available in the languages other than English, including every language spoken by a sizeable number of the facility's detainee population. Service-request slips are delivered in a timely fashion to the health care provider. 	Meets Standard	An ample supply of sick call request forms was observed throughout the facility. The forms are printed in English and Spanish. The forms are collected by health care staff twice a day.
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.	Meets Standard	Health care staff is present in the facility at all times. Facility policies provide a written plan for the delivery of 24-hour emergency health care when immediate outside medical attention is required.
30.	The plan includes an on-call provider.	Meets Standard	The physician is available for telephone consultation at all times. The telephone number of the physician is located in the health services unit and in Central Control.
31.	The plan includes a list of telephone numbers for local ambulances and hospital services.	Meets Standard	The health services unit maintains a list of telephone numbers for all local hospitals and the ambulance service. The ambulance service number is 911.
32.	The plan includes procedures for facility staff to utilize this emergency health care consistent with security and safety.	Meets Standard	Transportation and emergency response policies require staff to ensure safety and security measures are employed when providing emergency health care. Detention staff is always present when medical staff responds to emergencies within the facility and when detainees are transferred by emergency transportation services.

	PART 4 – 22. MEI	DICAL CARE (Key: V)	
	Detention Standard ensures that detainees have access to Ith education, so that their health care needs are met in a t		
	Components	Rating	Remarks (1000 Char Max)
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.	Meets Standard	All staff are trained in CPR, use of an AED and first aid, and to respond to health-related emergencies within four minutes. This training is provided during pre-service training and again during annual refresher training. This was confirmed per a review of staff training records.
34.	Where staff are used to distribute medication, a health care provider properly trains these officers.	N/A	Officers do not distribute medications in this facility.
35.	Pharmaceuticals and nonprescription medicines will be stored, inventoried, dispensed, and administered in accordance with sound standards and facility needs for safety and security.	Meets Standard	All pharmaceuticals are stored in a secure room or in locked medication cabinets. Controlled substances and medications with a potential for abuse are stored in a secure area and inventoried by two staff members at the beginning and end of each shift. Prescription medications are dispensed or administered by licensed or certified health care personnel and under the instruction of a licensed health care provider.
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. 	Meets Standard	The facility is operated by The GEO Group, Inc. The GEO Care pharmacy policies cover all the bulleted items of this component.

	PART 4 – 22. MEDICAL CARE (Key: V)			
	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	Rating	Remarks (1000 Char Max)	
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. 	Meets Standard	Pharmaceuticals are stored in a room that has solid walls from the floor to the true ceiling. The room also has a solid metal door that is secured with a high security locking device. Access is limited to authorized medical staff.	
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. 	Meets Standard	The pharmacy does have a locking pass-through window. The window is not used to distribute medications, however, as all medications are distributed within the housing units. Medications are supplied by a licensed off-site contract vendor. Direct observation of pharmacy operations confirmed that medications are administered in accordance with state and federal laws. Medication technicians deliver medication to the population under the supervision of the HSA in accordance with orders written by a licensed health care provider. The technician use a standard Medication Administration Record (MAR) to record when medications are distributed.	
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.	Meets Standard	Pharmaceuticals are issued in accordance with orders written by a licensed health care provider. Distribution of medication is documented on MARs.	

	PART 4 – 22. MEDICAL CARE (Key: V)			
	This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and			
nea	Ith education, so that their health care needs are met in a t	Rating	Remarks (1000 Char Max)	
40.	Components Medication may not be delivered or administered by	Katilig	Remarks (1000 Char Max)	
40.	 In facilities that are medically staffed 24 hours a day, the health care provider distributes medication. In facilities that are not medically staffed 24 hours a day, medication may be distributed by detention officers, who have received proper training by the health care provider, only when medication must be delivered at a specific time when medical staff are not on duty. 	Meets Standard	Health care staff is on site at all times. Only health care staff is permitted to deliver or administer medication to detainees.	
41.	The facility maintains documentation of the training given any officer required to distribute medication, and the officer has available for reference the training syllabus or other guide or protocol provided by the health authority.	N/A	Only medical staff issues medications to detainees.	
42.	The Warden/Facility receives notification that a detainee that has special medical needs.	Meets Standard	A Health Summary for Classification form is completed to notify the facility when a detainee has special medical needs.	
43.	Procedures are in place, consistent with the detention standard, for examinations by independent medical service providers and experts.	Meets Standard	Per the HSA, all requests for examination by an independent medical service provider or expert must be submitted through ICE. The facility will accommodate the request if approved by ICE and if the examination is completed at no expense to the facility.	

	PART 4 – 22. MEI	DICAL CARE (Key: V)	
	Detention Standard ensures that detainees have access to th education, so that their health care needs are met in a t		
nea	Components	Rating	Remarks (1000 Char Max)
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. 	Meets Standard	The health services unit has policies for the detection, control, prevention and management of infectious diseases. Specific policies address the management of tuberculosis, hepatitis, HIV and avian influenza. The infectious disease coordinator relays information regarding reportable communicable diseases to the local health department. The local health department coordinates with international authorities when detainees are deported. The Warden manages all media relations. The infectious disease coordinator provides education to staff and detainees regarding infectious diseases.
45.	Detainees diagnosed with a communicable disease are isolated according to local medical operating procedures.	Meets Standard	Detainees with certain communicable diseases are isolated in medical housing when required by a physician's order or nursing protocols.
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.	Meets Standard	The vast majority of ICE detainees has been processed at other facilities and arrive with evidence of recent TB screening and testing. When detainees arrive without evidence of recent testing, a digital chest x-ray is obtained and interpreted on the day of the detainee's arrival. Detainees who exhibit symptoms of TB are housed in one of six negative pressure/ respiratory isolation rooms until cleared for placement 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.	Meets Standard	Detainees with symptoms suggestive of active TB disease are placed in one of the six negative pressure/respiratory isolation rooms until cleared to return to the general population.

	PART 4 – 22. MEI	DICAL CARE (Key: V)			
	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	Rating	Remarks (1000 Char Max)		
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.	Meets Standard	Emergent and routine modes of transportation are available to convey detainees to health care services outside the facility. The physician makes the final decision regarding the type of transportation to be used. Required medical information is transferred with the detainee or faxed to the receiving facility.		
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.	Meets Standard	Detainees who require close, chronic or convalescent medical supervision are housed in one of six medical observation rooms within the health services unit. Admission orders and treatment plans are prepared for each admission to the area.		
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.	N/A	The facility does not house female ICE detainees.		
51.	(MANDATORY) Detainees with chronic conditions (such as hypertension and diabetes) will receive periodic care and treatment that includes monitoring of medications, laboratory testing, and chronic care clinics, and others will be scheduled for periodic routine medical examinations, as determined by the health authority	Meets Standard	Detainees who have chronic care conditions that do not require medical housing are placed on out-patient chronic care clinics and managed according to a treatment plan prepared by a licensed medical provider. A review of medical records confirmed that detainees with chronic care conditions receive timely and regular monitoring and treatment.		
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.	Meets Standard	A Health Summary for Classification form is completed to notify the facility when a detainee has special medical or mental health needs.		

	PART 4 – 22. MEDICAL CARE (Key: V)			
	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	Rating	Remarks (1000 Char Max)	
53.	Detainees will have access to emergency and specified routine dental care provided under direction and supervision of a licensed dentist.	Meets Standard	A licensed dentist and dental assistant provide services to the detainee population five days a week. Routine dental care focuses on pain relief, extractions and treatment of infections. The dentist is on call for treatment of emergencies.	
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.	Meets Standard	ICE detainees may self-refer for mental health services or be referred by a health care provider as part of the sick call process or in-processing procedures. Detainees are evaluated by a counselor or psychiatrist. Review of ICE detainee medical records confirmed this practice.	
55.	Crisis intervention services are available for detainees who experience acute mental health episodes.	Meets Standard	The facility employs a licensed professional counselor (LPC) to provide onsite mental health services. A psychiatrist is available via telemedicine. Detainees who require crisis intervention services that cannot be provided onsite are transported to West Oaks Hospital in Houston, Texas.	
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.	Meets Standard	All medical and mental health examinations are conducted in a private setting. This was confirmed by direct observation. Female ICE detainees are not housed in this facility.	
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.	Meets Standard	The medical records of five ICE detainees referred for mental health evaluation were reviewed. All had received a comprehensive evaluation by a mental health counselor or a psychiatrist within three days of the referral.	

	PART 4 – 22. MEI	DICAL CARE (Key: V)	
	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	Rating	Remarks (1000 Char Max)
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. 	Meets Standard	The facility has not used restraints for medical or mental health purposes since the prior inspection. However, policy covers all of the bulleted items listed in this component.
59.	 (MANDATORY) Involuntary administration of psychotropic medications to detainees complies with applicable laws and regulations and the authorizing physician or psychiatrist will: Specify the duration of therapy; Obtain an order authorizing the administration of the drug from a Federal District Court. Document that less restrictive intervention options have been exercised without success; Detail how the medication is to be administered; Monitor the detainee for adverse reactions and side effects; and Prepare treatment plans for less restrictive alternatives as soon as possible. 	N/A	Per the HSA, the facility does not administer involuntary psychotropic medications. Detainees who require involuntary psychotropic medication would be transferred to an off-site mental health facility.
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.	Meets Standard	Per review of 20 ICE detainee medical records, all except those who signed a refusal for the examination had comprehensive dental screenings performed within 14 days of their arrival. The screenings were performed by a licensed dentist or a trained RN.

	PART 4 – 22. MEDICAL CARE (Key: V) 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	Rating	Remarks (1000 Char Max)
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.	Meets Standard	Trained and licensed medical staff are onsite at all times and are available and equipped to respond to emergencies. Per the HSA, with the exception of those in transport vehicles, there are no first aid kits located in the facility. The Warden concurs with the decision.
62.	An automatic external defibrillator should be available for use at the facility.	Meets Standard	An AED is available in the health services unit and is tested daily.
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.	Meets Standard	ICE is notified when an ICE detainee refuses life sustaining medical evaluation or treatment. Except in emergency situations, ICE is also consulted if 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.	Meets Standard	The HSA and the facility administrator meet weekly to discuss items of mutual interest. Other facility staff also participate when appropriate.
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.	Meets Standard	Biohazard waste is collected in appropriately labeled, puncture- resistant, leak-proof containers and is stored in a locked storage area. The containers are collected by Stericycle, a vendor certified as compliant with Occupational Safety and Health Administration (OSHA) rules. The dental clinic uses an autoclave for sterilization of non-disposable dental tools.
66.	(MANDATORY) The health authority will implement a system of internal review and quality assurance.	Meets Standard	The health services unit conducts quarterly quality assurance meetings. This was confirmed by a review of meeting minutes which addressed chart audits and percentages of compliance.

PART 4 – 22. MEDICAL CARE – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

PART 4 – 22. MEDICAL CARE – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

Medical, dental and mental health services in the facility are provided by employees and contractors of GEO Care. Needed services that are beyond the facility's scope of care are referred to providers in the local community. As the facility does not maintain an infirmary or skilled nursing facility and does not have the staffing or equipment to manage severely or terminally ill detainees, ICE detainees are pre-screened for serious illnesses. Those with such illnesses are not housed in this facility. Health care services are provided in a clean environment, which is appropriately staffed and properly equipped. The health services unit has a six-cell medical observation unit for detainees who require close or frequent monitoring. All six cells are negative air flow/respiratory isolation rooms. Timely and regular follow-up is provided for detainees with chronic care medical and mental health conditions. Routine and emergent medical, dental and mental health care services are also provided in a timely manner. 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 a review of policies, direct observations, the review of health and training records and staff interviews. ICE detainees are not charged co-pay fees for medical, dental, mental health or pharmacy services.

Overall Rating: Meets Standard Reviewer Name (Printed) (b)(6), (b)(7)(c)

Completion Date: 12/6/2012

PART 4 – 23. PERSONAL HYGIENI	(Key: W)
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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	Rating	Remarks (1000 Char Max)
1.	There is a policy and procedure for the regular issuance and exchange of clothing, bedding, linens, towels, and personal hygiene items. The supply of these items exceeds the minimum required for the number of detainees.	Meets Standard	Facility policy addresses the regular issuance and exchange of the items listed in this component. The supply of the items exceeds the minimum required for the number of detainees in the population.
2.	 All new detainees are issued clean, temperature-appropriate, presentable clothing during in-processing. Detainees receive, at a minimum: One uniform shirt and one pair of uniform pants or one jumpsuit. One pair of socks. One pair of underwear (daily change). One pair of facility-issued footwear. 	Meets Standard	Upon arrival, all new detainees are issued two uniform sets, two pairs of socks, two pairs of underwear and one pair of canvas shoes.
3.	Additional clothing is available for changing weather conditions and as is seasonally appropriate.	Meets Standard	The facility is climate-controlled. However, additional clothing is available if required by weather conditions.
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. 	Meets Standard	Arriving detainees are issued two sheets, one pillow case, one towel, one facecloth, one clothes bag, one mattress, one pillow and two blankets
5.	The facility provides and replenishes personal hygiene items as needed. Gender-specific items are available. ICE detainees are not charged for these items.	Meets Standard	

	PART 4 – 23. PERSONAL HYGIENE (Key: W)			
pro	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	Rating	Remarks (1000 Char Max)	
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. 	Meets Standard	Per observations in the housing units, the ratio of toilets to detainees is one toilet for every ten detainees. The toilets can be accessed without staff assistance.	
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. 	Meets Standard		
8.	Detainees with disabilities are provided adequate facilities, support, and assistance needed for self-care and personal hygiene.	Meets Standard	Each housing unit has showers and toilets that are accessible to detainees with disabilities. Assist bars are present within reach of these facilities.	
9.	 Detainees are provided clean clothing, linen and towels. Socks and undergarments - daily. Outer garments - twice weekly. Sheets - weekly. Towels - weekly. Pillowcases - weekly. 	Meets Standard	Per policy, linens are exchanged once per week, towels and wash cloths twice per week, uniforms three times per week and undergarments five times per week.	
10.	Food service detainee volunteer workers are permitted to exchange outer garments daily.	Meets Standard	Per policy, volunteer food service workers may exchange their outer garments on a daily basis.	
11.	Volunteer detainee workers are permitted to exchanges of outer garments more frequently.	Meets Standard	Per policy, all volunteer detainee workers may exchange their outer garments on a more frequent basis.	

PART 4 – 23. PERSONAL HYGIENE – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

PART 4 – 23. PERSONAL HYGIENE – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

Detainees are provided an adequate supply of clean clothes, linens, towels, bedding and personal hygiene items, and the facility maintains an adequate supply of these items to meet the needs of the detainee population. There are an adequate number of toilet facilities, sinks and showers available for all 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 direct observation, on review of policies and on staff interviews.

Overall Rating: Meets Standard Reviewer Name (Printed (b)(6)

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

Completion Date: 12/06/2012

PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION (Key: X)		
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 set	ensitivity, supervision, refer	ral, and treatment.
Components	Rating	Remarks (1000 Char Max)
 The facility has a written suicide prevention and intervention program approved and signed by the health authority and Facility Administrator and reviewed annually. 	Meets Standard	The facility has a suicide prevention and intervention policy that has been signed by the Warden and the Health Services Administrator (HSA).
 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. 	Meets Standard	The suicide prevention and intervention policies were reviewed. Practices and procedures address all of the bulleted requirements of this component.
3. Every new staff member receives suicide-prevention training. Suicide-prevention training occurs during the employee orientation and annual training.	Meets Standard	As confirmed per a review of staff training records, all facility staff receive suicide prevention and intervention training during pre-service training and annual refresher training.

PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION (Key: X) 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.		
 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 	Meets Standard	The training plan and the PowerPoint presentation used during suicide prevention and intervention training were reviewed and confirmed that the training prepares staff in the identification, referral, housing, monitoring and management of potentially suicidal detainees. Interviews with staff confirmed their knowledge of the procedures
 Reporting and written documentation procedures. 		procedures.
 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. 	Meets Standard	A health care provider screens all detainees for suicide potential during in-processing. Screening occurs within 12 hours of the detainee's arrival 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. 	Meets Standard	The policy on suicide prevention and intervention provides instructions to staff on how to refer potentially suicidal detainees to medical staff.
7. Written procedures include returning a previously suicidal detainee to the general population, upon written authorization of the clinical director or appropriate health care professional.	Meets Standard	Written procedures state that mental health staff make recommendations to medical staff when a detainee is considered for removal from suicide watch.
8. The facility has a designated isolation room for evaluation and treatment.	Meets Standard	The health services unit has three suicide observation cells that include video cameras that can be monitored by an officer posted just outside the cell doors.

PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION (Key: X)			
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	Rating	Remarks (1000 Char Max)	
 The designated isolation room does not contain any structures or smaller items that could be used in a suicide attempt. 	Meets Standard	As confirmed by direct observation, the designated rooms include no structures or smaller items that could be used in a suicide attempt.	
10. Medical staff have approved the room for this purpose.	Meets Standard	As confirmed by the HSA, the suicide watch rooms have been approved for this use by the psychiatrist.	
 Staff observe and document the status of a suicide-watch detainee at least once every 15 minutes/constant observation. 	Meets Standard	Direct observation confirmed that the status of detainees on suicide watch is recorded at least every 15 minutes. Detainees placed on suicide watch are under constant supervision by an officer until medical staff approves 15 minute checks.	
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.	Does Not Meet Standard	The facility has 24-hour medical staffing. Suicide watches are performed within the health services unit, and staff were observed documenting a detainee's status at least every 15 minutes. The standard requires nursing staff to document their observations daily, while the component requires documentation every two hours. The facility adheres to the standard.	
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	Meets Standard	This IGSA facility has 24-hour medical staffing. Per the HSA and the Supervisory Deportation and Detention Officer, ICE is notified when any ICE detainee is placed on suicide watch. ICE is consulted by facility mental health staff if the detainee is considered for transport to a local psychiatric facility or emergency room.	

PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION (Key: X) 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	Rating	Remarks (1000 Char Max)
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.	Meets Standard	There have been no suicides or serious suicide attempts by ICE detainees since the prior inspection. Policy requires medical staff to conduct a mortality review and/or critical incident debriefing when there is a completed suicide or serious suicide attempt.

PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

Detention and health care staffs are trained in the recognition, referral and management of potentially suicidal detainees. Training 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. Detainees who are identified and referred with suicide potential are closely monitored in one of three isolation rooms that include video cameras. The standard's rating was based on a review of policies, direct observations, a review of a random sampling of staff training records, staff interviews and a review of medical records. Evidence of screening for suicide potential was found in all detainee medical records reviewed. There were no suicides or serious suicide attempts in the facility since the prior inspection.

Overall Rating: Meets Standard

Reviewer Name (Printed (b)(6), (b)(7)(c)

Completion Date: 12/6/2012

PART 4 – 25. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH (Key: Y) 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. Standard N/A Click the above button if the facility does not accept ICE detainees who are severely or terminally ill. ALWAYS complete all references to detainee death and related notifications. (All Line Items and standard will be rated "N/A") Components Rating Remarks (1000 Char Max) 1. Detainees, who are chronically or terminally ill, are The facility does not routinely transferred to an appropriate off-site medical facility. accept ICE detainees who are seriously or terminally ill. The Health Services Administrator (HSA) and the Supervisory Detention and Deportation Officer (SDDO) confirmed that ICE detainees who have serious Meets Standard illnesses would not be housed in this facility. Hospitals in the community are used when detainees become seriously or terminally ill while housed in this facility, pending their transfer by ICE to a more appropriate detention facility. The facility or appropriate ICE office promptly notifies the ICE is notified when ICE 2. next-of-kin of the detainee's: medical condition. detainees are transported and housed in an outside medical The detainee's location. facility. Per the SDDO, ICE would Meets Standard The visiting hours and rules at that location. notify the next of kin regarding the detainee's location and visiting regulations. 3. There are guidelines addressing State Advanced Directive Per the HSA, the facility will not Form for Implementing Living Wills and Advanced routinely accept ICE detainees Directives. who have living wills or advance directives. The facility, however, These guidelines include instructions for detainees does have policy that addresses who wish to have a living will. end- of-life decision-making These guidelines provide the detainee the opportunity procedures. Policy states that the to have a private attorney prepare the documents, at Meets Standard contracting agency's policies the detainee's expense. regarding advance directives will be followed. These include giving a detainee the opportunity to have a private attorney prepare documents, at the detainee's expense.

PART 4 – 25. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH (Key: Y)

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.

Standard N/A

Click the above button if the facility does not accept ICE detainees who are severely or terminally ill. ALWAYS complete all references to detainee death and related notifications. (All Line Items and standard will be rated "N/A")

	Components	Rating	Remarks (1000 Char Max)
4.	There is a policy addressing "Do Not Resuscitate Orders"	Meets Standard	The facility does not routinely house ICE detainees who are terminally ill. The facility does, however, have an end-of-life decision-making policy that addresses Do Not Resuscitate (DNR) orders. The facility would notify ICE if a detainee's condition warranted a DNR order.
5.	Detainees with a "Do Not Resuscitate" order in the medical record receive maximal therapeutic efforts short of resuscitation.	Meets Standard	Policy states that detainees with a DNR order in the medical record would 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.	Meets Standard	Policy states that the facility will notify the ICE Medical Director when an ICE detainee has a DNR in his medical record.
7.	The facility has written procedures to address the issues of organ donation by detainees.	Meets Standard	Per the HSA, any request for organ donation by an ICE detainee would be referred to ICE for processing. Policy states that organ donation will be in accordance with client-specific contracts and is consistent with the detention standard.
8.	The facility has written procedures to notify ICE officials, deceased family members and consulates, when a detainee dies while in custody.	Meets Standard	Policy requires staff to notify ICE and the Contracting Officer's Representative when a detainee dies in service. ICE will make the other required notifications.
9.	The facility has a policy and procedure to address the death of a detainee while in transport.	Meets Standard	Policies address the death of a detainee while in transport. ICE, local law enforcement and the local coroner must be notified.

PART 4 – 25. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH (Key: Y)

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.

Standard N/A

Click the above button if the facility does not accept ICE detainees who are severely or terminally ill. ALWAYS complete all references to detainee death and related notifications. (All Line Items and standard will be rated "N/A")

Components	Rating	Remarks (1000 Char Max)
10. At all ICE locations the detainee's remains disposed of in accordance with the provisions detailed in this standard.	Meets Standard	There have been no deaths in this facility since the last inspection. Should a death occur, the facility would work 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. 	Meets Standard	Per the SDDO, if neither the consulate nor family claims the body of a deceased ICE detainee, the Field Office would arrange for an indigent's burial. If the detainee was a U.S. military veteran, the Department of Veterans Affairs would be notified.
 An original or certified copy of a detainee's death certificate is placed in the subject's A-File. 	Meets Standard	Per the SDDO, a copy of the detainee's death certificate would be placed in the subject'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. 	Meets Standard	There have been no deaths of ICE detainees since the prior inspection. Policy, however, requires the facility to notify the medical examiner or coroner. The death certificate is obtained from the funeral home and provided to ICE for placement in the detainee's file. Policy also provides guidance on local transportation of the body.
14. ICE staff follow established procedures to properly close the case of a deceased detainee.	Meets Standard	Upon receipt of a death certificate, the case is closed.

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

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

As the facility does not maintain an infirmary or skilled nursing facility and does not have the staffing or equipment to manage severely or terminally ill detainees, ICE detainees are pre-screened for serious illnesses and any with such an illness are not transferred to this facility. Should an ICE detainee develop a serious illness while housed in this facility, the detainee is temporarily housed in an appropriate medical setting pending transfer to a more appropriate detention facility. Policies and procedures are in place for notifying ICE and other interested parties when detainees becomes seriously ill or die while in

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

(Use following format for dates: mm/dd/yyyy)

facility custody, for the preparation of advance directives and living wills and for handling requests for organ donations. There have been no deaths of detainees since the prior inspection. The standard's rating was based on a review of policies and staff interviews.

Overall Rating: Meets Standard Reviewer Name (Printed) (b)(6), (b)(7)(c)

Completion Date: 12/6/2012

Reviewer Signature (for printed form submission):

Page 110 of 163 FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE) G-324A (Coded 10132010) Detention Review Worksheet - Rev: 6/19/2012 – Form Key 3

Section V ACTIVITIES

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

PART 5 – 26. CORRESPONDENCE AND OTHER MAIL (Key: Z) This Detention Standard ensures that detainees will be able to correspond with their families, the community, legal			
representatives, government offices, and consular officials cons Components		sistent with the safe and ord Rating	derly operation of the facility. Remarks (1000 Char Max)
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.	Meets Standard	The facility has a written policy on correspondence and other mail. The rules for correspondence and other mail are posted in each housing unit and are also included in the handbook that each detainee receives.
2.	The facility provides key information in English, Spanish, and other languages spoken by a significant number of detainees.	Meets Standard	Key information is provided 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.	Meets Standard	
4.	Outgoing mail is delivered to the postal service within one business day of its entering the internal mail system (excluding weekends and holidays).	Meets Standard	
5.	Staff maintain a logbook-recording acceptance of priority, priority overnight, and certified mail delivered to the facility for a detainee.	Meets Standard	Mailroom staff documents the receipt of priority, priority overnight and certified mail on a log. The detainee is required to sign the log to verify receipt.
6.	Staff do not open and inspect incoming general correspondence and other mail (including packages and publications) without the detainee present unless documented and authorized in writing by the Facility Administrator or equivalent for prevailing security reasons.	Meets Standard	
7.	Staff do not read incoming general correspondence without the Facility Administrator's prior approval.	Meets Standard	Staff does not read incoming general correspondence without the Warden's approval.
8.	Staff do not inspect incoming Special Correspondence for physical contraband or to verify the "special" status of enclosures without the detainee present.	Meets Standard	
9.	Staff are prohibited from reading or copying incoming and outgoing Special Correspondence without the detainee present.	Meets Standard	
10.	Staff are only authorized to inspect outgoing correspondence or other mail without the detainee present when there is reason to believe the item might present a threat to the facility's secure or orderly operation, endanger the recipient or the public, or might facilitate criminal activity.	Meets Standard	Outgoing correspondence is only inspected, 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.

PART 5 – 26. CORRESPONDENCE AND OTHER MAIL (Key: Z)				
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 Rating Remarks (1000 Char Max)				
11. Correspondence to a politician or to the media is processed as Special Correspondence and is not read or copied.	Meets Standard			
12. The official authorizing the rejection of incoming mail sends written notice to the sender and the addressee.	Meets Standard	A Notice of Rejecting Mail form is filled out for any rejected incoming mail. The sender and addressee both receive a copy of the form.		
13. The official authorizing censorship or rejection of outgoing mail provides the detainee with signed written notice.	Meets Standard	When outgoing mail is rejected, mailroom staff will send the detainee a signed Notice of Rejecting Mail form.		
14. Staff maintain a written record of every item removed from detainee mail.	Meets Standard	Mailroom staff maintains a written record of all contraband that is removed from detainee mail.		
15. The Facility Administrator or designee monitors staff handling of discovered contraband and its disposition. Records are accurate and up to date.	Meets Standard	Policy states that all contraband will be monitored by the mailroom staff, and its disposition will be recorded.		
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.	Meets Standard	The facility only accepts money orders and cashier's checks through the mail. Cash is not allowed. When money orders or cashier's checks are received, a receipt is filled out and signed by two staff. A copy of the receipt is sent to the detainee. Any discrepancies would be documented.		
17. Original identity documents (for example, passports, and birth certificates) are immediately removed and forwarded to ICE staff for placement in the A-files.	Meets Standard			
18. Staff provide the detainee a copy of his or her identity document(s) upon request.	Meets Standard	ICE staff will provide a detainee with a copy of his identity document upon request.		
19. Staff dispose of prohibited items found in detainee mail in accordance with the Detention Standard on "Contraband".	Meets Standard			
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.	Meets Standard			
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.	Meets Standard	ICE detainees can purchase stamps through the facility commissary every week.		

PART 5 – 26. CORRESPONDENCE AND OTHER MAIL (Key: Z)				
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.				
ComponentsRatingRemarks (1000 Char Max)				
22. The facility provides writing paper, envelopes, and pencils at no cost to ICE detainees.	Meets Standard			
23. SMU detainees have the same correspondence privileges as general population.	Meets Standard			
24. Detainees have access to outside publications.	Meets Standard	Detainees have access to outside publications that come directly from the company or business.		

PART 5 – 26. CORRESPONDENCE AND OTHER MAIL – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The facility provides detainees with the ability to correspond with their families, the community, legal representatives, government offices and consular officials consistent with the safe and orderly operation of the facility. The rules for correspondence are provided to the detainees in both English and Spanish. These rules are posted in the housing units and are also included in the detainee handbook. To evaluate this standard, staff and detainees were interviewed, policy was reviewed, postings were observed and logs were reviewed.

Overall Rating: Meets Standard

Reviewer Name (Printed) (b)(6), (b)(7)(c)

Completion Date: 12/06/2012

	PART 5 – 27. ESCORTED TRIPS FOR NON-MEDICAL EMERGENCIES (Key: AA)			
en	is Detention Standard permits detainees to maintain ties wit nergency staff-escorted trips into the community to visit criti nerals.			
s	tandard N/A			
	Click the above button 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. (All Line Items and standard will be rated "N/A")			
	Components	Rating	Remarks (1000 Char Max)	
1.	The Field Office Director considers and approves, on a case-by-case basis, trips to an immediate family member's:	N/A		
	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).	N/A		
3.	The CDF/IGSA facility notifies ICE of all detainee requests for non-medical escorts.	N/A		
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.	N/A		
5.	Detainees who require overnight housing are placed in approved IGSA facilities.	N/A		
6.	Each escort detail includes at leas(_{b)(7)(e})fficers.	N/A		
7.	The detainee remains under constant, direct visual supervision of escorting staff.	N/A		
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.	N/A		
9.	Escorting officers have the discretion to increase or decrease minimum restraints in accordance with written instruction, procedures and classification level of the detainee.	N/A		
10	. Escort officers do not accept gifts/gratuities from a detainee, detainee's relative or friend for any reason.	N/A		

PART 5 – 27. ESCORTED TRIPS FOR NON-MEDICAL EMERGENCIE	S (K∈	y: AA
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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 N/A

Click the above button 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. (All Line Items and standard will be rated "N/A")

Components	Rating	Remarks (1000 Char Max)
 Escort officers ensure that detainees: Conduct themselves in a manner that does not bring discredit to ICE/DRO. Do not violate federal, state, or local laws. Do not purchase, possess, use, consume, or administer narcotics, other drugs, or intoxicants. 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, 	N/A	Remarks (1000 Char Max)
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.	N/A	
13. Standard procedure requires the immediate return to the facility of any detainee who violates trip rules.	N/A	
14. The Field Office Director is the approving official for all non-medical escorted trips.	N/A	
 15. Facility procedures comply with the following ICE Standards: Transportation (Land Transportation Restraints applied strictly in accordance with the Use of Force Standard. 	N/A	

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

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max) All non-medical emergency escorted trips for ICE detainees are handled by ICE staff.

Overall Rating: N/A

Reviewer Name (Printed): (b)(6), (b)(7)(c)

Completion Date: 12/6/2012

	PART 5 – 28. MARRIAGE REQUESTS (Key: AB)				
	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 Rating Remarks (1000 Char Max)				
on					
1.	The Field Office Director or Facility Administrator considers detainee marriage requests on a case-by-case basis.	Meets Standard	Each request for marriage, accompanied by the requisite documentation, is forwarded to ICE for review and approval. Each request is considered on a case-by-case basis.		
2.	The Field Office Director reviews every marriage request rejected by a Facility Administrator or IGSA. Rejections are documented.	Meets Standard	Each request for marriage, accompanied by the requisite documentation, is forwarded to ICE for review and approval.		
3.	It is standard practice to require a written request for permission to marry.	Meets Standard			
4.	The written request includes a signed statement or comparable documentation from the intended spouse, confirming marital intent.	Meets Standard			
5.	The Facility Administrator provides a written copy of his or her decision to the detainee and his or her legal representative.	Meets Standard	Each detainee requesting permission to marry is notified in writing of the decision.		
6.	When permission is denied, the Facility Administrator states the basis for his or her decision along with instructions on how the detainee can file an appeal.	Meets Standard			
7.	The Facility Administrator provides the detainee with a place and time to make wedding arrangements.	Meets Standard	The facility only allows marriages to be arranged by proxy. It is the responsibility of the detainee to make the arrangements.		
8.	The detainee handbook explains the marriage request process.	Meets Standard			
9.	<u>In SPCs</u> the Facility Administrator or highest ranking ICE official on-site is the only officer authorized to approve a request to marry.	Meets Standard	The Warden of this IGSA facility and the Supervisory Detention and Deportation Officer assigned to the facility are the only officials authorized to approve a request to marry.		

PART 5 – 28. MARRIAGE REQUESTS – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The rating of this standard was based on a review facility policy, a review of pertinent documentation and interviews with ICE staff. All marriage requests are reviewed on a case-by-case basis by ICE. If the marriage request is approved, the facility provides the detainee with the time and a place to make the arrangements. Facility personnel do not participate in any manner in the marriage ceremony.

Overall Rating: Meets Standard Reviewer Name (Printed) (b)(6), (b)(7)(c)

Completion Date: 12/6/2012

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PART 5 – 28. MARRIAGE REQUESTS – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Reviewer Signature (for printed form submission):

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PART 5 – 29. RECREATION (Key: AC)			
This Detention Standard ensures that each detainee has access	s to recreational and exercise	e programs and activities, within the	
constraints of safety, security, and good order.			
Standard N/A			
Click the above button if outdoor recreation is offered. Item	s 19-27 will be marked "N/A	.	
Components	Rating	Remarks (1000 Char Max)	
 The Facility provides: An indoor recreation program. 	Meets Standard	Indoor recreation is provided in the housing areas. Outdoor recreation is provided in one of	
An outdoor recreation program.		three outdoor recreation areas.	
 A recreational specialist (for facilities with more than 350 detainees) tailors the program activities and offerings to the detainee population. 	Does Not Meet Standard	The facility houses over 350 detainees. The facility does not have a recreation specialist. A recreation officer organizes recreation programs and recreation scheduling for detainees.	
3. Regular maintenance keeps recreational facilities and equipment in good condition.	Meets Standard		
 The recreational specialist or trained equivalent supervises detainee recreation workers. 	N/A	The facility does not use detainee recreation workers. Detainees are only used to clean recreation areas and are supervised by officers when doing so.	
5. The recreational specialist or trainee equivalent oversees recreation programs for Special Management Unit and special-needs detainees.	Meets Standard		
6. Dayrooms offer sedentary activities, e.g., board games, cards, television.	Meets Standard	Dayrooms offer a variety of sedentary activities for detainees, including card games, television, and board games.	
7. Outside activities are restricted to limited-contact sports.	Meets Standard		
8. Each detainee has the opportunity to participate in daily recreation.	Meets Standard		
 Detainees have access to recreation activities outside the housing units for at least one hour daily. 	Meets Standard	Outdoor recreation is provided to all detainees one hour a day, seven days a week.	
10. Staff check all items for damage and condition when equipment is returned.	Meets Standard		
11. Staff conduct searches of recreation areas before and after use.	Meets Standard		
12. Recreation areas are under constant staff supervision.	Meets Standard	Both indoor and outdoor recreation areas are under staff supervision.	
13. Supervising staff are equipped with radios.	Meets Standard		

PART 5 – 29. RECREATION (Key: AC)			
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. Standard N/A			
Click the above button if outdoor recreation is offered. Items 1 Components	Rating	Remarks (1000 Char Max)	
14. The facility provides detainees in the SMU at least one hour of outdoor recreation time daily, five times per week.	Meets Standard	Detainees in the Special Management Unit are provided an opportunity to participate in outdoor recreation one hour a day, seven days a week.	
15. Detainees in disciplinary/administrative segregation receive a written explanation when a panel revokes his or her recreation privileges.	Meets Standard		
16. Special programs or religious activities are available to detainees.	Meets Standard		
17. All volunteers have completed an orientation program with documentation required before entering a secure portion of the facility where detainees are present.	Meets Standard	Volunteers complete an orientation program and background check prior to entering a secure portion of the facility.	
18. Visitors, relatives or friends of detainees are not allowed to serve as volunteers.	Meets Standard	Policy precludes visitors, relatives or friend of detainees from serving as volunteers.	
19. If the facility has no outside recreation, are detainees considered for transfer after six months?	N/A	Outdoor recreation is available at this facility.	
20. If yes, written procedures ensure timely review of all eligible detainees.	N/A	Outdoor recreation is available at this facility.	
21. Case officers make written transfer recommendations about every six-month detainee to the Facility Administrator.	N/A	Outdoor recreation is available at this facility.	
22. The Facility Administrator documents all detainee-transfer decisions, whether yes or no.	N/A	Outdoor recreation is available at this facility.	
23. The detainee's written decision for or against an offered transfer documented in his or her A-file.	N/A	Outdoor recreation is available at this facility.	
24. Staff notify the detainee's legal representative of his or her decision to accept/decline a transfer.	N/A	Outdoor recreation is available at this facility.	
25. If no recreation is available, the ICE Field Office routinely review transfer eligibility for all detainees after 60 days.	N/A	Outdoor recreation is available at this facility.	
26. Does the A-file of every detainee held more than 60 days without access to recreation contains either a transfer- waiver signed by the detainee or the Facility Administrator's written determination of the detainee's ineligibility for transfer.	N/A	Outdoor recreation is available at this facility.	
27. The detainee's legal representative is notified of the detainee's/Facility Administrator's decision.	N/A	Outdoor recreation is available at this facility.	

PART 5 - 29. RECREATION – Reviewer Summary				
(Use following format for dates: mm/dd/yyyy)				
Overall Remarks: (Record significant facts, observations, other sources used, etc.)	'5000 Character Max)			
The rating for this standard was based on a review of policy, interviews with the re	creation officer and personal observations.			
Querall Pating Maste Standard				
Overall Rating: Meets Standard				
Reviewer Name (Printed) (b)(6), (b)(7)(c)	Completion Date: 12/6/2012			
Reviewer Signature (for printed form submission):				

	PART 5 – 30. RELIGIO	US PRACTICES (Key: AD)	
opp	Detention Standard ensures that detainees of different rel portunities to participate in the practices of their respective erly operation of the facility, or extraordinary costs associat	faiths, constrained only by	•
	Components	Rating	Remarks (1000 Char Max)
1.	Detainees are allowed to engage in religious services. When available, these services are provided in major languages spoken within the facility.	Meets Standard	Policy states that every effort shall be made to facilitate the free practice of religion, limited only by legitimate security and operational considerations. When possible, religious services are provided in the major languages spoken by the detainees in the facility.
2.	Space is available for detainees to participate in religious services.	Meets Standard	Religious volunteers have access to all areas of the facility for the purpose of providing religious services.
3. •	The facility allows detainees to observe the major "holy days" of their religious faith. List any exceptions.	Meets Standard	
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. 	Meets Standard	The facility accommodates recognized holy days by providing special meals, honoring fasting requirements, allowing activity restrictions and facilitating religious services.
5.	Each detainee is allowed religious items in his/her immediate possession; refer to the Funds and Personal Property Standard.	Meets Standard	The facility allows detainee access to personal religious property, consistent with safety and security concerns and the orderly operation of the facility.
6.	Volunteer's credentials are checked and verified before allowing participation in detainee programs.	Meets Standard	Volunteer credentials are checked and background investigations are conducted before the volunteer is allowed to minister to detainees.
7.	Members of faiths not represented by clergy may request to present their own services within security allowances.	Meets Standard	Religious programming is provided by religious volunteers under the supervision of the Chief of Classification. Should a particular faith not be represented in the corps of current religious volunteers, those volunteers will work to find a person in the community who can provide the needed service.

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PART 5 - 30. RELIGIOUS PRACTICES (Key: AD)

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 Rating Remarks (1000 Char Max) Detainees in the Special Management Unit may 8. Detainees in the Special participate in religious practices unless otherwise Management Unit have access to documented for the safety and security of the facility. Meets Standard individualized religious counseling provided within the unit.

PART 5 – 30. RELIGIOUS PRACTICES – Reviewer Summa	ary	
(Use following format for dates: mm/dd/yyyy)		
Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 C	Character Max)	
The rating for this standard was based on a review of policy, interviews with the Compliance Administrator and a review of documents and schedules. All religious programming in the facility is provided by volunteers.		
Overall Rating: Meets Standard		
Reviewer Name (Printed) (b)(6), (b)(7)(c)	ompletion Date: 12/6/2012	
Reviewer Signature (for printed form submission):		

	Detention Standard ensures that detainees may maintain tie m reasonable and equitable access to telephone services.		,
	Components	Rating	Remarks (1000 Char Max)
1.	Detainees are allowed to access to telephones during established facility waking hours, including access to TTY devices.	Meets Standard	Detainees have access to the telephones 24 hours a day, seven days a week. Detainees have access to a TTY device by submitting a request slip to the Library Supervisor.
2.	Upon admittance, detainees are made aware of the facility's telephone access policy.	Meets Standard	Detainees are made aware of the facility's telephone policy during the orientation process.
3.	Notification explaining the facilities telephone policy is in the Detainee Handbook.	Meets Standard	
4.	Access rules, including updated telephone and consulate number, are posted in housing units.	Meets Standard	
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.	Meets Standard	Key information is provided in both English and Spanish.
6.	Telephones are provided at a minimum ratio of one telephone per 25 detainees in the facility population.	Meets Standard	Telephones are provided at a ratio of one phone for every seven detainees.
7.	Telephones are inspected daily by facility staff to ensure that they are in good working order.	Meets Standard	
8.	Telephones are located a reasonable distance from televisions.	Meets Standard	
9.	The facility administration promptly reports out-of-order telephones to the facility's telephone service provider.	Meets Standard	The maintenance department reports out-of-order telephones to the facility's service provider.
10.	The facility administration monitors repair progress and takes appropriate measures to ensure that the required repairs are begun and completed timely.	Meets Standard	A Telephone Maintenance Log is maintained to track telephone repairs.
11.	Detainees are afforded a reasonable degree of privacy for legal phone calls.	Meets Standard	Detainees who want privacy to make a legal call submit a request to the Shift Captain. Once approved, the call will be made from the Shift Captain's office.
12.	A procedure exists to assist a detainee who is having trouble placing a confidential call.	Meets Standard	Policy establishes a procedure whereby detainees can submit a request to the Shift Captain to make a confidential call. Once approved, the call will be made from the Shift Captain's office.
13.	The facility provides the detainees with the ability to make non-collect (special access) calls.	Meets Standard	

PART 5 – 31. TELEPHONE ACCESS (Key: AE)

	Components	Rating	Remarks (1000 Char Max)
14.	Special Access calls are at no charge to the detainees.	Meets Standard	
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.	N/A	The facility fully complies with this requirement.
16.	No restrictions are placed on detainees attempting to contact attorneys and legal service providers who are on the approved "Free Legal Services List".	Meets Standard	
17.	Special arrangements are made to allow detainees to speak by telephone with an immediate family member detained in another Facility.	Meets Standard	If a detainee requested to speak, by telephone, with an immediate family member detained in another facility, that request would be forwarded to ICE staff to assist.
18.	All telephone restrictions are documented.	Meets Standard	
19.	The facility has a system for taking and delivering emergency detainee telephone messages.	Meets Standard	The Shift Captain would verify the nature of the emergency and then notify the detainee.
20.	Phone call messages are given to detainees as soon as possible.	Meets Standard	
21.	Detainees are allowed to return emergency phone calls as soon as possible.	Meets Standard	Staff would assist a detainee in returning emergency telephone calls as soon as possible.
22.	Detainees in disciplinary segregation are allowed phone calls relating to the detainee's immigration case or other legal matters, including consultation calls.	Meets Standard	
23.	Detainees in disciplinary segregation are allowed phone calls to consular/embassy officials.	Meets Standard	
24.	Detainees in disciplinary segregation are allowed phone calls for family emergencies.	Meets Standard	
25.	Detainees in administrative segregation and protective custody are afforded the same telephone privileges as those in general population.	Meets Standard	
26.	When detainee phone calls are monitored, notification is posted by detainee telephones, including a recorded message on the phone system, that phone calls made by the detainees may be monitored. Special Access calls are not monitored.	Meets Standard	Notification that telephone calls are monitored is posted on each telephone and is also provided as a recording on the telephone. Special access calls are not monitored.

PART 5 – 31. TELEPHONE ACCESS (Key: AE)

	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	Rating	Remarks (1000 Char Max)	
27.	The OIG phone number for reporting abuse is programmed into the detainee phone system. The reviewer must verify that the number is operable.	Meets Standard	The Office of the Inspector General (OIG) phone number for reporting abuse is programmed into the detainee phone system. This inspector checked the phone number and was able to reach the OIG recording.	
28.	The Field Office Director has assigned ICE staff to check and report on the serviceability of facility phones. This is documented on a weekly basis	Meets Standard	The ICE Contracting Officer's Representative (COR) conducts and documents telephone serviceability checks on a weekly basis.	

PART 5 – 31. TELEPHONE ACCESS – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The facility provides detainees with reasonable and equitable access to telephones. Detainees have access to telephones 24 hours a day, seven days a week. This includes access to a TTY device. Telephones are inspected routinely by facility and ICE staff to ensure they are operational. All required telephone numbers are available to detainees. Those detainees interviewed did not have any issues with the telephone system. To evaluate this standard, staff and detainees were interviewed, policy was reviewed, telephones were checked, postings were observed and maintenance logs were reviewed,

Overall Rating: Meets Standard Reviewer Name (Printed)

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

Completion Date: 12/6/2012

	PART 5 – 32. VISITATION (Key: AF)			
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	Rating	Remarks (1000 Char Max)	
1.	There is a written visitation procedure, schedule, and hours for general visitation.	Meets Standard		
2.	The visitation hours are tailored to the detainee population and the demand for visitation. The minimum duration for a visit is 30 minutes.	Meets Standard	Visitation for detainees is Friday and Saturday from 8:00 a.m. until 5:00 p.m. and Sunday from 8:00 a.m. until 2:00 p.m. All general visits are for one hour and are non-contact.	
3.	The visitation schedule and rules are available to the public.	Meets Standard	The visitation schedule and rules are posted in the visitor's waiting area and are also available in hard copy upon request.	
4.	The hours for all categories of visitation are posted in the visitation waiting area.	Meets Standard		
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.	Meets Standard	Written copies of the rules regulating visitation and the hours of visitation are available to visitors in both English and Spanish.	
6.	A general visitation log is maintained.	Meets Standard	An electronic log is maintained on all general visits. A sign-in log is maintained for legal and official visits.	
7.	Detainees are permitted to retain authorized personal property items specified in the standard.	Meets Standard		
8.	A visitor dress code is available to the public.	Meets Standard	A visitor dress code is available to the public in hard copy at the visitor's sign-in area at the facility front desk.	
9.	Visitors are searched and identified according to standard requirements.	Meets Standard	All visitors are searched using a handheld or walk-through metal detector. Visitors must have a photo identification card in order to visit.	
10.	The requirement on visitation by minors is complied with.	Meets Standard	Children under the age of 17 may visit if accompanied by an adult.	
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.	N/A	Visitation by minors is permitted.	
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.	N/A	Visitation by minors is permitted.	

PART 5 – 32. VISITATION (Key: AF)				
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	Rating	Remarks (1000 Char Max)		
13. Anytime a visit is denied, to either a general population detainee or SMU detainee, the denial is documented.	Meets Standard	Any denial would be documented on the Visitation Denial Form. The detainee and the visitor would receive a copy. Documentation of any denial would be forwarded to ICE.		
14. Detainees in special housing are afforded visitation.	Meets Standard			
15. Legal visitation is available seven (7) days a week, including holidays.	Meets Standard			
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.	Meets Standard	Legal visits are allowed anytime and can last as long as the detainee and attorney need to meet.		
17. On regular business days, detainees are given the option of continuing a meeting with a legal representative through a scheduled meal.	Meets Standard	Policy states that detainees can meet with a legal representative through a scheduled meal period, and a meal will be provided to the detainee.		
18. Private consultation rooms are available for attorney meetings. There is a mechanism for the detainee and his/her representative to exchange documents.	Meets Standard	Private consultation rooms are available for attorney meetings. If documents need to be exchanged, the documents will be searched and then the exchange can take place.		
19. There are written procedures governing detainee searches.	Meets Standard			
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.	Meets Standard	Legal representatives and assistants are searched using a handheld or walk-through metal detector prior to being allowed to visit.		
21. Per the Standard, prior to each visit, legal service providers and assistants are identified.	Meets Standard	Legal representatives are required to provide their Bar Cards and photo identification. Legal assistants must have photo identification and a letter from their legal firm in order to visit.		
22. The current list of pro bono legal organizations is posted in the detainee housing areas and other appropriate areas.	Meets Standard			
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.	Meets Standard	Any requests for tours from domestic or international organizations and associated with detention issues would be referred to the ICE Field Office Director for approval.		

PART 5 – 32. VISITATION (Key: AF)			
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.			
ComponentsRatingRemarks (1000 Char Max)			
24. Provisions for NGO visitation as stated in the Detention Standards are complied with.	Meets Standard		
25. Law enforcement officials, requesting to visit with a detainee, are referred to the ICE Facility Administrator for approval.	Meets Standard	The Warden would forward any visitation request by law enforcement officials to ICE 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.	Meets Standard	Former ICE detainees or aliens in proceedings requesting to visit a detainee must submit that request to the Warden for approval.	

PART 5 – 32. VISITATION – Reviewer Summary			
(Use following format for dates: mm/dd/yyyy)			
Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)			
The facility ensures that detainees are able to maintain ties through visitation with their families, the community, legal representatives and consular officials. The facility has 27 non-contact visiting cubicles for general population visits and six non-contact visiting cubicles for visits with detainees in the Special Management Unit. The visiting area was clean and well lit. The visitation schedule, rules for visiting and the visitor dress code are posted in the visitor's waiting area and are available in hard copy. A walk-through metal detector and/or a handheld metal detector is used when processing visitors into the facility. To evaluate this standard, the inspector interviewed staff and detainees, reviewed policy, observed postings in visitor's waiting area, observed the non-contact visiting area and reviewed sign-in logs.			
Overall Rating: Meets Standard			
Reviewer Name (Printed) (b)(6), (b)(7)(c) Completion Date: 12/6/2012			

PART 5 - 33. VOLUNTARY WORK PROGRAM (Key: AG)

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.

Standard N/A

Click the above button if ICE detainees are not authorized to work at the IGSA facility. (All Line Items and standard will be rated "N/A")

	Components	Rating	Remarks (1000 Char Max)
1.	The facility has a voluntary work program.	Meets Standard	ICE detainees work in the food service program.
2.	Detainee housekeeping meets acceptable levels of neatness, cleanliness and sanitation standards.	Meets Standard	
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.	Meets Standard	ICE detainees do not work outside the secure perimeter of this IGSA facility.
4.	 Written procedures govern selection of detainees for the Voluntary Work Program. The same procedures apply for replacement workers as for "new" workers. Staff follow written procedures. 	Meets Standard	Detainees are selected for volunteer work assignments in compliance with written procedures. Due to the high turnover of detainee workers, the process is ongoing and replacement workers are selected using the same procedures.
5.	Where possible, physically and mentally challenged detainees participate in the program.	Meets Standard	
6. •	The facility complies with work-hour requirements for detainees, not exceeding: Eight hours a day. Forty hours a week.	Meets Standard	Detainee workers do not work in excess of eight hours a day or forty hours a week.
7.	Detainee volunteers ordinarily work according to a fixed schedule.	Meets Standard	
8.	If a detainee is removed from a work detail, staff place the written justification for the action in the detainee's detention file.	Meets Standard	
9.	Staff, in accordance with written procedure, ensures that detainee volunteers understand their responsibilities as workers before they join the work program.	Meets Standard	Detainee workers are provided a detailed orientation to the responsibilities of their work assignments by the Safety Officer, prior to joining the work program.

PART 5 - 33. VOLUNTARY WORK PROGRAM (Key: AG)

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.

Standard N/A

Click the above button if ICE detainees are not authorized to work at the IGSA facility. (All Line Items and standard will be rated "N/A")

Components	Rating	Remarks (1000 Char Max)
 10. The voluntary work program meets: OSHA standards NFPA standards ACA standards 	Meets Standard	Detainee work assignments are completed in accordance with applicable federal, state and county health and safety standards.
 11. Medical staff screen and formally certifies detainee food service volunteers; Before the assignment begins As a matter of written procedure 	Meets Standard	Detainee workers are screened by medical staff to ensure the detainees are appropriate for work in the food service program.
12. Detainees receive safety equipment/ training sufficient for the assignment	Meets Standard	
13. Proper procedure is followed when an ICE detainee is injured on the job.	Meets Standard	

PART 5 – 33. VOLUNTARY WORK PROGRAM – Reviewer Summary			
(Use following format for dates: mm/dd/yyyy)			
Overall Remarks: (Record significant facts, observations, other sources used, etc.) (50	000 Character Max)		
The rating for this standard was based on a review of facility policy, on interviews with the Food Service Administrator and the Safety Officer and on observations. ICE detainees work only in the food service program and are paid three dollars per day for their work.			
Overall Rating: Meets Standard			
Reviewer Name (Printed) (b)(6), (b)(7)(c) Completion Date: 12/6/2012			
Reviewer Signature (for printed form submission):			

Section VI JUSTICE

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

PART 6 – 34. DETAINEE HANDBOOK (Key: AH)

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	Rating	Remarks (1000 Char Max)
1.	The facility has a detainee handbook. Each detainee receives a copy of the local handbook and the ICE National Detainee Handbook.	Meets Standard	
2.	The detainee handbook is written in English and translated into Spanish, and other languages spoken by significant numbers of detainees in that facility.	Meets Standard	The facility detainee handbook is available to detainees in both English and Spanish.
3.	A procedure for requesting interpretive services for essential communication has been developed.	Meets Standard	The facility has a procedure for requesting interpretive services.
4.	Orientation materials are read to detainees who cannot read, or they are provided the material via audio or video recordings.	Meets Standard	An orientation video is shown to detainees in the intake area upon arrival at the facility.
5.	The handbook supplements the facility orientation video where one is provided.	Meets Standard	
6.	The handbook is revised as necessary and there are procedures in place for immediately communicating any revisions to staff and detainees.	Meets Standard	The handbook is revised as needed to address changes. All changes are approved by the Warden, and new handbooks are printed. The old handbooks are no longer issued.
7.	There is an annual review of the handbook by a designated committee or staff member.	Meets Standard	The handbook is reviewed annually by a committee and revised as needed during the year.
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. 	Meets Standard	The handbook specifically addresses the required elements of this component.
9.	The detainee handbook states in clear language basic detainee responsibilities.	Meets Standard	
10.	The handbook clearly outlines the methods for classification of detainees, explains each level, and explains the classification appeals process.	Meets Standard	
11.	The handbook states when a medical examination will be conducted.	Meets Standard	
12.	The handbook describes the facility, housing units, dayrooms, In-dorm activities and special management units.	Meets Standard	

PART 6 – 34. DETAINEE HANDBOOK (Key: AH)

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.

The handbook addresses the elements listed in this component.
ard
ard
ard The required elements of this component are addressed in the handbook.
ard

PART 6 – 34. DETAINEE HANDBOOK (Key: AH)

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	Rating	Remarks (1000 Char Max)
 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. 	Meets Standard	The required elements of this component are addressed in detail in the handbook.
28. The handbook describes the medical sick call procedures for general population and segregation.	Meets Standard	
 29. The handbook describes the facility recreation policy including: Outdoor recreation hours. Indoor recreation hours. In dorm leisure activities. Rules for television viewing. 	Meets Standard	The recreation program for detainees is described in detail in the handbook.
30. The handbook describes the detainee dress code for daily living; and work assignments and the meaning of color-coded uniforms.	Meets Standard	
31. The handbook specifies the rights and responsibilities of all detainees.	Meets Standard	
32. Detainees are required to sign for the handbook to ensure accountability.	Meets Standard	
33. Orientation materials are provided to illiterate detainees either orally or via audio/video tapes in a language they can understand.	Meets Standard	Orientation materials are covered orally with a detainee who is illiterate or otherwise unable to comprehend the written orientation materials.

PART 6 - 34. DETAINEE HANDBOOK – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

PART 6 - 34. DETAINEE HANDBOOK – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The rating for this standard was based on a review of the facility handbook which is provided to each detainee upon admission. The handbook is available in English and Spanish and is supplemented by an orientation video which is presented in the intake hold room during in-processing. Special arrangements are made by the facility to ensure illiterate detainees are provided the information in the handbook in ways they can comprehend. The handbook is detailed and covers the required information.

Overall Rating: Meets Standard Reviewer Name (Printed) (b)(6), (b)(7)(c)

Completion Date: 12/6/2012

PART 6 – 35. GRIEVANCE SYSTEM (Key: Al)			
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	Rating	Remarks (1000 Char Max)	
 Detainees are informed about the facility's informal and formal grievance system. 	Meets Standard	The informal and formal grievance process is described in the detainee handbook.	
2. The admissions process includes providing each new arrival with a copy of the detainee handbook (or equivalent).	Meets Standard	The handbook is provided to each detainee at intake. Each detainee documents receipt of the handbook with his signature.	
 3. The grievance section of the handbook explains all steps in the grievance process – Including: Informal and formal grievance procedures; The appeals process and step-by-step procedures; Staff/detainee availability to help during the grievance process Guarantee against staff retaliation for filing/pursuing a grievance. How to file a complaint about officer misconduct with the Department of Justice. How to file an emergency grievance. 	Meets Standard	The grievance section of the handbook clearly explains all steps of the grievance process, including the specific elements listed in this component.	
 Written procedures provide for the informal resolution of oral grievances (Not mandatory). If yes, the detainee has up to five days within which to make his or her concern known to a member of the staff. 	Meets Standard	Policy allows a detainee up to five days after the occurrence of the alleged incident or problem to make his concerns known to staff.	
 5. Detainees have access to the grievance committee (or equivalent in IGSA), using formal procedures. Detainees may seek help from other detainees or facility staff when preparing a grievance. Illiterate, disabled, or non-English-speaking detainees receive special assistance when necessary. 	Meets Standard	Detainees may appeal a grievance decision to the appeal authority in the facility using formal procedures which are outlined in the detainee handbook. Detainees may seek assistance from facility staff or other detainees when preparing a grievance. Special needs detainees receive assistance when needed.	
 Facility has written procedures for identifying and handling a time-sensitive emergency grievance. 	Meets Standard	Emergency grievances are defined in the detainee handbook. An emergency grievance or a grievance alleging misconduct by a staff member is brought to the immediate attention of the Warden or his designee.	

PART 6 – 35. GRIEVANCE SYSTEM (Key: AI)		
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	Rating	Remarks (1000 Char Max)
7. Every member of the staff knows how to identify emergency grievances, including the procedures for expediting them.	Meets Standard	
8. Staff shall not harass, discipline, punish or otherwise retaliate against a detainee who files a complaint or grievance.	Meets Standard	Policy prohibits staff from harassing, disciplining, punishing or otherwise retaliating against a detainee who has filed a grievance.
 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. 	Meets Standard	An automated grievance log is maintained by the facility. Nuisance grievances are identified in the grievance log, and nuisance grievances received but not filed are documented.
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.	Meets Standard	
11. Staff are required to forward any grievance that includes officer misconduct to a higher official or, in a CDF/IGSA facility, to ICE.	Meets Standard	A grievance alleging misconduct by a staff member is brought to the immediate attention of the Warden or his designee, and a copy of the complaint is forwarded to ICE.
12. Informal resolution of a written grievance is documented in the detainee's Detention File.	Meets Standard	All informal resolutions of detainee grievances are documented, with a copy of each resolution placed in the applicable detainee's detention file.
13. Staff comply with the requirement to report allegations of officer misconduct to a supervisor or higher-level official in his or her chain of command, and/or to ICE/DRO Office of Professional Responsibility and/or the DHS Inspector General.	Meets Standard	A grievance alleging misconduct by a staff member is brought to the immediate attention of the Warden or his designee, and a copy of the complaint is forwarded to ICE.

PART 6 – 35. GRIEVANCE SYSTEM (Key: AI)			
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	Rating	Remarks (1000 Char Max)	
 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 	Meets Standard	Policy addresses the appeal process for a detainee who does not accept the proposed resolution of a complaint or grievance. The appeal goes to the Warden. This process is described in the detainee handbook. A detainee may forward a complaint to ICE personnel at any time.	
15. <u>In SPCs/CDFs</u> , the detainee has a reasonable timeframe after the incident or informal-grievance outcome to file a formal grievance.	Meets Standard	A detainee in this IGSA facility has five days from the date of the alleged incident/complaint or the proposed resolution of an informal complaint to file a formal complaint.	

PART 6 – 35. GRIEVANCE SYSTEM – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The rating for this standard was based on a review of the facility grievance policy, on interviews with the grievance coordinator, on a review of the grievance log and on personal observations.

Overall Rating: Meets Standard Reviewer Name (Printed)

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

Completion Date: 12/6/2012

	PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL (Key: AJ)			
Th	This Detention Standard protects detainees' rights by ensuring their access to courts, counsel, and legal materials.			
	Components	Rating	Remarks (1000 Char Max)	
1.	The facility provides a designated law library for detainee use.	Meets Standard		
2.	 The law library contains all materials listed in the "Access to Legal Materials" Standard, Attachment A. The listing of materials is posted in the law library. In lieu of/or in addition to the physical law library, ICE detainees have access to the Lexus Nexus electronic law library. 	Meets Standard	The facility uses the LexisNexis electronic law library as the source for Attachment A materials.	
3.	 If the Lexis/Nexis CD-ROM service alternative is used for the publications in Attachment A, the facility provides detainees sufficient: Operable computers and printers, in sufficient numbers in order to provide access Photocopiers, and Supplies for both. 	Meets Standard	The facility provides ICE detainees access to four computers in the main Law Library. Another computer is available for detainees in the Special Management Unit (SMU). All computers are equipped with the LexisNexis electronic law library. The Law Library has a printer and a photocopier. Supplies for both are available.	
4.	The library contains a sufficient number of chairs, is well lit and is reasonably isolated from noisy areas.	Meets Standard		
5.	The law library is adequately equipped with typewriters, computers or both and has sufficient supplies for daily use by the detainees.	Meets Standard		
6.	Detainees are provided with the means to save legal work in a private electronic format for future use.	Meets Standard	Detainees are allowed to save their work on the computer in a password-protected document.	
7.	The facility subscribes to updating services where applicable and legal materials requiring updates are current.	Meets Standard	The Law Library Coordinator is responsible for ensuring that legal materials requiring updates are current.	
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.	Meets Standard		

PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL (Key: AJ)			
This Detention Standard protects detainees' rights by ensuring their access to courts, counsel, and legal materials.			
Components	Rating	Remarks (1000 Char Max)	
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.	Meets Standard	The Law Library Coordinator is responsible for inspecting, updating and maintaining/replacing legal material and equipment on a routine basis. Outdated supplements are disposed of and damaged or missing material is promptly replaced. ICE provides quarterly updates for the LexisNexis program. The program was last updated November 2012.	
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.	Meets Standard	Detainees are offered a minimum of five hours per week access to the law library. Each housing unit has a scheduled day in the law library. Detainees may request additional time by submitting a request slip to the Law Library Coordinator. Detainees are not required to forego recreation time in lieu of library usage. Detainees facing a court deadline are given priority use of the library.	
11. Detainees may request material not currently in the law library. Each request is reviewed and where appropriate an acquisition request is initiate and timely pursued. Request for copies of court decisions are accommodated within 3 – 5 business days.	Meets Standard	Detainees may submit requests to the Law Library Coordinator to access materials not currently in the law library. Requests are reviewed and an acquisition request is initiated and timely pursued.	
 The facility permits detainees to assist other detainees, voluntarily and free of charge, in researching and preparing legal documents, consistent with security. 	Meets Standard		
 Staff ensure that illiterate or non-English-speaking detainees without legal representation receive more than access to English-language law books after indicating their need for help. 		The Law Library Coordinator will confer with ICE and makes every effort to assist illiterate or non- English speaking detainees to gain access to more than English- language law books when needed.	

PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL (Key: AJ)			
This Detention Standard protects detainees' rights by ensuring their access to courts, counsel, and legal materials.			
Components	Rating	Remarks (1000 Char Max)	
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.	Meets Standard	Detainees can retain a reasonable amount of legal material in their housing unit. Excess legal material will be stored with the detainee's personal property. Detainees can access their stored legal material, within 24 hours, by submitting a request.	
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.	Meets Standard	The facility has a portable computer that is used by detainees housed in the administrative and disciplinary segregation units. This computer contains the LexisNexis electronic law library. If a detainee needs access to actual law books, the Law Library Coordinator would assist the detainee. Any denial of a detainee's access to legal materials would be documented and would be reviewed routinely for lifting of the sanction.	
16. All denials of access to the law library fully documented.	Meets Standard		
17. Facility staff inform ICE Management when a detainee or group of detainees is denied access to the law library or law materials.	Meets Standard	ICE Management would be notified if a detainee or group of detainees was denied access to the law library or law materials. No detainees have been denied access.	
18. Detainees who seek judicial relief on any matter are not subjected to reprisals, retaliation, or penalties.	Meets Standard		
19. Indigent detainees are provided with free envelopes and stamps to mail related to legal matters.	Meets Standard		

PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The facility protects detainees' rights by ensuring their access to courts, counsel and legal materials. The facility has a law library with a large collection of state and federal law books. Detainees have access to law library computers and are afforded a minimum of five hours access to the law library. ICE detainees were interviewed and voiced no concerns regarding access to the law library. To evaluate this standard, staff and detainees were interviewed, policy was reviewed, postings were observed and the LexisNexis program was checked while in use.

Overall Rating: Meets Standard **Reviewer Name (Printed** (b)(6), (b)(7)(c)

Completion Date: 12/06/2012

Page 142 of 163 FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE) G-324A (Coded 10132010) Detention Review Worksheet - Rev: 6/19/2012 – Form Key 3 PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Reviewer Signature (for printed form submission):

Page 143 of 163 FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE) G-324A (Coded 10132010) Detention Review Worksheet - Rev: 6/19/2012 – Form Key 3

PART 6 - 37. LEGAL RIGHTS GROUP PRESENTATIONS (Key: AK)

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.

Standard N/A

Click the above button if No Group Presentations were conducted within the past 12 months. (All Line Items and standard will be rated "N/A")

Components	Rating	Remarks (1000 Char Max)
1. The Field Office is responsive to requests by attorneys and accredited representatives for group presentations.	N/A	
 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. 	N/A	
 The facility follows policy and procedure when rejecting or requesting modifications to objectionable material provided or presented by the attorney or accredited representative. 	N/A	
 Posters announcing presentations appear in common areas at least 48 hours in advance and sign-up sheets are available and accessible. 	N/A	
 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. 	N/A	
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.	N/A	
 Detainees in segregation, unable to attend for security reasons may request separate sessions with presenters. Such requests are documented. 	N/A	
8. Interpreters are admitted when necessary to assist attorneys and other legal representatives.	N/A	
 Presenters are afforded a minimum of one hour to make the presentation and additional time to conduct a question-and-answer session. 	N/A	
10. Staff permit presenters to distribute ICE/DRO-approved materials.	N/A	
11. The facility permits presenters to meet with small groups of detainees to discuss their cases after the group presentation. ICE/DRO or authorized detention staff are present but do not monitor conversations with legal providers.	N/A	

PART 6 - 37. LEGAL RIGHTS GROUP PRESENTATIONS (Key: AK)

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.

Standard N/A

Click the above button if No Group Presentations were conducted within the past 12 months. (All Line Items and standard will be rated "N/A")

Components	Rating	Remarks (1000 Char Max)
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.	N/A	
13. The facility plays ICE/DRO-approved videotaped presentations on legal rights, at regular opportunities at the request of outside organizations.	N/A	
14. A copy of the Group Legal Rights Presentation policy, including attachments, is available to detainees upon request	N/A	
15. The facility maintains equipment for viewing approved electronically formatted presentations.	N/A	

PART 6 - 37. LEGAL RIGHTS GROUP PRESENTATIONS – Reviewer Summary			
(Use following format for dates: mn	n/dd/yyyy)		
Overall Remarks: (Record significant facts, observations, other sources us	ed, etc.) (5000 Character Max)		
The facility has had no legal rights group presentations during the past 12 months.			
Overall Rating: N/A			
Reviewer Name (Printed) (b)(6), (b)(7)(c)	Completion Date: 12/6/2012		
Reviewer Signature (for printed form submission):			

Section VII ADMINISTRATION & MANAGEMENT

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

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

	PART 7 – 38. DETENTION FILES (Key: AL)			
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	Rating	Remarks (1000 Char Max)	
1.	A Detention File is created for every new arrival whose stay will exceed 24 hours.	Meets Standard	A detention file is created for every detainee admitted to the facility.	
2.	The detainee Detention File contains either originals or copies of documentation and forms generated during the admissions process.	Meets Standard		
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 	Meets Standard	Fifteen detention files were reviewed. The files contained all of the items listed in this component.	
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.	Meets Standard	Detention files are located in the Count Office, where the Records Clerks work. The files are maintained in lockable filing cabinets. The Records Clerks and Supervisors have access to the keys.	
5.	The Detention File remains active during the detainee's stay. When the detainee is released from the facility, staff add copies of completed release documents, the original closed-out receipts for property and valuables, the original I-385 or equivalent and other documentation.	Meets Standard		
6.	The officer closing the Detention File makes a notation that the file is complete and ready to be archived.	Meets Standard	Staff include a File Cover Sheet that has the notation "Closing of File for Archiving" when the file is closed.	
7.	Staff make copies and sends documents from the file when appropriately requested by supervisory personnel at the receiving facility or office.	Meets Standard		
8.	Appropriate staff have access to the Detention Files and other departmental requests are accommodated by making a request for the file. Each file is properly logged out and in by a representative of the responsible department.	Meets Standard	A Detainee File Removal Log is maintained by the Records staff. All files are logged in and out. Files may be checked out by a Lieutenant or higher ranking officer.	
9.	Electronic record-keeping systems and data are protected from unauthorized access.	Meets Standard	All electronic record-keeping systems are password-protected.	

PART 7 – 38. DETENTION FILES (Key: AL)			
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	Rating	Remarks (1000 Char Max)	
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.	Meets Standard		
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.	Meets Standard		
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.	Meets Standard	The Classification and Detainee Record Department Supervisor maintains the necessary equipment and supplies. All equipment is maintained in good working order and has the capacity to handle the workload.	
13. The Detention Operations Supervisor or equivalent can direct certain documents be added to a detainee's detention File.	Meets Standard		
14. Archived files are purged after six years by shredding or burning.	Meets Standard	The facility has only been open for four years and has not had to purge any files. Policy states that after six years, archived files will be purged by shredding.	
15. Field Offices maintains detention files on detainees housed in IGSA Facilities as needed. These files are maintained for a minimum of 18 months.	Meets Standard		

PART 7 – 38. DETENTION FILES – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The facility maintains a detention file on every ICE detainee that is booked into the facility. Files are maintained in an efficient and responsible manner and include all significant information about the detainee. The files contained all the documents required by the standard. To evaluate this standard, staff was interviewed, policy and detention files were reviewed and the file sign-out log was checked.

Overall Rating: Meets Standard

Reviewer Name (Printed) (b)(6), (b)(7)(c)

Completion Date: 12/6/2012

Reviewer Signature (for printed form submission):

	PART 7 – 39. NEWS MEDIA INTERVIEWS AND TOURS (Key: AM)			
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	Rating	Remarks (1000 Char Max)	
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.	Meets Standard	Any requests for interviews by reporters, other news media representatives, academics and other not covered by the Detention Standard on Visitation would be forwarded to the ICE Field Office Director for approval. The facility has not had any such requests in the past 12 months.	
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.	Meets Standard		
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.	Meets Standard		
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.	Meets Standard	A signed release form would be obtained from any detainee who agrees to be photographed or recorded. A copy would be placed in the detainee's A-file and detention file.	
5	 All press pools are organized `according to the procedures in the Detention Standard. A press pool may be established when the Field Office Director and facility administrator determine that the volume of interview requests warrants such action. All media representatives with pending or requested, tours, or visits were notified that, effective immediately and until further notice, all media representatives must comply with the press pool guidelines established by the Field Office Director. All material generated from such a press pool is made available to all news media, without right of first publication or broadcast. 	Meets Standard	The facility has not had a need to organize any press pools. The bulleted parts of this component would be followed in the event a press pool is needed.	

PART 7 - 39. NEWS MEDIA INTERVIEWS AND TOURS – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The facility would ensure that the public and the media are informed of events within the facility's area of responsibility through interviews and tours. The facility would forward any requests for interviews with ICE detainees to the ICE Field Office for approval. The procedures stated in the Detention Standard would be followed. To evaluate this standard, staff was interviewed and policy was reviewed.

PART 7 - 39. NEWS MEDIA INTERVIEWS AND TOURS – Reviewer Summary			
(Use following format for dates: mm/dd/yyyy)			
Overall Rating: Meets Standard			
Reviewer Name (Printed) (b)(6), (b)(7)(c)	Completion Date: 12/6/2012		
Reviewer Signature (for printed form submission):			

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

PART 7 – 40. STA	PART 7 – 40. STAFF TRAINING (Key: AN)		
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	Rating	Remarks (1000 Char Max)	
 The facility conducts appropriate orientation, initia training, and annual training for all staff, contractors, and volunteers. 			
 The amount and content of training is consistent with th duties and function of each individual and the degree of direct supervision that individual receives. 		Training is tailored to the duties and function of the employee's job assignment, including the degree of direct supervision the employee receives.	
 At least one qualified individual with specialized trainin for the position coordinates and oversees the stat development and training program. At a minimum, ful time training personnel complete a 40-hour training-for trainers course. 	f - Meets Standard	The training program is under the direction of the Training Administrator who is a certified Trainer of Trainers and a Master Trainer.	
 Training is governed and guided by a training plan that i reviewed and approved annually by the facilit administrator. 		The annual training plan for the facility is reviewed and approved by the Warden. Documentation of this approval was reviewed during the inspection.	
 5. An accurate and complete record is maintained of a formal training activities in: Individual training folders, Other training records systems, and/or Electronic systems. 	ll Meets Standard	An accurate, complete and individual training file for each employee is maintained in the training office. The information is also maintained in an electronic file.	

PART 7 – 40. STAFF TRAINING (Key: AN) 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.		
 6. Each new employee, contractor, and volunteer is provided an orientation prior to assuming duties. While tailored specifically for staff, contractors, and volunteers, the orientation programs include, at a minimum: Working conditions Cultural diversity/understanding staff & detainees Code of ethics Personnel policy manual Employees' rights and responsibilities Drug-free Workplace Health-related emergencies Signs of Suicide risk and precautions Suicide prevention and intervention Hunger strikes Use of Force Keys and Locks Overview of the criminal justice system Tour of the facility Facility organization Staff rules and regulations Sexual harassment/sexual misconduct awareness Personnel policies Program overview Orientation and training on detainee handbook and detainee rights. Requirement of special-needs detainees. National Detention Standards 	Meets Standard	The training curriculum was reviewed. The orientation training provided to each new employee, contractor and volunteer addresses each of the required elements of this component.

PART 7 – 40. STAFF TRAINING (Key: AN)			
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	Rating	Remarks (1000 Char Max)	
 Components 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. 	Meets Standard	Clerical and support staff with minimal contact with detainees receive training which addresses the elements listed in this component. The curriculum for this training and documentation of the training were reviewed.	

	PART 7 – 40. STAFF TRAINING (Key: AN)			
	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	Rating	Remarks (1000 Char Max)	
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		Professional and support	
	Use-of-force regulations and tactics		employees who have regular	
	Report writing	Meets Standard	contact with detainees receive	
	Detainee rules and regulations		training which addresses the	
	Key control		elements listed in this component. The curriculum for	
	Rights and responsibilities of detainees		this training and documentation	
	Safety procedures		of the training were reviewed.	
	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.			

PART 7 – 40. STAFF TRAINING (Key: AN)			
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	Rating	Remarks (1000 Char Max)	
 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. 	Meets Standard	Full-time health care employees are provided the same 40-hour orientation training as correctional officers. That training addresses the elements listed in this component.	
 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.			

PART 7 – 40. STAF	F TRAINING (Key: AN)		
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	Rating	Remarks (1000 Char Max)	
 10. Security personnel (including contractors) will receive training on the following subjects, at a minimum: Security procedures and regulations Supervision of detainees Searches of detainees, housing units, and work areas Signs of suicide risk, precaution, prevention and intervention. Code of Ethics Health-related emergencies Drug-free workplace Suicide precautions Self-defense techniques Use-of-force regulations and tactics Report writing Detainee rules and regulations Key control Rights and responsibilities of detainees Safety procedures Emergency plans and procedures Interpersonal relations Social/cultural lifestyles of the detainee population Cultural diversity/understanding staff & detainees Communication skills Cardiopulmonary resuscitation (CPR)/first aid Counseling techniques Sexual abuse/assault awareness National Detention Standards. 	Meets Standard	Correctional officers receive training in each of the required areas listed in this component.	
 11. Situation Response Teams (SRTs) receive: Specialized training before undertaking their assignments. 	Meets Standard	Situation Response Team (SRT) members receive an additional 40 hours of training specific to their SRT duties, as well as an additional eight hours of training each month.	
12. Facility management and supervisory staff receive:Management and Supervisory training	Meets Standard		

PART 7 – 40. STAF	F TRAINING (Key: AN)	
This Detention Standard ensures that staff, contractors, and vo that they receive initial and ongoing refresher training.	lunteers are competent in	their assigned duties by requiring
Components	Rating	Remarks (1000 Char Max)
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.	Meets Standard	Personnel authorized to use firearms receive additional training which addresses the topics listed in this component. Authorized personnel must qualify with their firearms annually.
14. (MANDATORY) All personnel authorized to use firearms demonstrate competency in their use at least annually.	Meets Standard	Authorized personnel must qualify with their firearms annually.
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.	Meets Standard	Personnel authorized to use chemical agents receive additional specialized training which includes the topics listed in this component.
 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. 	Meets Standard	Orientation and training which addresses the topics listed in this component is provided by Human Resource personnel when the new employee completes his/her initial employment paperwork.
17. New staff are required to acknowledge in writing that they have reviewed and understand the facility's drug-free workplace program, and a copy of the signed acknowledgement is maintained in that person's personnel file.	Meets Standard	Documentation acknowledging receipt of the facility's drug-free workplace program is obtained when the new employee completes his/her initial employment paperwork. A copy of the documentation is maintained in the employee's personnel file.

PART 7 – 40. STAFI	F TRAINING (Key: AN)	
This Detention Standard ensures that staff, contractors, and vol that they receive initial and ongoing refresher training.	lunteers are competent in t	heir assigned duties by requiring
Components	Rating	Remarks (1000 Char Max)
 18. All staff are trained during orientation and annually thereafter, regarding the facility's code of ethics. Typical contents are: Staff, contractors, and volunteers prohibited from: Using their official positions to secure privileges for themselves or others. Engaging in activities that constitute a conflict of interest. Accepting any gift or gratuity from, or engaging in personal business transactions with a detainee or a detainee's immediate family. Acceptable behavior in the areas of campaigning, lobbying or political activities. 	Meets Standard	All staff are advised of the facility's Code of Ethics when they complete their initial employment paperwork. A copy of the documentation is maintained in the employee's personnel file. Additional training on the Code of Ethics is provided during the initial orientation training completed by all new employees. The required elements of this component are covered within the two training classes.
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.	Meets Standard	
 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. 	Meets Standard	All staff in frequent contact with detainees are trained in cardiopulmonary resuscitation and first aid. Staff are also trained on recognition of potential health emergencies, on how to obtain medical assistance in the facility and to respond to health-related emergencies within four minutes. This training is provided for new employees and during annual refresher training.

PART 7 – 40. STAFF	TRAINING (Key: AN)	
This Detention Standard ensures that staff, contractors, and volu that they receive initial and ongoing refresher training.	unteers are competent in	their assigned duties by requiring
Components	Rating	Remarks (1000 Char Max)
 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. 	Meets Standard	All facility staff are trained quarterly on the facility's Sexual Abuse and Assault Prevention and Intervention Program. The training addresses the topics listed in this component.
 22. (MANDATORY) All staff in frequent contact with detainees are trained at least annually on the facility's Suicide Prevention and Intervention Program, to include: Identifying the warning signs and symptoms of impending suicidal behavior, Demographic, cultural, and precipitating factors of suicidal behavior, Responding to suicidal and depressed detainees, Communication between correctional and health care personnel, Referral procedures, Housing observation and suicide-watch level procedures, and Follow-up monitoring of detainees who have attempted suicide. 	Meets Standard	Staff in frequent contact with detainees are trained quarterly and annually on the facility's Suicide Prevention and Intervention Program. The training addresses all of the topics listed in this component.
23. All staff are trained during orientation and annually to recognize the signs of a hunger strike and on the procedures for referral for medical assessment.	Meets Standard	Initial orientation training, annual refresher training and quarterly training address the signs of a hunger strike and the procedures for referral of the detainee engaged in a hunger strike to medical personnel.
24. All staff are trained in proper procedures for the care and handling of keys. Orientation training shall be accomplished before staff are issued keys, and key control shall be among the topics covered in annual training. Ordinarily, such training is done by the Security Officer or Key Control Officer.	Meets Standard	

PART 7 – 40. STAF	F TRAINING (Key: AN)	
This Detention Standard ensures that staff, contractors, and vo that they receive initial and ongoing refresher training.	lunteers are competent in t	heir assigned duties by requiring
Components	Rating	Remarks (1000 Char Max)
 25. Through ongoing (at least annual) training, all detention facility staff are made aware of their responsibilities to control situations involving aggressive detainees. At a minimum, training shall include: The requirements of this Detention Standard The use of force continuum Communication techniques Cultural diversity Dealing with the mentally ill Confrontation-avoidance techniques Force cell-move techniques Communicable diseases, particularly precautions to be taken for use of force Application of restraints (progressive and hard) Reporting procedures. 	Meets Standard	Security personnel receive 40 hours of orientation training followed by 80 hours of pre- service training. Forty of the 80 pre-service training hours involve on-the-job training. Security personnel also receive 40 hours of refresher training annually. The training addresses all of the topics listed in this component.
 Reporting procedures. 26. Employees are encouraged to continue their education and professional development through incentives such as salary enhancement, reimbursement of costs, and administrative leave. 	Meets Standard	Employees are offered tuition reimbursement for continuing education, including web-based continuing education programs.

PART 7 – 40. STAFF TRAINING – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

The rating for this standard was based on a review of the facility training policy, interviews with the training officer, a review of training records and observation of a training class. The training program provides adequate training for staff, contractors and volunteers to be proficient and competent in their duties.

Overall Rating: Meets Standard

Reviewer Name (Printed) (b)(6), (b)(7)(c)

Completion Date: 12/6/2012

Reviewer Signature (for printed form submission):

	PART 7 - 41. TRANSFE	R OF DETAINEES (Key: AC))	
	is Detention Standard ensures that transfers of detainees f	rom one facility to anothe	er are professionally and responsibly	
managed in regard to notifications, detainee records, safety and security, and protection of detainee funds and personal property.				
	Components	Rating	Remarks (1000 Char Max)	
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. 	Meets Standard	ICE staff performs all of the functions required by this component.	
2.	Notification includes the reason for the transfer and the location of the new facility,	Meets Standard		
3.	The deportation officer is allowed discretion regarding the timing of the notification when extenuating circumstances are involved.	Meets Standard		
4.	The attorney and detainee are notified that it is their responsibility to notify family members regarding a transfer.	Meets Standard		
5.	 Facility policy mandates that: Times and transfer plans are never discussed with the detainee prior to transfer. 		Facility policy addresses the	
	 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. 	Meets Standard	bulleted items list in this component.	
6.	The detainee is provided with a completed Detainee Transfer Notification Form.	Meets Standard	Detainees are provided a completed copy of the Detainee Transfer Notification Form just prior to transfer.	
7.	Form G-391 or equivalent authorizing the removal of a detainee from a facility is used.	Meets Standard	The G-391 form is used to authorize the removal of a detainee from this facility.	
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. 	Meets Standard	Medical transfers are approved by Immigration Health Service Corps (IHSC) and are coordinated through the facility Medical Director and ICE. The transfer process also includes the other bulleted items listed in this component.	

PART 7 - 41. TRANSFER OF DETAINEES (Key: AO)				
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	Rating	Remarks (1000 Char Max)		
 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. 	Meets Standard			
10. For medical transfers, transporting officers receive instructions regarding medical issues.	Meets Standard	Transporting officers receive medical information on a need- to-know basis.		
11. Detainee's funds, valuables and property are returned and transferred with the detainee to his or her new location.	Meets Standard	The detainee's personal property and funds are returned to and transferred with the detainee.		
12. Transfer and documentary procedures outlined in Section C and D are followed.	Meets Standard			
 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. 	Meets Standard			
14. Meals are provided when transfers occur during normally schedule meal times.	Meets Standard	When transfers occur during a scheduled meal period, a sack lunch is provided.		
15. An A-File or work folder accompanies the detainee when transferred to a different Field Office or sub-office.	Meets Standard			
16. A-Files are forwarded to the receiving office via overnight mail no later than one business day following the transfer.	Meets Standard	A-files are normally transferred with the detainee. If not, the files would be forwarded by overnight mail no later than one business day following the transfer.		

PART 7 - 41. TRANSFER OF DETAINEES – Reviewer Summary

(Use following format for dates: mm/dd/yyyy)

Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max)

Interviews with ICE and facility staff confirmed that the ICE Field Office ensures that all necessary notifications are made for every ICE detainee transfer. To evaluate this standard, ICE staff and detainees were interviewed, policy was reviewed and transfer documents and detention files were reviewed.

Overall Rating: Meets Standard

Reviewer Name (Printed)

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

Completion Date: 12/6/2012

Reviewer Signature (for printed form submission):

DOCUMENT CHECK

The document check should be run upon completion of the review form and PRIOR to submission to DHS-ICE. This check will help ensure the form is ready for upload to DHS-ICE systems. Errors indicate issues were found with specific data entered into the form. Items Not Rated indicate there were line items found on the form which remain in a "Not Rated" status. This action will also update the table of contents.

The check will take several minutes to complete, during which the screen will flash.

Review Document	Issue Summary	Ratings Check	Status		
Check Document:	Run Check	Error(s) Found:	0	ltems Not Rated:	0
Errors:					
Items Not Rated:					

A. Type of Facility Reviewed	
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ICE Service Processing Center
ICE Contract Detention Facility

- ICE Contract Detention Facility
 - ICE Intergovernmental Service Agreement

B. Current Inspection

 \boxtimes

Type of Inspection	
Field Office HQ Inspection	
Date[s] of Facility Review	
12/04/2012 - 12/06/2012	

C. Previous/Most Recent Facility Review

Date[s] of Last Facility Rev	iew
12/06/2011 - 12/08/2011	Official Rating Unknown
Previous Rating	
Meets Standards	Does Not Meet Standards

D. Name and Location of Facility

Name
Joe Corley Detention Facility
Address (Street and Name)
500 Hilbig Road
City, State and Zip Code
Conroe, Texas 77301
County
Montgomery
Name and Title of Facility Administrator
(Warden/OIC/Superintendent)
(b)(6), (b)(7)(c)
Telephone # (Include Area Code)
936-56)(6), (b)(7)(c)
Field Office / Sub-Office (List Office with oversight
responsibilities)
Houston, Texas
Distance from Field Office
30 miles

E. ICE Information

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

 (b)(6), (b)(7)(c]LCI / Nakamoto Group

 Name of Team Member / Title / Duty Location

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

 Medical SME / Nakamoto Group

 Name of Team Member / Title / Duty Location

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

 Safety/Food Service SME / Nakamoto Group

 Name of Team Member / Title / Duty Location

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

 Safety/Food Service SME / Nakamoto Group

 Name of Team Member / Title / Duty Location

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

 Safety/Food Service SME / Nakamoto Group

 Name of Team Member / Title / Duty Location

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

 Safety/Food Service SME / Nakamoto Group

F. CDF/IGSA Information Only

Contract Number	Date of Contract or IGSA		
DROIGSA-08-0030	July 31, 2008		
Basic Rates per Man-Day			
67.07			
Other Charges: (If None, Indicate N/A)			
N/A; ; ;			

Estimated Man-days Per Year 181,040

G. Accreditation Certificates

List all State or National Accreditation[s] received:

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		
2008		
Date Last Remodeled or Upgraded		
N/A		
Date New Construction / Bedspace Added		
N/A		
Future Construction Planned		
Yes X No Date: N/A		
Current Bedspace Future Bedspace (# New Beds only)		
1287	Number: N/A Date: N/A	

J. Total Facility Population

Total Facility Intake for previous 12 months	
10,060	
Total ICE Mandays for Previous 12 months	
180,450	

K. Classification Level (ICE SPCs and CDFs Only)

	L-1	L-2	L-3
Adult Male	N/A	N/A	N/A
Adult Female	N/A	N/A	N/A

L. Facility Capacity

	Rated	Operational	Emergency
Adult Male	1287	1287	1287
Adult Female000			
Facility holds Juveniles Offenders 16 and older as Adults			

M. Average Daily Population

ICEUSMSOtherAdult Male58050312				
Adult Male 580 503 12		ICE	USMS	Other
	Adult Male	580	503	12
Adult Female0193	Adult Female	0	19	3

N. Facility Staffing Level

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

Significant Incident Summary Worksheet

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

Incidents	Description	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault:	Types (Sexual ² , Physical, etc.)	Physical	Physical	Physical	Physical
Offenders on Offenders ¹	With Weapon	0	0	0	0
	Without Weapon	6	8	11	3
Assault:	Types (Sexual Physical, etc.)	N/A	N/A	N/A	Physical
Detainee on Staff	With Weapon	0	0	0	0
	Without Weapon	0	0	0	1
Number of Forced Moves, incl. Forced Cell moves ³		0	0	0	0
Disturbances ⁴		0	0	0	0
Number of Times Chemical Agents Used		0	0	0	0
Number of Times Special Reaction Team Deployed/Used		0	0	0	0
# Times Four/Five Point	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	N/A	N/A	N/A	N/A
Restraints applied/used	Type (C=Chair, B=Bed, BB=Board, O=Other)	N/A	N/A	N/A	N/A
Number of Times Canines Used in Facility		0	0	0	0
Offender / Detainee Medical Referrals as a result of injuries sustained.		1	8	4	2
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	15	11	12	1
	# Resolved in favor of Offender/Detainee	0	9	0	0
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	N/A	N/A	N/A	N/A
	Number	0	0	0	0
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	15	13	35	13
	# Psychiatric Cases referred for Outside Care	0	0	0	0

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

3

4

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

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

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

I. Meets Standards 2. Does Not Meet Standards 3. Repeat Finding 4. Not Applicable 1 2 3 4 PART I SAFETY I Emergency Plans I <thi< th=""> I I I</thi<>		DHS/ICE Detention Standards Review Summary Report							
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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.	12/06/2012
Team Members	
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
(b)(6), (b)(7)(c) Medical SME, The Nakamoto Group, Inc. Print Name, Title, & Duty Location	(b)(6), (b)(7)(c) Security SME, The Nakamoto Group, Inc. Print Name, Title, & Duty Location
(b)(6), (b)(7)(c) Safety/Food Service, The Nakamoto Group, Inc.	

Recommended Rating:

⊠ Meets Standards □ Does Not Meet Standards

Comments: The Joe Corley Detention Facility is owned by the County of Montgomery and operated by The GEO Group, Inc. It is a 1287-bed facility that houses male and female Federal Bureau of Prisons and U.S. Marshals Service non-ICE detainees and male ICE detainees. The facility opened in 2008 and has an average daily ICE detainee population of 580. The average length of stay for ICE detainees is 30 days. ICE maintains offices at this facility. Onsite ICE staff consists (0)(7) detention staff and (7)(6) upervisors. ICE staff interact with ICE detainees on a daily basis.

The facility has not had any deaths, suicide attempts, escapes or attempted escapes during the past 12 months.

	(b)(7)e	
(b)(7)e	When canines are used, they are not used in the presence of ICE detainees. ICE detainees are not charged medica	l co-pay
fees.	-	

An official copy of the last annual inspection report and the results of that inspection were not available to the inspection team.