

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)**

Facility Information			
Facility Name: Karnes County Civil Detention Center			Pre-Occupancy: <input type="checkbox"/>
Facility Type: IGSA Intergovernmental Service Agreement (IGSA), ICE Service Processing Center (SPC), ICE Contract Detention Facility (CDF)			
Address:	409 FM 1144		
City: Karnes City		State: TX	Zip Code: 78118
County: Karnes			
CEO Name: (b)(6), (b)(7)(c)		CEO Title: Facility Administrator	
Review Information (Use following format for dates: mm/dd/yyyy)			
Start Date: 6/26/2012		End Date: 6/28/2012	Review Type: Headquarters
Lead Name: (b)(6), (b)(7)(c)		Lead 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 Edits are required, contact ICE HQ for an updated form.*FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)**

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.

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

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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Section I: SAFETY

**Emergency Plans
Environmental Health and Safety
Transportation (By Land)**

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

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 staff training reinforces that no detainee groups exercise control or authority over other detainees.
2. Detainees are protected from: <ul style="list-style-type: none"> Personal abuse Corporal punishment Personal injury Disease Property damage Harassment from other detainees 	Meets Standard	The facility disciplinary procedure stipulates that all detainees will be free from personal abuse, corporal punishment, personal injury, disease, property damage and harassment from other detainees.
3. Staff are trained to identify signs of detainee unrest. <ul style="list-style-type: none"> What type of training and how often? 	Meets Standard	All new staff receives two hours of Emergency Procedures training.
4. Staff effectively disseminate information on facility climate, detainee attitudes, and moods to the Facility Administrator.	Meets Standard	Information is passed on during roll call.
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, and is given sufficient time to develop and implement the plans.
6. Each emergency plan is assigned a number and is strictly accounted for. A list identifying the location of each emergency plan is maintained by the Chief of Security or equivalent.	Meets Standard	All emergency plans are assigned a number, and there is a list identifying the location of each plan.
7. All staff receive training in the emergency plans during their orientation training as well as during their annual training.	Meets Standard	All new staff receive two hours of Emergency Procedures training. This training is also included in the annual training curriculum.
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	Primary and secondary routes are identified.
9. The plans address the following issues: <ul style="list-style-type: none"> Confidentiality Accountability (copies and storage locations) Annual review procedures and schedule Revisions 	Meets Standard	

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

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)
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	The Emergency Procedure Manual contains numbers for all neighboring residents.
12. The facility has cooperative contingency plans with applicable: <ul style="list-style-type: none"> Local law enforcement agencies State agencies Federal agencies 	Meets Standard	The facility has Memoranda of Understanding with local, state and federal law enforcement and other agencies.
13. The facility conducts mock emergency exercises with agencies or departments with which they share mutual aid agreements and Memoranda of Understandings. The exercises should test specific emergency plans to assess their effectiveness.	Meets Standard	A mock emergency drill was conducted on 02/27/2012.
14. All staff receive copies of the Facility Hostage policy and procedures.	Meets Standard	All staff receives copies of the Facility Hostage Policy during their orientation process.
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 Within 24 hours after release, hostages are screened for medical and/or psychological effects.
16. The facility maintains a list of translator services in the event one is needed during a hostage crisis.	Meets Standard	A list of translator services is located in the Emergency Plans Manual.
17. Emergency plans include emergency medical treatment for staff and detainees during and after an incident.	Meets Standard	Emergency aid stations are addressed in policy.
18. 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 3-day supply of emergency meals.
19. Written plans illustrate locations of shut-off valves and switches for utilities (water, gas, electric).	Meets Standard	The emergency fire procedure contains locations and illustrations of shut-off valves and switches for utilities.
20. Written plans include a Staff Work Stoppage procedure. This procedure is available for limited supervisory review.	Meets Standard	

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

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)
<p>21. (MANDATORY) Written procedures cover:</p> <ul style="list-style-type: none"> • Work/Food Strike • Fire • Environmental Hazard • Detainee Transportation System Emergency • ICE-wide Lockdown • Staff Work Stoppage • Disturbances • Escapes • Bomb Threats • Adverse Weather • Internal Searches • Facility Evacuation • Detainee Transportation System Plan • Hostages (Internal) • Civil Disturbances 	Meets Standard	The facility has emergency plans that address all of the bullet pointed items listed in this component.
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)

A 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 versed in monitoring the "detainee climate" within the facility. Facility management does not allow mistreatment of detainees by either staff or other detainees. Staff training and daily supervision of detainees are conducted in such a manner that detainees are protected from abuse. All staff receive pre-service training. Due to the facility opening only three months ago, documentation of annual training on emergency plans is not yet available. The plans are considered confidential and handled accordingly.

Overall Rating: Meets Standard

Reviewer Name (Printed)

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

Completion Date: 6/28/2012

Reviewer Signature (for printed form submission):

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

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 the control, handling, storage and use of flammable, toxic and caustic materials.
2. Constant inventories are maintained for all flammable, toxic, and caustic substances used/stored in each area of the facility.	Meets Standard	Each area that stores flammable, toxic or caustic substances maintains a running inventory of each item.
3. The manufacturer's Material Safety Data Sheet (MSDS) file is up-to-date for every hazardous substance used. <ul style="list-style-type: none"> 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	The facility maintains two Material Safety Data Sheet (MSDS) binders. One is kept in Central Control and the other is kept by the Fire Safety Officer. The facility has provided the local fire department with a complete set of MSDSs for all chemicals stored at this facility.
4. All personnel using flammable, toxic, and/or caustic substances follow the prescribed procedures: <ul style="list-style-type: none"> Wear personal protective equipment. Report hazards and spills to the designated official. 	Meets Standard	Policy states that each individual using a hazardous substance must follow all prescribed precautions, wear protective equipment and report hazards and spills to the designated authority.
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. <ul style="list-style-type: none"> Quantities are limited. Detainees are trained. Staff always supervise detainees using these substances. 	Meets Standard	Policy states all hazardous materials are issued under the supervision of a designated employee. Substances are issued in single-day increments. Detainees are supervised by qualified staff. Detainees receive training by a supervisor prior to using the substance.
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	Lighting fixtures are designed to meet the National Electrical Code (NEC) requirements.
9. All toxic and caustic materials stored in their original containers in a secure area.	Meets Standard	

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

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)
10. Excess flammables, combustibles, and toxic liquids are disposed of properly in accordance with MSDS.	Meets Standard	Staff follows MSDS when disposing of excess flammable, toxic or combustible materials.
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	This facility does not have any products that contain methyl alcohol.
12. Every employee and detainee using flammable, toxic, or caustic materials receives advanced training, in accordance with OSHA standards, in their use, storage, and disposal.	Meets Standard	All staff receive Fire and Safety training prior to any work assignment. All detainees receive training on all chemicals that they may be using prior to use of the chemical.
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	This component was rated as Does Not Meet Standard during the last inspection due to the facility not having an approved Fire Plan. The facility now has an approved Fire Plan dated 03/09/2012.
14. A technically qualified staff member conducts fire and safety inspections.	Meets Standard	The facility Fire and Safety Officer conducts 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 facility has a fire plan that has been approved by the local Fire Marshal having jurisdiction over the facility. The fire plan is dated 03/09/2012.
17. The plan requires: <ul style="list-style-type: none"> Monthly fire inspections. Fire protection equipment strategically located throughout the facility. Public posting of emergency plan with accessible building/room floor plans. Exit signs and directional arrows. An area-specific exit diagram conspicuously posted in the diagrammed area. 	Meets Standard	The facility fire plan addresses all of the bulleted parts of this component.

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

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)
18. Fire drills are conducted and documented quarterly in all facility locations including the administrative area.	Meets Standard	Fire drills are conducted quarterly in all areas and on all shifts. Documentation was reviewed.
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 describes the procedure for 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	Any item that would represent a potential safety or security risk is maintained by the Maintenance Supervisor in the maintenance department on an inventory that is checked daily.
24. Standard cleaning practices include: <ul style="list-style-type: none"> Using specified equipment; cleansers; disinfectants and detergents. An established schedule of cleaning and follow-up inspections. 	Meets Standard	
25. Spill kits are readily available.	Meets Standard	Spill kits are available in Central Control, the Intake Area and in the medical department.
26. A licensed medical waste contractor disposes of infectious/bio-hazardous waste.	Meets Standard	Stericycle provides service for infectious/bio-hazardous waste.
27. Staff are trained to prevent contact with blood and other body fluids and written procedures are followed.	Meets Standard	All staff are trained in Universal Precautions for blood-borne pathogens as part of their orientation training.
28. Do the methods for handling/disposing of refuse meet all regulatory requirements?	Meets Standard	The facility has a contract with a local refuse company.
29. A Licensed/Certified/Trained pest-control professional inspects for rodents, insects, and vermin. <ul style="list-style-type: none"> At least monthly. The pest-control program includes preventive spraying for indigenous insects. 	Meets Standard	Inspections are conducted monthly by D-N Weed and Pest Control, Inc. The pest control program includes preventative spraying for indigenous insects.

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

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)
30. Drinking water and wastewater is routinely tested according to a fixed schedule.	Meets Standard	Drinking water and waste water is tested by the San Antonio River Authority Regional Environmental Laboratory. Testing is conducted at least annually. The date of the last inspection was 02/07/2012.
31. Emergency power generators are tested at least every two weeks. <ul style="list-style-type: none"> Other emergency systems and equipment receive testing at least quarterly. Testing is followed-up with timely corrective actions (repairs and replacements). 	Meets Standard	Emergency power generators are tested weekly.
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	
34. The Health Services Administrator has implemented a program supporting a high level of environmental sanitation.	Meets Standard	Policy describes the process for the facility to maintain 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 Health Services Administrator (HSA), in consultation with the Fire Safety Officer, conducts special investigations and comprehensive surveys of environmental health conditions.
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 HSA and the Fire Safety Officer are responsible for developing and implementing policy, procedures and guidelines pertaining to activities of the environmental health program.

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

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)
<p>38. Environmental health and safety conditions shall be maintained at a level that meets recognized standards of safety and hygiene, including those from the:</p> <ul style="list-style-type: none"> 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	

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)

During the evaluation of this standard, policy was reviewed and detainees and facility staff were interviewed. The inspector observed chemical storage areas, evacuation plans, spill kits, and training records, and reviewed chemical inventories.

The facility maintains a comprehensive environmental health and safety program that includes the control of hazardous materials, facility-wide sanitation initiatives and compliance with fire safety codes and regulations. The facility is routinely inspected by various contracted agencies. All fire suppression, sprinkler and smoke evacuation systems have been tested and approved by outside sources. The fire prevention, control and evacuation plans have been approved by the county Fire Marshal.

MSDS were found to be available throughout the facility and were easily accessible by staff and detainees. The facility has an effective system for storing, issuing and maintaining inventories of hazardous materials. A review of chemical storage areas revealed that inventories were accurate. A review of documentation indicated that weekly safety and sanitation inspections are being conducted, as are monthly fire inspections. All areas of the facility were visited and found to be secure, properly ventilated, and well lit, with sanitation levels maintained at a high level.

Overall Rating: Meets Standard

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

Completion Date: 6/28/2012

Reviewer Signature (for printed form submission):

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

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)
1. Transporting officers comply with applicable local, state, and federal motor vehicle laws and regulations. Records support this finding of compliance.	N/A	
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.	N/A	
3. Supervisors maintain records for each vehicle operated.	N/A	
4. Documentation indicating annual inspection of vehicles and annual inspection in accordance with state statutes is available for review.	N/A	
5. Documentation indicating safety repairs are completed immediately and vehicles are not used until they have been repaired and inspected is available for review.	N/A	
6. Officers use a checklist during every vehicle inspection. <ul style="list-style-type: none"> Officers report deficiencies affecting operability. Deficiencies are corrected before the vehicle goes back into service. 	N/A	
7. Transporting officers: <ul style="list-style-type: none"> Limit driving time to 10 hours in any 15 hour period when transporting detainees. Drive only after eight consecutive off-duty hours. Do not receive transportation assignments after having been on duty, in any capacity, for 15 hours. Drive a 50-hour maximum in a given work week; a 70-hour maximum during eight consecutive days. During emergency conditions (including bad weather), officers may drive as long as necessary to reach a safe area—exceeding the 10-hour limit. 	N/A	
8. (b)(7)(e) officers with valid Commercial Drivers Licenses, (CDL's) required in any vehicle transporting detainees. <ul style="list-style-type: none"> When buses travel in tandem with detainees, there are (b)(7)(e) qualified officers per vehicle. An unaccompanied driver transports an empty vehicle. 	N/A	
9. The transporting officer inspects the vehicle before the start of each detail.	N/A	

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

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)
10. Positive identification of all detainees being transported is confirmed.	N/A	
11. All detainees are searched immediately prior to boarding the vehicle by staff controlling the bus or vehicle.	N/A	
12. The facility ensures that the number of detainees transported does not exceed the vehicle manufacturer's occupancy level.	N/A	
13. (b)(7)e	N/A	
14. The vehicle crew conducts a visual count once all passengers are on board and seated. <ul style="list-style-type: none"> Additional visual counts are made whenever the vehicle makes a scheduled or unscheduled stop. 	N/A	
15. Policies and procedures are in place addressing the use of restraining equipment on transportation vehicles.	N/A	
16. Officers ensure that no one contacts the detainees. <ul style="list-style-type: none"> (b)(7)e officer remains in the vehicle at all times when detainees are present. 	N/A	
17. Meals are provided during long distance transfers. <ul style="list-style-type: none"> The meals meet the minimum dietary standards, as identified by dietitians utilized by ICE. 	N/A	
18. The vehicle crew inspects all Food Service meals before accepting delivery (food wrapping, portions, quality, quantity, thermos-transport containers, etc.). <ul style="list-style-type: none"> Before accepting the meals, the vehicle crew raises and resolves questions, concerns, or discrepancies with the Food Service representative. Basins, latrines, and drinking-water, containers, dispensers are cleaned and sanitized on a fixed schedule. 	N/A	

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

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)
<p>19. Vehicles have:</p> <ul style="list-style-type: none"> • (b)(7)e • • • 	N/A	
20. The vehicles are clean and sanitary at all times.	N/A	
<p>21. Personal property of a detainee transferring to another facility:</p> <ul style="list-style-type: none"> • Is inventoried. • Is inspected. • Accompanies the detainee. 	N/A	
<p>22. The following contingencies are included in the written procedures for vehicle crews:</p> <ul style="list-style-type: none"> • Attack • Escape • Hostage-taking • Detainee sickness • Detainee death • Vehicle fire • Riot • Traffic accident • Mechanical problems • Natural disasters • Severe weather • Passenger list is not exclusively men or women or minors 	N/A	

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

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

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

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)*

Transportation is handled by the ICE Field Office.

Overall Rating: N/A

Reviewer Name (Printed)

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

Completion Date: 6/28/2012

Reviewer Signature (for printed form submission):

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**

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

PART 2 – 4. ADMISSION 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	The orientation program consists of the distribution of the ICE National Detainee Handbook and the facility site specific handbook, and the broadcasting of a 45-minute orientation video, in English and Spanish, in the Intake Area. Detainees verify, by signature, receipt of the initial orientation program.
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	All medical screenings are performed by facility nursing staff.
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	New arrivals are accompanied by ICE Forms I-213 and I-831 (Record of Deportable/Inadmissible Alien) which contain information used in identifying the detainee and completing his initial classification instrument.
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	Policy addresses search procedures and specifically mentions Gender of Inspector requirements and privacy concerns when conducting searches.
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	Policy addresses search protocols. In the event a strip search is conducted, it will be documented per policy on an Authorization to Proceed with Strip Search Form. No strip searches have been performed on detainees since the facility opened in March 2012.

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

PART 2 – 4. ADMISSION 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)
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	Policy addresses contraband control. A Personal Property Inventory Form is completed on each detainee during admission if the detainee arrives with property. The detainee is provided a copy of the inventory sheet. Identity documents are inventoried and then given to ICE. Funds and valuables are inventoried and stored in accordance with ICE policy.
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	
8. Detainees are issued appropriate and sufficient clothing and bedding for the climatic conditions.	Meets Standard	Observation of the detainees revealed their clothing and bedding are suitable for the climatic conditions.
9. All releases are coordinated with ICE.	Meets Standard	Releases are authorized by receipt of ICE Form I-203 Order to Detain or Release or ICE Form I-203A Order to Detain or Release Aliens.
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	Detainees receive a receipt for all personal property items being held until the detainee's release.
12. The facility has a system to maintain accurate records and documentation for admission, orientation, and release.	Meets Standard	A detention file is created for each new admission. It includes all documents received and generated during intake, as well as documents completed and/or accumulated throughout the detainee's stay.
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	
14. All orientation material shall be provided in English, Spanish, and other language(s) as determined by the Field Office Director.	Meets Standard	

PART 2 – 4. ADMISSION AND RELEASE – Reviewer Summary

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

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

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)*

Review of policy, interviews with Intake and command staff and the Supervisory Detention and Deportation Officer, observation of intake procedures, an inspection of the property storage room and a review of detention file content revealed detainees' admissions and releases are governed by an established system that is secure, orderly and documented.

Overall Rating: Meets Standard

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

Completion Date: 6/28/2012

Reviewer Signature (for printed form submission):

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

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.

Components	Rating	Remarks (1000 Char Max)
1. SPC and CDF facilities use the required Objective Classification System. IGSA's use an objective classification system or similar system for classifying detainees.	Meets Standard	
2. The facility classification system includes: <ul style="list-style-type: none"> 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	All of the bullet points listed in this component are addressed by the classification process. The Intake Supervisor gives final approval on every initial classification decision.
3. The intake/processing officer reviews work-folders, A-files, etc., to identify and classify each new arrival.	Meets Standard	
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	The facility houses only Level 1 and Level 2 detainees. These two levels can be housed together.
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	The facility houses only Level 1 and Level 2 detainees. These two levels can hold the same 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	An interview with the Intake Area officer and the Facility Administrator indicated reclassifications are performed every 90 days after the initial classification instrument is completed. There was no opportunity to observe a 90 day reclassification as the facility has only been open since March, 2012. No detainees currently housed at the facility have exceeded a 90 day stay.

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

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.

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	Policy addresses classification appeal procedures. The Facility Administrator approves classification appeals.
10. Classification appeals are resolved w/in 5 business days. Detainees are notified of the outcome within 10 business days.	Meets Standard	Policy addresses the required resolution and notification timelines specified in this component. There have been no classification appeals received since the facility opened in March, 2012.
11. Classification designations may be appealed to a higher authority such as the Facility Administrator or equivalent.	Meets Standard	The Facility Administrator approves classification appeals. There have been no classification appeals received since the facility opened in March, 2012.
12. The Detainee Handbook or equivalent for IGSA's explains the classification levels, with the conditions and restrictions applicable to each.	Meets Standard	The facility houses only Level 1 and Level 2 detainees. There is no difference in living conditions or privileges between these two classification levels.
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	The facility houses only Level 1 and Level 2 detainees. Both levels wear the same color/type of uniform (blue pants or gray shorts and gray t-shirt).

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)*

Review of policy, observation of uniforms issued/worn, an interview with the Supervisory Detention and Deportation Officer and review of the detainee handbook revealed a formal classification process that uses verifiable and documented data to determine a classification score has been established. Reclassifications are scheduled for completion on a 90-day cycle. Classification appeals are allowed subject to Facility Administrator approval.

Overall Rating: Meets Standard

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

Completion Date: 6/28/2012

Reviewer Signature (for printed form submission):

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

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	The facility has a written procedure for handling contraband. The procedure requires staff to inventory, hold and report contraband for action and possible seizure.
2. Contraband that is government property is retained as evidence for potential disciplinary action or criminal prosecution.	Meets Standard	
3. Staff return property not needed as evidence to the proper authority. Written procedures cover the return of such property.	Meets Standard	The contraband procedure contains instructions for the return of property which is not needed as evidence.
4. Altered property is destroyed following documentation and using established procedures.	Meets Standard	
5. Before confiscating religious items, the Facility Administrator or designated investigator contacts a religious authority.	Meets Standard	A religious authority is consulted prior to confiscating any religious items.
6. Staff follow written procedures when destroying hard contraband that is illegal.	Meets Standard	The contraband procedure contains instructions for the destruction of illegal hard contraband.
7. Hard contraband that is illegal (under criminal statutes) is retained and used for official use, e.g. training purposes. <ul style="list-style-type: none"> 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 retain illegal contraband for training purposes. Such contraband is securely stored in the armory. Soft contraband is stored in accordance with the requirements of the detention 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	
9. Facilities with Canine Units only use them for contraband detection.	N/A	Canines are not used at this facility, per policy.

PART 2 – 6. CONTRABAND – Reviewer Summary

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

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

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)*

An interview was conducted with the Chief of Security. The facility has procedures in place for the seizure, accountability and disposition of contraband. The facility does retain some hard contraband for training purposes. This contraband is stored in the facility armory.

Overall Rating: Meets Standard

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

Completion Date: 6/28/2012

Reviewer Signature (for printed form submission):

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

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)
1. The facility administrator or assistant administrator and department heads visit detainee living quarters and activity areas weekly.	Meets Standard	The Facility Administrator, Deputy Facility Administrator, Program Manager and designated department supervisors visit the facility housing suites and activity areas weekly.
2. 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	A comprehensive annual staffing analysis is conducted and reviewed on a continuous basis. This will include an annual review by the Facility Administrator. The facility has not yet been in operation for a year.
4. Essential posts and positions are filled with qualified personnel.	Meets Standard	
5. Every Control Center officer receives specialized training.	Meets Standard	
6. Policy restricts staff access to the Control Center.	Meets Standard	Policy restricts staff access to the Central Control.
7. Detainees do not have access to the Control Center.	Meets Standard	Detainee access to the Central Control is prohibited.
8. Communications are centralized in the Control Center.	Meets Standard	Central Control serves as central management for all communication.
9. Facility security and safety will be monitored and coordinated by a secure, well-equipped, and continuously staffed control center.	Meets Standard	Video monitoring is conducted 24 hours a day, 7 days a week from the Central Control.
10. The Control Center maintain employee Personal Data Cards (Form G-74 or contract equivalent).	Meets Standard	Employee personal data is maintained in Central Control on a permanent updated list.
11. Recall lists include the current home telephone number of each employee. Phone numbers are updated as needed.	Meets Standard	Employee contact data is located in the Central Control on a permanent updated list
12. <div style="background-color: #cccccc; padding: 5px; display: inline-block;">(b)(7)e</div>	Meets Standard	<div style="background-color: #cccccc; padding: 5px;">This component was rated Does Not Meet Standard during the pre-occupancy inspection due to</div> <div style="background-color: #cccccc; padding: 5px; text-align: center;">(b)(7)e</div>

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

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)
13. Information about routine procedures, emergency situations, and unusual incidents will be continually recorded in permanent post logs and shift reports.	Meets Standard	
14. The front-entrance officer checks the ID of everyone entering or exiting the facility.	Meets Standard	Inspector observed the front entrance gate officer checking the ID of everyone entering and exiting.
15. All visits officially recorded in a visitor logbook or electronically recorded.	Meets Standard	Visits are recorded in a visitor logbook.
16. The facility has a secure, color-coded visitor pass system.	Meets Standard	Secure color-coded passes are issued at the facility.
17. Officers monitor all vehicular traffic entering and leaving the facility.	Meets Standard	Officers monitor all vehicles entering and leaving the facility.
18. The facility maintains a log of all incoming and departing vehicles to sensitive areas of the facility. Each entry contains: <ul style="list-style-type: none"> 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	All of the bullet points listed in this component are addressed in log book entries.
19. Officers thoroughly search each vehicle entering and leaving the facility.	Meets Standard	Officers search all vehicles 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	Policies for contraband, security and control and searches all contain procedures to prevent the introduction of contraband into the facility.
21. The front entrance has a sally-port type entrance, with interlocking electronic doors or grilles.	Meets Standard	
22. The facility's perimeter will ensure that detainees remain within and that public access is denied without proper authorization.	Meets Standard	Inspections to ensure the perimeter is maintained secure are (b)(7)e and recorded on a logbook located in (b)(7)e
23. Written procedures govern searches of detainee housing units and personal areas.	Meets Standard	

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

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)
24. Housing area searches occur at irregular times.	Meets Standard	Searches of living areas and personal areas occur at irregular times.
25. Security officer posts located in or immediately adjacent to detainee living areas to permit officers to see or hear and respond promptly to emergency situations. Personal contact and interaction between staff and detainees is required and facilitated.	Meets Standard	Officer posts facilitate continuous personal contact and interaction between staff and detainees in the living areas.
26. There are post orders for every security officer post.	Meets Standard	
27. Detainee movement from one area to another area is controlled by staff.	Meets Standard	
28. Living areas are constructed to facilitate continuous staff observation of cell or room fronts, dayrooms, and recreation space.	Meets Standard	
29. Every search of the SMU and other housing units is documented.	Does Not Meet Standard	This component was rated as Does Not Meet Standard during the last inspection because the facility did not have an SMU (special management unit) and therefore no documented searches of the SMU were made. The facility still does not have an SMU and therefore does not document searches of the SMU. Other living areas, however, are searched and documented. This is a repeat Does Not Meet Standard finding.
30. The SMU entrance has a sallyport.	Does Not Meet Standard	This component was rated as Does Not Meet Standard during the last inspection because the facility did not have an SMU and therefore no SMU sally port. The facility still does not have an SMU and therefore has no SMU entrance sally port. This is a repeat Does Not Meet Standard finding.

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

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)
31. All tools entering SMU will be inspected and inventoried by the SMU officer prior to entering the housing unit.	Does Not Meet Standard	This component was rated as "Does Not Meet Standard" during the last inspection and this inspection because the facility does not have a SMU hence; there are no tool inspections and inventories as they enter the SMU. This is a "Does Not Meet Standard" repeat finding.
32. The facility has a comprehensive security inspection policy. The policy specifies: <ul style="list-style-type: none"> • Posts to be inspected • Required inspection forms • Frequency of inspections • Guidelines for checking security features • Procedures for reporting weak spots, in-consistencies, and other areas needing improvement 	Meets Standard	The facility has a security inspection system in place which covers all of the bulleted items listed in this component.
33. Every officer is required to conduct a security check of his/her assigned area. The results are documented.	Meets Standard	Security checks are required by policy and were observed by the inspector.
34. Documentation of security inspections is kept on file.	Meets Standard	
35. Procedures ensure that recurring problems and a failure to take corrective action are reported to the appropriate manager.	Meets Standard	The Shift Supervisor reports recurring problems with maintenance concerns to the appropriate department head and to the Chief of Security who, in turn, informs the Deputy Facility Administrator.
36. Tools being taken into the secure area of the facility are inspected and inventoried before entering and prior to departure.	Meets Standard	
37. Storage and supply rooms; walls, light and plumbing fixtures, accesses, and drains, etc. undergo frequent, irregular searches. These searches are documented.	Meets Standard	All inspections are documented on the Daily Inspection Log - Outer/Inner - Perimeter sheet.
38. Walls, fences, and exits, including exterior windows, are inspected for defects once each shift.	Meets Standard	All inspections are documented on the Daily Inspection Log - Outer/Inner - Perimeter sheet.
39. Daily procedures include: <ul style="list-style-type: none"> • Perimeter alarm system tests. • Physical checks of the perimeter fence. • Documenting the results. 	Meets Standard	(b)(7)e

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

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)
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 Shift Supervisor is responsible for ensuring the daily security inspection process covers all areas of the facility.
42. The Maintenance Supervisor and Chief of Security or equivalent make monthly fence checks.	Meets Standard	

PART 2 – 7. FACILITY SECURITY AND CONTROL – Reviewer Summary	
<i>(Use following format for dates: mm/dd/yyyy)</i>	
Overall Remarks: <i>(Record significant facts, observations, other sources used, etc.) (5000 Character Max)</i> Review of facility procedures, post orders, and logs and staff interviews confirmed the facility has an inspection process in place to control the introduction of contraband into the facility, ensure facility safety, prevent escapes and maintain the facility in a sanitary condition for staff and detainees. All tools taken in and out of the facility are inventoried and logged by the warehouse Gate Officer. Staff interviewed were familiar with their responsibilities to conduct and document security inspections. Security inspections were logged.	
Overall Rating: Meets Standard	
Reviewer Name (Printed) (b)(6), (b)(7)(c)	Completion Date: 6/28/2012
Reviewer Signature (for printed form submission):	

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

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)
1. Detainee funds and valuables are properly separated and stored. Detainee funds and valuables are accessible to designated supervisor(s) only.	Meets Standard	The Intake Area, under the supervision of the Intake Lieutenant, is responsible for overseeing the storage of funds and valuables.
2. Detainees' large valuables are secured in a location accessible to designated supervisor(s) or processing staff only.	Meets Standard	The facility provides a secure locker for the holding of large valuables that can be accessed only by the Intake Area Supervisor or higher authority.
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)(e) officers are present during the processing of detainee funds and valuables during admissions processing to the facility. (b)(7)(e) officers verify funds and valuables.	Meets Standard	Policy states that (b)(7)(e) officers will be present when processing detainees' funds and valuables. (b)(7)(e) officers verify the funds and valuables by signing the inventory forms.
5. <u>For IGSA's 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	Staff provide the detainee with the original inventory form. Copies are placed in the detention file and the property container.
7. Staff forward an arriving detainee's medicine to the medical staff.	Meets Standard	
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	Policy states that any discrepancies will be 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	

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

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)
12. The facility attempts to notify an out-processed detainee that he/she left property in the facility. <ul style="list-style-type: none"> By sending written notice to the detainee's last known address; via certified mail; The notice states that the detainee has 30 days in which to claim the property, after which it will be considered abandoned. 	Meets Standard	
13. Staff obtain a forwarding address from each detainee.	Meets Standard	
14. It is standard procedure for (b)(7)(e) officers to be present when removing/documenting the removal of funds from a detainee's possession.	Meets Standard	(b)(7)(e) officers will be present when removing or documenting the removal of funds from a detainee's possessions.
15. Staff issue and maintain property receipts (G-589s) in numerical order.	Meets Standard	Property receipts are issued in numerical order during the intake process.
16. Staff complete and distribute the G-589 in accordance with the ICE standard.	Meets Standard	Staff complete and distribute the property receipt in accordance with ICE standards.
17. The processing officer records each G-589 issuance in a G-589 logbook. The record includes the initials and star numbers of receipting officers.	Meets Standard	During the intake process, the Intake Officer records each G-589 in a logbook. The officer includes his badge number and initials.
18. Staff tag large valuables with both a G-589 and an I-77.	Meets Standard	The facility has a written policy addressing the tagging of large valuables.
19. The supervisor verifies the accuracy of every G-589.	Meets Standard	The Intake Area Lieutenant verifies the accuracy of every G-589.
20. The supervisor ensures that: <ul style="list-style-type: none"> Detainee funds are, without exception, deposited into the cash box; Every property envelope is sealed. All sealed property envelopes are placed in the safe. Large, valuable property is kept in the secured locked area. 	Meets Standard	The Intake Area Lieutenant ensures compliance with the bulleted portions of this component.
21. Staff tag every baggage/facility container with an I-77, completed in accordance with the ICE standard.	Meets Standard	The facility uses a baggage check tag which is equivalent to the I-77 to tag every bag/container.

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

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)
22. Staff secure every container used to store property with a tamper-proof numbered strap.	Meets Standard	Policy requires that every container used to store property is secured with a tamper-proof numbered strap.
23. A logbook records detainee name, A- number/detainee-number, baggage-check/ I-77 number, security tie-strap number, property description, date issued and date returned.	Meets Standard	A logbook is maintained that lists the detainee's name, A-number, a baggage number, property description, date issued and date returned.
24. In SPCs, the Supervisory Immigration Enforcement Agent, accompanied by a detention staff member conducts a comprehensive weekly audit.	N/A	This is an IGSA facility. The facility does not conduct weekly audits.
25. The Facility Administrator has established quarterly audits of baggage and non-valuable property as facility policy, the audits occur each quarter and audits are verified and entered in the log.	Meets Standard	Policy requires that audits of baggage and non-valuable property be conducted quarterly. Audits are verified and entered in a log.
26. The facility positively identifies every detainee being released or transferred.	Meets Standard	Staff checks the booking card, wristband and property receipts to verify the identity of the detainee being released.
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	Supervisory personnel will be notified when properly receipted detainee property is reported missing. Claims are investigated.
28. Every lost/damaged property report completed in accordance with the ICE standard on an I-387 (or equivalent). The Facility Administrator receives a copy and staff place the original in the detainee's A-file, retaining a copy in the detainee's detention file.	Meets Standard	The facility uses a Missing Property Form that is equivalent to the I-387. The Facility Administrator receives a copy and a copy is placed in the detainee's A-file and 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)

During the evaluation of this standard, policy was reviewed and facility staff were interviewed. Policy and procedures ensure the securing and safe storage of detainee property. Upon arrival at the facility, all detainee property is inventoried and secured with two staff present. The detainee is given the original inventory form, and a copy is placed in the detention file and with the property being stored until it is issued to the detainee upon departure from the facility. Property discrepancies are immediately reported to the Chief of Security for investigation, who then forwards the investigation report to the Deputy

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

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

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

Administrator for disposition. Audits of baggage are conducted quarterly.

Overall Rating: Meets Standard

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

Completion Date: 6/28/2012

Reviewer Signature (for printed form submission):

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

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 facility has four hold rooms in the Intake area, all of which are located inside the secure perimeter.
2. The hold rooms are clean, in good repair, well ventilated, well lit, and all activating switches located outside the room.	Meets Standard	Multiple tours of the Intake area showed the hold rooms to be clean, in good repair, well lit and vented, with all activation switches located outside the rooms. All plumbing fixtures were well maintained.
3. The hold rooms contain sufficient seating for the number of detainees held.	Meets Standard	An interview of Intake officers indicated that room capacities are not exceeded.
4. No bunks/cots/beds or other related make shift sleeping apparatuses are permitted inside hold rooms.	Meets Standard	No sleeping material was observed in the hold rooms.
5. Hold room walls and ceilings are escape and tamper resistant.	Meets Standard	
6. Detainees are not held in hold rooms for more than 12 hours.	Meets Standard	Per policy, detainees are not held in hold rooms longer than 12 hours.
7. Male and females detainees are segregated from each other at all times.	N/A	This facility does not house female detainees.
8. Detainees are provided with basic personal hygiene items such as water, soap, toilet paper, cups for water, feminine hygiene items, diapers and wipes.	Meets Standard	Basic personal hygiene items are provided to all detainees during intake processing.
9. If the hold room is not equipped with toilet facilities, an officer is posted within visual or audible range to allow detainees access to such on a regular basis.	Meets Standard	Hold rooms are equipped with toilet facilities.
10. All detainees are given a pat down search for weapons or contraband before being placed in the hold room.	Meets Standard	Pat down searches are conducted by the Sally Port Officer prior to the detainee entering the Intake area.
11. When the last detainee has been removed, the hold room is inspected for the following: <ul style="list-style-type: none"> ▪ 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	An inspection of all hold rooms is done after the last detainee is removed. These inspections are documented.

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

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. <ul style="list-style-type: none"> 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 Intake Officer is responsible for removing detainees in case of an emergency.
13. An appropriate emergency service is called immediately upon a determination that a medical emergency exists.	Meets Standard	Policy addresses this component.
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). <ul style="list-style-type: none"> If multiple-occupant hold rooms are used, there is an additional 7 unencumbered square feet for each additional detainee. 	Meets Standard	Each of the facility hold rooms contains the required square footage for its capacity.
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: <ul style="list-style-type: none"> 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	This facility is an IGSA. All of the bullet pointed requirements listed in this component are present in the hold rooms.
16. <u>In SPCs designed after 1998</u> the hold rooms have floor drain(s).	Meets Standard	This facility is an IGSA. At this facility, the hold rooms do have floor drains.
17. <u>In SPCs designed after 1998</u> , the door to the hold room swings outward and the door complies with the specifications outlined in the standard.	Meets Standard	This facility is an IGSA. At this facility, hold room doors do swing outward and are consistent with the specifications listed 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	Unaccompanied minors and persons over the age of 70 are not placed in hold rooms unless they demonstrate violent behaviors, have a history of criminal activity, or have given staff grounds to expect an escape attempt. If/when the facility becomes aware that a detainee is a juvenile, an immediate effort will be made to remove that detainee to an approved juvenile facility. This facility accepts and houses only male detainees.

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

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)
19. Minors (under 18) are confined apart from adults, except for immediate relatives or guardians.	Meets Standard	Per policy, minors will be held apart from adults unless the adult is their guardian or immediate relative. If/when the facility becomes aware that a detainee is juvenile, immediate efforts will be made to remove that detainee to an approved juvenile facility.
20. Each detention facility maintains a detention log (manually or by computer) for each detainee placed in a hold cell. <ul style="list-style-type: none"> The log includes the required information specified in the standard. 	Meets Standard	The facility maintains the logbook in the Intake Area.
21. Officers provide a meal to any detainee detained in a hold room for more than six hours. <ul style="list-style-type: none"> Juveniles, babies and pregnant women have access to snacks, milk or juice. Meal are served to juveniles regardless of time in custody 	Meets Standard	Policy addresses this component. Females and babies are not held in this facility.
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	Detainees with disabilities are housed in a manner that accommodates their mental and/or physical condition(s) and provides for their safety, comfort, and security.
23. The maximum occupancy for the hold room will be posted.	Meets Standard	This component was rated Does Not Meet Standard during the last inspection because maximum capacities for the hold rooms were not posted. Maximum occupancy is now marked on the front of each hold room.
24. Before placing a detainee in a room, an officer shall observe each individual to screen for obvious mental or physical problems.	Meets Standard	Policy addresses this component.
25. Staff does not permit detainees to smoke in a hold room.	Meets Standard	This is a non-smoking facility.

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

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)
<p>26. Officers closely supervise hold rooms through direct supervision, to ensure:</p> <ul style="list-style-type: none"> Continuous auditory monitoring, even when the hold room is not in the officer's direct line of sight, and Visual monitoring at irregular intervals at least every 15 minutes, each time recording in the detention log, the time and officer's printed name and any unusual behavior or complaints under "Comments." Constant surveillance of any detainee exhibiting signs of hostility, depression, or similar behaviors. 	Meets Standard	The Intake area is designed with the officer's station located to allow staff direct sight lines into each hold room. Hold rooms are continuously monitored and visual observations are recorded in the log at least every 15 minutes. Detainees displaying hostility, depression or other similar behaviors are constantly watched.

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)

Per a review of policy and practice and staff interviews, the facility is using the hold rooms in the Intake area for temporary holding of detainees being processed into/out of the facility. Detainees being processed into the facility are not held in hold rooms in excess of 12 hours. The intake hold rooms were observed to be clean and well maintained. Occupancy levels are posted on the doors. The tracking log used by staff contains all of the required information mandated by the standard.

Overall Rating: Meets Standard

Reviewer Name (Printed)

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

Completion Date: 6/28/2012

Reviewer Signature (for printed form submission):

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

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)
1. The security officer[s], or equivalent, has attended an approved locksmith training program.	Meets Standard	The Key Control Officer is a certified locksmith.
2. The security officer, or equivalent, has responsibility for all administrative duties and responsibilities relating to keys, locks etc.	Meets Standard	Per policy, the Key Control Officer is responsible for all administrative duties related to keys and locks, including record-keeping.
3. The security officer, or equivalent, provides training to all employees in key and lock control.	Meets Standard	The Key Control Officer trains all employees in key control.
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 locks and keys.
5. The security officer follows a preventive maintenance program and maintains all preventive maintenance documentation.	Meets Standard	Preventive maintenance documentation was reviewed.
6. Facility policies and procedures address the issue of compromised keys and locks.	Meets Standard	Policy addresses compromised keys and locks.
7. The security officer, or equivalent, develops policy and procedures to ensure safe combinations integrity.	Meets Standard	The Key Control Officer is responsible for the integrity of all safe combinations.
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	
11. All worn or discarded keys and locks cut up and properly disposed of.	Meets Standard	All worn and discarded keys are removed from service by the Key Control Officer. Documentation is created, per policy.
12. Padlocks and/or chains are not used on cell doors.	Meets Standard	Padlocks and chains are not used on housing suite doors.
13. The entrance/exit door locks to detainee living quarters, or areas with an occupant load of 50 or more people, conform to <ul style="list-style-type: none"> Occupational Safety and Environmental Health Manual, Chapter 3 National Fire Protection Association Life Safety Code 101. 	Meets Standard	No living area has an occupancy of more than 50 detainees.
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 operational keyboard is (b)(7)(e) and is large enough to accommodate all facility keys.

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

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)
15. Procedures in place to ensure that key rings are: <ul style="list-style-type: none"> Identifiable Numbers of keys on the ring are cited? Keys cannot be removed from issued key rings 	Meets Standard	Key rings are numbered, soldered closed and chitted with the number of keys stamped into the chit.
16. Emergency keys are available for all areas of the facility.	Meets Standard	Full sets of emergency keys are <div style="background-color: #d3d3d3; text-align: center; padding: 5px;">(b)(7)(e)</div>
17. The facility uses a key accountability system.	Meets Standard	The facility uses an electronic key accountability system that records all keys in and out. Reports are created for all key transactions along with inventories of those keys. Any keys missing and not returned <div style="background-color: #d3d3d3; text-align: center; padding: 2px;">(b)(7)(e)</div> cause the system to alert the Shift Supervisor, the Chief of Security, and the Facility Administrator.
18. Authorization is necessary to issue any restricted key.	Meets Standard	Shift Supervisor approval is needed to issue any restricted key.
19. Individual gun lockers are provided. <ul style="list-style-type: none"> They are located in an area that permits constant officer observation. In an area that does not allow detainee or public access. 	Meets Standard	Gun boxes are under constant camera observation and are located where there is no detainee or public access.
20. The facility has a key accountability policy and procedures to ensure key accountability. The keys are physically counted daily.	Meets Standard	All keys are physically counted by the electronic key system at the start of each shift.
21. All staff members are trained and held responsible for adhering to proper procedures for the handling of keys. <ul style="list-style-type: none"> 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 staff is trained in lock and key procedures by the Key Control Officer. Policy requires that employee keys taken home are returned immediately to the facility. Detainees are not permitted to handle facility keys. Lost, misplaced, or unaccounted for keys are immediately reported to the Shift Supervisor.
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	

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

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)
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 authorized to add or remove keys from a key ring.
25. The splitting of key rings into separate rings is not authorized.	Meets Standard	No key rings are opened without the documented approval of the Chief of Security.

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 inspector interviewed the Chief of Security and the Key Control Officer. All keys are inventoried. The facility has an established key control system that electronically manages key distribution, storage, inventory and accountability of keys in active service. The Key Control Officer conducts documented monthly counts of all keys not in active use and therefore not in the electronic key accountability system. Issuing of keys is controlled by an electronic key box that can only be opened by the employee with a numbered security code and their fingerprint. Keys must be returned to the electronic box with twelve hours or an alarm will sound and a text message is sent to the Facility Administrator, Chief of Security and Key Control Officer.

Overall Rating: Meets Standard

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

Completion Date: 6/28/2012

Reviewer Signature (for printed form submission):

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

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.

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	The facility conducts six counts per 24 hour period. One of these counts is a face-to-photo count.
2. Activities cease or are strictly controlled while a formal count is being conducted.	Meets Standard	All activities cease and all detainees report to their living areas during count.
3. There is a system for counting each detainee, including those who are outside the housing unit.	Meets Standard	Formal count procedures are in place and include out-counts for those working.
4. Formal counts in all units take place simultaneously.	Meets Standard	All formal counts take place simultaneously.
5. Officers do not allow detainee participation in the count.	Meets Standard	Detainees do not participate in counts.
6. A face-to-photo count follows each unsuccessful recount.	Meets Standard	Policy addresses this component.
7. Officers positively identify each detainee before counting him/her as present.	Meets Standard	Officers positively identify every detainee during count.
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	Central Control staff is responsible for maintaining the out-count record of all detainees temporarily out of the facility.
10. Security officers and any other staff with responsibilities for conducting counts are provided adequate initial and periodic training in count procedures, and that training is documented in each person's training folder.	Meets Standard	Formal count training is done during new officer orientation training. Training is documented in the officer's training packet.

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 facility has an established count system and count schedule designed and used to ensure daily accountability of the detainee population. The formal face-to-photo count was observed on 06/27/2012. The count for each section of housing units was done with (b)(7)e entered the housing suite, counted each detainee, recorded the number of detainees in the suite and gave this information to the second officer. (b)(7)e entered the suite with documentation containing the picture of each detainee. (b)(7)e compared the face sheet with each detainee's ID card. Officers submitted the count documentation to Central Control as soon as the count for their section of housing suites was complete. Count was clear in approximately 45 minutes.

Overall Rating: Meets Standard

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

Completion Date: 6/28/2012

Reviewer Signature (for printed form submission):

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	Every fixed post has an associated post order.
2. In SPCs and CDFs, Post Orders are arranged in the required six-part folder format.	Meets Standard	At this IGSA facility, post orders are arranged in a six-part 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 Chief of Security is responsible for updating all post orders.
5. Review, updating, and reissuing of Post Orders occurs regularly and at least annually.	Meets Standard	Posted orders are reviewed annually or sooner if deemed necessary.
6. The facility administrator authorizes all Post Order changes.	Meets Standard	The Facility Administrator authorizes all changes.
7. The facility administrator has signed and dated the last page of every section.	Meets Standard	At this facility, the last page of every post ordered was signed and dated by the Facility Administrator.
8. A Post Orders master file is available to all staff.	Meets Standard	The post order master file is maintained in the Chief of Security's office, and is available to all staff.
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	Copies of all post orders are kept at each post and are secured from detainee access.
11. Supervisors ensure that officers understand the Post Orders, regardless of whether the assignment is temporary, permanent, or due to an emergency.	Meets Standard	Per policy, supervisors ensure that officers understand their 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	At this facility officers read, sign to confirm understanding and date the post order of new assignments.
13. Anyone assigned to an armed post qualifies with the post weapons before assuming post duty.	Meets Standard	Per policy, all officers serving on an armed post must qualify with the firearm assigned to that post prior to assuming those post duties.

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)
<p>14. Post Orders for armed posts, and for posts that control access to the institution perimeter, clearly state that:</p> <ul style="list-style-type: none"> <div style="border: 1px solid black; height: 60px; width: 100%; text-align: center; line-height: 60px;">(b)(7)e</div> 	Meets Standard	<p>Post orders were reviewed for all armed posts and were found to contain direction explaining that</p> <div style="border: 1px solid black; height: 60px; width: 100%; text-align: center; line-height: 60px;">(b)(7)e</div>
15. Post Orders for armed posts provide instructions for escape attempts.	Meets Standard	Specific instructions for armed posts are provided in the post orders.
16. The Post Orders for housing units track the daily event schedule.	Meets Standard	Living area post orders direct the assigned staff to maintain a unit log of pertinent information regarding daily detainee activities.
17. Housing unit post officers record all detainee activity in a log. The Post Orders include instructions on maintaining the logbook.	Meets Standard	At this facility, officers record daily detainee activities in the living area logbook. The officer assigned to maintain the logbook is responsible for ensuring log entries are accurate.

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)

Facility post orders were reviewed at multiple locations throughout the facility. The post orders were current, were signed by the Facility Administrator and contained required updates. The living area post orders contained the daily event schedule. The post order binders were all located in secure locations and detainee access was not allowed.

Every fixed post at the facility has a set of post orders. Fixed posts which had special requirements in the post orders (such as armed posts) were all found to include the required language. The post orders were comprehensive and instructional as to required staff duties/responsibilities.

Overall Rating: Meets Standard

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

Completion Date: 6/28/2012

Reviewer Signature (for printed form submission):

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

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	Policy addresses search procedures for detainees, detainee living areas and the common areas throughout the facility.
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	Policy addresses sensitivity considerations when conducting a body search.
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	This component was rated Does Not Meet Standard during the last inspection because written procedure did not require staff to avoid unnecessary force during detainee searches and to preserve the dignity of the detainee during these searches, to the extent practicable. Policy now states that searches of residents, suite assignments, and work areas will be conducted without unnecessary force and in ways that preserve the dignity of residents.
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	
5. Detainees are pat searched and screened by metal detectors routinely to control contraband.	Meets Standard	Policy addresses metal detectors being used in conjunction with pat-down searches. Policy also addresses conducting frequent unannounced searches.
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 addresses strip search procedures. No strip searches have been performed on detainees since the facility opened March 2012.

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

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)
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	Policy dictates body cavity searches must be approved by the Facility Administrator and the Assistant Field Office Director (AFOD). When considering these searches, there must be reasonable belief the detainee is concealing contraband. Any body cavity search would be conducted by a physician. No body cavity searches have been performed on detainees since the last inspection.
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	Policy identifies the Short Stay Unit in the medical unit as the area to be used in the retrieval of suspected concealed contraband.
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	
10. Canines are not used in the presence of detainees	Meets Standard	In accordance with policy, canine units are not used in the facility.

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)*

Review of policy and interviews with Facility Administrator revealed facility security and order are enhanced by an established search system that detects, controls and properly disposes of contraband.

Overall Rating: Meets Standard

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

Completion Date: 6/28/2012

Reviewer Signature (for printed form submission):

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

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)
1. The facility has a Sexual Abuse and Assault Prevention and Intervention Program.	Meets Standard	Policy establishes a sexual abuse and assault prevention and intervention program. Procedures include intake screening, staff training, educating detainees about sexual abuse and assault prevention, housing detainees based on their potential for victimization or assaultive behavior, reporting and tracking procedures, guidelines for investigations, counseling and referral of victims to outside medical facilities for evaluation, treatment and the gathering of forensic evidence.
2. For SPCs and CDFs, the written policy and procedure has been approved by the Field Office Director.	N/A	This component was found Does Not Meet Standard in the last inspection because the written policy on sexual abuse and assault had not yet been signed by the Field Office Director. This is an IGSA facility. The policy on sexual abuse and assault prevention and intervention has been approved by the Assistant Field Office Director.
3. Tracking statistics and reports are readily available for review by the inspectors.	Meets Standard	The Program Manager serves as program coordinator for the facility sexual abuse and assault prevention and intervention program, and is responsible for maintaining files on any sexual abuse/assault allegations and incidents. A file on the one detainee on detainee sexual assault allegation reported in this facility since the last inspection was available for review. Incidents are also logged on GEO Tracker, the corporate electronic information system.

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

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)
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	Staff receives training on sexual abuse and assault prevention and intervention during orientation. The annual in-service training schedule includes refresher training on this topic.
5. Detainees are informed about the program in facility orientation and the detainee handbook (or equivalent).	Meets Standard	The orientation video, available in English and Spanish and seen by all detainees during in-processing, includes information on the facility's sexual abuse and assault prevention program. Information on the program is also included in the detainee handbook, also available in English and Spanish and given to each detainee upon admission.
6. The Sexual Assault Awareness Notice is posted on all housing unit bulletin boards.	Meets Standard	The Sexual Assault Awareness Notice is posted, in both English and Spanish, in each of the four detainee day rooms.
7. The Sexual Assault Awareness Information brochure is available for detainees. (Required in SPCs and CDFs.)	Meets Standard	A copy of the Sexual Assault Awareness Information brochure has been incorporated into the detainee handbook, a copy of which is given to each detainee upon arrival.
8. Detainees are screened upon arrival for "high risk" sexual assaultive and sexual victimization potential and housed and counseled accordingly.	Meets Standard	Detainees are screened for sexual assaultive and sexual victimization potential during the medical intake screening process. Per policy, detainees identified as high risk for sexual victimization or sexual assaultive behavior are referred to mental health. At risk status is considered when housing assignments are made.
9. All incidents of sexual abuse or assault by a detainee on a detainee have been documented in the past year.	Meets Standard	One allegation of detainee on detainee sexual assault was reported in this facility since the last inspection. Documentation of the incident was available for review.

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

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)
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 staff on detainee sexual assault or abuse since the last 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	Policy establishes procedures for offering the alleged victim immediate protection and for referring him to medical staff for evaluation. Policy also establishes procedures for chain-of-command reporting. Per a review of documentation of the one alleged detainee on detainee sexual assault, the detainee was promptly referred to medical staff and placed in a medical observation room for his protection. The alleged perpetrators were transferred to another facility pending an investigation of the allegation. The shift supervisor and the facility administrator were promptly notified.
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	In accordance with policy, an investigation is initiated whenever a sexual assault allegation is reported. The allegation is also reported to local law enforcement. Forensic evidence on the alleged victim is collected when that victim is transported to a local hospital emergency room. The one alleged detainee on detainee sexual assault reported in this facility was referred to the Karnes County Sheriff's Office. Investigation of the reported incident by that agency is pending completion.

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

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)
13. When there is an alleged or proven sexual assault, the required notifications are promptly made.	Meets Standard	Policy requires prompt notification to ICE and local law enforcement regarding any alleged sexual assault. Such notification was provided for the one alleged detainee on detainee assault reported in this facility since the last inspection.
14. Victims of sexual abuse or assault are referred to specialized community resources for treatment and gathering of evidence.	Meets Standard	Victims of sexual assault are transported to a community hospital for counseling, treatment and the gathering of forensic evidence. The one detainee who alleged detainee on detainee sexual assault was not transported outside the facility as he suffered no physical injury and the allegations did not include penetration or other activity that could have resulted in the creation of forensic evidence.
15. All records associated with claims of sexual abuse or assault is maintained, and such incidents are specifically logged and tracked by a designated staff coordinator.	Meets Standard	The designated program coordinator maintains a file on any allegation of sexual abuse or assault. Each alleged incident is also logged in the GEO Tracker electronic information system.

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)*

A comprehensive sexual abuse and assault prevention and intervention program is in place. Prevention includes staff training, detainee education, intake screenings and consideration of identified high risk status when making housing assignments. The program also requires a prompt response to any allegations of abuse or assault, with documentation, reporting and tracking of any such incidents. The response also includes protection of the alleged victim and referral of that detainee to healthcare staff for evaluation and treatment, the initiation of an investigation, the collection of forensic evidence, segregation of the alleged perpetrator pending completion of an investigation and referral of the incident to local law enforcement for possible prosecution.

There have been no reports of staff on detainee sexual abuse or assault in this facility since the last inspection. One detainee alleged detainee on detainee sexual assaults.

On 04/15/2012, a 22 year old male native of Guatemala alleged that he was being harassed and had been assaulted by other detainees in his housing suite due to his sexual orientation. The allegation included a report of coerced sexual contact. The detainee was immediately moved to the medical unit for observation and protection and was evaluated by medical staff. He

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)

was not transported to an outside hospital as the detainee suffered no physical injury and the alleged incident involved no penetration or other activity which could have produced forensic evidence. Chain-of-command reporting was implemented and ICE was notified. An investigation was initiated and the alleged perpetrators were promptly transported to another facility and placed on special management status. The incident was referred to the Karnes County Sheriff's Office where completion of an investigation is pending.

The standard's rating was based on a review of facility policies and procedures; on interviews with ICE staff, facility medical, administrative and training staff and the facility sexual abuse and assault prevention and intervention program coordinator; on a review of detainee medical records, staff training documentation and the detainee handbook; on observations in detainee housing suites and activity areas and on a review of documentation maintained on file by the program coordinator.

Overall Rating: Meets Standard

Reviewer Name (Printed)

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

Completion Date: 6/28/2012

Reviewer Signature (for printed form submission):

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

PART 2 – 15. SPECIAL MANAGEMENT UNITS (Key: O)

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)
1. Written policy and procedures are in place for special management units.	Does Not Meet Standard	This component was rated as Does Not Meet Standard during the last inspection because the facility did not have a Special Management Unit (SMU) for either administrative segregation or disciplinary segregation purposes and therefore had no written SMU policies. The facility still does not have an SMU or written policies for such a unit. This is a repeat Does Not Meet Standard finding.
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	Classification policy and procedure address the documentation and placement/transfer of detainees who require administrative segregation housing. Detainees deemed to need special housing will be moved to a room in the medical unit and transferred to another facility within two hours.
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	Per established procedure, detainees are to be placed in disciplinary segregation only after a finding by the Disciplinary Hearing Panel that the detainee is guilty of a prohibited act or rule violation classified at a 100 or 200 level violation. ICE would be notified and the detainee would be moved to a facility with an SMU.

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

PART 2 – 15. SPECIAL MANAGEMENT UNITS (Key: O)

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Components	Rating	Remarks (1000 Char Max)
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.	Does Not Meet Standard	This component was rated as Does Not Meet Standard during the last inspection because the facility did not have an SMU for either administrative segregation or disciplinary segregation purposes and therefore had no process for notifying health care personnel when a detainee was admitted to an SMU. The facility still does not have an SMU and therefore no related health care personnel notification process. This is a repeat Does Not Meet Standard finding.
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.	Does Not Meet Standard	This component was rated as Does Not Meet Standard during the last inspection because the facility did not have an SMU for either administrative segregation or disciplinary segregation purposes and therefore had no policy to control entrances to an SMU. The facility still has no SMU or SMU entrance policy. This is a repeat Does Not Meet Standard finding.
6. The number of detainees confined to each cell or room does not exceed the capacity for which it was designed.	Meets Standard	The facility does not have an SMU; therefore, cells do not exceed capacity as the capacity and count are both zero..
7. Cells and rooms are well ventilated, adequately lit, appropriately heated and maintained in a sanitary condition at all times.	Does Not Meet Standard	This component was rated as Does Not Meet Standard during the last inspection because the facility did not have an SMU for either administrative segregation or disciplinary segregation purposes. The facility still does not have an SMU. This is a repeat Does Not Meet Standard finding.

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

PART 2 – 15. SPECIAL MANAGEMENT UNITS (Key: O)		
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)
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.	Does Not Meet Standard	This component was rated as Does Not Meet Standard during the last inspection because the facility did not have an SMU for either administrative segregation or disciplinary segregation purposes and therefore no logs were maintained. The facility still has no SMU and therefore maintains no SMU logs. This is a repeat Does Not Meet Standard finding.
9. A permanent log is maintained in each SMU to record all activities concerning SMU detainees (meals served, recreation, visitors, etc.). In SPCs and CDFs, the SMU log records the detainee's name, A-number, housing location, date admitted, reasons for admission, tentative release date for detainees in Disciplinary Segregation, the authorizing official, and date released.	Does Not Meet Standard	This component was rated as Does Not Meet Standard during the last inspection because the facility did not have an SMU for either administrative segregation or disciplinary segregation purposes and therefore no logs were maintained. The facility still has no SMU and therefore maintains no SMU logs. This is a repeat Does Not Meet Standard finding.
10. In SPCs and CDFs, a separate log is maintained in the SMU that all persons visiting the unit must sign and record: <ul style="list-style-type: none"> ▪ 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. 	Does Not Meet Standard	This component was rated as Does Not Meet Standard during the last inspection because the facility did not have an SMU for either administrative segregation or disciplinary segregation purposes and therefore no logs were maintained. The facility still has no SMU and therefore maintains no SMU logs. This is a repeat Does Not Meet Standard finding.

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

PART 2 – 15. SPECIAL MANAGEMENT UNITS (Key: O)

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)
<p>11. A Special Management Housing Unit Record is maintained on each detainee in an SMU:</p> <ul style="list-style-type: none"> 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. <p>In SPCs and CDFs:</p> <ul style="list-style-type: none"> By the end of each shift, the special housing unit officer records: <ul style="list-style-type: none"> 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. 	Does Not Meet Standard	<p>This component was rated as Does Not Meet Standard during the last inspection because the facility did not have an SMU for either administrative segregation or disciplinary segregation purposes and therefore no records for detainees placed in segregation were maintained. The facility still has no SMU and therefore maintains no detainee special management housing unit records. This is a repeat Does Not Meet Standard finding..</p>
<p>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.</p>	Does Not Meet Standard	<p>This component was rated as Does Not Meet Standard during the last inspection because the facility did not have an SMU for either administrative segregation or disciplinary segregation purposes, and therefore no segregation unit housing records were maintained. The facility still has no SMU and therefore maintains no segregation unit housing records. This is a repeat Does Not Meet Standard finding.</p>

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

PART 2 – 15. SPECIAL MANAGEMENT UNITS (Key: O)

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Components	Rating	Remarks (1000 Char Max)
13. There are written policy and procedures concerning the property detainees may retain in each type of segregation.	Does Not Meet Standard	This component was rated as Does Not Meet Standard during the last inspection because the facility did not have an SMU for either administrative segregation or disciplinary segregation purposes and therefore had no written policies governing detainee property in segregation. The facility still has no SMU and no written policies governing detainee property in segregation. This is a repeat Does Not Meet Standard finding.
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.)	Does Not Meet Standard	This component was rated as Does Not Meet Standard during the last inspection because the facility did not have an SMU for either administrative segregation or disciplinary segregation purposes and therefore no written policies pertaining to segregation. The facility still has no SMU and no written policies concerning privileges detainees may have in each type of segregation. This is a repeat Does Not Meet Standard finding.
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).	Does Not Meet Standard	This component was rated as Does Not Meet Standard during the last inspection because the facility did not have an SMU for either administrative segregation or disciplinary segregation purposes and therefore no provision was made for detainees to spend time outside of their cells. The facility still has no SMU and hence there are no provisions for outside cell time opportunities for special management unit detainees. This is a repeat Does Not Meet Standard finding.

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

PART 2 – 15. SPECIAL MANAGEMENT UNITS (Key: O)

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)
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).	Does Not Meet Standard	This component was rated as Does Not Meet Standard during the last inspection because the facility did not have an SMU for either administrative segregation or disciplinary segregation purposes and therefore no detainees were observed in segregation. The facility still has no SMU and therefore no detainees in an SMU are observed every 30 minutes. This is a repeat Does Not Meet Standard finding.
17. The shift supervisor sees each segregated detainee daily, including weekends and holidays.	Does Not Meet Standard	This component was rated as Does Not Meet Standard during the last inspection because the facility did not have an SMU for either administrative segregation or disciplinary segregation purposes and therefore the shift supervisor did not see segregated detainees. The facility still has no SMU; therefore, a shift supervisor does not see segregated detainees daily. This is a repeat Does Not Meet Standard finding.
18. The facility administrator (or designee) visits each SMU daily.	Does Not Meet Standard	This component was rated as Does Not Meet Standard during the last inspection because the facility did not have an SMU for either administrative segregation or disciplinary segregation purposes and therefore no visits were made to the segregation unit. The facility still does not have an SMU, and therefore no daily visits to the unit are made. This is a repeat Does Not Meet Standard finding.

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

PART 2 – 15. SPECIAL MANAGEMENT UNITS (Key: O)

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)
<p>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.</p> <p>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).</p>	Does Not Meet Standard	This component was rated as Does Not Meet Standard during the last inspection because the facility did not have an SMU for either administrative segregation or disciplinary segregation purposes and therefore health care providers did not visit detainees in segregation. The facility still has no SMU, and therefore health care providers do not visit detainees in segregation. This is a repeat Does Not Meet Standard finding.
<p>20. Detainees in SMUs are provided three nutritionally adequate meals per day, ordinarily from the general population menu.</p>	Does Not Meet Standard	This component was rated as Does Not Meet Standard during the last inspection because the facility did not have an SMU for either administrative segregation or disciplinary segregation purposes and therefore no meals were served in segregation. The facility still has no SMU and therefore meals are not served in segregation. This is a repeat Does Not Meet Standard finding.
<p>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.</p>	Does Not Meet Standard	This component was rated as Does Not Meet Standard during the last inspection because the facility did not have an SMU for either administrative segregation or disciplinary segregation purposes and therefore shave and shower time was not given. The facility still does not have an SMU; therefore, shave and shower time is not given. This is a repeat Does Not Meet Standard finding.

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

PART 2 – 15. SPECIAL MANAGEMENT UNITS (Key: O)		
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)
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	The facility does not have an SMU for either administrative segregation or disciplinary segregation purposes. Therefore, detainees in segregation are not denied the items listed in the component. Detainees admitted to the medical unit for observation are not denied such items as clothing, mattress, bedding, linens, and pillow unless medically documented and required for safety purposes.
23. Detainees in an SMU may write and receive letters the same as the general population.	Does Not Meet Standard	This component was rated as Does Not Meet Standard during the last inspection because the facility did not have an SMU for either administrative segregation or disciplinary segregation purposes and therefore no mail was sent from or received in segregation. The facility still has no SMU, and therefore mail is not sent from or received by detainees in segregation. This is a repeat Does Not Meet Standard finding.
24. Detainees in an SMU ordinarily retain visiting privileges.	Does Not Meet Standard	This component was rated as Does Not Meet Standard during the last inspection because the facility did not have an SMU for either administrative segregation or disciplinary segregation purposes and therefore no detainees retained visiting privileges while in segregation. The facility still does not have an SMU, and therefore detainees do not retain visiting privileges while in segregation. This is a repeat Does Not Meet Standard finding.

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

PART 2 – 15. SPECIAL MANAGEMENT UNITS (Key: O)

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)
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.	Does Not Meet Standard	This component was rated as Does Not Meet Standard during the last inspection because the facility did not have an SMU for either administrative segregation or disciplinary segregation purposes, and therefore, no documentation existed for restricted or disallowed visits. The facility still does not have an SMU; therefore, restricted or disallowed general visits for a detainee in an SMU are not documented. This is a repeat Does Not Meet Standard finding.
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.	Does Not Meet Standard	This component was rated as Does Not Meet Standard during the last inspection because the facility did not have an SMU for either administrative segregation or disciplinary segregation purposes and therefore no documentation of any facet of segregation existed. The facility still does not have an SMU; therefore, no documentation of restricted or disallowed general visitation for detainees in administrative segregation is created. This is a repeat Does Not Meet Standard finding.
27. Under no circumstances is a detainee permitted to participate in general visitation while in restraints.	Meets Standard	Detainees do not participate in general visitation while in restraints.
28. In SPCs and CDFs, detainees in protective custody and violent and disruptive detainees are not permitted to use the visitation room during normal visitation hours.	Meets Standard	This facility is an IGSA. Violent and disruptive detainees do not visit in this facility.
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	This facility is an IGSA. Violent and disruptive detainees do not visit in this facility.

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

PART 2 – 15. SPECIAL MANAGEMENT UNITS (Key: O)

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)
30. Ordinarily, detainees in SMUs are not denied legal visitation.	Meets Standard	The facility does not have an SMU for either administrative segregation or disciplinary segregation purposes and therefore detainees are not denied legal visitation due to confinement in segregation.
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.	Does Not Meet Standard	This component was rated as Does Not Meet Standard during the last inspection because the facility did not have an SMU for either administrative segregation or disciplinary segregation purposes, and therefore no policy existed. The facility still does not have an SMU or a policy related to special security precautions for legal visitation. This is a repeat Does Not Meet Standard finding.
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.	Does Not Meet Standard	This component was rated as Does Not Meet Standard during the last inspection because the facility did not have an SMU for either administrative segregation or disciplinary segregation purposes, and therefore no visits by clergy to detainees in an SMU. The facility still does not have an SMU; hence, there are still no visits by clergy. This is a repeat Does Not Meet Standard finding.
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.	Does Not Meet Standard	This component was rated as Does Not Meet Standard during the last inspection because the facility did not have an SMU for either administrative segregation or disciplinary segregation purposes, and therefore no access to reading materials was provided. The facility still does not have a SMU; therefore, reading materials are not provided. This is a repeat Does Not Meet Standard finding.

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

PART 2 – 15. SPECIAL MANAGEMENT UNITS (Key: O)

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Components	Rating	Remarks (1000 Char Max)
<p>34. Detainees in SMUs have access to legal materials, in accordance with the Detention Standard on Law Libraries and Legal Material. Detainees are permitted to retain a reasonable amount of personal legal material in the SMU, provided it does not create a safety, security and/or sanitation hazard.</p> <p>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.</p>	Does Not Meet Standard	<p>This component was rated as Does Not Meet Standard during the last inspection because the facility did not have an SMU for either administrative segregation or disciplinary segregation purposes, and therefore no access to legal materials was provided. The facility still does not have an SMU; therefore, access to legal materials is not provided to detainees in an SMU. This is a repeat Does Not Meet Standard finding.</p>
<p>35. Detainees in Administrative Segregation or Disciplinary Segregation have the same law library access as the general population, unless compelling and documented security concerns require limitations.</p>	Does Not Meet Standard	<p>This component was rated as Does Not Meet Standard during the last inspection because the facility did not have an SMU for either administrative segregation or disciplinary segregation purposes, and therefore no law library access was provided. The facility still does not have an SMU; therefore, law library access to SMU detainees is not provided. This is a repeat Does Not Meet Standard finding.</p>
<p>36. Policy and procedures provide for legal material to be brought to individuals in Disciplinary Segregation under certain circumstances.</p>	Does Not Meet Standard	<p>This component was rated as Does Not Meet Standard during the last inspection because the facility did not have an SMU for either administrative segregation or disciplinary segregation purposes, and therefore no policy existed. The facility still does not have an SMU; therefore, there is no policy/procedure for legal materials to be brought to detainees in disciplinary segregation. This is a repeat Does Not Meet Standard finding.</p>

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

PART 2 – 15. SPECIAL MANAGEMENT UNITS (Key: O)

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Components	Rating	Remarks (1000 Char Max)
37. Any denial of access to the law library is always: <ul style="list-style-type: none"> Supported by compelling security concerns, For the shortest period required for security, and Fully documented in the SMU housing logbook. ICE/DRO is notified every time law library access is denied. 	Meets Standard	Law library access is never denied to a detainee in an SMU in this facility as the facility has no SMU.
38. Recreation for detainees in the SMU is separate from the general population.	Does Not Meet Standard	This component was rated as Does Not Meet Standard during the last inspection because the facility did not have an SMU for either administrative segregation or disciplinary segregation purposes, and therefore no recreation was offered. The facility still does not have a SMU; therefore no recreation is provided. This is a repeat Does Not Meet Standard finding.
39. The facility has policy and procedures to ensure detainees who must be kept apart never participate in activities in the same location at the same time. (For example, recreation for detainees in protective custody is separated from other detainees.)	Does Not Meet Standard	This component was rated as Does Not Meet Standard during the last inspection because the facility did not have an SMU for either administrative segregation or disciplinary segregation purposes, and therefore no policy existed. The facility still does not have an SMU; therefore, no applicable policy exists. This is a repeat Does Not Meet Standard finding.
40. Detainees in the SMU are offered at least one hour of recreation per day, scheduled at a reasonable time, at least five days per week. Where cover is not provided to mitigate inclement weather, detainees are provided weather-appropriate equipment and attire.	Does Not Meet Standard	This component was rated as Does Not Meet Standard during the last inspection because the facility did not have an SMU for either administrative segregation or disciplinary segregation purposes, and therefore no recreation was offered. The facility still does not have an SMU; therefore no recreation is offered. This is a repeat Does Not Meet Standard finding.

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

PART 2 – 15. SPECIAL MANAGEMENT UNITS (Key: O)

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)
<p>41. The recreation privilege is denied or suspended only if it would unreasonably endanger safety or security.</p> <p>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.</p> <p>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.</p>	Meets Standard	The facility does not have an SMU for either administrative segregation or disciplinary segregation purposes. Therefore, recreation is never denied.
<p>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.</p>	Meets Standard	The facility does not have an SMU for either administrative segregation or disciplinary segregation purposes. Therefore, recreation is never denied.
<p>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.</p> <p>The facility notifies ICE/DRO when a detainee is denied recreation privileges for more than 15 days.</p>	Meets Standard	The facility does not have an SMU for either administrative segregation or disciplinary segregation purposes. Therefore, recreation is never denied.
<p>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.</p> <p>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.</p>	Does Not Meet Standard	This component was rated as Does Not Meet Standard during the last inspection because the facility did not have an SMU for either administrative segregation or disciplinary segregation purposes, and therefore there was no telephone access. The facility still does not have an SMU; therefore, SMU telephone access does not occur. This is a repeat Does Not Meet Standard finding.

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

PART 2 – 15. SPECIAL MANAGEMENT UNITS (Key: O)

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)
<p>45. Ordinarily, a written order is completed and approved by a supervisor before a detainee is placed in Administrative Segregation. If exigent circumstances make that impracticable, the order is prepared as soon as possible. A copy of the order is given to the detainee within 24 hours, unless delivery would jeopardize the safety, security, or orderly operation of the facility.</p> <p>If the segregation is for protective custody, the order states whether the detainee requested the segregation and whether the detainee requests a hearing.</p> <p>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.</p> <p>(An Administrative Segregation Order is not required for a detainee awaiting removal, release, or transfer within 24 hours.)</p>	Does Not Meet Standard	<p>This component was rated as Does Not Meet Standard during the last inspection because the facility did not have an SMU for either administrative segregation or disciplinary segregation purposes, and therefore no written orders were prepared for placement into segregation. The facility still does not have an SMU; therefore, no written orders are prepared for placement of detainees into administrative segregation in this facility. This is a repeat Does Not Meet Standard finding.</p>
<p>46. There are implemented written procedures for the regular review of all detainees in Administrative Segregation.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>A reviewing authority who concludes a detainee should be removed from Administrative Segregation, submits that recommendation to the facility administrator (or designee) for approval.</p>	Does Not Meet Standard	<p>This component was rated as Does Not Meet Standard during the last inspection because the facility did not have an SMU for either administrative segregation or disciplinary segregation purposes, and therefore no policies existed. The facility still does not have an SMU and therefore no written procedures have been implemented for the regular review of all detainees in administrative segregation. This is a repeat Does Not Meet Standard finding.</p>

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

PART 2 – 15. SPECIAL MANAGEMENT UNITS (Key: O)

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)
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.	Does Not Meet Standard	This component was rated as Does Not Meet Standard during the last inspection because the facility did not have an SMU for either administrative segregation or disciplinary segregation purposes, and therefore no copies of reviews were given to detainees. The facility still does not have an SMU; therefore copies of decisions and justifications of SMU reviews are not given to detainees in this facility. This is a repeat Does Not Meet Standard finding.
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.	Does Not Meet Standard	This component was rated as Does Not Meet Standard during the last inspection because the facility did not have an SMU for either administrative segregation or disciplinary segregation purposes, and therefore there were no appeals. The facility still does not have an SMU; therefore, there is no appeal process. This is a repeat Does Not Meet Standard finding.
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.	Does Not Meet Standard	This component was rated as Does Not Meet Standard during the last inspection because the facility did not have an SMU for either administrative segregation or disciplinary segregation purposes, and therefore detainees could not object to their status. The facility still does not have an SMU and thus detainees cannot object to their status. This is a repeat Does Not Meet Standard finding.

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

PART 2 – 15. SPECIAL MANAGEMENT UNITS (Key: O)

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)
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.	Does Not Meet Standard	This component was rated as Does Not Meet Standard during the last inspection because the facility did not have an SMU for either administrative segregation or disciplinary segregation purposes, and therefore no notifications to ICE were made concerning how long a detainee was held in segregation. The facility still does not have an SMU; therefore, the Field Office Director is not notified of SMU stays exceeding 30 days. This is a repeat Does Not Meet Standard finding.
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.	Does Not Meet Standard	This component was rated as Does Not Meet Standard during the last inspection because the facility did not have an SMU for either administrative segregation or disciplinary segregation purposes, and therefore no notifications were made concerning how long a detainee was held in segregation. The facility still does not have an SMU; therefore, such notifications are not made. This is a repeat Does Not Meet Standard finding.

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

PART 2 – 15. SPECIAL MANAGEMENT UNITS (Key: O)

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)
<p>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.</p> <p>The maximum of a 60 day sanction in Disciplinary Segregation for a violation associated with a single incident.</p>	Does Not Meet Standard	<p>This component was rated as Does Not Meet Standard during the last inspection because the facility did not have an SMU for either administrative segregation or disciplinary segregation purposes, and therefore no detainees were placed in segregation. The facility still does not have an SMU; hence detainees are not placed in segregation in this facility by order of an Institutional Disciplinary Panel. This is a repeat Does Not Meet Standard finding.</p>
<p>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.</p>	Does Not Meet Standard	<p>This component was rated as Does Not Meet Standard during the last inspection because the facility did not have an SMU for either administrative segregation or disciplinary segregation purposes, and therefore no written justifications were sent to ICE. The facility still does not have a SMU; therefore, written justification is not sent to the Field Office Director. This is a repeat Does Not Meet Standard finding.</p>
<p>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).</p> <p>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.</p> <p>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.</p>	Does Not Meet Standard	<p>This component was rated as Does Not Meet Standard during the last inspection because the facility did not have an SMU for either administrative segregation or disciplinary segregation purposes, and therefore no written orders for segregation placement were completed. The facility still does not have an SMU; therefore, written orders for placement in disciplinary segregation in this facility are not completed. This is a repeat Does Not Meet Standard finding.</p>

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

PART 2 – 15. SPECIAL MANAGEMENT UNITS (Key: O)

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)
<p>55. The facility has implemented written procedures for the regular review of all Disciplinary Segregation cases.</p> <p>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).</p> <p>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.</p> <p>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.</p> <p>All review documents are placed in the detainee's detention file.</p>	Does Not Meet Standard	<p>This component was rated as Does Not Meet Standard during the last inspection because the facility did not have an SMU for either administrative segregation or disciplinary segregation purposes, and therefore there were no written review procedures. The facility still does not have an SMU and therefore no written procedures have been implemented for the review of disciplinary segregation cases. This is a repeat Does Not Meet Standard finding.</p>

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 facility does not have a special management unit (SMU). Any detainee involved in an investigation is immediately moved to a room in the medical unit pending transfer to a neighboring facility pending the outcome of the investigation. The detainee is returned to this facility only if he is found innocent of any wrongdoing. The facility has no SMU policies or procedures. This is a repeat Does Not Meet Standard finding.

Overall Rating: Repeat Finding

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

Completion Date: 6/28/2012

Reviewer Signature (for printed form submission):

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

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)
1. The ICE/DRO Field Office Director ensures that weekly announced and unannounced visits occur.	Meets Standard	
2. Detention Staff and Deportation Staff conduct scheduled weekly visits with detainees.	Meets Standard	Deportation Officers visit every Tuesday, Wednesday and Thursday. The schedule and the officers assigned to each detainee's case are posted in the living areas.
3. Scheduled visits are posted in ICE/DRO detainee housing areas.	Meets Standard	This component was rated as Does Not Meet Standard during the last inspection because scheduled visits had not yet been posted. The schedule for ICE visits is now posted in all living areas.
4. Visiting ICE staff observe and note current climate and conditions of confinement.	Meets Standard	According to the Supervisory Detention and Deportation Officer (SDDO), Deportation Officers assess existing climate and living conditions on their facility tours. Telephone serviceability worksheets that document tests for inoperable telephones, checks for preprogrammed number connectivity and monitoring of the repair progress of previously reported telephone issues are completed. A water temperature log for showers/sinks is also completed. Areas of concern are immediately communicated to appropriate ICE and/or facility supervisors.
5. ICE/DRO Detainee Request Forms are available for use by ICE/DRO detainees.	Meets Standard	Request Form I-60 is available in all living areas.
6. The facility treats detainee correspondence to ICE/DRO staff as Special Correspondence.	Meets Standard	
7. A secure box is located in an accessible location for detainee's to place their Detainee Request Forms.	Meets Standard	Each living area has an accessible locked mail/deposit box dedicated to request forms.

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

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)
8. Only ICE staff are able to retrieve the contents of the secure box containing Detainee Request Forms,	Meets Standard	
9. ICE/DRO staff respond to a detainee request from a facility within 72 hours and document the response in a log.	Meets Standard	Per the SDDO, request forms are answered within 24 hours.
10. ICE/DRO detainees are notified in writing upon admission to the facility of their right to correspond with ICE/DRO staff regarding their case or conditions of confinement.	Meets Standard	The ICE National Detainee Handbook and the site-specific handbook address procedures for communicating directly with the Assistant Field Office Director regarding a detainee's case and/or any violation of facility rules.
11. OIG Hotline Informational Posters are mounted in all appropriate common areas (recreation, dining, etc.) and, in SPCs and CDFs, in all housing areas.	Meets Standard	Office of Inspector General (OIG) Hotline Informational Posters are posted in all living areas and in common areas throughout the facility.
12. Daily telephone serviceability checks are documented in the housing unit logbook.	Meets Standard	

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)*

Review of policy, handbooks, inspection logs, monitoring reports and the Deportation Officers' posted visitation schedules, along with interviews of the SDDO and mail room staff and observation of I-60 Request Forms availability in the living areas, revealed that a controlled staff-detainee communication system that allows direct and informal contact between detainees and staff has been established.

Overall Rating: Meets Standard

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

Completion Date: 06/28/2012

Reviewer Signature (for printed form submission):

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 establishing guidelines for the issue, storage and use of all tools, culinary utensils, and armory equipment.
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.	Meets Standard	The warehouse is located inside of the secure facility. The Facility Administrator has developed specific policy for bringing tools inside the perimeter. Tools will be delivered to the facility and held outside the controlled sally port until they are picked up and receipted by the Chief of Security.
3. (MANDATORY) The use of tools, keys, medical equipment, and culinary equipment is controlled.	Meets Standard	All tools, keys and culinary equipment are shadow boarded and inventoried daily. Medical equipment is inventoried and secured in locked drawers.
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	A plastic "picture chit" is taken in exchange for all tools issued and when a tool is issued from the shadow board.
5. Tool inventories are required for: <ul style="list-style-type: none"> • Facility Maintenance Department • Medical Department • Food Service Department • Electronics Shop • Recreation Department • Armory 	Meets Standard	Tool inventories are present in the maintenance and medical departments and in food service, recreation, and the armory.
6. Tool Inventories are conspicuously posted on all tool boards, tool boxes and tool kits.	Meets Standard	Tool inventories were present in all areas where restricted and non-restricted tools are present.
7. The facility has a policy for the regular inventory of all tools. <ul style="list-style-type: none"> • The policy sets minimum time lines for physical inventory and all necessary documentation. • ICE facilities use AMIS bar code labels when required. 	Meets Standard	The facility has policies in place that require weekly, monthly and quarterly inventory inspections. AMIS bar codes are not used in this IGSA facility.

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)
8. The facility has a tool classification system. Tools are classified according to: <ul style="list-style-type: none"> Restricted (dangerous/hazardous) Non Restricted (non-hazardous). 	Meets Standard	Per policy, all tools are classified Restricted or 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	Policies are in place to ensure that all tools are properly marked and readily identifiable.
11. The facility has an approved tool storage system. <ul style="list-style-type: none"> The system ensures that all stored tools are accountable. Tools are stored on shadow boards in which the shadows resemble the tool. Shadow boards have a white background. Restricted tools are shadowed in red. Non-restricted tools are shadowed in black. Commonly used tools (tools that can be mounted) are stored in such a way that missing tools are readily noticed. 	Meets Standard	All tools at this facility are shadow boarded with a white background. Restricted tools are shadowed in red and non-restricted in black. Any tools that cannot be shadowed on a board are stored in locked drawers or cabinets.
12. Tools removed from service have their shadows removed from shadow boards.	Meets Standard	Tools removed from inventory also have their shadows removed from the boards.
13. Tools not adaptable to a shadow board are stored in a locked drawer or cabinet.	Meets Standard	Any tools that cannot be shadowed on a board are stored in locked drawers or cabinets.
14. Sterile packs are stored under lock and key.	Meets Standard	Sterile packs are inventoried, counted, and stored under lock and key.
15. Each facility has procedures for the issuance of tools to staff and detainees.	Meets Standard	The department head or designee issues a restricted tool only to the individual who will be using it. Supervisors exercise continuous visual oversight of employees using restricted tools.

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)
16. There are policies and procedures to address the issue of lost tools. The policy and procedures include: <ul style="list-style-type: none"> • Verbal and written notification. • Procedures for detainee access. • Necessary documentation/review for all incidents of lost tools. 	Meets Standard	Facility procedures address the issue of lost tools. The Chief of Security is responsible for implementing the procedure which addresses verbal and written notification, detainee access, and documentation and review of all incidents of lost tools.
17. Broken or worn out tools are surveyed and disposed of in an appropriate and secure manner.	Meets Standard	The Chief of Security is responsible for the storage and disposal of broken and/or worn out tools.
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	Private or contractor tools are inventoried and counted at the entrance side of the sally port. They are then re-inventoried by Central Control staff upon entry and exit from the facility. All contractors are escorted and supervised by security staff while inside the facility.
19. Hoses longer than three feet in length are classified as a restricted tool.	Meets Standard	All hoses are marked restricted, and the length is indicated with a chit attached to the hose.
20. Scissors used for in-processing detainees are tethered to the furniture (e.g. table, counter, etc.) where they are used.	Meets Standard	Scissors used in the intake area are tethered to the furniture where they are used.

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)

An interview was conducted with the Major and the Tool Control Officer. Inspections were made of the lock/key room and the food service and maintenance departments. All areas were clean, neat and organized. All inventories were correct. Restricted and non-restricted tools were stored on shadow boards and accountability was maintained.

Overall Rating: Meets Standard

Reviewer Name (Printed)

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

Completion Date: 06/28/2012

Reviewer Signature (for printed form submission):

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

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)
1. (MANDATORY) The facility has a Use of Force Policy.	Meets Standard	The facility has a comprehensive 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 in an immediate use of force situation without supervisory approval. There have been no use of force incidents in this facility since the last review.
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	Facility procedure requires that officers take the time to assess the possibility of resolving situations without the use of force.
4. Written policy asserts that calculated rather than immediate use of force is feasible in most cases.	Meets Standard	The Use-of-Force policy asserts that calculated rather than immediate use of force is feasible in most cases.
5. The facility subscribes to the prescribed Confrontation Avoidance Procedures. • Ranking detention official, health professional, and others confer before every calculated use of force.	Meets Standard	Before authorizing a calculated use of force, the ranking official, a designated health professional, and/or other appropriate staff must assess the situation.
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	This facility uses the Use-of-Force Team Technique in a calculated use of force.
7. Staff members are trained in the performance of the Use-of-Force Team Technique.	Meets Standard	Training records for the (b)(7)e
8. All use-of-force incidents are documented and reviewed.	Meets Standard	Use-of-force documentation is addressed in policy. No use of force incidents have occurred at this facility since the last review.

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

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)
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	Facility procedures require continuous videotaping throughout any use of force incident. A medical professional must promptly examine the detainee, with the findings reported on the audiovisual record.
10. Staff: <ul style="list-style-type: none"> 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 addresses all of the bullet points listed in this component.
11. Medication may only be used for restraint purposes when authorized by the Medical Authority as medically necessary.	Meets Standard	Use of force and (b)(7)e procedures include instructions designed to prevent potential injury and possible exposure to communicable diseases.
12. (MANDATORY) Use-of-Force Teams follow written procedures that attempt to prevent injury and exposure to communicable disease(s).	Meets Standard	
13. Standard procedures associated with using four/five point restraints include: <ul style="list-style-type: none"> 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	Policy addresses all of the bullet points listed in this component. No use-of-force incidents have occurred since the last review.

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

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)
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 the Shift Supervisor to monitor a detainee's condition every two hours and to allow the detainee to use the restroom with reasonable safeguards.
15. All detainee checks are logged.	Meets Standard	
16. In immediate-use-of-force situations, officers contact medical staff once the detainee is under control.	Meets Standard	In immediate use-of-force situations, staff will seek the assistance of medical staff upon gaining physical control of the detainee.
17. When the Facility Administrator authorizes use of non-lethal weapons: <ul style="list-style-type: none"> Medical staff are consulted before staff use pepper spray/non-lethal weapons. Medical staff reviews the detainee's medical file before use of a non-lethal weapon is authorized. 	Meets Standard	Medical staff is consulted before the use of pepper spray or other non-lethal weapon(s).
18. Intermediate Force Weapons, when not in use are stored in areas where access is limited to authorized personnel and to which detainees have no access.	Meets Standard	Intermediate force weapons are stored in areas separate and apart from detainee living areas, detainee work assignments, and activity areas. These storage areas are off-limits to detainees and non-authorized personnel.
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	This component was rated as Does Not Meet Standard during the last inspection because the facility did not have an SMU and therefore no weapons were stored there as required. The facility does not have an SMU; hence, intermediate force weapons are not stored in the SMU.
20. Special precautions are taken when restraining pregnant detainees. <ul style="list-style-type: none"> Medical personnel are consulted 	N/A	This facility does not house female detainees.
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	There have been no use-of-force incidents since the last review.

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

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)
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. <ul style="list-style-type: none"> Specialized training is given to officers ensuring they are certified in all devices approved for use. 	Meets Standard	All officers receive training in self-defense and confrontation-avoidance techniques. (b)(7)e (b)(7)e receive specialized training.
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	This facility does not have a canine unit. Canine units are not used in the facility for any reason.
27. The officers are thoroughly trained in the use of soft and hard restraints.	Meets Standard	All officers receive training on the application/use of restraints.
28. In SPCs, the Use of Force form is used. In other facilities (IGSAs / CDFs) this form or its equivalent is used.	Meets Standard	Equivalent Use of Force forms are used in this IGSA facility.

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)

Interview were conducted with the Deputy Administrator and the Training Officer. Because no use-of-force incidents have occurred since the last review, there was no documentation to review. (b)(7)e

(b)(7)e

Overall Rating: Meets Standard

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

Completion Date: 6/28/2012

Reviewer Signature (for printed form submission):

Section III ORDER

Disciplinary System

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

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)
1. The facility has a written disciplinary system using progressive levels of reviews and appeals.	Meets Standard	The facility has a written disciplinary system using progressive levels of review and appeals.
2. The facility rules state that disciplinary action shall not be capricious or retaliatory.	Meets Standard	This is addressed in written policy.
3. Written rules prohibit staff from imposing or permitting the following sanctions: <ul style="list-style-type: none"> corporal punishment deviations from normal food service clothing deprivation bedding deprivation denial of personal hygiene items loss of correspondence privileges deprivation of legal access and legal materials deprivation of physical exercise 	Meets Standard	Policy addresses all of the bullet points listed in this component.
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	This information is addressed in the detainee handbooks and during the video orientation, and is presented in English and Spanish.
5. The following items are conspicuously posted in Spanish and English or other dominate languages used in the facility: <ul style="list-style-type: none"> Rights and Responsibilities Prohibited Acts Disciplinary Severity Scale Sanctions 	Meets Standard	This information is posted in all common areas in the facility.
6. When minor rule violations or prohibited acts occur, informal resolutions are encouraged.	Meets Standard	
7. Incident Reports and Notice of Charges are promptly forwarded to the designated supervisor.	Meets Standard	A review of all disciplinary packets supported this component.
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	A review of disciplinary packets and procedures indicated the requirements of this component are followed.

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

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)
9. An intermediate disciplinary process is used to adjudicate minor infractions.	Meets Standard	
10. A disciplinary panel (or equivalent in IGSA's) adjudicates infractions. The panel: <ul style="list-style-type: none"> 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	A disciplinary panel consists of three persons. No person serving on the panel is involved in the investigation. The bullet points listed in this component are addressed in disciplinary proceedings.
11. A staff representative is available if requested for a detainee facing a disciplinary hearing	Meets Standard	
12. The facility permits hearing postponements or continuances when conditions warrant such a continuance. Reasons are documented.	Meets Standard	Postponements and continuances are permitted to include defense preparations, physical or mental illness, security, escape, disciplinary transfer, removal or pending prosecution.
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	Policy addresses this component.
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	

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)*

Interviews were conducted with the Major and the Lieutenant regarding disciplinary policy. All detainee disciplinary packets were reviewed, and no concerns were noted. The facility has an established fair and equitable disciplinary process that delivers swift sanctions designed to preserve the safety and security of the facility.

Overall Rating: Meets Standard

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

PART 3 – 19. DISCIPLINARY SYSTEM – Reviewer Summary

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

Reviewer Name (Printed)

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

Completion Date: 6/28/2012

Reviewer Signature (for printed form submission):

Section IV CARE

Food Service

Hunger Strikes

Medical Care

Personal Hygiene

Suicide Prevention and Intervention

Terminal Illness, Advance Directives, and Death

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

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.

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 program is under the direction of a Food Service Administrator (FSA) who is trained and certified.
2. The Cook Foreman is on duty on days when the FSA is off duty and vice versa.	Meets Standard	A Cook Supervisor is on duty on days when the FSA is off.
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	The FSA provides training to staff assigned to the food service department. Staff training records were reviewed.
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	N/A	Knives are not stored or used in food service areas.
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 have knives in the food service areas. Utensils used in the kitchen are monitored by staff.
6. Special procedures (when necessary) govern the handling of food items that pose a security threat.	Meets Standard	Policy describes the process for the handling of mace, nutmeg, cloves, yeast and sugar.
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	Policy describes the count procedures, and staff is trained in these procedures.
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	Comprehensive daily inspections of food service detainees are conducted and documented.
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	

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

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.

Components	Rating	Remarks (1000 Char Max)
12. During orientation and training session(s), the Cook Supervisor (CS) explains and demonstrates: <ul style="list-style-type: none"> 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	
13. The Cook Foreman documents all training in individual detainee detention files.	Meets Standard	The FSA documents all training in individual detainee detention files.
14. Detainees at SPCs and CDFs are paid in accordance with the "Voluntary Work Program" standard. Detainee workers at IGSA's are subject to local and State rules and regulations regarding detainee pay.	Meets Standard	All detainees in this IGSA facility are paid in accordance with the Voluntary Work Program policy. Detainee workers and the facility are subject to local compensation rules/regulations regarding detainee pay.
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	The facility serves two hot meals daily. The meal schedule is breakfast at 6:00 a.m., lunch at 11:00 a.m. and the evening meal at 5:00 p.m.
16. For cafeteria-style operations, a transparent "sneeze guard" protects both the serving line and salad bar line.	Meets Standard	
17. The facility has a standard 35-day menu cycle. IGSA's use a 35 day or similar system for rotating meals.	Meets Standard	This IGSA facility uses a six week, 42-day menu cycle.
18. (MANDATORY) A registered dietitian shall conduct a complete nutritional analysis that meets U.S. Recommended Daily Allowances (RDA), at least annually, of every master-cycle menu planned by the FSA. The dietitian must certify menus before they are incorporated into the food service program. If necessary, the FSA shall modify the menu in light of the nutritional analysis to ensure nutritional adequacy. The menu will need to be revised and re-certified by the registered dietitian in that event.	Meets Standard	A registered dietitian from the Texas State Board of Dietitians has conducted a complete nutritional analysis of every master-cycle menu plan and has signed and approved the menus.
19. The FSA has established procedures to ensure that items on the master-cycle menu are prepared and presented according to approved recipes.	Meets Standard	The Cook Supervisor is responsible for ensuring that items on the master menu cycle are prepared and presented according to approved recipes.

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

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.		
Components	Rating	Remarks (1000 Char Max)
20. The Cook Foreman has the authority to change menu items if necessary. <ul style="list-style-type: none"> If yes, documenting each substitution, along with its justification, with copy to the FSA 	Meets Standard	The FSA has the authority to change menu items. Each substitution would be documented with justification and forwarded to the Facility Administrator and Assistant Field Office Director.
21. All staff and volunteers know and adhere to written "food preparation" procedures.	Meets Standard	
22. A Common Fare menu available to detainees, at no charge, whose dietary requirements cannot be met on the main. <ul style="list-style-type: none"> Changes to the planned Common Fare menu can be made at the facility level. Hot entrees are offered three times a week. The Common Fare menus satisfy nutritional recommended daily allowances (RDAs). Staff routinely provide hot water for instant beverages and foods. <ul style="list-style-type: none"> Common Fare meals are served with: Disposable plates and utensils. Reusable plates and utensils. Staff use separate cutting boards, knives, spoons, scoops, etc., to prepare the Common Fare diet items. 	Meets Standard	Kosher meals are used for the Common Fare menu. The program's meals satisfy the nutritional daily allowances. The menu is consistent with all elements of this component. Separate utensils, knives and food service equipment are used with these meals.
23. Detainees whose religious beliefs require the adherence to particular religious dietary laws are referred to the Chaplain or FSA.	Meets Standard	
24. A supervisor at the command level must approve a detainee's removal from the Common Fare Program.	Meets Standard	
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	The chaplain provides the FSA with a schedule of ceremonial meals.
26. The Common Fare Program accommodates detainees abstaining from particular foods or fasting for religious purposes at prescribed times of the year. <ul style="list-style-type: none"> Muslims fasting during Ramadan receive their meals after sundown. Jews who observe Passover but do not participate in the Common Fare Program receive the same Kosher-for-Passover meals as those who do participate. Main-line offerings include one meatless meal (lunch or dinner) on Ash Wednesday and Fridays during Lent. 	Meets Standard	Kosher meals are provided for the Common Fare Program. The facility allows any detainee to make a request for religious meals in an effort to observe a recognized religious holiday.

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

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.		
Components	Rating	Remarks (1000 Char Max)
27. The food service program addresses medical diets.	Meets Standard	The food service program provides for special therapeutic diets.
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	Temperatures were checked in the serving line for the noon meal. Taco meat was at 160 degrees and beans were at 165 degrees. There were no cold foods as part of the noon meal. These temperatures are within the allowable ranges.
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	Policy states that food is not to be used to punish or reward detainee behavior.
32. The food service staff instruct detainee volunteers on: <ul style="list-style-type: none"> Personal cleanliness and hygiene; Sanitary techniques for preparing, storing, and serving food, and; The sanitary operation, care, and maintenance of equipment. 	Meets Standard	Policy and practice include daily detainee hygiene inspections.
33. Everyone working in the food service department complies with food safety and sanitation requirements.	Meets Standard	
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 requires that weekly inspections of all food service areas be conducted by administrative, medical and/or dietary personnel.
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	Policy states that the temperatures of the dishwashing machines are checked and documented after each meal. Documentation was reviewed.
37. (MANDATORY) Staff document the results of every refrigerator/ freezer temperature check, in accordance with the Detention Standard on Food Service.	Meets Standard	The Cook Supervisor documents refrigerator/freezer temperature checks twice a day. Documentation was reviewed.

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

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.		
Components	Rating	Remarks (1000 Char Max)
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. <u>In SPCs only</u> : The ICE supervisor on duty ensures that ICE officers participate in dining room supervision.	Meets Standard	ICE officers in this IGSA facility do participate in the dining room supervision.
43. Menus are certified by a registered dietitian prior to being incorporated into the Food Service Program.	Meets Standard	
44. <u>In SPCs only</u> : the FSA prepares quarterly cost estimates for the Common Fare Program. This quarterly estimate is factored into the quarterly budget.	Meets Standard	The FSA in this IGSA facility prepares a quarterly cost estimate for the Common Fare Program.
45. When required, only food service staff prepare the sack lunches for detainee transportation.	Meets Standard	
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	
49. 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.	<i>Meets Standard</i>	The dining room has the capacity to allow each detainee a minimum of 20 minutes dining time for each meal.
51. (MANDATORY) An independent, external source shall conduct annual inspections to ensure that the food service facilities and equipment meet governmental health and safety codes. Corrective action is taken on deficiencies, if any.	Meets Standard	The Texas Department of State Health Services conducts an annual inspection. The most recent inspection was conducted 02/17/2012.
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	

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

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.

Components	Rating	Remarks (1000 Char Max)
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	The facility has a contract for cleaning supplies and 'Green' chemicals. The facility has Material Safety Data Sheets (MSDS) for these chemicals.
54. (MANDATORY) The FSA is responsible for pest control in the food service department, including contracting the services of an outside exterminator.	Meets Standard	The facility has a contract with D-N Weed and Pest Control, Inc. The most recent inspection was conducted 05/02/2012.

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)*

During the evaluation of this standard, policy, training files, dietary logs and sanitation requirements were reviewed, facility staff and detainees were interviewed and food temperatures were checked.

The food service department is under the supervision of an FSA who is professionally trained and certified. Food service areas are maintained in a clean and orderly state. Food service staff are knowledgeable in food safety, are familiar with the ICE food standard and maintain a consistent operation with documentation to support the food service function. ICE detainees work in food service and have received documented training.

The facility provides detainees with a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic operation. Food items appeared nutritionally adequate and are presented in a visually appealing manner.

Overall Rating: Meets Standard

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

Completion Date: 6/28/2012

Reviewer Signature (for printed form submission):

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

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	Per policy, medical staff are to be notified immediately in the event a detainee declares a hunger strike. They are also to be notified if a detainee refuses nine consecutive meals. In practice, the food service department notifies medical staff if a detainee fails to appear for meals for a period of 24 hours.
2. Facility immediately reports via the chain of command a hunger strike to ICE/DRO.	Meets Standard	Policy requires prompt notification of the Assistant Field Office Director in the event of any detainee hunger strike. There have been no hunger strikes in this facility since the last inspection.
3. The facility has established procedures to ensure staff respond immediately to a hunger strike.	Meets Standard	Policy establishes procedures that include attempts to resolve the situation through discussions with the detainee. If these attempts are unsuccessful, the detainee must be referred to, and evaluated and monitored by, medical staff. He must also be isolated in a medical observation room, and must be referred to and evaluated by the mental health provider and the physician. If the hunger strike continues, the detainee would be transferred to another facility.
4. Policy and procedure require that staff isolate a hunger-striking detainee from other detainees.	Meets Standard	Policy establishes procedures for the isolation of a hunger striker in a single occupancy medical observation room.
5. Medical personnel are authorized to place a detainee in the Special Management Unit or a locked hospital room.	Meets Standard	Policy establishes procedures authorizing medical staff to place a hunger striker in a medical observation room.

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

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)
6. Medical staff record the weight and vital signs of a hunger-striking detainee at least once every 24 hours.	Meets Standard	Per policy, a hunger striker's vital signs and weight are to be checked and documented at least once every 24 hours. A urinalysis and other laboratory testing as clinically indicated are also to be conducted. The results of these assessments and diagnostic tests would be documented on the Hunger Strike Protocol form.
7. The facility medical authority obtains a hunger striker's consent before medical treatment.	Meets Standard	Each detainee signs a general consent for medical treatment during the medical intake screening process. A procedure-specific consent would be signed if a medically invasive procedure was needed.
8. A signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment, or two staff/provider signatures indicating detainee refusal to sign form.	Meets Standard	Any detainee refusing medical evaluation or treatment is required to sign a Refusal of Treatment form and is counseled about the potential medical risks of such a refusal. English and Spanish versions of the refusal form are available for use. If the detainee refuses treatment and refuses to sign the form, the refusal is documented by two staff signatures.
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 the delivery of three meals each day. Meal acceptance or refusal would be documented on a facility Hunger Strike Monitoring Form.
10. Staff maintain the hunger striker's supply of drinking water/other beverages.	Meets Standard	Staff would provide an adequate supply of drinking water and other beverages to a hunger striking detainee. The hunger striker would not maintain independent access to these fluids.

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

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)
11. During a hunger strike, staff remove all food items from the hunger striker's living area.	Meets Standard	In accordance with policy, all food items would be removed from a hunger striker's living area. Hunger strikers are not permitted to purchase food items from the commissary.
12. Staff are directed to record the hunger striker's fluid intake and food consumption on the Hunger Strike Monitoring Form I-839 or equivalent.	Meets Standard	A hunger striker's fluid intake and food consumption would be documented on a facility Hunger Strike Monitoring Form, which is equivalent to a Form I-839.
13. The medical staff have written procedures for treating hunger strikers.	Meets Standard	Policy and a physician-approved medical protocol establish procedures for initial and follow-up medical evaluations, referral to mental health staff, monitoring of fluid intake and food consumption, daily checks of the hunger striker's weight and vital signs, a urinalysis and other laboratory testing as clinically indicated and follow up evaluations by the medical provider. Per policy, if a detainee is engaging in a hunger strike due to a mental condition, or is incapable of giving informed consent due to age or illness, appropriate medical/ administrative action would be taken in the best interest of the detainee.
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	In accordance with policy, all treatment attempts and medical encounters, including counseling as to the medical risks of a continued hunger strike, would be documented in the medical record.

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

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)
<p>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.</p> <p>Medical staff receive training in hunger-strike evaluation and treatment and remain up-to-date on these techniques.</p>	Meets Standard	<p>All staff receive training on recognizing the signs of a hunger strike and on procedures for referral for medical assessment during orientation training. The annual in-service training schedule also includes refresher training on the hunger strike policy and plan. Medical staff receive training on hunger strike evaluation and treatment upon initial employment and annually thereafter.</p>

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)*

Written procedures for the identification and management of hunger strikes are in place. Training on the identification and medical evaluation and treatment of hunger strikers is provided.

There have been no detainee hunger strikes in this facility since the last inspection. As there were thus no pertinent detainee medical records or hunger strike related documentation available for review, the inspector was unable to confirm if the actual practices of this facility fully comply with this standard. The standard's rating was based on a review of established policy and available forms, on interviews with the Health Services Administrator, the Supervisory Detention and Deportation Officer and the Training Coordinator, on a review of employee training records and the curriculum for the initial orientation and annual in-service training programs, and on an inspection of the designated observation cells.

Overall Rating: Meets Standard

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

Completion Date: 6/28/2012

Reviewer Signature (for printed form submission):

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

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	Documentation confirmed up-to-date licensure of facility medical staff and contract providers. The licensure of CorrectRx, the off-site pharmacy provider, as a Class E pharmacy is posted in the medical unit pharmacy room. The responsible pharmacist conducts quarterly on-site inspections to ensure consistent compliance with state pharmacy law. The facility has a current CLIA (Clinical Laboratory Improvement Amendment) waiver certifying the facility through the Centers for Medicare & Medicaid Services to collect medical specimens and run simple laboratory tests. Per the Health Services Administrator (HSA), the facility complies with state public health infectious disease reporting requirements.
2. The facility's in-processing procedures of arriving detainees include medical screening.	Meets Standard	Nursing staff complete an intake medical and mental health screening during in-processing and within 12 hours of a detainee's arrival. The detainee remains in the intake area until this screening is complete. Per a review of 20 detainee medical records, intake screenings are consistently timely completed on each detainee.

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

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)
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	<p>Authorized full-time positions include the HSA, a licensed vocational nurse (LVN) (b)(7)(e), registered nurses (RNs) (b)(7)(e), additional LVNs, a medical records clerk and a psychologist. Nursing staff provide on-site coverage 24 hours a day, seven days a week (b)(7)(e) are on duty each 12-hour day shift, and (b)(7)(e) are on duty each night shift. Contract staff include a full-time physician, a dentist on site 20 hours per week, a dental assistant on site 28 hours per week and a psychiatrist providing services ten hours per week via telepsychiatry. The physician, dentist and psychiatrist are on call when not on site. Per the HSA, the facility is in the process of recruiting and filling vacancies (b)(7)(e)</p> <p>staffing plan was approved for the facility's opening and will be reviewed at least annually.</p>

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

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)
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	Information on accessing health services is presented verbally and in writing during the medical intake screening process and is included in the orientation video viewed by each detainee during in-processing. The information is also included in the facility detainee handbook. Verbal and written instructions are provided in English and Spanish. Receipt of the instruction is documented per the detainee's signature on an Intake Department Resident Orientation Sign In Sheet. Per the HSA, all but three of the medical staff are fluent in both English and Spanish. The Language Line interpretation service is available for use as needed when staff are otherwise unable to communicate with a detainee in a language he can understand.

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

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)
5. Detainees will have access to and receive specified 24-hour emergency medical, dental, and mental health services.	Meets Standard	Nursing staff are on duty 24 hours a day, seven days a week and maintain certification in cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) use. The physician, dentist and psychiatrist are on-call for emergencies when not on site. Detainees with urgent healthcare needs are able to independently access medical services 24 hours a day. Outside emergency medical services (EMS) are available as needed through Karnes County EMS. Hospital-based emergency treatment is available through Otto Kaiser Memorial Hospital, located within five miles of the facility. A review of detainee medical records confirmed the timely provision of urgent care. Per statistics maintained by the HSA, no detainees in this facility have needed outside emergency treatment since the last inspection.
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	In accordance with policy and as confirmed per a review of personnel files, all direct care staff are tested for tuberculosis (TB) upon initial employment and will be tested annually thereafter. Staff is also offered the hepatitis B vaccine series.
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	Job descriptions for medical staff and documentation of current licenses and certifications are on file in the medical unit.
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	Instructions for accessing health care are included in the facility detainee handbook, issued to each detainee during in-processing. The handbook is available in English and Spanish.

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PART 4 – 22. MEDICAL CARE (Key: V)		
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Components	Rating	Remarks (1000 Char Max)
9. In SPCs and CDFs, medical personnel credentialing and verification complies with the standards established by the NCCHC and Joint Commission.	Meets Standard	In this IGSA facility, licenses and certifications are verified and medical personnel credentialing files are maintained by the HSA, consistent with the standards established by the National Commission on Correctional Health Care (NCCHC) and The Joint Commission.
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. <ul style="list-style-type: none"> When screening is performed by a detention officer, the facility maintains documentation of the officer's special training. 	Meets Standard	Medical intake screenings covering potential medical, dental and mental health concerns are completed by nursing staff within 12 hours of each detainee's arrival at the facility. A review of 20 detainee medical records confirmed consistent timely completion of these screenings.
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	Spanish-speaking staff are usually available as needed to communicate with Spanish-speaking detainees. If a staff interpreter is not available, or the detainee only understands a language other than English or Spanish, the telephone-based Language Line interpretation service is used to complete the medical screening process.
12. The facility has sufficient space and equipment to afford each detainee privacy when receiving health care.	Meets Standard	The medical unit includes a well-equipped urgent care room, five appropriately equipped treatment/examination rooms and a mental health office/telepsychiatry room, all of which afford each detainee privacy when receiving health care. Two additional medical rooms are available in the intake area for the completion of intake medical screenings. Privacy is maintained during the provision of health care. Detainees waiting to be seen are not within sight or sound of the treatment areas.

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PART 4 – 22. MEDICAL CARE (Key: V)		
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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 medical unit is located adjacent to the intake area and within the secure perimeter of the facility. Access to the clinical areas of the medical unit is limited to authorized staff and to detainees receiving medical evaluations and/or treatment.
14. The medical facility entrance includes a holding/waiting room.	Meets Standard	The medical unit entrance includes a waiting room.
15. The medical facility's holding/waiting room under the direct supervision of custodial staff.	Meets Standard	An officer assigned to the medical unit supervises detainees in the waiting room.
16. Detainees in the holding/waiting room have access to a toilet and a drinking fountain.	Meets Standard	A toilet and a sink with water for drinking are available adjacent to the waiting room.
17. Medical records are kept apart from other files. They are: <ul style="list-style-type: none"> 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	Detainee medical records are stored in a secure medical records room within the medical unit. Access is limited to authorized medical staff. Copies of medical records are not made for placement in non-medical detainee files.
18. (MANDATORY) A signed and dated consent form is obtained from a detainee before medical treatment is administered.	Meets Standard	Each detainee signs a dated Consent to Medical, Dental and Mental Health Services form during the medical intake screening process to give general consent for medical treatment. The forms are available in English and Spanish. A procedure-specific consent form is signed if a medically invasive procedure is needed or when planned treatment poses potential risks as well as benefits for the detainee. Information regarding the potential risks and benefits of any such procedure is discussed with the detainee before the consent is signed.

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

PART 4 – 22. MEDICAL CARE (Key: V)

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Components	Rating	Remarks (1000 Char Max)
19. Detainees use the I-813 (or IGSA equivalent) to authorize the release of confidential medical records to outside sources.	Meets Standard	A facility Authorization for Release of Information form is signed by a detainee to authorize the release of confidential medical records to outside sources.
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, notification of a detainee's release, transfer or removal from the facility is provided at least two hours, and usually approximately 12 hours, in advance.
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 transfer sheet which summarizes the detainee's medical records is prepared and transferred with the detainee. A copy of the entire medical record is available per request by medical staff in a receiving facility.
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 prepared for transport with a detainee are placed in a sealed and appropriately labeled envelope.

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Components	Rating	Remarks (1000 Char Max)
23. Medical screening includes a Tuberculosis (TB) test.	Meets Standard	A digital chest x-ray is taken during the intake medical screening process to screen each detainee for TB unless that detainee arrives with documentation of TB screening completed within the previous 90 days. The digital x-rays are transmitted to and interpreted by radiologists at the University of Maryland. Results are always provided to the facility within four hours, and often within 15-20 minutes. Detainees are not assigned to a housing suite until the results of the chest x-ray are received and reviewed by medical staff. Per a review of 20 detainee medical records, 15 arrived with documentation of recent testing. Chest x-rays were completed on the remaining five detainees within 12 hours of arrival. If screening identifies a detainee as potentially infectious, that detainee is placed in one of the six negative airflow/respiratory isolation rooms in the medical unit until the detainee is approved for release from isolation by the medical provider.

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PART 4 – 22. MEDICAL CARE (Key: V)

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Components	Rating	Remarks (1000 Char Max)
<p>24. All detainees receive a mental-health screening upon arrival. It is conducted:</p> <ul style="list-style-type: none"> • By a health care provider or specially trained officer; • Before a detainee's assignment to a housing unit. 	Meets Standard	Screening for mental health concerns is included in the initial medical screening completed by nursing staff within twelve hours of a detainee's arrival and before the detainee is assigned to a housing suite. Completed mental health screening forms are reviewed and signed by the physician. Per a review of 20 detainee medical records, screening for mental health concerns was consistently and timely completed on all detainees. Those with identified mental health concerns were referred to the psychiatrist.
<p>25. The facility health care provider promptly reviews all I-794s (or equivalent) to identify detainees needing medical attention.</p>	Meets Standard	All intake medical screenings are conducted by medical staff. As confirmed per documentation in detainee medical records, those with identified medical concerns are promptly referred to the physician. The physician reviews each intake screening form when he sees the detainee for the initial health appraisal/physical examination.
<p>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.</p>	Meets Standard	The physician completes a health appraisal/physical examination on each detainee within fourteen days of arrival unless the detainee arrives with documentation of a comprehensive medical evaluation completed within the previous 90 days. A review of 20 detainee medical records confirmed consistent timely completion of these health appraisals/physical examinations. Of these 20 detainees, 15 were examined within the first 24 hours. The remaining five were all examined within five to 12 days of arrival.

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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.	Does Not Meet Standard	This component was rated as Does Not Meet Standard during the last inspection because the facility did not have a special management unit (SMU) and therefore, healthcare services were not delivered to detainees in segregation. The facility still does not have an SMU; therefore, healthcare services are not delivered to detainees in segregation at this facility. This is a repeat Does Not Meet Standard finding.
28. Staff provide detainees with health- services (sick call) request slips daily, upon request. <ul style="list-style-type: none"> 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	Detainees have independent access to Request for Health Services forms in each of the day rooms and in the dining hall. The forms include instructions in English and Spanish. Detainees have access to the day rooms 24 hours a day. Completed requests are deposited in designated medical boxes and are collected and triaged by nursing staff twice each day. Those with urgent concerns are seen immediately. Per quality assurance monitoring of sick call procedures, the average response time to a sick call request was about three and a half hours. Documentation in detainee medical records confirmed a prompt response to each submitted request. Those referred to the physician are seen within one business day. Detainees also have the option of reporting to the medical unit any time 24 hours a day without submitting a written request. As confirmed per documentation in detainee medical records, these detainees are promptly seen and treated as clinically indicated.

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Components	Rating	Remarks (1000 Char Max)
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	Medical staff are on duty 24 hours a day, seven days a week. They are able to respond, with appropriate emergency medical equipment including an AED, to any location within the facility within two to three minutes. Emergency treatment is provided, the on-call provider is notified and, if indicated, the detainee is transported, per EMS squad or facility vehicle as determined appropriate by medical staff, to a local hospital emergency room.
30. The plan includes an on-call provider.	Meets Standard	The physician is on call for medical emergencies, the dentist is on call for dental emergencies and the psychiatrist is on-call for mental health crises.
31. The plan includes a list of telephone numbers for local ambulances and hospital services.	Meets Standard	EMS services are summoned per a 911 call. Phone numbers for the local hospitals are available in the medical unit.
32. The plan includes procedures for facility staff to utilize this emergency health care consistent with security and safety.	Meets Standard	Policy addresses the coordination of medical and security responses to a medical emergency and the provision of safe and secure transport to an outside medical facility. Two officers escort and remain with any detainee transported outside the facility.

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PART 4 – 22. MEDICAL CARE (Key: V)

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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 detention staff are trained in first aid and to respond to health-related emergencies within four minutes, and are certified in CPR/AED during their orientation training. Refresher first aid training and CPR/AED recertification is provided annually thereafter. First aid kits are available in designated locations throughout the facility. Medical staff are also recertified in CPR/AED annually and participate in emergency drills once or twice each month to enhance their emergency response skills. Per the HSA, a mass casualty disaster drill, involving local EMS and hospital providers as well as facility staff, will be scheduled annually to provide additional training.
34. Where staff are used to distribute medication, a health care provider properly trains these officers.	N/A	Medications in this facility are administered or distributed by medical staff. Officers do not distribute medication.
35. Pharmaceuticals and nonprescription medicines will be stored, inventoried, dispensed, and administered in accordance with sound standards and facility needs for safety and security.	Meets Standard	In accordance with policy, all medications are procured, received, stored, distributed, dispensed and administered in accordance with sound standards and facility needs for safety and security. Bulk non-prescription medications are stored on shelves within the medical unit pharmacy. Prescription medications are stored in a medication cart which is also located within the pharmacy. All medications are administered in accordance with accepted medical standards under the supervision of the HSA.

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Components	Rating	Remarks (1000 Char Max)
<p>36. (MANDATORY) Each facility has written policy and procedures for the management of pharmaceuticals that include:</p> <ul style="list-style-type: none"> • 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	<p>Established procedures for the management of pharmaceuticals address all of the items listed in this component. The Immigration Health Service Corps (IHSC) Formulary is used. Non-formulary medication requests are submitted through the MedPar treatment authorization request system. Perpetual inventories on the bulk supply of needles/syringes maintained in the pharmacy are verified accurate each week. Perpetual inventories maintained on the working supply of syringes/needles secured in the urgent care room are verified accurate per counts conducted each shift. A spot check of these inventories confirmed their accuracy. There were no Drug Enforcement Administration (DEA) Schedule II-V controlled substances in the facility during the inspection. Should a controlled substance be ordered for a detainee, the medication would be secured in a locked compartment within the medication cart. A perpetual inventory with verification counts each shift would be implemented.</p>
<p>37. All pharmaceuticals are stored in a secure area with the following features:</p> <ul style="list-style-type: none"> • 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	<p>All pharmaceuticals are stored within the secure pharmacy room located in the medical unit and within the secure perimeter. The pharmacy's construction includes solid floor to ceiling walls, a solid ceiling and a steel door with a high security lock. Access to the pharmacy is limited to authorized medical staff, with</p>

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

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Components	Rating	Remarks (1000 Char Max)
<p>38. In SPCs and CDFs, the pharmacy has a locking pass-through window.</p> <ul style="list-style-type: none"> 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	<p>The pharmacy has a locking pass-through window. A licensed pharmacist from CorrectRx, the off-site pharmacy provider, provides oversight for the pharmacy operation and monitors compliance with state and federal law. Medications are timely administered by appropriately trained and credentialed health care staff under the supervision of the HSA and in accordance with the orders of an appropriately licensed provider.</p>
<p>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.</p>	Meets Standard	<p>Medications are administered by medical staff in accordance with policy and under the direction of the HSA. Training on the administration of medications is provided to all nursing staff upon initial employment. Administration is documented on detainee-specific medication administration records (MARs). When completed, MARs are placed in the applicable detainee's medical record.</p>
<p>40. Medication may not be delivered or administered by detainees.</p> <ul style="list-style-type: none"> 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	<p>Medical staff are on duty 24 hours a day, seven days a week. Medications are delivered or administered by medical staff. Detainees are not involved in the delivery or the administration of medications.</p>
<p>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.</p>	N/A	<p>Officers in this facility do not distribute medications. All medications are distributed by medical staff.</p>

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PART 4 – 22. MEDICAL CARE (Key: V)		
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Components	Rating	Remarks (1000 Char Max)
42. The Warden/Facility receives notification that a detainee that has special medical needs.	Meets Standard	Notification to the facility administrator and/or other facility staff of a detainee's special medical needs is provided through use of a Special Needs Notice and/or a Health Summary for Classification form.
43. Procedures are in place, consistent with the detention standard, for examinations by independent medical service providers and experts.	Meets Standard	Policy establishes procedures for examinations by independent medical providers and experts. The detainee's attorney must submit a request for such an examination to ICE. If/when the request is approved by ICE; the facility would make clinical space available or would transport the detainee off-site as necessary to support completion of the independent examination. No requests for examinations by independent medical providers or experts have been received by this facility.

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Components	Rating	Remarks (1000 Char Max)
<p>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:</p> <ul style="list-style-type: none"> • 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	<p>Facility policy provides for infectious and communicable disease prevention, identification, surveillance, immunization, treatment, follow up, observation and reporting. The GEO Health Services Policy and Procedure Manual establish specific procedures for the management of TB, hepatitis, HIV, avian influenza and other infectious and communicable diseases. The facility provides information on reportable communicable diseases to the state public health department and to IHSC. All media inquiries are referred to the ICE Field Office. Educational information on TB, hepatitis, HIV/AIDS and skin infections is provided to each detainee upon intake. Staff receive training on infectious diseases during their initial orientation. Refresher training on this subject is included in the annual in-service training curriculum.</p>
<p>45. Detainees diagnosed with a communicable disease are isolated according to local medical operating procedures.</p>	Meets Standard	<p>Detainees diagnosed with communicable diseases are isolated in one of the medical unit's single occupancy negative airflow/ respiratory isolation rooms. If additional space is needed, those exposed to a specific disease such as influenza may be housed together as a cohort in one of the housing suites. Since the last inspection, the isolation rooms in the medical unit have been used to house detainees under evaluation for possible active TB disease and for detainees with Varicella (chicken pox).</p>

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PART 4 – 22. MEDICAL CARE (Key: V)

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Components	Rating	Remarks (1000 Char Max)
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	Unless a detainee arrives with documentation of recent TB screening, a digital chest x-ray is taken during the intake medical screening process. Per a review of 20 detainee medical records, chest x-rays to screen for active TB disease in those detainees not recently screened were consistently completed timely. The physician reviews and signs off on the results of each x-ray. Detainees are not moved to general population housing until the TB screening process is complete.
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	Any detainee identified as potentially infectious with active TB disease is placed in one of the facility's negative airflow/ respiratory isolation rooms until treated and/or cleared by further testing and approved for release by the physician. Per a review of medical records, a clinical treatment plan is developed and implemented for any such detainee.

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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	Transport vans are available for transporting a detainee to a scheduled outside medical appointment. Notification of the scheduled appointment is provided to security staff by the medical unit per use of a Medical Transport Communication form. Per the HSA, transportation has consistently been available for all scheduled off-site appointments. Karnes County EMS is called to provide emergency transport when determined necessary by medical staff. Summary medical information including a brief medical history, any prescribed medications and documentation of the detainee's current clinical status is transferred with any detainee transported to a hospital emergency room. Copies of the approved treatment authorization request, the physician's consultation request, clinical notes and any other pertinent clinical information is sent with the detainee scheduled for an outside medical consultation appointment.

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Components	Rating	Remarks (1000 Char Max)
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	The medical, dental or mental health provider, as applicable, establishes a detainee-specific treatment plan for detainees who require close, chronic or convalescent medical and/or mental health supervision. The plan may include immediate treatment by the provider, diagnostic testing, medications, ongoing monitoring, counseling, and/or other ordered medical interventions. Per policy, these plans must conform to NCCHC guidelines. Completed medical, dental and mental health treatment plans were seen in detainee medical records.
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	This facility does not house female detainees.

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Components	Rating	Remarks (1000 Char Max)
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	In accordance with policy, detainees with chronic conditions receive medications and laboratory testing as clinically indicated and are scheduled for periodic follow up evaluations. Applicable diagnostic testing is ordered for any detainee identified through intake screening as having a chronic illness, and that detainee is scheduled for an initial chronic care clinic appointment with the physician. A treatment plan is developed and implemented. The detainee is scheduled for a follow up visit with the chronic care nurse in 90 days and with the physician 30 days later unless more frequent monitoring is clinically indicated. The medical records of detainees diagnosed with a chronic medical condition included Chronic Care Treatment Plans and documentation of laboratory and/or other diagnostic testing, clinical evaluations 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	Notification to the facility administrator and/or other facility staff regarding a detainee's special medical or mental health needs requiring special consideration on matters such as housing, transfer or transportation is provided through use of a Special Needs Notice and/or a Health Summary for Classification form. Special needs requiring consideration during transfer transport are noted on the medical transfer summary form.

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

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	Detainees have access to routine dental care provided on site by, or under the supervision of, a licensed dentist. The dentist is on call for dental emergencies when not on site. Emergency dental care that cannot be provided on site is available through the use of community medical facilities and providers.
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	Referrals to the mental health provider are made subsequent to needs identified during intake screening, pursuant to staff observation of detainee behavior and/or per request by detainees. Documentation of mental health referral, diagnosis, treatment and follow-up were noted per a review of detainee medical records.
55. Crisis intervention services are available for detainees who experience acute mental health episodes.	Meets Standard	On-duty medical staff evaluate any detainee experiencing acute mental health episodes and refer that detainee to the mental health provider. The psychiatrist is on call for consultation as needed and will speak with a detainee by telephone as necessary pending further evaluation per telepsychiatry. Two mental health observation rooms are available within the medical unit for use as needed for crisis intervention. Transport to an outside medical facility may be ordered if clinically indicated.
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	Medical and mental health encounters are conducted in private. The facility does not house female detainees.

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

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)
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	Per policy, a detainee referred for mental health treatment is to be evaluated within 14 days. Per a review of detainee records, of the two detainees referred, one was evaluated within 24 hours and the other within 6 days.
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: <ul style="list-style-type: none"> • 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	In accordance with policy, only the facility medical authority may authorize restraints for medical or mental health purposes. The restraints may be authorized only when a detainee is a danger to himself or others and only when it has been determined that less restrictive measures are not appropriate. Authorized restraints are limited to those made of fleece, linen, canvas or rubber and may be applied for a maximum of 12 hours, with frequent interim releases. A detainee in restraints must be monitored by medical staff every 15 minutes, with the findings documented on a Therapeutic Seclusion and Restraint Nursing Flow sheet. A quality assurance review would be required after any use of restraints for medical or mental health reasons. No detainees in this facility have been placed in restraints for medical or mental health reasons.

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

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)
<p>59. (MANDATORY) Involuntary administration of psychotropic medications to detainees complies with applicable laws and regulations and the authorizing physician or psychiatrist will:</p> <ul style="list-style-type: none"> • 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. 	Meets Standard	<p>Per policy, the administration of involuntary psychotropic medication must comply with established regulations, guidelines and laws, and would be performed only pursuant to the specific written detailed authorization of a physician. The authorization must specify the reason and duration of therapy, must document that less restrictive intervention options have been exercised without success and must specify how the medication is to be administered and include monitoring of the detainee for adverse reactions and side effects. The treatment plan must also include less restrictive alternatives as soon as possible. Prior to the implementation of involuntary psychotropic medication, the facility would notify ICE officials who would in turn contact the ICE Chief Counsel to seek legal authorization. Per the HSA, no detainees in this facility have been considered for involuntary psychotropic medication.</p>
<p>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.</p>	Meets Standard	<p>A brief screening for dental concerns is completed by nursing staff during the medical intake screening process. In accordance with policy, a more comprehensive screening is to be completed within 14 days of a detainee's admission. Per a review of 20 detainee medical records, the dentist consistently completed a comprehensive dental screening within the detainee's first 14 days in the facility.</p>

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

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	First aid kits are located in designated locations throughout the facility. The locations and contents are specified in policy signed by the facility administrator and the health authority. The kits are inspected monthly by the HSA. If a kit is opened, the medical unit is notified of the need to restock and reseal the kit. Staff receives annual training on the provision of first aid treatment.
62. An automatic external defibrillator should be available for use at the facility.	Meets Standard	Three AEDs are available for use within the facility. These include one in the medical unit, one in the Intake area and one in Central Control.
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	In accordance with policy, ICE would be consulted prior to the provision of any forced treatment except in a medical emergency. No detainees in this facility have refused essential treatment.
64. In SPCs and CDFs, the Facility Administrator and health services administrator will meet at least quarterly and include other facility and medical staff as appropriate.	Meets Standard	Per policy, meetings involving the HSA, the facility administrator and other facility staff are to be scheduled quarterly. The first meeting occurred on 05/31/2012 and was attended by the facility administrator, the HSA, other multidisciplinary facility staff and the Supervisory Detention and Deportation Officer and other ICE staff.

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

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)
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 puncture-resistant, leak-proof and appropriately labeled containers and is stored in a locked room in the medical unit pending monthly pick by Stericycle, a company certified as compliant with Occupational Safety and Health Administration (OSHA) rules. An autoclave is available in the dental suite for sterilization of non-disposable dental and medical tools.
66. (MANDATORY) The health authority will implement a system of internal review and quality assurance.	Meets Standard	The facility has established a system of internal review and quality control. Documentation was available for review to confirm implementation of quality assurance auditing of clinical functions. Clinical indicators recently audited included intake physicals, intake screening, responses to sick call requests and pharmaceutical accountability procedures.

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)

In addition to the urgent care and medical examination rooms and the telepsychiatry room, the treatment space within the spacious medical unit includes a two-chair dental suite. The medical department also has a medical housing short stay unit which includes three double-occupancy medical observation rooms, two mental health observation/suicide watch rooms and six negative airflow/respiratory isolation rooms. The facility provides outpatient, emergency and chronic care medical services, outpatient and limited crisis intervention mental health services, dental services, pharmacy services and limited x-ray services on site. Laboratory specimens are collected on site and sent out for processing. All needed health care not available on site is provided through the use of community healthcare providers and services. Routine, urgent and follow up medical care is timely provided. Health education information is distributed to detainees. The facility does not charge medical co-pay fees.

The standard's rating was based on a review of established policies and protocols, medical staff credentialing files and personnel files, on a review of 20 detainee medical records and other medical documentation, on a review of staff training records and the detainee handbook, on observations in the medical unit, intake processing unit and other areas of the facility, and during health care encounters. Facility medical, administrative, training, human resources and security staff and ICE officials were interviewed. The physician confirmed that sufficient resources were available to meet the medical needs of the detainee population. No unresolved medical concerns were identified through medical record reviews and detainee interviews. No grievances regarding medical issues have been submitted by detainees in this facility since the last inspection.

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

PART 4 – 22. MEDICAL CARE – Reviewer Summary

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

Overall Rating: Meets Standard

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

Completion Date: 6/28/2012

Reviewer Signature (for printed form submission):

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

PART 4 – 23. PERSONAL HYGIENE (Key: W)

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	Policy establishes procedures for the issuance and exchange of clothing, bedding, linens, towels and personal hygiene items. The supply of these items exceeds the minimum required, with the excess stored in the laundry area.
2. All new detainees are issued clean, temperature-appropriate, presentable clothing during in-processing. Detainees receive, at a minimum: <ul style="list-style-type: none"> 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	New detainees are issued four pairs of denim pants, four T-shirts, four pairs each of socks and underwear, a pair of shorts, a sweatshirt, and one pair each of canvas and shower shoes. Detainees are also permitted to keep a pair of personal shoes if they do not present a security concern. The clothing is presentable and temperature appropriate.
3. Additional clothing is available for changing weather conditions and as is seasonally appropriate.	Meets Standard	A jacket is issued when outdoor temperatures are cooler. A rain poncho is also issued.
4. New detainees are issued clean bedding, linens and towels, at a minimum: <ul style="list-style-type: none"> One mattress One blanket Two sheets One pillow One pillowcase One towel Additional blankets, based on local weather conditions. 	Meets Standard	New detainees are issued a towel and wash cloth, two sheets, a pillow case, a blanket, a pillow and a mattress.
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	All new detainees are issued a hygiene kit that includes deodorant, toothpaste, shampoo/body wash, lotion, shaving cream, a toothbrush and a comb. Replacements are issued by housing suite officers on a one for one exchange basis at no cost to the detainees. The facility houses only male detainees.

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

PART 4 – 23. PERSONAL HYGIENE (Key: W)

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)
<p>6. Toilet facilities are:</p> <ul style="list-style-type: none"> 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. <p>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.</p>	Meets Standard	Toilet facilities in the housing suites are clean and accessible without staff assistance. Each 8-bed housing suite has one toilet.
<p>7. Bathing facilities are:</p> <ul style="list-style-type: none"> Clean Operable with temperatures between 100 and 120 degrees Fahrenheit. <p>ACA Expected Practice 4-ALDF-4B-08 requires one washbasin for every 12 detainees.</p> <p>ACA Expected Practice 4-ALDF-4B-09 requires a minimum ratio of one shower for every 12 detainees.</p>	Meets Standard	Bathing facilities are clean. Each 8-bed housing suite has a shower. Per a log maintained by maintenance staff, hot water temperatures in the housing suites range between 104 to 114 degrees Fahrenheit.
<p>8. Detainees with disabilities are provided adequate facilities, support, and assistance needed for self-care and personal hygiene.</p>	Meets Standard	Four of the 8-man housing suites are handicapped accessible. Detainees needing additional assistance with self-care and personal hygiene would not be housed at this facility.
<p>9. Detainees are provided clean clothing, linen and towels.</p> <ul style="list-style-type: none"> Socks and undergarments - daily. Outer garments - twice weekly. Sheets - weekly. Towels - weekly. Pillowcases - weekly. 	Meets Standard	Washers and dryers are available in four day rooms accessible to detainees 24 hours a day. With detergent purchased from the commissary, a detainee may opt to launder his own clothing and linens. A facility laundry is also available for those who choose not to do their own laundry. Soiled clothing and linens sent to the facility laundry are processed and returned the same day. The laundry will accept soiled socks, underwear and outer garments every day. Bed linens and towels are laundered weekly, and blankets are laundered monthly.
<p>10. Food service detainee volunteer workers are permitted to exchange outer garments daily.</p>	Meets Standard	Detainees working in food service have daily access to clean outer garments.

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

PART 4 – 23. PERSONAL HYGIENE (Key: W)

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)
11. Volunteer detainee workers are permitted to exchanges of outer garments more frequently.	Meets Standard	All detainees have daily access to clean outer garments.

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)*

Per observations in the detainee housing suites, bathing and toilet facilities were clean and in good working order. Detainees were clean and appropriately dressed. Supplies for maintaining personal hygiene were readily available. No complaints regarding bathing and toilet facilities, clothing, bedding or personal hygiene supplies were voiced by detainees.

The standard's rating was based on a review of policies, property issuance forms and maintenance logs, on interviews with facility administrative, detention, maintenance and laundry staff and on observations in the intake area, detainee housing suites and indoor and outdoor common areas.

Overall Rating: Meets Standard

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

Completion Date: 6/28/2012

Reviewer Signature (for printed form submission):

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

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)
1. 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	Facility policy establishes a suicide prevention and intervention program. The plan was signed by the Assistant Field Office Director and the Health Services Administrator (HSA) on 03/08/2012.
2. At a minimum, the Program shall include procedures to address: <ul style="list-style-type: none"> • 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 program includes procedures addressing all of the items listed in this component.
3. Every new staff member receives suicide-prevention training. Suicide-prevention training occurs during the employee orientation and annual training.	Meets Standard	All staff receive training on suicide prevention during their initial orientation training. The curriculum for the annual in-service training program includes refresher suicide prevention training.

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

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)
<p>4. Training prepares staff to:</p> <ul style="list-style-type: none"> • Effective methods for identifying the warning signs and symptoms of impending suicidal behavior, • Demographic, cultural, and precipitating factors of suicidal behavior, • Responding to suicidal and depressed detainees, • Effective communication between correctional and health care personnel, • Necessary referral procedures, • Housing observation and suicide-watch level procedures, • Follow-up monitoring of detainees who have already attempted suicide, and • Reporting and written documentation procedures. 	Meets Standard	Policy requires that suicide prevention training address the signs of impending suicidal behavior, appropriate responses, demographic, cultural and precipitating factors related to suicide attempts, interdisciplinary communication and referral procedures, suicide watch procedures, follow-up monitoring of detainees who have already attempted suicide, and required reports and documentation. The suicide prevention training lesson plan includes each of these subjects.
<p>5. A health-care provider or specially trained officer screens all detainees for suicide potential as part of the admission process.</p> <ul style="list-style-type: none"> • 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	Screening for suicide potential is included in the intake mental health screening completed by nursing staff within 12 hours of a detainee's arrival in the facility. The physician reviews and signs off on each completed mental health screening form. As confirmed per a review of 20 detainee medical records, intake screenings for suicide potential are consistent timely completed. Per the HSA, since the last inspection no detainees have been identified through the screening process as being at risk for suicide.

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

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)
6. Written procedures contain when and how to refer at-risk detainees to medical staff and procedures are followed.	Meets Standard	In accordance with policy, any time a detainee is identified as being at risk for suicide through intake screenings, daily staff observations and interactions with detainees or detainee self-referrals, the detainee is to be immediately referred to healthcare staff. No detainees in this facility have been identified as being at risk for suicide. Should such a risk be identified, however, the detainee would be placed under constant observation until evaluated by healthcare 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	In accordance with facility policy, any detainees placed on suicide watch would remain on that status until assessed and released by a mental health professional or the clinical director.
8. The facility has a designated isolation room for evaluation and treatment.	Meets Standard	Mental health observation rooms #537 and #539 in the medical unit are designated for use in the evaluation and treatment of detainees at risk for suicide.
9. The designated isolation room does not contain any structures or smaller items that could be used in a suicide attempt.	Meets Standard	Mental health observation cell #537 contained no accessible structures that could be used in a suicide attempt. When first inspected, cell #539 included handrails in the shower and near the toilet that could have been used in a suicide attempt by hanging. These handrails were removed on the first day of the inspection and the cell now contains no accessible structures that could be used in a suicide attempt. The cell had not been used to house a detainee at risk for suicide. Detainees placed on suicide watch are given only a tear-resistant mattress, smock and blanket.

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

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)
10. Medical staff have approved the room for this purpose.	Meets Standard	Per the HSA, the designated cells have been approved for this purpose by medical and mental health staff.
11. Staff observe and document the status of a suicide-watch detainee at least once every 15 minutes/constant observation.	Meets Standard	In accordance with policy, a detainee placed on suicide watch would remain under constant observation. His status would be documented at least once every fifteen minutes on a Suicide Watch Log. No documentation was available for review as no detainees in this facility have been placed on a suicide watch.
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.	Meets Standard	In accordance with policy, a detainee on suicide watch would be under constant observation, with the supervising officer documenting the detainee's status at least once every 15 minutes. Medical staff would assess the detainee at least once every two hours. No documentation was available for review as no detainees in this facility have been placed on a suicide watch.
13. In CDFs or IGSA's, 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	ICE would immediately be notified of any detainee identified as suicidal in this IGSA facility. Any such detainee would be placed on constant watch pending a mental health evaluation. The psychiatrist would be notified and would have of option of ordering the detainee transported to an outside medical facility if clinically indicated.
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	In accordance with policy, a mortality review would be conducted in the event of a completed suicide or serious suicide attempt. Critical incident debriefings would be provided to all affected staff and detainees.

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

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)

A suicide prevention and intervention program is in place, and staff have been trained to identify and appropriately respond to potentially suicidal detainees. There have been no suicides or suicide attempts in this facility, and no detainees have been placed on suicide watch. One detainee who threatened self harm was immediately transferred to another facility.

As no suicide watch documentation and no detainee medical records with documentation of an identified suicide risk were available for review, the inspector was unable to determine if the actual practices of this facility fully comply with this standard. The standard's rating was based on a review of established policies, forms, medical records and training documentation; on interviews with the Health Services Administrator, the Supervisory Detention and Deportation Officer and the Training Coordinator; and on an inspection of the designated suicide watch cells.

Overall Rating: Meets Standard

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

Completion Date: 6/28/2012

Reviewer Signature (for printed form submission):

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

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 transferred to an appropriate off-site medical facility.	Meets Standard	Severely or terminally ill detainees are not placed in this facility. The Health Services Administrator (HSA) meets with ICE staff on a weekly basis, provides a briefing on any significant detainee medical concerns and would specifically identify any detainee already housed in the facility whose medical condition deteriorated to the extent that his needs exceeded the level of care available within the facility. Such a detainee would be transported to a community hospital for treatment as needed pending transfer from the facility.
2. The facility or appropriate ICE office promptly notifies the next-of-kin of the detainee's: medical condition. <ul style="list-style-type: none"> The detainee's location. The visiting hours and rules at that location. 	Meets Standard	ICE is notified immediately of any significant detainee medical concerns. Per the Supervisory Detention and Deportation Officer (SDDO), ICE would make other notifications in accordance with the requirements of this standard.
3. There are guidelines addressing State Advanced Directive Form for Implementing Living Wills and Advanced Directives. <ul style="list-style-type: none"> These guidelines include instructions for detainees who wish to have a living will. These guidelines provide the detainee the opportunity to have a private attorney prepare the documents, at the detainee's expense. 	Meets Standard	In accordance with policy, State of Texas Advanced Directives forms/guidelines are available per request to medical staff. Information on, and instructions for obtaining forms for, a living will or advanced directive are included in the detainee handbook. Policy allows for detainees to have a private attorney prepare the documents at the detainee's expense. Per the HSA, no detainees housed in this facility have expressed an interest in advanced directives.

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

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	Policy addressing Do Not Resuscitate (DNR) orders specifies that such orders must comply with State of Texas laws. Any such orders must have the approval of the clinical director and the HSA, must preserve the detainee's basic rights and must be consistent with community medical standards. Implementation of a DNR order shall only be considered if the detainee is diagnosed as terminally ill or fatally injured, has requested or signed the order, or if he is unable or incompetent to do so, his family agrees on his behalf, and the decision is consistent with sound medical practice. A mental competency examination is required if the detainee did not initiate the DNR order. The existence of any DNR order must be noted prominently in the detainee's medical record.
5. Detainees with a "Do Not Resuscitate" order in the medical record receive maximal therapeutic efforts short of resuscitation.	Meets Standard	In accordance with policy, any detainee with a DNR order would receive maximum 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 IGSA's, this notification is made through the local ICE representative.	Meets Standard	ICE would be notified of any detainee with a DNR order. ICE would make other notifications as applicable in accordance with the requirements of this standard. No detainees in this facility have had a DNR order.

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

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)
7. The facility has written procedures to address the issues of organ donation by detainees.	Meets Standard	In accordance with policy, the designated recipient of a donated organ must be a member of the detainee's immediate family and associated costs must be at the detainee's expense. Blood and blood products cannot be donated. The detainee wanting to donate an organ must sign a statement documenting his decision to make the donation, his understanding and acceptance of the associated risks, and his acknowledgement that the decision was not coerced or made under duress and that the government will not be responsible for any resulting medical complications or financial obligations.
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 notification of ICE in the event of a detainee death. ICE would make other notifications in accordance with the requirements of this standard.

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

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)
9. The facility has a policy and procedure to address the death of a detainee while in transport.	Meets Standard	In accordance with policy, in the event of a detainee death while in transport, the transporting officers would notify the facility. The facility would notify ICE and the Assistant Field Office Director would in turn notify the closest originating or receiving Field Office. That Field Office would arrange for the local coroner and the Federal Bureau of Investigation (FBI) to meet the transport vehicle and contact local law enforcement if the death was caused by violence or there were unusual or suspicious circumstances. The officers would obtain a receipt for the body when it was transferred to the custody of the local coroner.
10. At all ICE locations the detainee's remains disposed of in accordance with the provisions detailed in this standard.	Meets Standard	ICE would ensure disposal of a detainee's remains in accordance with the requirements of this standard.
11. In the event that neither family nor consulate claims the remains, the Field Office schedules an indigent's burial, consistent with local procedures. <ul style="list-style-type: none"> If the detainee is a U.S. military veteran, the Department of Veterans Affairs notified. 	Meets Standard	ICE would arrange for the burial of an unclaimed detainee's remains in accordance with the requirements of this standard.
12. An original or certified copy of a detainee's death certificate is placed in the subject's A-File.	Meets Standard	ICE would place an original or certified copy of the death certificate in the detainee's A-file in accordance with the requirements of this standard.

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

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)
<p>13. The facility follows established policy and procedures describing when to contact the local coroner regarding such issues as;</p> <ul style="list-style-type: none"> • Performance of an autopsy. • Person(s) to perform the autopsy. • Obtaining State approved death certificates. • Local transportation of the body. 	Meets Standard	In accordance with policy, the coroner would be contacted in the event of a detainee death. The coroner would provide a death certificate to ICE. The FBI, ICE, the coroner or the clinical authority may order an autopsy with the written consent of the person so authorized by the state. ICE/ Immigration Health Service Corps (IHSC) would arrange for an approved autopsy to be performed by the local coroner. The detainee's religious preference must be considered.
14. ICE staff follow established procedures to properly close the case of a deceased detainee.	Meets Standard	ICE would close the case of a deceased detainee in accordance with the requirements of this standard.

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)

Per the Health Services Administrator (HSA), the facility does not house detainees who are severely or terminally ill due to its limited medical resources. Any detainee whose medical condition deteriorates to the extent that more intensive medical treatment is needed would be transferred to another facility.

There have been no detainee deaths in this facility since the last inspection. A review of facility policies and interviews with the Supervisory Detention and Deportation Officer (SDDO), the HSA, the Facility Administrator and other administrative staff confirmed that procedures for appropriately responding to the death of a detainee in the facility or while in transport are in place. The SDDO confirmed that ICE would handle serious illness and death notifications, disposition of the body of a deceased detainee and the closing of the A-file in accordance with the requirements of this standard.

Overall Rating: Meets Standard

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

Completion Date: 6/28/2012

Reviewer Signature (for printed form submission):

Section V ACTIVITIES

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

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

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)
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	Policy addresses correspondence and inspection of mail. The ICE National Detainee Handbook and the site-specific handbook address mail and other correspondence issues.
2. The facility provides key information in English, Spanish, and other languages spoken by a significant number of detainees.	Meets Standard	
3. Incoming mail is distributed to detainees within 24 hours or 1 business day after it is received and inspected.	Meets Standard	Incoming mail is delivered on the day of its receipt, Monday through Friday.
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	Outgoing mail is delivered to the post office on the day it is collected by facility mail room staff. The mail room is staffed Monday through Friday, except for holidays.
5. Staff maintain a logbook-recording acceptance of priority, priority overnight, and certified mail delivered to the facility for a detainee.	Meets Standard	A mail room log records receipt and delivery of priority, certified and registered mail/parcels.
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	Incoming general correspondence and other mail/parcels are opened and inspected in the presence of the addressee.
7. Staff do not read incoming general correspondence without the Facility Administrator's prior approval.	Meets Standard	
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	Special correspondence is opened and inspected for contraband and content in the presence of the addressee.
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	Policy addresses the conditions for inspecting outgoing correspondence. Policy requires the detainee/sender to be present for the inspection.
11. Correspondence to a politician or to the media is processed as Special Correspondence and is not read or copied.	Meets Standard	

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

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)
12. The official authorizing the rejection of incoming mail sends written notice to the sender and the addressee.	Meets Standard	The mail room staff member that rejects incoming mail sends a written notice to the sender and addressee describing the action and citing the reason(s) for the action.
13. The official authorizing censorship or rejection of outgoing mail provides the detainee with signed written notice.	Meets Standard	The mail room staff member that censors/rejects outgoing mail informs the sender of the action, in writing.
14. Staff maintain a written record of every item removed from detainee mail.	Meets Standard	
15. The Facility Administrator or designee monitors staff handling of discovered contraband and its disposition. Records are accurate and up to date.	Meets Standard	
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	A receipt is issued for the amount of cash removed from a detainee or a detainee's correspondence. Removed funds are forwarded to the Business Office for deposit into the applicable detainee's account.
17. Original identity documents (for example, passports, and birth certificates) are immediately removed and forwarded to ICE staff for placement in the A-files.	Meets Standard	ICE staff has offices located inside the facility. Identity documents confiscated from detainees are immediately forwarded to on-site ICE staff for their safe keeping and/or placement in the detainee's A-file.
18. Staff provide the detainee a copy of his or her identity document(s) upon request.	Meets Standard	
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	Indigency is set at account balances under \$15.00. Those detainees determined indigent are allowed free correspondence at the levels specified in this component.
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	Detainees wanting to purchase stamped envelopes have commissary privileges available to them every day of the week.
22. The facility provides writing paper, envelopes, and pencils at no cost to ICE detainees.	Meets Standard	

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

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)
23. SMU detainees have the same correspondence privileges as general population.	Does Not Meet Standard	This component was rated Does Not Meet Standard during the last inspection because there was no Special Management Unit (SMU) in the facility, and therefore no correspondence privileges existed in segregation. The facility still does not have an SMU for administrative segregation or disciplinary segregation purposes; hence, no correspondence privileges for SMU detainees are available. This is a repeat Does Not Meet Standard finding.
24. Detainees have access to outside publications.	Meets Standard	

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)

Review of policy, interviews with mail room and business office staff, detainee interviews, an inspection of log books and observation of the mail sorting procedures revealed detainees are able to correspond with family, government, legal representatives and consulates through an established mail system designed to preserve facility safety and security.

Overall Rating: Meets Standard

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

Completion Date: 6/28/2012

Reviewer Signature (for printed form submission):

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

PART 5 – 27. ESCORTED TRIPS FOR NON-MEDICAL EMERGENCIES (Key: AA)

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)
1. The Field Office Director considers and approves, on a case-by-case basis, trips to an immediate family member's: <ul style="list-style-type: none"> Funeral Deathbed 	Meets Standard	Terminal illness/bereavement furloughs require approval from the Field Office Director. They are considered on a case-by-case basis.
2. The facility recognizes as "immediate family member" a parent (including stepparent or foster parent), brother, sister, child, and spouse (including common-law spouse).	Meets Standard	Immediate family members recognized by the facility include parents, brother, sister, child, and spouse.
3. The CDF/IGSA facility notifies ICE of all detainee requests for non-medical escorts.	Meets Standard	
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.	Meets Standard	Per policy, the Deportation Officer reviews all information collected forwarding the request to the Assistant Field Office Director.
5. Detainees who require overnight housing are placed in approved IGSA facilities.	Meets Standard	The facility provides overnight housing for detainees as needed.
6. Each escort detail includes at least (b)(7)(e) officers.	Meets Standard	
7. The detainee remains under constant, direct visual supervision of escorting staff.	Meets Standard	
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.	Meets Standard	Unexpected situations are reported to Central Control.
9. Escorting officers have the discretion to increase or decrease minimum restraints in accordance with written instruction, procedures and classification level of the detainee.	Meets Standard	Restraints are never removed during non-medical escorted trips.
10. Escort officers do not accept gifts/gratuities from a detainee, detainee's relative or friend for any reason.	Meets Standard	Per policy, officers cannot accept gifts/gratuities.

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

PART 5 – 27. ESCORTED TRIPS FOR NON-MEDICAL EMERGENCIES (Key: AA)

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)
11. Escort officers ensure that detainees: <ul style="list-style-type: none"> 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, breathalyzer, or comparable test upon return to the facility. 	Meets Standard	Policy establishes procedures to ensure that detainees conduct themselves appropriately during the trip. All of the bullet points listed in this component are addressed in policy.
12. The facility routinely subjects a detainee returning from an escorted trip to a search, urinalysis, breathalyzer, etc.	Meets Standard	Officers inform detainees they will be subject to searches and random testing.
13. Standard procedure requires the immediate return to the facility of any detainee who violates trip rules.	Meets Standard	Policy states that a detainee breach of any rules may terminate the trip.
14. The Field Office Director is the approving official for all non-medical escorted trips.	Meets Standard	
15. Facility procedures comply with the following ICE Standards: <ul style="list-style-type: none"> Transportation (Land Transportation Restraints applied strictly in accordance with the Use of Force Standard. 	Meets Standard	

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 escorted trips for non-medical emergencies must be approved by ICE. The facility has trained correctional staff and policies in place to properly execute escorted trips.

Overall Rating: Meets Standard

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

Completion Date: 6/28/2012

Reviewer Signature (for printed form submission):

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

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)
1. The Field Office Director or Facility Administrator considers detainee marriage requests on a case-by-case basis.	Meets Standard	Policy requires that all requests for marriage be approved by the Assistant Field Office Director (AFOD).
2. The Field Office Director reviews every marriage request rejected by a Facility Administrator or IGSA. Rejections are documented.	Meets Standard	Facility policy and practice are to refer marriage requests to ICE and support the decision by providing space and supervision for the marriage in the visiting room.
3. It is standard practice to require a written request for permission to marry.	Meets Standard	A detainee or his/her legal representative may submit a written request for permission to marry to the AFOD.
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	The Facility Administrator will notify and consult with the AFOD regarding a marriage request. The detainee and his/her legal representative will be notified of a marriage request 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	The AFOD would provide the basis for the decision and instruction on how to appeal.
7. The Facility Administrator provides the detainee with a place and time to make wedding arrangements.	Meets Standard	The facility will make arrangements for all approved marriages to be conducted in the visiting room.
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 AFOD is assigned to this IGSA facility is 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)

During the evaluation of this standard, policy was reviewed and facility staff was interviewed. Policy requires that all requests for marriages be approved by the AFOD. If a marriage request is approved, the facility would provide space and supervision in the visiting room.

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

PART 5 – 28. MARRIAGE REQUESTS – Reviewer Summary

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

Overall Rating: Meets Standard

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

Completion Date: 6/28/2012

Reviewer Signature (for printed form submission):

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

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 19-27 will be marked "N/A".

Components	Rating	Remarks (1000 Char Max)
1. The Facility provides: <ul style="list-style-type: none"> An indoor recreation program. An outdoor recreation program. 	Meets Standard	
2. A recreational specialist (for facilities with more than 350 detainees) tailors the program activities and offerings to the detainee population.	Meets Standard	The facility houses over 350 detainees and has a Recreation Specialist and a Recreation Assistant. The Recreation Specialist will assess the needs and interests of the detainees.
3. Regular maintenance keeps recreational facilities and equipment in good condition.	Meets Standard	
4. The recreational specialist or trained equivalent supervises detainee recreation workers.	Meets Standard	
5. The recreational specialist or trainee equivalent oversees recreation programs for Special Management Unit and special-needs detainees.	Does Not Meet Standard	This component was rated as Does Not Meet Standard during the last inspection because the facility had no special management unit (SMU), and therefore no recreation specialist oversaw segregation recreation. The facility still does not have an SMU for administrative segregation and disciplinary segregation purposes; hence, no Recreation Specialist oversees recreation programs for SMU detainees. This is a repeat Does Not Meet Standard finding.
6. Dayrooms offer sedentary activities, e.g., board games, cards, television.	Meets Standard	
7. Outside activities are restricted to limited-contact sports.	Meets Standard	Outside activities include soccer, basketball, volleyball and handball.
8. Each detainee has the opportunity to participate in daily recreation.	Meets Standard	
9. Detainees have access to recreation activities outside the housing units for at least one hour daily.	Meets Standard	
10. Staff check all items for damage and condition when equipment is returned.	Meets Standard	When checked out items are returned, staff check for damage and condition of the items.

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

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 19-27 will be marked "N/A".

Components	Rating	Remarks (1000 Char Max)
11. Staff conduct searches of recreation areas before and after use.	Meets Standard	
12. Recreation areas are under constant staff supervision.	Meets Standard	
13. Supervising staff are equipped with radios.	Meets Standard	
14. The facility provides detainees in the SMU at least one hour of outdoor recreation time daily, five times per week.	Does Not Meet Standard	This component was rated as Does Not Meet Standard during the last inspection because the facility had no SMU and therefore provided no outdoor recreation in segregation. The facility still does not have a SMU for administrative segregation and disciplinary segregation purposes; therefore, outdoor recreation for SMU detainees is not provided. This is a repeat Does Not Meet Standard finding.
15. Detainees in disciplinary/administrative segregation receive a written explanation when a panel revokes his or her recreation privileges.	Does Not Meet Standard	This component was rated as Does Not Meet Standard during the last inspection because the facility had no SMU and therefore, written revocations did not exist. The facility still does not have an SMU for administrative segregation and disciplinary segregation purposes; therefore, written explanations of revocations of recreation privileges are not provided. This is a repeat Does Not Meet Standard finding.
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.	N/A	The facility does not use recreation volunteers.
18. Visitors, relatives or friends of detainees are not allowed to serve as volunteers.	Meets Standard	
19. If the facility has no outside recreation, are detainees considered for transfer after six months?	N/A	The facility provides outdoor recreation.

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

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 19-27 will be marked "N/A".

Components	Rating	Remarks (1000 Char Max)
20. If yes, written procedures ensure timely review of all eligible detainees.	N/A	The facility provides outdoor recreation.
21. Case officers make written transfer recommendations about every six-month detainee to the Facility Administrator.	N/A	The facility provides outdoor recreation.
22. The Facility Administrator documents all detainee-transfer decisions, whether yes or no.	N/A	The facility provides outdoor recreation.
23. The detainee's written decision for or against an offered transfer documented in his or her A-file.	N/A	The facility provides outdoor recreation.
24. Staff notify the detainee's legal representative of his or her decision to accept/decline a transfer.	N/A	The facility provides outdoor recreation.
25. If no recreation is available, the ICE Field Office routinely review transfer eligibility for all detainees after 60 days.	N/A	The facility provides outdoor recreation.
26. Does the A-file of every detainee held more than 60 days without access to recreation contains either a transfer-waiver signed by the detainee or the Facility Administrator's written determination of the detainee's ineligibility for transfer.	N/A	The facility provides outdoor recreation.
27. The detainee's legal representative is notified of the detainee's/Facility Administrator's decision.	N/A	The facility provides outdoor recreation.

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)

During the evaluation of this standard, policy was reviewed, detainees and facility staff were interviewed and indoor and outdoor recreation areas were checked. The facility has a Recreation Specialist and a Recreation Assistant. Detainees have access to the recreation areas 24 hours a day.

Overall Rating: Meets Standard

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

Completion Date: 6/28/2012

Reviewer Signature (for printed form submission):

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

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)
1. Detainees are allowed to engage in religious services. When available, these services are provided in major languages spoken within the facility.	Meets Standard	The facility provides a full range of religious services to all detainees.
2. Space is available for detainees to participate in religious services.	Meets Standard	
3. The facility allows detainees to observe the major “holy days” of their religious faith. • List any exceptions.	Meets Standard	The chaplain will work with requesting detainees to accommodate the proper observance of a "holy day".
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 Food Service department will implement procedures for accommodating, within reason, detainees' religious dietary requirements. The facility will honor fasting requirements, facilitate religious services and allow activity restrictions.
5. Each detainee is allowed religious items in his/her immediate possession; refer to the Funds and Personal Property Standard.	Meets Standard	Detainees are allowed to possess rosaries, prayer beads, oils, prayer rugs and other approved religious items.
6. Volunteer’s credentials are checked and verified before allowing participation in detainee programs.	Meets Standard	
7. Members of faiths not represented by clergy may request to present their own services within security allowances.	Meets Standard	Facility procedure is to do everything it can to meet the religious needs of detainees. Detainees can request to have their own service.
8. Detainees in the Special Management Unit may participate in religious practices unless otherwise documented for the safety and security of the facility.	Does Not Meet Standard	This component was rated as Does Not Meet Standard during the last inspection because the facility had no special management unit (SMU) and therefore no religious services were offered in segregation. The facility still has no SMU for administrative segregation and disciplinary segregation purposes; therefore, no detainees in segregation participate in religious services. This is a repeat Does Not Meet Standard finding.

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

PART 5 – 30. RELIGIOUS PRACTICES – Reviewer Summary

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

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

During the evaluation of this standard, policy was reviewed and facility staff were interviewed. The facility has policy and procedure that ensure detainees of different religious beliefs are provided reasonable and equitable opportunities to practice their religious faiths. The facility attempts to make reasonable accommodations while considering safety and security concerns.

Overall Rating: Meets Standard

Reviewer Name (Printed)

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

Completion Date: 6/28/2012

Reviewer Signature (for printed form submission):

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

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)
1. Detainees are allowed to access to telephones during established facility waking hours, including access to TTY devices.	Meets Standard	Telephones are available 24 hours a day, seven days a week. TTY (teletypewriter) devices for the hearing impaired are also available.
2. Upon admittance, detainees are made aware of the facility's telephone access policy.	Meets Standard	The ICE National Detainee Handbook and the site-specific handbook address telephone access policy.
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	Access rules and consulate numbers are posted in all living/common areas.
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	The facility has access to a translator service.
6. Telephones are provided at a minimum ratio of one telephone per 25 detainees in the facility population.	Meets Standard	There are 117 detainee telephones available for a population of 600.
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	
10. The facility administration monitors repair progress and takes appropriate measures to ensure that the required repairs are begun and completed timely.	Meets Standard	Deportation Officers and facility security staff monitor repair progress on detainee telephones.
11. Detainees are afforded a reasonable degree of privacy for legal phone calls.	Meets Standard	
12. A procedure exists to assist a detainee who is having trouble placing a confidential call.	Meets Standard	
13. The facility provides the detainees with the ability to make non-collect (special access) calls.	Meets Standard	A request for a non-collect and/or non-monitored call can be made on a Request Form. According to the Facility Administrator, all such calls are approved.
14. Special Access calls are at no charge to the detainees.	Meets Standard	

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

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)
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	At this facility, free calls are available through the TALTON (telephone vendor) network.
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	
18. All telephone restrictions are documented.	Meets Standard	Procedures are in place to document telephone restrictions; however, no such restrictions have been imposed on detainees housed at the facility.
19. The facility has a system for taking and delivering emergency detainee telephone messages.	Meets Standard	Incoming emergency calls are managed through the switchboard and Deportation Officers' case work.
20. Phone call messages are given to detainees as soon as possible.	Meets Standard	Emergency messages are delivered by ICE staff soon after receipt.
21. Detainees are allowed to return emergency phone calls as soon as possible.	Meets Standard	Emergency message return calls are allowed under the guidance of the detainee's assigned Deportation Officer.
22. Detainees in disciplinary segregation are allowed phone calls relating to the detainee's immigration case or other legal matters, including consultation calls.	Does Not Meet Standard	This component was rated Does Not Meet Standard during the last inspection because the facility had no special management unit (SMU), and therefore no telephone calls were permitted in segregation. The facility still has no SMU for administrative segregation and disciplinary segregation purposes; therefore, no telephone calls are made in segregation. This is a repeat Does Not Meet Standard finding.

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

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)
23. Detainees in disciplinary segregation are allowed phone calls to consular/embassy officials.	Does Not Meet Standard	This component was rated Does Not Meet Standard during the last inspection because the facility had no SMU, and therefore no telephone calls were permitted in segregation. The facility still has no SMU for administrative segregation and disciplinary segregation purposes; therefore, no telephone calls are made in segregation. This is a repeat Does Not Meet Standard finding.
24. Detainees in disciplinary segregation are allowed phone calls for family emergencies.	Does Not Meet Standard	This component was rated Does Not Meet Standard during the last inspection because the facility had no SMU, and therefore no telephone calls were made. The facility still has no SMU for administrative segregation and disciplinary segregation purposes; therefore, no telephone calls are made. This is a repeat Does Not Meet Standard finding.
25. Detainees in administrative segregation and protective custody are afforded the same telephone privileges as those in general population.	Does Not Meet Standard	This component was rated Does Not Meet Standard during the last inspection because the facility had no SMU, and therefore no telephone privileges were offered. The facility still has no SMU for administrative segregation and disciplinary segregation purposes; therefore, no telephone privileges are afforded. This is a repeat Does Not Meet Standard finding.
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	All detainee telephone banks have postings announcing calls are monitored. Special access calls are not monitored.

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

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 Inspector General (OIG) phone number is programmed into the detainee telephone system. The number was tested and a connection with the office was established.
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	Deportation Officers have been assigned to make inspections of telephone serviceability three times each week. These inspections are documented.

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)*

Review of policy, interviews with detainees, the Facility Administrator and the Supervisory Detention and Deportation Officer, a test call to the OIG office through the detainee telephone system, and observation of living area and common area phone banks revealed detainees can maintain ties with family members and others in the community through a functional and accessible phone network that is available 24 hours a day, 7 days a week.

Overall Rating: Meets Standard

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

Completion Date: 6/28/2012

Reviewer Signature (for printed form submission):

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

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	Policy addresses visitation procedures. The site-specific handbook also addresses visitation procedures, the visiting schedule and visiting hours.
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	Per policy, time limits for visits are a 60 minute minimum under normal conditions.
3. The visitation schedule and rules are available to the public.	Meets Standard	The visitation schedule, rules and dress code are posted in the visitor entrance lobby.
4. The hours for all categories of visitation are posted in the visitation waiting area.	Meets Standard	Visitation hours are posted in the visitor entrance lobby.
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 visiting schedule, rules, hours and dress code are available upon request from the officer assigned to the visitor entrance lobby.
6. A general visitation log is maintained.	Meets Standard	
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	The visitor dress code is posted in the visitor entrance lobby and is available on the facility website.
9. Visitors are searched and identified according to standard requirements.	Meets Standard	
10. The requirement on visitation by minors is complied with.	Meets Standard	
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 allowed.
12. After that time, on request, ICE considers a transfer, when possible, to a facility that will allow minor visitation. At a minimum, monthly visits are allowed.	N/A	Visitation by minors is allowed.
13. Anytime a visit is denied, to either a general population detainee or SMU detainee, the denial is documented.	Meets Standard	If a detainee is denied visiting privileges, it will be documented. No visitation denials have been imposed on detainees since the last inspection. This facility does not have a special management unit (SMU).

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

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)
14. Detainees in special housing are afforded visitation.	Does Not Meet Standard	This component was rated Does Not Meet Standard during the last inspection because the facility had no SMU, and therefore no segregation visiting occurred. The facility still has no SMU for administrative segregation or disciplinary segregation purposed; therefore, no segregation visiting occurs. This is a repeat Does Not Meet Standard finding.
15. Legal visitation is available seven (7) days a week, including holidays.	Meets Standard	Legal visitation is daily from 8:00 a.m. until 8:00 p.m.
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	
17. On regular business days, detainees are given the option of continuing a meeting with a legal representative through a scheduled meal.	Meets Standard	
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 attorney consultation rooms are available. All visitations are conducted in a contact visit setting.
19. There are written procedures governing detainee searches.	Meets Standard	Policy addresses detainee searches.
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	
21. Per the Standard, prior to each visit, legal service providers and assistants are identified.	Meets Standard	The visiting entrance lobby officer and/or ICE officials validate legal credentials prior to allowing attorney and/or paralegal entry.
22. The current list of pro bono legal organizations is posted in the detainee housing areas and other appropriate areas.	Meets Standard	Information on pro bono legal organizations is posted in all living areas.
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	Requests for tours are approved by the ICE Field Office.
24. Provisions for NGO visitation as stated in the Detention Standards are complied with.	Meets Standard	

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

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)
25. Law enforcement officials, requesting to visit with a detainee, are referred to the ICE Facility Administrator for approval.	Meets Standard	Requests for law enforcement officials to visit with a detainee are approved by the ICE Field Office.
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	Requests for former detainees or aliens in proceedings to visit with a facility detainee are approved by the Facility Administrator and the ICE Field Office.

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) Review of policy and interviews with the Facility Administrator, Assistant Warden of Programs, visiting entrance lobby officer and ICE staff, along with an inspection of the visitation log book, a review of attorney/legal validation procedures and observation of posted pro bono organizations and the visiting lobby posted visit schedule, rules, hours and dress code observation, revealed detainees are able to maintain ties through visitation with their families, the community, and consulate/legal representatives through an established visitation program.	
Overall Rating: Meets Standard	
Reviewer Name (Printed) (b)(6), (b)(7)(c)	Completion Date: 6/28/2012
Reviewer Signature (for printed form submission):	

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

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	
2. Detainee housekeeping meets acceptable levels of neatness, cleanliness and sanitation standards.	Meets Standard	
3. At IGSA's 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	Detainees are not allowed to 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	
5. Where possible, physically and mentally challenged detainees participate in the program.	Meets Standard	Policy requires that detainees are allowed to participate in the Voluntary Work Program even if they are physically or mentally challenged.
6. The facility complies with work-hour requirements for detainees, not exceeding: • Eight hours a day. • Forty hours a week.	Meets Standard	Detainees at this facility work a maximum of eight hours a day, 40 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	When a detainee is removed from a work assignment, the Chief of Security will place a written justification in the detention file.
9. Staff, in accordance with written procedure, ensures that detainee volunteers understand their responsibilities as workers before they join the work program.	Meets Standard	Detainees are required to sign a Volunteer Work Program Agreement indicating that they understand their responsibilities.

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

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: <ul style="list-style-type: none"> OSHA standards NFPA standards ACA standards 	Meets Standard	The Facility Administrator has required all department supervisors to develop and institute, in conjunction with the Fire Safety Officer, appropriate safety training that covers the requirements of this component.
11. Medical staff screen and formally certifies detainee food service volunteers; <ul style="list-style-type: none"> Before the assignment begins As a matter of written procedure 	Meets Standard	
12. Detainees receive safety equipment/ training sufficient for the assignment	Meets Standard	Assignment supervisors provide training on safety equipment prior to the detainee working an assignment that involves equipment operation.
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.) (5000 Character Max)

During the evaluation of this standard, policy was reviewed and facility staff were interviewed. The facility has a policy that provides the detainees opportunities to work and earn money while at the facility. All assignments given to detainees at the facility are inside the secure perimeter.

Overall Rating: Meets Standard

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

Completion Date: 6/28/2012

Reviewer Signature (for printed form submission):

Section VI JUSTICE

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

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

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 ICE National Detainee Handbook and the site-specific handbook are both provided to detainees in English and Spanish.
3. A procedure for requesting interpretive services for essential communication has been developed.	Meets Standard	The handbook describes how a detainee can request 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	
5. The handbook supplements the facility orientation video where one is provided.	Meets Standard	The facility provides an orientation video in English and Spanish.
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 Facility Administrator will post any revisions to the handbook on the bulletin boards and other prominent areas. The revisions will be incorporated into the handbook during the annual review.
7. There is an annual review of the handbook by a designated committee or staff member.	Meets Standard	An appointed committee conducts an annual review of the handbook.
8. The detainee handbook address the following issues: <ul style="list-style-type: none"> Personal Items permitted to be retained by the detainee. Initial issue of clothes, bedding and personal hygiene items. How to access care. 	Meets Standard	
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	The handbook describes in detail the classification process.
11. The handbook states when a medical examination will be conducted.	Meets Standard	Detainees receive a physical examination within 14 days of their arrival at this facility.

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

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)
12. The handbook describes the facility, housing units, dayrooms, In-dorm activities and special management units.	Meets Standard	
13. The handbook describes: official count times and count procedures, meal times, feeding procedures, procedures for medical or religious diets, smoking policy, clothing exchange schedules and if authorized, clothes washing and drying procedures and expected personal hygiene practices.	Meets Standard	
14. The handbook describes times and procedures for obtaining disposable razors and explains that detainees attending court will be afforded the opportunity to shave first.	Meets Standard	
15. The handbook describes barber hours and hair cutting restrictions.	Meets Standard	
16. The handbook describes; the telephone policy, debit card procedures, direct and frees calls; locations of telephones; policy when telephone demand is high; and policy and procedures for emergency phone calls.	Meets Standard	
17. The handbook addresses religious programming.	Meets Standard	The detainee handbook lists standard religious programs and directs detainees to the chapel area for an updated list of special events.
18. The handbook states times and procedures for commissary or vending machine usage. (where available)	Meets Standard	The facility provides a commissary that is open from 8:00 a.m. until 8:00 p.m.
19. The handbook describes the detainee voluntary work program.	Meets Standard	
20. The handbook describes the library location and hours of operation and law library procedures and schedules.	Meets Standard	The library and law library are open seven days a week from 8:00 a.m. until 8:00 p.m.
21. The handbook describes: attorney and regular visitation hours, policies, and procedures, location of the list of pro bono legal organizations; group legal rights presentations schedule and sign up procedures.	Meets Standard	The detainee handbook addresses each area listed in this component.
22. The handbook/supplement provides local ICE contact information.	Meets Standard	
23. The handbook describes the facility contraband policy.	Meets Standard	The detainee handbook defines what contraband is and lists those items considered contraband.

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

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)
24. The handbook describes the facility visiting hours and schedule and visiting rules and regulations.	Meets Standard	
25. The handbook describes the correspondence policy and procedures.	Meets Standard	
26. The handbook describes the detainee disciplinary policy and procedures, including: <ul style="list-style-type: none"> Prohibited acts and severity scale sanctions. Time limits in the Disciplinary Process. Summary of Disciplinary Process. 	Meets Standard	The detainee handbook describes in detail the disciplinary policy and procedures.
27. The grievance section of the handbook explains all steps in the grievance process – Including: <ul style="list-style-type: none"> 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 grievance section of the detainee handbook explains all the steps in the grievance process to include all the bulleted parts of this component.
28. The handbook describes the medical sick call procedures for general population and segregation.	Meets Standard	The detainee handbook describes the medical sick call procedures for the facility's population.
29. The handbook describes the facility recreation policy including: <ul style="list-style-type: none"> Outdoor recreation hours. Indoor recreation hours. In dorm leisure activities. Rules for television viewing. 	Meets Standard	
30. The handbook describes the detainee dress code for daily living; and work assignments and the meaning of color-coded uniforms.	Meets Standard	The detainee handbook thoroughly describes the daily dress code. Detainees are issued denim pants, grey shorts and gray t-shirts.
31. The handbook specifies the rights and responsibilities of all detainees.	Meets Standard	

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

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)
32. Detainees are required to sign for the handbook to ensure accountability.	Meets Standard	Detainees sign an Orientation Form indicating that they have watched the orientation video and received a copy of the handbooks.
33. Orientation materials are provided to illiterate detainees either orally or via audio/video tapes in a language they can understand.	Meets Standard	

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)*

During the evaluation of this standard, policy and the detainee handbook were reviewed and facility staff were interviewed. The handbook is written in both English and Spanish and gives the detainee an overview and guide to the facility's policies, rules and regulations, services and programs available. All detainees are given the ICE National Detainee Handbook and the site specific handbook during their admission. Each detainee is required to sign an Orientation Form indicating that they have watched an orientation video and received the handbooks.

Overall Rating: Meets Standard

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

Completion Date: 6/28/2012

Reviewer Signature (for printed form submission):

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

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)
1. Detainees are informed about the facility's informal and formal grievance system.	Meets Standard	The grievance process is described in the ICE National Detainee Handbook and the site specific handbook.
2. The admissions process includes providing each new arrival with a copy of the detainee handbook (or equivalent).	Meets Standard	During the admissions process, detainees are issued a copy of the handbook.
3. The grievance section of the handbook explains all steps in the grievance process – Including: <ul style="list-style-type: none"> • 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 detainee handbook explains each of the bulleted items listed in this component.
4. Written procedures provide for the informal resolution of oral grievances (Not mandatory). If yes, the detainee has up to five days within which to make his or her concern known to a member of the staff.	Meets Standard	
5. Detainees have access to the grievance committee (or equivalent in IGSA), using formal procedures. <ul style="list-style-type: none"> • 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	
6. Facility has written procedures for identifying and handling a time-sensitive emergency grievance.	Meets Standard	
7. Every member of the staff knows how to identify emergency grievances, including the procedures for expediting them.	Meets Standard	All staff receive training on how to identify emergency grievances.
8. Staff shall not harass, discipline, punish or otherwise retaliate against a detainee who files a complaint or grievance.	Meets Standard	Policy states that staff is prohibited from harassing, disciplining, punishing or otherwise retaliating against any detainee for filing a grievance.

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

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)
<p>9. Procedures include maintaining a Detainee Grievance Log.</p> <ul style="list-style-type: none"> 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	The facility's Grievance Coordinator maintains a Grievance Log for documenting grievances.
<p>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.</p>	Meets Standard	
<p>11. Staff are required to forward any grievance that includes officer misconduct to a higher official or, in a CDF/IGSA facility, to ICE.</p>	Meets Standard	Policy states that any grievance that includes officer misconduct will be forwarded to a supervisor or higher level official and also to ICE.
<p>12. Informal resolution of a written grievance is documented in the detainee's Detention File.</p>	Meets Standard	
<p>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.</p>	Meets Standard	
<p>14. In SPCs and CDFs, when a Detainee does not accept the grievance committee's decision, he/she files an appeal with the ICE Facility Administrator.</p> <ul style="list-style-type: none"> In all facilities written procedures cover detainee appeals and are included in the detainee handbook 	Meets Standard	This is an IGSA facility. Policy states that when a detainee does not accept the grievance committee decision, he may appeal it to the Facility Administrator. The Facility Administrator will provide the detainee a written decision within five business days.
<p>15. In SPCs/CDFs, the detainee has a reasonable timeframe after the incident or informal-grievance outcome to file a formal grievance.</p>	Meets Standard	This is an IGSA facility. The detainee may file a formal grievance within a reasonable timeline after the event or after the unsuccessful conclusion of an informal grievance.

PART 6 – 35. GRIEVANCE SYSTEM – Reviewer Summary

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

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

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)*

During the evaluation of this standard, policy, the grievance log and the detainee handbook were reviewed, and facility staff were interviewed. The facility provides a procedure by which detainees may file formal grievances and receive timely responses. The detainee handbook thoroughly explains the grievance process.

Overall Rating: Meets Standard

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

Completion Date: 6/28/2012

Reviewer Signature (for printed form submission):

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

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)
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. <ul style="list-style-type: none"> In lieu of/or in addition to the physical law library, ICE detainees have access to the Lexus Nexus electronic law library. 	Meets Standard	
3. If the Lexis/Nexis CD-ROM service alternative is used for the publications in Attachment A, the facility provides detainees sufficient: <ul style="list-style-type: none"> Operable computers and printers, in sufficient numbers in order to provide access Photocopiers, and Supplies for both. 	Meets Standard	The law library is equipped with ten LexisNexis computer work stations, a copy machine and supplies (paper, pencils, memory sticks, etc). All supplies and copying services are managed by the library officer.
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	The law library is equipped with ten LexisNexis computer work stations. Supplies needed for legal work are provided by the library officer.
6. Detainees are provided with the means to save legal work in a private electronic format for future use.	Meets Standard	All detainees in need of storage capability for their legal work are provided an electronic format (jump drive/memory stick) by the library officer at no charge. The detainee is responsible for this item.
7. The facility subscribes to updating services where applicable and legal materials requiring updates are current.	Meets Standard	
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	Outside publications have been submitted and accepted into the law library collection. ICE approves all such submissions prior to their acceptance.
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 officer and the facility's IT (Information Technology) staff are responsible for maintaining legal materials and keeping legal access equipment in good repair.

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

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)
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	The law library is open 7 days a week from 8:00 a.m. until 8:00 p.m. In the event extra law library time is necessary, it would be granted.
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	Requests for outside legal materials are allowed and managed through ICE. There have been no such requests since the facility opened in March 2012. The Supervisory Detention and Deportation Officer (SDDO) stated such requests will be honored within 3-5 days if the source of the information is responsive.
12. The facility permits detainees to assist other detainees, voluntarily and free of charge, in researching and preparing legal documents, consistent with security.	Meets Standard	
13. Staff ensure that illiterate or non-English-speaking detainees without legal representation receive more than access to English-language law books after indicating their need for help.	Meets Standard	
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 retain personal legal materials in an electronic format (jump drive/memory stick) that they keep on their person. This facility does not have a special management unit (SMU).
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.	Does Not Meet Standard	This component was rated Does Not Meet Standard during the last inspection because the facility had no SMU, and therefore detainees did not have law library access from segregation. The facility still does not have an SMU for administrative segregation and disciplinary segregation purposes; therefore, detainees in segregation do not have law library access. This is a repeat Does Not Meet Standard finding.

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

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)
16. All denials of access to the law library fully documented.	Meets Standard	Procedures are in place to document denials of access to the law library; however, no such restrictions have been imposed on detainees since the last inspection.
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	Procedures are in place to inform ICE management when a detainee or group of detainees is denied access to the legal materials. No such denials have been imposed on detainees since the last inspection.
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	All detainees are provided free stamped envelopes for legal matters.

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)*

Review of policy, interviews with the library officer, the Supervisory Detention and Deportation Officer and detainees, and observation of the law library and its equipment revealed detainees have access to courts, attorneys and legal materials through a dedicated and sufficiently equipped law library that is open seven days a week, twelve hours a day.

Overall Rating: Meets Standard

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

Completion Date: 6/28/2012

Reviewer Signature (for printed form submission):

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

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.	Meets Standard	The San Antonio Field Office has approved American Gateways/ Raices to make weekly legal rights group presentations. These are scheduled for 10:00 a.m. each Thursday.
2. Upon receipt of concurrence by the Field Office Director, the facility or authorized ICE/DRO Field Office ensures proper notification to attorneys or accredited representatives in a timely manner.	Meets Standard	
3. The facility follows policy and procedure when rejecting or requesting modifications to objectionable material provided or presented by the attorney or accredited representative.	Meets Standard	Procedures for rejecting/modifying presentation materials are in place. No such action has been taken in this facility.
4. Posters announcing presentations appear in common areas at least 48 hours in advance and sign-up sheets are available and accessible.	Meets Standard	Presentation announcements are posted and broadcast in the living areas at least 48 hours in advance. Sign-up sheets are available in the living areas. Attendance is also open, if space is available.
5. Detainees have access to group presentations on immigration law, procedures and detainee options. Documentation is submitted and maintained when any detainee is denied permission to attend a presentation and the reason(s) for the denial.	Meets Standard	If a detainee was denied participation in a group presentation, the action would be documented. No such denials have occurred since the last inspection.
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.	Meets Standard	Should the group presentation venue (multi-purpose room) not accommodate demand, a repeat presentation would be conducted within one hour.
7. Detainees in segregation, unable to attend for security reasons may request separate sessions with presenters. Such requests are documented.	N/A	The facility does not have a segregation unit.
8. Interpreters are admitted when necessary to assist attorneys and other legal representatives.	Meets Standard	

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

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)
9. Presenters are afforded a minimum of one hour to make the presentation and additional time to conduct a question-and-answer session.	Meets Standard	Presenters do not have time limits on their presentations. Generally, presentations run about one hour. Follow-up question and answer sessions are allowed after a presentation, if warranted.
10. Staff permit presenters to distribute ICE/DRO-approved materials.	Meets Standard	If approved in advance by ICE, presenters may distribute written materials that inform detainees of U.S. immigration law and procedure.
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.	Meets Standard	Post presentation question and answers sessions are allowed, if warranted. ICE staff is in the area during this session but only to provide a security presence.
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.	Meets Standard	Procedures are in place to address the suspension(s) of group presenters' privileges. Per the Supervisory Detention and Deportation Officer, all appropriate ICE authorities would be notified. There have been no privilege suspensions since the last inspection.
13. The facility plays ICE/DRO-approved videotaped presentations on legal rights, at regular opportunities at the request of outside organizations.	Meets Standard	The "Know Your Rights" video is routinely broadcast through the closed circuit in-house television network.
14. A copy of the Group Legal Rights Presentation policy, including attachments, is available to detainees upon request	Meets Standard	
15. The facility maintains equipment for viewing approved electronically formatted presentations.	Meets Standard	

PART 6 - 37. LEGAL RIGHTS GROUP PRESENTATIONS – Reviewer Summary

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

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

PART 6 - 37. LEGAL RIGHTS GROUP PRESENTATIONS – Reviewer Summary

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

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

Review of policy, an interview with the Supervisory Detention and Deportation Officer and an observation of a legal rights group presentation indicated detainees' rights are being protected through their open access to routine legal rights group presentations and other benefit and relief informational materials.

Overall Rating: Meets Standard

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

Completion Date: 6/28/2012

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	
2. The detainee Detention File contains either originals or copies of documentation and forms generated during the admissions process.	Meets Standard	Detention file content included admission documents, personal property receipts, classification scoring sheets, an orientation program acknowledgement, release of information receipts and other documents generated during a detainee's stay.
3. The detainee's Detention File also contains documents generated during the detainee's custody. <ul style="list-style-type: none"> • 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	All of the items listed in this component are and/or will be part of a detainee detention file when generated during his stay.
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 a locked room in lockable cabinets located in the administration area. This area is outside the secure perimeter of the facility.
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	A Resident File Checklist is completed and signed by an office in the Intake area. The Intake Supervisor then reviews the file and approves/signs the checklist authorizing its readiness for archiving.
7. Staff make copies and sends documents from the file when appropriately requested by supervisory personnel at the receiving facility or office.	Meets Standard	

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)
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	ICE staff and department Supervisors are authorized access to detention files. File access requests from other staff members are approved by the Facility Administrator. The file room maintains a detention file sign-out log book.
9. Electronic record-keeping systems and data are protected from unauthorized access.	Meets Standard	Access to the electronic recordkeeping system is password protected. Passwords are issued by the Information Technology department, under the approval of the Facility Administrator.
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	Facility administrative staff have been tasked with keeping copier equipment in good working order and enough copier supplies on hand to handle the on-going demand for photocopying services.
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	This facility opened in March, 2012; therefore, the purging of archived files has not yet occurred. Procedure does call for files to be kept for at least six years.
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)

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

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)*

A review of detention files and the sign-out log book, observation of copier equipment and supplies, and interviews with file room and Intake area staff and the Supervisory Detention and Deportation Officer revealed a detention file is completed on each new admission and is inclusive of all relevant documentation generated and chronicled throughout a detainee's stay.

Overall Rating: Meets Standard

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

Completion Date: 6/28/2012

Reviewer Signature (for printed form submission):

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

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	The Field Office Director (FOD) and Public Affairs Officer give prior approval of all outside source interviews.
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	A detainee's willingness to be interviewed is documented by signature on a consent form before the FOD considers the interview request. The consent form and FOD decision on the requested interview is kept in the A-file.
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	Policy addresses the procedure for approving media sensitive interviews.
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	
5. All press pools are organized according to the procedures in the Detention Standard. <ul style="list-style-type: none"> 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	Policy addresses all of the bullet points listed in this component. Policy and stated protocol subscribes to the requirements of the standard.

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)*

Review of policy and interviews with ICE representatives indicated the public and the media will be kept informed of events occurring within the facility. To date, media attention/interviews have been limited to covering the facility's grand opening in March 2012.

Overall Rating: Meets Standard

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

Completion Date: 6/28/2012

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

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

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

Reviewer Signature (for printed form submission):

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

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)
1. The facility conducts appropriate orientation, initial training, and annual training for all staff, contractors, and volunteers.	Meets Standard	The facility has a Training Plan that has been approved by the ICE Field Office. The Training Plan includes an appropriate orientation and annual training for staff, contractors and volunteers.
2. The amount and content of training is consistent with the duties and function of each individual and the degree of direct supervision that individual receives.	Meets Standard	
3. At least one qualified individual with specialized training for the position coordinates and oversees the staff development and training program. At a minimum, full-time training personnel complete a 40-hour training-for-trainers course.	Meets Standard	The facility has a Training Coordinator who coordinates and oversees the Training Program.
4. Training is governed and guided by a training plan that is reviewed and approved annually by the facility administrator.	Meets Standard	The Assistant Field Office Director (AFOD) and Facility Administrator approve the training plan.
5. An accurate and complete record is maintained of all formal training activities in: <ul style="list-style-type: none"> Individual training folders, Other training records systems, and/or Electronic systems. 	Meets Standard	The Training Coordinator maintains training folders and electronic files on all employees, contractors and volunteers. Training files were reviewed.

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

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)
<p>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:</p> <ul style="list-style-type: none"> • Working conditions • Cultural diversity/understanding staff & detainees • Code of ethics • Personnel policy manual • Employees' rights and responsibilities • Drug-free Workplace • Health-related emergencies • Signs of Suicide risk and precautions • Suicide prevention and intervention • Hunger strikes • Use of Force • Keys and Locks • Overview of the criminal justice system • Tour of the facility • Facility goals and objectives • Facility organization • Staff rules and regulations • Sexual harassment/sexual misconduct awareness • Personnel policies • Program overview • Orientation and training on detainee handbook and detainee rights. • Requirement of special-needs detainees. • National Detention Standards 	Meets Standard	<p>A review of the initial orientation training provided to staff confirmed that all the listed topics are included in this training.</p>

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

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)
<p>7. Clerical/support employees who have minimal detainee contact receive a minimum of:</p> <ul style="list-style-type: none"> • Working conditions • Cultural diversity/understanding staff & detainees • Code of ethics • Personnel policy manual • Employees' rights and responsibilities • Overview of the criminal justice system • Tour of the facility • Facility goals and objectives • Facility organization • Staff rules and regulations • Sexual harassment/sexual misconduct awareness • Personnel policies • Program overview • National Detention Standards. • Key and Lock Control. • Suicide risk and prevention. 	Meets Standard	<p>The Training Plan and the training provided for clerical/support employees who have minimal detainee contact included all of the topics listed in this component.</p>

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

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)
<p>8. Professional and support employees (including contractors) who have regular or daily detainee contact will receive training on the following subjects, at a minimum:</p> <ul style="list-style-type: none"> • Security procedures and regulations • Code of Ethics • Health-related emergencies • Drug-free workplace • Supervision of detainees • Signs of suicide risk and hunger strike • Suicide precautions • Use-of-force regulations and tactics • Report writing • Detainee rules and regulations • Key control • Rights and responsibilities of detainees • Safety procedures • Emergency plan and procedures • Interpersonal relations • Social/cultural lifestyles of the detainee population • Cultural diversity/understanding staff & detainees • Communication skills • Cardiopulmonary resuscitation (CPR)/First aid • Counseling techniques • Sexual harassment/sexual misconduct awareness. • National Detention Standards. 	Meets Standard	The Training Plan and the training provided for professional/support employees and contractors who have regular or daily detainee contact included all of the topics listed in this component.

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

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)
<p>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:</p> <ul style="list-style-type: none"> • The purpose, goals, policies and procedures for the facility and parent agency security and contraband regulations • Key control; appropriate conduct with detainees • Responsibilities and rights of employees • Standard precautions • Occupational exposure • Personal protective equipment • Bio-hazardous waste disposal • Overview of the detention operations. • National Detention Standards. • Medical grievance procedures and protocol. • Requirement for special needs detainees. • Code of Ethics • Drug free workplace • Hostage situations and staff conduct if taken hostage. 	Meets Standard	<p>The Training Plan provided all of the required training for full-time health care employees. Health care staff receive 40 hours of formal training before starting their assignments. The training included all of the topics listed in this component.</p>

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

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)
<p>10. Security personnel (including contractors) will receive training on the following subjects, at a minimum:</p> <ul style="list-style-type: none"> • 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	The Training Plan provided all of the required training for security staff and contractors. The training included all of the topics listed in this component.
<p>11. Situation Response Teams (SRTs) receive:</p> <ul style="list-style-type: none"> • Specialized training before undertaking their assignments. 	Meets Standard	
<p>12. Facility management and supervisory staff receive:</p> <ul style="list-style-type: none"> • Management and Supervisory training 	Meets Standard	Documentation of management and supervisory training was reviewed.
<p>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.</p>	Meets Standard	Training records indicate that staff have received required training prior to being assigned to a post involving the use of a firearm.

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

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)
14. (MANDATORY) All personnel authorized to use firearms demonstrate competency in their use at least annually.	Meets Standard	Training records reviewed indicate that staff authorized to use firearms demonstrated competency in their use 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	Training records indicate that staff authorized to use chemical agents receive training in its use and in the treatment of individuals exposed to chemical agents.
16. All staff receives orientation and annual training on the facility's drug-free workplace program. Typical contents are: <ul style="list-style-type: none"> • 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	Staff receives orientation and annual training that covers the topics listed in this component.
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	
18. All staff are trained during orientation and annually thereafter, regarding the facility's code of ethics. Typical contents are: <ul style="list-style-type: none"> • 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	Training records indicate that staff are trained in the facility's code of ethics. The training includes all of the topics listed in this component.

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

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)
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	
<p>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:</p> <ul style="list-style-type: none"> • 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	This facility has been in operation for less than one year. The Training Plan indicates that all staff will be trained annually to respond to health-related emergencies within four minutes. The training lesson plan covers all the topics listed in this component.
<p>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:</p> <ul style="list-style-type: none"> • 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	This facility has been in operation for less than one year. The Training Plan indicates that all staff will be trained annually on the facility's Sexual Abuse and Assault Prevention and Intervention program. The training lesson plan covers all of the topics listed in this component.

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

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)
<p>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:</p> <ul style="list-style-type: none"> 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	This facility has been in operation for less than one year. The Training Plan indicates that all staff will be trained annually on the facility's Suicide Prevention and Intervention Program. The training lesson plan covers all the topics listed in this component.
<p>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.</p>	Meets Standard	
<p>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.</p>	Meets Standard	The facility uses the Key Watcher electronic key control system. Staff receive training on keys during their orientation and are scheduled to receive refresher training annually thereafter.
<p>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:</p> <ul style="list-style-type: none"> The requirements of this Detention Standard The use of force continuum Communication techniques Cultural diversity Dealing with the mentally ill Confrontation-avoidance techniques Approved methods of self-defense Force cell-move techniques Communicable diseases, particularly precautions to be taken for use of force Application of restraints (progressive and hard) Reporting procedures. 	Meets Standard	Training records indicate that all staff receive training on how to handle aggressive detainees. This training is provided in orientation. The annual training plan also includes this training. The training includes all of the topics listed in this component.

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

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)
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	The facility has a tuition reimbursement program as an incentive for staff to continue their education.

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)*

During the evaluation of this standard, policy, the facility Training Plan and training records were reviewed, and facility staff were interviewed. The facility has a comprehensive training program that ensures staff, volunteers and contractors are provided with the appropriate training prior to entering the facility and having contact with the detainee population. The facility's Training Plan is approved by the AFOD and the Facility Administrator.

Overall Rating: Meets Standard

Reviewer Name (Printed)

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

Completion Date: 6/28/2012

Reviewer Signature (for printed form submission):

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

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)
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. <ul style="list-style-type: none"> The notification is recorded in the detainee's file When the A-File is not available, notification is noted within ENFORCE. 	Meets Standard	The Deportation Officer is responsible for notifying the legal representative of record of a detainee transfer, within 24 hours of that transfer. Notification is documented in the A-file.
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	The detainee signs the Detainee Transfer Notification form which advises him that it is his responsibility to notify family members. The detainee is then provided a copy of the form.
5. Facility policy mandates that: <ul style="list-style-type: none"> Times and transfer plans are never discussed with the detainee prior to transfer. The detainee is not notified of the transfer until immediately prior to departing the facility. The detainee is not permitted to make any phone calls or have contact with any detainee in the general population. 	Meets Standard	Policy addresses all of the bullet points listed in this component.
6. The detainee is provided with a completed Detainee Transfer Notification Form.	Meets Standard	The detainee signs the Detainee Transfer Notification form and is then provided a copy of the form.
7. Form G-391 or equivalent authorizing the removal of a detainee from a facility is used.	Meets Standard	This facility uses ICE Forms G-391, I-203 and I-216 as authorization to release a detainee.

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

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)
<p>8. For medical transfers:</p> <ul style="list-style-type: none"> 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 protocol addresses all of the bullet points listed in this component.
<p>9. Detainees are transferred with a completed transfer summary sheet in a sealed envelope with the detainee's name and A-number and the envelope is marked Medical Confidential.</p>	Meets Standard	Transfer summary sheets are sealed and accompany the transferee. Individual sealed envelopes are marked with the detainee's A-number and content identification warnings/identifiers, if applicable.
<p>10. For medical transfers, transporting officers receive instructions regarding medical issues.</p>	Meets Standard	
<p>11. Detainee's funds, valuables and property are returned and transferred with the detainee to his or her new location.</p>	Meets Standard	
<p>12. Transfer and documentary procedures outlined in Section C and D are followed.</p>	Meets Standard	
<p>13. Indigent detainees unable to make a telephone call at their new location are able to make a telephone call at the government's expense within 12 hours of arrival.</p>	Meets Standard	
<p>14. Meals are provided when transfers occur during normally schedule meal times.</p>	Meets Standard	When transfer times overlap scheduled meal times, sack lunches are provided to the transport team and detainee(s).
<p>15. An A-File or work folder accompanies the detainee when transferred to a different Field Office or sub-office.</p>	Meets Standard	If the transfer is within the San Antonio Field Office jurisdiction, the A-file travels with the transport vehicle. If the transfer is outside the jurisdiction, it is shipped United Parcel Service by the next business day.
<p>16. A-Files are forwarded to the receiving office via overnight mail no later than one business day following the transfer.</p>	Meets Standard	

PART 7 - 41. TRANSFER OF DETAINEES – Reviewer Summary

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

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

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)*

Review of policy, observation of the transfer process in the Intake area and interviews with the Intake area Supervisor, ICE officials and the Assistant Warden of Programs revealed detainee transfers are authorized, documented and processed in an orderly manner. A review of detainee records and authorization transfer documents for the group of detainees transferred out at 10:00 a.m. on 06/28/2012 confirmed the required documentation was included.

Overall Rating: Meets Standard

Reviewer Name (Printed)

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

Completion Date: 6/28/2012

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:	<input type="button" value="Run Check"/>	Error(s) Found:	0	Items Not Rated:	0
Errors: <div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div>					
Items Not Rated: <div style="border: 1px solid black; height: 350px; margin-top: 5px;"></div>					

A. Type of Facility Reviewed

- ☐ ICE Service Processing Center
☐ ICE Contract Detention Facility
☒ ICE Intergovernmental Service Agreement

Estimated Man-days Per Year
160,500

B. Current Inspection

Type of Inspection
☐ Field Office ☒ HQ Inspection

Date[s] of Facility Review
6/26/2012 to 6/28/2012

C. Previous/Most Recent Facility Review

Date[s] of Last Facility Review
01/18/2012 - 1/20/2012

Previous Rating
☐ Meets Standards ☒ Does Not Meet Standards

D. Name and Location of Facility

Name
Karnes County Civil Detention Center
Address (Street and Name)
409 FM 1144
City, State and Zip Code
Karnes City, Texas 78118
County
Karnes
Name and Title of Facility Administrator
(Warden/OIC/Superintendent)
(b)(6), (b)(7)(c) Facility Administrator
Telephone # (Include Area Code)
(830) 264-1616, (b)(7)(c)
Field Office / Sub-Office (List Office with oversight responsibilities)
San Antonio, Texas
Distance from Field Office
67 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) Security SME / Nakamoto Group
Name of Team Member / Title / Duty Location
/ /

F. CDF/IGSA Information Only

Contract Number EROIGSA-11-0004	Date of Contract or IGSA December 7, 2010
Basic Rates per Man-Day 1-480 @ \$72.32 481-600 @ \$62.53	
Other Charges: (If None, Indicate N/A) Transportation mileage; Trans OT @ \$30.03 per hour; Officer Escorts @ \$20.08 per hour; Officer Escort @ \$30.10; Resident Work Program Reimbursement @ \$1.00 per day; Sack Lunches @ \$2.50 per sack lunch.	

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 2011
Date Last Remodeled or Upgraded N/A
Date New Construction / Bedspace Added N/A
Future Construction Planned <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date:
Current Bedspace 608
Future Bedspace (# New Beds only) Number: N/A Date: N/A

J. Total Facility Population

Total Facility Intake for previous 12 months
579
Total ICE Mandays for Previous 12 months
2456

K. Classification Level (ICE SPCs and CDFs Only)

	L-1	L-2	L-3
Adult Male	424	0	0
Adult Female	N/A	N/A	N/A

L. Facility Capacity

	Rated	Operational	Emergency
Adult Male	608	600	8
Adult Female	N/A	N/A	N/A
<input type="checkbox"/> Facility holds Juveniles Offenders 16 and older as Adults			

M. Average Daily Population

	ICE	USMS	Other
Adult Male	280	0	0
Adult Female	0	0	0

N. Facility Staffing Level

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

Significant Incident Summary Worksheet

For The Nakamoto Group to complete its review of your facility, the following information must be completed 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.

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

¹ Any attempted physical contact or physical contact that involves two or more offenders

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

³ Routine transportation of detainees/offenders is not considered "forced"

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

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

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.	06/28/2012

Team Members

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

Recommended Rating:

☐ Meets Standards
☒ Does Not Meet Standards

Comments: The facility is managed and operated by the GEO Group, Inc. in partnership with the San Antonio ICE Field Office. ICE has office space inside the facility and has a current staff roster of 33. The facility is new construction and opened in March 2012. It is a combination of four buildings: one Programs building that contains the gymnasium, chapel/multi-purpose room, day rooms and the law/general library; one Administration/Support Service building that contains the kitchen, dining room, medical unit, commissary, visiting room, barber shop, laundry and administrative/ICE offices; and two Housing Units each containing 304 beds configured into eight-bed suites (living areas). Facility capacity is rated at 608. The average length of stay at this facility is approximately 31 days.

There is one Repeat Finding of Does Not Meet Standard involving the Special Management Units (SMU). The facility does not have an SMU. This results in a Does Not Meet Standard rating for a mandatory component and for the standard. The collateral components throughout the other 40 standards that reference SMU treatment, activities, privileges and other related issues are also rated Does Not Meet Standard where applicable due to the absence of an SMU. Apart from these SMU concerns, there were no other findings.

The Significant Incident Summary Worksheet does not list any incidents of sexual assault. There was, however, one allegation of detainee on detainee sexual assault. On 04/15/2012, a 22 year old male native of Guatemala alleged that he was being harassed and had been assaulted by other detainees in his housing suite due to his sexual orientation. The allegation included a report of coerced sexual contact. The detainee was immediately moved to the medical unit for observation and protection and was evaluated by medical staff. He was not transported to an outside hospital as the detainee suffered no physical injury and the alleged incident involved no penetration or other activity which could have produced forensic evidence. Chain-of-command reporting was implemented and ICE was notified. An investigation was initiated and the alleged perpetrators were promptly transported to another facility and placed on special management status. The incident was referred to the Karnes County Sheriff's Office where completion of an investigation is pending.

The facility does not have a canine unit and, per policy, canine units cannot be used in the facility for any reason.

(b)(7)e

(b)(7)e

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

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



U.S. Immigration
and Customs
Enforcement

JUL 9 2012

MEMORANDUM FOR:

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

(Acting) Field Office Director
San Antonio Field Office

FROM:

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

Assistant Director for Custody Management

SUBJECT:

Karnes County Correctional Center Annual Review 2012

The annual review of the Karnes County Correctional Center conducted on March 20 – 22, 2012, in Karnes City, TX has been received. A final rating of **Acceptable** has been assigned and this review is now 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):

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

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

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

Deputy Assistant Director, Detention Management Division at (202) 732-7322 (b)(6), (b)(7)(c)

cc: Official File

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