Department of Homeland Security

Immigration and Customs Enforcement: Office of Enforcement and Removal Operations

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



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

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

Facilty Information				
Facility Name: LaSalle Detention Facility				Pre-Occupancy:
Facility Type: IGSA Intergovernmental Service Age	eement (IGSA), ICE Service Proce	ssing Center (SPC), ICE Contr	act Detentio	n Facility (CDF)
Address: 830	Pinehill Road			
City: Jena		State: LA		Zip Code: 71342
County: LaSa	lle Parish			·
CEO Name (b)(6), (b)(7)(c) CEO Title: Warden			O Title: Warden	
Review Information (U	se following format for dates: m	m/dd/yyyy)		
Start Date: 9/18/2012 End Date: 9/20/2012 Review Type: Headquarters				Type: Headquarters
Lead Name: (b)(6), (b)(7)(c)			ad Title: LCI	
Review Document Issue Summary (See Document Check Section to Review/Update)				
Error(s) Found: 0 Items Not Rated: 0				

ICE HQ USE ONLY: (DO NOT EDIT*)

Form Name: G324A_PBNDS	Form Key: 3	<i>y</i> : 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 HO for an undeted form					

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

Introduction to the G324A Over 72hour Facility Detention Inspection Worksheets

What is "Performance-Based"?

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

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

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

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

Worksheet Overview

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

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

Mandatory components in several of the standards have been indicated in the worksheets. Mandatory items are those which must be met in order for the facility to receive a "*Meets Standards*" rating for that standard. These mandatory components typically represent life safety issues. A "*Does Not Meet Standards*" on one of these components is very serious. Failing to meet one of the mandatory components means that the overall facility review rating will be "*Does Not Meet Standards*".

The Outcome Measures Worksheet section is completely new for the performance-based NDS. The Outcome Measures Worksheets will be completed by facility staff prior to arrival of the review team at the facility to be reviewed. Ideally, this information will be maintained on a continuous basis by the facility as part of a *key indicators* database to provide a perpetual record for monitoring facility performance. The Reviewer in Charge (RIC) will review facility outcome measures data and provide analysis of the data to describe facility performance and trends.

Worksheet Completion

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

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

Outcome Measures Completion

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

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

Page **3** of **148** FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE) G-324A (Coded 10132010) Detention Review Worksheet - Rev: 6/19/2012 – Form Key 3

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Emergency Plans Environmental Health and Safety Transportation (By Land)

	PART 1 – 1. EMERG	GENCY 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	The detainee handbook and facility policy both state that no detainee or detainee groups are to exercise control or authority over other detainees.			
2.	 Detainees are protected from: Personal abuse Corneral punishment 					
	 Corporal punishment Personal injury Disease 	Meets Standard				
	Property damageHarassment from other detainees					
3. •	Staff are trained to identify signs of detainee unrest. What type of training and how often?	Meets Standard	Staff are trained to identify signs of detainee unrest during pre- service training and during annual in-service training.			
4.	Staff effectively disseminate information on facility climate, detainee attitudes, and moods to the Facility Administrator.	Meets Standard				
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 assigned responsibility for emergency plans and their implementation. The Chief of Security has ample time for development and implementation of the plans.			
6.	Each emergency plan is assigned a number and is strictly accounted for. A list identifying the location of each emergency plan is maintained by the Chief of Security or equivalent.	Meets Standard				
7.	All staff receive training in the emergency plans during their orientation training as well as during their annual training.	Meets Standard	All staff are provided training on all emergency plans during pre- service training and during annual in-service training.			
8.	The General Section of the emergency plans discusses alternate routes to the facility for staff to use in the event the primary route is impassable.	Meets Standard				
9.	 The plans address the following issues: Confidentiality Accountability (copies and storage locations) Annual review procedures and schedule Revisions 	Meets Standard	The contingency plans address all of the bulleted items listed in this component.			

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	Contingency plans have a requirement to notify neighbors in close proximity to the facility.		
 12. The facility has cooperative contingency plans with applicable: Local law enforcement agencies State agencies Federal agencies 	Meets Standard	The facility has several Memoranda of Understanding, including those with the local fire department, police department, emergency medical services, State Patrol and Sheriff's Department.		
13. The facility conducts mock emergency exercises with agencies or departments with which they share mutual aid agreements and Memoranda of Understandings. The exercises should test specific emergency plans to assess their effectiveness.	Meets Standard	The facility conducts mock emergency exercises with various agencies with which it has Memoranda of Understanding.		
14. All staff receive copies of the Facility Hostage policy and procedures.	Meets Standard	All staff receive copies of the facility hostage policy and procedures during pre-service and annual in-service training.		
15. (b)(7)e Within 24 hours after release, hostages are screened for medical and psychological effects.	Meets Standard	(b)(7)e Facility policy requires hostages to be screened for medical and psychological effects within 24 hours of release.		
16. The facility maintains a list of translator services in the event one is needed during a hostage crisis.	Meets Standard	The facility has a number of staff identified to provide translator services and an agreement with Language Line to provide translator services in the event they are needed during a hostage crisis.		
17. Emergency plans include emergency medical treatment for staff and detainees during and after an incident.	Meets Standard	Facility emergency plans include emergency medical treatment for staff and detainees during and after an incident.		
 The Food Service Department maintains at least 3- days' worth of emergency meals for staff and detainees. 	Meets Standard	The Food Service Department maintains a 15-day supply of emergency meals for staff and detainees.		

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)		
 Written plans illustrate locations of shut-off valves and switches for utilities (water, gas, electric). 	Meets Standard	The emergency plans include illustrations of locations of shut- off valves and utility switches, to include photographs of the valves and switches.		
20. Written plans include a Staff Work Stoppage procedure. This procedure is available for limited supervisory review.	Meets Standard			
21. (MANDATORY) Written procedures cover:				
Work/Food Strike				
• Fire				
Environmental Hazard				
Detainee Transportation System Emergency				
ICE-wide Lockdown				
Staff Work Stoppage		The facility has written		
Disturbances	Meets Standard	emergency plans for all the		
Escapes	Meets Standard	required contingencies listed in		
Bomb Threats		this component.		
Adverse Weather				
Internal Searches				
Facility Evacuation				
Detainee Transportation System Plan				
Hostages (Internal)				
Civil Disturbances				
22. The Emergency Plans specify a procedure for post- emergency debriefings and discussions.	Meets Standard			

PART 1 – 1. EMERGENCY PLANS – Reviewer Summary

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

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

The inspector reviewed the emergency plans, facility policy and training files in review of this standard. The inspector also interviewed the Assistant Warden, Chief of Security, Compliance Manager and Training Administrator. The facility has in place a comprehensive set of contingency plans that ensure a safe environment for detainees and staff. The plans equip staff to be able to quickly and effectively respond to any emergency situation that may arise and to minimize its severity. The Hostage Negotiating Team is provided by the Sheriff's Department through a Memorandum of Understanding. The facility administration reviews the training and confirms that the Hostage Negotiating Team is trained according to standard guidelines.

Overall Rating: Meets Standard

Reviewer Name (Printed)

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

Completion Date: 9/20/2012

	PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY (Key: B)				
	This Detention Standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.				
	Components	Rating	Remarks (1000 Char Max)		
1.	(MANDATORY) The facility has a system for storing, issuing, and maintaining inventories of hazardous materials.	Meets Standard	Policy and procedure establish a guide for storing, issuing and maintaining inventories of hazardous materials.		
2.	Constant inventories are maintained for all flammable, toxic, and caustic substances used/stored in each area of the facility.	Meets Standard	Physical inspection of hazardous material inventories revealed they were maintained, easy to understand and listed correct quantities.		
3.	 The manufacturer's Material Safety Data Sheet (MSDS) file is up-to-date for every hazardous substance used. The files list all storage areas, and include a plant diagram and legend. The MSDSs and other information in the files are available to personnel managing the facility's safety program. 	Meets Standard	The facility maintains master copies of Material Safety Data Sheets (MSDSs) in the Safety Office and medical department. Each contains plant diagrams and legends.		
4. • •	All personnel using flammable, toxic, and/or caustic substances follow the prescribed procedures: Wear personal protective equipment. Report hazards and spills to the designated official.	Meets Standard	The facility maintains personal protective equipment for use with hazardous materials. Hazards and spills are reported to the facility Safety Manager.		
5.	The MSDS are readily accessible to staff and detainees in the work areas.	Meets Standard	The facility maintains copies of MSDSs in each work and housing area where they are readily accessible.		
6.	 Hazardous materials are always issued under proper supervision. Quantities are limited. Detainees are trained. Staff always supervise detainees using these substances. 	Meets Standard			
7.	All "flammable" and "combustible" materials (liquid and aerosol) are stored and used according to label recommendations.	Meets Standard	The facility stores most flammable and combustible material outside the secure perimeter of the facility. The exception is a small amount of such material in the dental clinic where it is properly stored.		
8.	Lighting fixtures and electrical equipment are installed in storage rooms and other hazardous areas and meet the National Electrical Code requirements.	Meets Standard			
9.	All toxic and caustic materials stored in their original containers in a secure area.	Meets Standard			

PART 1 – 2. ENVIRONMENTA			
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		
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	The facility does not purchase or utilize products containing methyl alcohol.	
12. Every employee and detainee using flammable, toxic, or caustic materials receives advanced training, in accordance with OSHA standards, in their use, storage, and disposal.	Meets Standard		
13. (MANDATORY) The facility complies with the most current edition of applicable codes, standards, and regulations of the National Fire Protection Association (NFPA) and the Occupational Safety and Health Administration (OSHA).	Meets Standard	The facility was constructed to meet all applicable codes when designed. A review of the Louisiana State Fire Marshal Inspection Report revealed the facility is maintained within applicable codes. The last inspection was conducted 05/25/2012.	
14. A technically qualified staff member conducts fire and safety inspections.	Meets Standard	The Louisiana State Fire Marshal's Office conducts bi- annual inspections of the facility. The last inspection was conducted 05/25/2012.	
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 fire plan has been approved by the Louisiana State Fire Marshal's Office.	
 17. The plan requires: Monthly fire inspections. Fire protection equipment strategically located throughout the facility. Public posting of emergency plan with accessible building/room floor plans. Exit signs and directional arrows. An area-specific exit diagram conspicuously posted in the diagrammed area. 	Meets Standard	The facility fire plan includes the topics listed in this component.	
 Fire drills are conducted and documented quarterly in all facility locations including the administrative area. 	Meets Standard		
19. A sanitation program covers barbering operations.	Meets Standard	The facility has an established barber program that includes an approved sanitation program.	

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)		
20. The barbershop has the facilities and equipment necessary to meet sanitation requirements.	Meets Standard	The facility maintains three dedicated barber shops that have the necessary equipment to meet the sanitation requirements.		
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	The facility maintains a comprehensive policy for the handling, use and disposal of needles and other sharp objects.		
23. All items representing potential safety or security risks are inventoried and a designated individual checks this inventory weekly.	Meets Standard			
 24. Standard cleaning practices include: Using specified equipment; cleansers; disinfectants and detergents. An established schedule of cleaning and follow-up inspections. 	Meets Standard	The facility maintains an established cleaning and inspection schedule.		
25. Spill kits are readily available.	Meets Standard	The facility maintains spill kits with first aid kits which are located in 14 locations throughout the facility, allowing staff access.		
26. A licensed medical waste contractor disposes of infectious/bio-hazardous waste.	Meets Standard	Medical waste is disposed of through a contract with Stericycle, Inc.		
27. Staff are trained to prevent contact with blood and other body fluids and written procedures are followed.	Meets Standard	Facility staff members attend training on the prevention of contact with blood and other body fluids.		
28. Do the methods for handling/disposing of refuse meet all regulatory requirements?	Meets Standard	Solid waste is disposed of through a contract with ESPI of Natchitoches, LA.		
 29. A Licensed/Certified/Trained pest-control professional inspects for rodents, insects, and vermin. At least monthly. The pest-control program includes preventive spraying for indigenous insects. 	Meets Standard	Pest control services are provided through a contract with Orkin Pest Control of Alexandria, LA.		
30. Drinking water and wastewater is routinely tested according to a fixed schedule.	Meets Standard	Water and wastewater service and testing is provided through the supplier, the City of Jena.		

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)		
 31. Emergency power generators are tested at least every two weeks. Other emergency systems and equipment receive testing at least quarterly. Testing is followed-up with timely corrective actions (repairs and replacements). 	Meets Standard	The facility maintenance staff conducts and documents generator testing and service weekly. Load testing service and general service is provided by Taylor Power Systems of Jackson, MS.		
32. The Facility appears clean and well maintained.	Meets Standard			
33. Hazardous material storage rooms meet the security and structural requirements of the standard. Storage cabinets meet the physical requirements specified in the standard.	Meets Standard	Hazardous materials are stored outside the secure perimeter of the facility with the exception of a small amount used in the dental clinic where it is stored in a flammable cabinet.		
34. The Health Services Administrator has implemented a program supporting a high level of environmental sanitation.	Meets Standard			
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 facility Safety Manager conducts special investigations and environmental health surveys.		
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 facility Safety Manager is responsible for developing and implementing policies and procedures for the environmental health program.		
 38. Environmental health and safety conditions shall be maintained at a level that meets recognized standards of safety and hygiene, including those from the: American Correctional Association, Occupational Safety and Health Administration, Environmental Protection Agency, Food and Drug Administration, National Fire Protection Association's Life Safety Code, and National Center for Disease Control and Prevention. 	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)

The facility has created an environmental health and safety policy and procedure to protect detainees, staff, contractors and volunteers from injury and illness by maintaining high facility standards of cleanliness and sanitation. It includes safe work practices, the control of hazardous substances and a comprehensive fire plan. The facility is clean and maintained by staff having knowledge of facility operations and plans. Comprehensive environmental health and safety, emergency and fire plans are in place, and staff is instructed and trained on response.

Overall Rating: Meets Standard Reviewer Name (Printed)

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

Completion Date: 9/20/2012

PART 1 – 3. TRANSPORTATION (BY LAND) (Key: C)					
This Detention Standard prevents harm to the general public, detainees, and staff by ensuring that vehicles are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff.					
Standard N/A Click the above button if all ICE Transportation is handled on case. (All Line Items and standard will be rated "N/A")	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				
Components	Rating	Remarks (1000 Char Max)			
 Transporting officers comply with applicable local, state, and federal motor vehicle laws and regulations. Records support this finding of compliance. 					
 Every transporting officer required to drive a commercial size vehicle has a valid Commercial Driver's License (CDL) issued by the state of employment. 		All Transportation Officers have a valid Commercial Driver's License (CDL).			
3. Supervisors maintain records for each vehicle operated.	Meets Standard				
 Documentation indicating annual inspection of vehicles and annual inspection in accordance with state statutes is available for review. 					
 Documentation indicating safety repairs are completed immediately and vehicles are not used until they have been repaired and inspected is available for review. 		The Bus Driver's Vehicle Inspection Report is completed and verified by a supervisor to ensure all vehicles have been repaired.			
 6. Officers use a checklist during every vehicle inspection. Officers report deficiencies affecting operability. Deficiencies are corrected before the vehicle goes back into service. 	Meets Standard	The Bus Driver's Vehicle Inspection Report is the inspection checklist. Officers report deficiencies affecting operability. Corrected deficiencies are documented on the Garage Work Order form.			
 7. Transporting officers: Limit driving time to 10 hours in any 15 hour period when transporting detainees. Drive only after eight consecutive off-duty hours. Do not receive transportation assignments after having been on duty, in any capacity, for 15 hours. Drive a 50-hour maximum in a given work week; a 70-hour maximum during eight consecutive days. During emergency conditions (including bad weather), officers may drive as long as necessary to reach a safe area-exceeding the 10-hour limit. 	Meets Standard				

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

This Detention Standard prevents harm to the general public, detainees, and staff by ensuring that vehicles are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff.

Standard N/A

Click the above button if all ICE Transportation is handled only by the ICE Field Office or Sub-Office in control of the detainee case. (All Line Items and standard will be rated "N/A")

Components	Rating	Remarks (1000 Char Max)
 8. (b)(7)(e) officers with valid Commercial Drivers Licenses, (CDL's) required in any vehicle transporting detainees. When buses travel in tandem with detainees, there are (b)(7)(equalified officers per vehicle. An unaccompanied driver transports an empty vehicle. 	Meets Standard	
9. The transporting officer inspects the vehicle before the start of each detail.	Meets Standard	
10. Positive identification of all detainees being transported is confirmed.	Meets Standard	Positive identification of all detainees being transported is confirmed using photo identification.
11. All detainees are searched immediately prior to boarding the vehicle by staff controlling the bus or vehicle.	Meets Standard	Detainees are pat searched prior to boarding the transport vehicle.
12. The facility ensures that the number of detainees transported does not exceed the vehicle manufacturer's occupancy level.	Meets Standard	
13 (b)(7)e	Meets Standard	(b)(7)e
 14. The vehicle crew conducts a visual count once all passengers are on board and seated. Additional visual counts are made whenever the vehicle makes a scheduled or unscheduled stop. 	Meets Standard	
15. Policies and procedures are in place addressing the use of restraining equipment on transportation vehicles.	Meets Standard	There is policy covering the use of restraining equipment on transportation vehicles.
 16. Officers ensure that no one contacts the detainees. (b)(7)e remains in the vehicle at all times when detainees are present. 	Meets Standard	Policy directs officers to ensure that no one contacts the detainee: (b)(7)e remains in the vehicle at all times when detainees are present.

PART 1 – 3. TRANSPORTATION (BY LAND	(Key: C)
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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) 17. Meals are provided during long distance transfers. The vehicle crew will provide meals and snacks during any long The meals meet the minimum dietary standards, as distance transfer that exceeds six identified by dieticians utilized by ICE. hours. Meals meet the nutritional requirements as Meets Standard identified by the dietitian. Food service staff are notified of dietary needs before departure so suitable meals can be arranged. 18. The vehicle crew inspects all Food Service meals before accepting delivery (food wrapping, portions, quality, quantity, thermos-transport containers, etc.). Before accepting the meals, the vehicle crew raises and resolves questions, concerns, or discrepancies Meets Standard with the Food Service representative. Basins, latrines, and drinking-water, containers, dispensers are cleaned and sanitized on a fixed schedule. 19. Vehicles have: Meets Standard (b)(7)e (b)(7)e Meets Standard The vehicles are clean and sanitary at all times. 21. Personal property of a detainee transferring to another Personal property of detainees is facility: inventoried, inspected and Is inventoried. Meets Standard accompanies the detainees when transported to or from this Is inspected. facility. Accompanies the detainee.

PART 1 – 3. TRANSPORTATION (BY LAND) (Key: C)				
This Detention Standard prevents harm to the general public, detainees, and staff by ensuring that vehicles are properly equipped,				
maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of				
trained and experienced staff.				
Standard N/A				
Click the above button if all ICE Transportation is handled only	by the ICE Field Office or S	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. The following contingencies are included in the written				
procedures for vehicle crews:				
Attack				
• Escape				
Hostage-taking				
Detainee sickness				
Detainee death				
Vehicle fire	Meets Standard	Policy covers all contingencies listed in this component.		
• Riot		insted in this component.		
Traffic accident				
Mechanical problems				
Natural disasters				
Severe weather				
 Passenger list is not exclusively men or women or minors 				

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

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

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

The inspector interviewed the Transportation Manager, Assistant Transportation Manager and Maintenance Supervisor in review of this standard. The inspector also reviewed policy and vehicle inspection files, motor vehicle driver's certification, the driver's daily log, the bus driver's vehicle inspection report, garage work orders and annual commercial inspection reports. Two vehicles in the fleet were inspected, including the transport van used for detainees with physical disabilities. Transportation vehicles were properly equipped and maintained, and were operated in a safe and secure manner. Detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff.

Overall Rating: Meets Standard

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

Completion Date: 9/20/2012

Section II SECURITY

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

	PART 2 – 4. ADMISSIO	IN AND RELEASE (Key: D)		
	This Detention Standard protects the community, detainees, staff, volunteers, and contractors by ensuring secure and orderly operations when detainees are admitted to or released from a facility.			
	Components	Rating	Remarks (1000 Char Max)	
1.	Admission processing includes an orientation of the facility. The orientation includes; unacceptable activities and behavior, and corresponding sanctions. How to contact ICE. The availability of pro-bono legal services and how to pursue such services. Schedule of programs, services, daily activities, including visitation, telephone usage, mail service, religious programs, count procedures, access to and use of the law library and the general library; sick-call procedures, and the detainee handbook.	Meets Standard	During the admissions process, detainees view an orientation video that addresses all of the areas listed in this component. The video is in English and Spanish. The detainees receive a copy of the National Detainee Handbook and the facility handbook.	
2.	Medical screenings are performed by medical staff <u>or</u> persons who have received specialized training for the purpose of conducting an initial health screening.	Meets Standard	Medical screenings are performed by medical staff during the admissions process.	
3.	When available, accompanying documentation is used to identify and classify each new arrival. In SPCs and CDFs, new detainees shall remain segregated from the general population during the orientation and classification period.	Meets Standard	New detainees remain segregated from the general population until they are classified and receive their orientation.	
4.	All new arrivals are searched in accordance with the "Detainee Search" standard. An officer of the same sex as the detainee conducts the search and the search is conducted in an area that affords as much privacy as possible.	Meets Standard		
5.	Detainees are subjected to a strip search only when reasonable suspicion has been established and not as routine policy. Non-criminal detainees are never subjected to a strip search but are patted down unless cause or reasonable suspicion has been established. All strip searches are documented on G-1025, or equivalent, with proper supervisory approval.	Meets Standard	All strip searches are first approved by the Warden or Duty Warden and then by ICE before such a search is conducted. All strip searches are documented and include proper supervisory approval.	
6.	The "Contraband" standard governs all personal property searches. IGSAs and CDFs use or have a similar contraband standard. Staff prepare a complete inventory of each detainee's possessions. The detainee receives a copy. All identity documents are inventoried and given to ICE staff for placement in the A-file. All funds and valuables are safeguarded in accordance with ICE Policy.	Meets Standard		
7.	Staff complete Form I-387 or similar form for CDFs and IGSAs for every lost or missing property claim. Facilities forward all I-387 claims to ICE.	Meets Standard	The facility uses a Report of Detainee Missing Property form to document a detainee's claim. That form is forwarded to ICE.	
8.	Detainees are issued appropriate and sufficient clothing and bedding for the climatic conditions.	Meets Standard		

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)	
9. All releases are coordinated with ICE.	Meets Standard	All releases of ICE detainees are coordinated with ICE to ensure proper paperwork is received.	
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		
12. The facility has a system to maintain accurate records and documentation for admission, orientation, and release.	Meets Standard	The facility uses a Detainee File Checklist to coordinate the documentation of the admission, orientation and release of detainees.	
 ICE staff enter all information pertaining to release, removal, or transfer of all detainees into the Enforce Alien Detention Module (EADM) within 8 hours of action. 	Meets Standard	ICE staff either at this facility or in the Field Office enters all information pertaining to release, removal or transfer of detainees into the Enforce Alien Detention Module within eight hours of action.	
 All orientation material shall be provided in English, Spanish, and other language(s) as determined by the Field Office Director. 	Meets Standard	All orientation, including the video, is provided in both English and Spanish.	

PART 2 – 4. ADMISSION AND RELEASE – Reviewer Summary

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

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

During the evaluation of this standard, policy was reviewed, facility staff were interviewed, and the Initial Intake Orientation form, the detainee handbook and detention files were reviewed. Detainees are issued a facility detainee handbook and the National Detainee Handbook during the intake process. Facility staff provides detainees with an orientation to the facility which includes the viewing of an orientation video. Detainees receive a medical screening by mecial staff during the intake process.

Overall Rating: Meets Standard

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

Completion Date: 9/20/2012

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. IGSAs use an objective classification system or similar system for classifying detainees.	Meets Standard	The facility uses an objective classification system. Detainees are classified as Level I - Minimum, Level II - Medium and Level - III Maximum Security.	
2.	The facility classification system includes:			
	 Classifying detainees upon arrival. Separating individuals who cannot be classified upon arrival from the general population. The first-line supervisor or designated classification specialist reviews every classification decision. 	Meets Standard	Policy addresses all the bulleted parts of this component.	
3.	The intake/processing officer reviews work-folders, A- files, etc., to identify and classify each new arrival.	Meets Standard	The classification process includes a review of escape history, history of assaultive behavior, medical status, age and other information available from verified sources.	
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	Level I and Level II detainees can be housed together. Level II and Level III detainees can be housed together. Level I and Level III detainees are never 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	Level III detainees are only allowed to work in the housing unit.	
8.	The classification process includes reassessment/ reclassification. The First Reassessment is to be completed 60 days to 90 days after the initial assessment. Subsequent reassessments are completed at 90 day to 120 day intervals. Special Reassessments are completed within 24 hours.	Meets Standard	The first reassessment is completed 60 to 90 days after the initial assessment. Subsequent reassessments are completed at 90 to 120 day intervals.	

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.

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	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	The Chief of Security has the authority to reduce a classification level upon appeal.
10.	Classification appeals are resolved w/in 5 business days. Detainees are notified of the outcome within 10 business days.	Meets Standard	Classification appeals submitted by detainees are resolved within five days. Detainees are provided a response within ten days.
11.	Classification designations may be appealed to a higher authority such as the Facility Administrator or equivalent.	Meets Standard	Classification designations can be appealed to the Warden.
12.	The Detainee Handbook or equivalent for IGSAs explains the classification levels, with the conditions and restrictions applicable to each.	Meets Standard	
13.	In SPCs and CDFs detainees are assigned color-coded uniforms and IDs to reflect classification levels. In IGSA's a similar system is utilized for each level of classification.	Meets Standard	Detainees receive color-coded uniforms. Level I detainees wear blue uniforms, Level II detainees wear orange uniforms and Level III wear red uniforms.

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)

During the evaluation of this standard, policy was reviewed, facility staff and detainees were interviewed, and classification forms and the detainee handbook were reviewed. The detainees interviewed did not have any issues with the classification process.

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

Completion Date: 9/20/2012

	PART 2 – 6. CON	ITRABAND (Key: F)	
	s Detention Standard protects detainees and staff and enha ntrolling, and properly disposing of contraband.	nces facility security and g	good order by identifying, detecting,
	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 written procedures for handling contraband. The procedures direct staff to hold hard contraband, reporting it and turning it over to the proper legal authority for possible prosecution.
2.	Contraband that is government property is retained as evidence for potential disciplinary action or criminal prosecution.	Meets Standard	The facility retains government property as evidence for potential disciplinary action or criminal prosecution.
3.	Staff return property not needed as evidence to the proper authority. Written procedures cover the return of such property.	Meets Standard	The facility has written procedures directing staff to return contraband not needed as evidence to the proper authority.
4.	Altered property is destroyed following documentation and using established procedures.	Meets Standard	
5.	Before confiscating religious items, the Facility Administrator or designated investigator contacts a religious authority.	Meets Standard	The facility has policy in place requiring staff to consult with the Chaplain prior to confiscating religious items from detainees.
6.	Staff follow written procedures when destroying hard contraband that is illegal.	Meets Standard	
7.	 Hard contraband that is illegal (under criminal statutes) is retained and used for official use, e.g. training purposes. If yes, under specific circumstances and using 		Hard contraband that is illegal may be retained for training purposes. Hard contraband that
	specified written procedures. Hard contraband is secured when not in use.	Meets Standard	is used for training will be secured in the facility armory when not in use. Soft
	 Soft Contraband is mailed to a third party or stored in accordance with the Detention Standard on Funds and Personal Property. 		contraband is mailed to a third party or placed in the detainee's personal property.
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	The facility does not have a canine unit.

PART 2 – 6. CONTRABAND – Reviewer Summary

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

PART 2 – 6. CONTRABAND – Reviewer Summary

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

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

The inspector reviewed policy, post orders, contraband seizure and disposition logs, and interviewed the Chief of Security and Shift Supervisor in review of this standard. The facility has a comprehensive contraband control plan. The plan protects detainees and staff and enhances facility security and good order by identifying, detecting and properly disposing of contraband.

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

Completion Date: 9/20/2012

PART 2 – 7. FACILITY SECU	RITY AND CONTROL	(Key: G)
This Detention Standard protects the community, staff, contract security is maintained and that events that pose a risk of harm a		ees from harm by ensuring that facility
Components	Rating	Remarks (1000 Char Max)
 The facility administrator or assistant administrator and department heads visit detainee living quarters and activity areas weekly. 	Meets Standard	The Warden and other facility administrators visit detainee living areas and activity areas at least 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	
4. Essential posts and positions are filled with qualified personnel.	Meets Standard	
5. Every Control Center officer receives specialized training.	Meets Standard	The Control Room officers are provided specialized on-the-job training for Control Room operations.
6. Policy restricts staff access to the Control Center.	Meets Standard	Policy and a memorandum from the Warden restrict staff access to the Control Room.
7. Detainees do not have access to the Control Center.	Meets Standard	Policy specifically states that detainees are not to have access to the Control Room at any time.
8. Communications are centralized in the Control Center.	Meets Standard	Facility communications are centralized through the Control Room.
9. Facility security and safety will be monitored and coordinated by a secure, well-equipped, and continuously staffed control center.	Meets Standard	
 The Control Center maintain employee Personal Data Cards (Form G-74 or contract equivalent). 	Meets Standard	The Control Room maintains employee personal data information.
11. Recall lists include the current home telephone number of each employee. Phone numbers are updated as needed.	Meets Standard	The facility recall list includes the staff member's current home number.
12. (b)(7)e	Meets Standard	(b)(7)e
13. Information about routine procedures, emergency situations, and unusual incidents will be continually recorded in permanent post logs and shift reports.	Meets Standard	
14. The front-entrance officer checks the ID of everyone entering or exiting the facility.	Meets Standard	

PART 2 – 7. FACILITY SECURITY AND CONTROL (Key: G)			
This Detention Standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and that events that pose a risk of harm are prevented.			
Components	Rating	Remarks (1000 Char Max)	
15. All visits officially recorded in a visitor logbook or electronically recorded.	Meets Standard	All visits to the facility are officially recorded in a visitor logbook.	
16. The facility has a secure, color-coded visitor pass system.	Meets Standard	The facility has a secure, color- coded visitor pass system.	
17. Officers monitor all vehicular traffic entering and leaving the facility.	Meets Standard	Officers monitor all vehicular traffic entering and leaving the facility.	
 18. The facility maintains a log of all incoming and departing vehicles to sensitive areas of the facility. Each entry contains: The driver's name Company represented Vehicle contents Delivery date and time Date and time out Vehicle license number Name of employee responsible for the vehicle during the facility visit 	Meets Standard		
19. Officers thoroughly search each vehicle entering and leaving the facility.	Meets Standard	Policy directs staff to 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	The facility has a written policy on preventing 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		
 Written procedures govern searches of detainee housing units and personal areas. 	Meets Standard	There are written procedures covering searches of housing units and personal areas.	
24. Housing area searches occur at irregular times.	Meets Standard	Housing unit post orders direct assigned staff to conduct housing area searches at irregular times.	
25. Security officer posts located in or immediately adjacent to detainee living areas to permit officers to see or hear and respond promptly to emergency situations. Personal contact and interaction between staff and detainees is required and facilitated.	Meets Standard		

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			
26. There are post orders for every security officer post.	Meets Standard	Each security officer has a post order.	
27. Detainee movement from one area to another area is controlled by staff.	Meets Standard		
 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.	Meets Standard		
30. The SMU entrance has a sallyport.	Meets Standard	The entrance to the Special Management Unit has a sally port.	
31. All tools entering SMU will be inspected and inventoried by the SMU officer prior to entering the housing unit.	Meets Standard		
 32. The facility has a comprehensive security inspection policy. The policy specifies: Posts to be inspected Required inspection forms Frequency of inspections Guidelines for checking security features Procedures for reporting weak spots, in-consistencies, and other areas needing improvement 	Meets Standard	The facility has a comprehensive security inspection policy which specifies posts to be inspected, the forms to be used, frequency of inspections, guidelines for checking security features and the procedures for reporting weak spots or areas needing improvement.	
33. Every officer is required to conduct a security check of his/her assigned area. The results are documented.	Meets Standard	Policy requires all officers to conduct and document a security check of their assigned areas.	
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	Facility procedures ensure that recurring problems and a failure to take corrective action are reported to the Chief of Security or designated supervisor.	
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		
 Walls, fences, and exits, including exterior windows, are inspected for defects once each shift. 	Meets Standard		

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) 39. Daily procedures include: There is a policy requirement to conduct a(b)(7)echeck of the Perimeter alarm system tests. facility's perimeter fence (b)(7)e Physical checks of the perimeter fence. Meets Standard (b)(7)edocumenting the check on Documenting the results. a specified form. (b)(7)e (b)(7)e 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	
42. The Maintenance Supervisor and Chief of Security or equivalent make monthly fence checks.		The Maintenance Supervisor and Chief of Security conduct monthly checks of the perimeter fence.

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

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

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

The inspector reviewed facility policy, post orders, inspection files and logbooks in review of this standard. The inspector also interviewed the Assistant Warden, Chief of Security, Compliance Manager and detention officers. The facility has a comprehensive security and control program that protects the community, staff, contractors, volunteers and detainees from harm by ensuring that facility security is maintained and that events that pose a threat are prevented.

Overall Rating: Meets Standard **Reviewer Name (Printed)**

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

Completion Date: 9/20/2012

	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				
Clic	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	Detainee property is separated, inventoried and stored in a secure property room.	
2.	Detainees' large valuables are secured in a location accessible to designated supervisor(s) or processing staff only.	Meets Standard		
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	ICE detainee property is stored in the facility property room. Funds are collected and verified for deposit in the detainee's account.	
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	The facility require(b)(7)(e)taff members to verify detainee funds. The funds are placed in a vault in the booking department for deposit into the detainee's commissary account.	
5.	For IGSAs and CDFs, Is the facility using a personal property inventory form that meets the ICE standard?	Meets Standard		
6.	Staff give the detainee the original inventory form, filing copies in the detainee's detention file and the personal property container.	Meets Standard	The facility issues the detainee a copy. Another is maintained with the property and one is placed in the detainee's file.	
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	The facility searches detainee property for contraband during the booking process.	
9.	Property discrepancies are immediately reported to the Chief of Security or equivalent.	Meets Standard	Policy and procedure require staff to notify the facility administrator of property discrepancies.	
10.	Staff follow written procedures when returning property to detainees.	Meets Standard		

	PART 2 - 8. FUNDS AND PERSONAL PROPERTY (Key: H)			
This Detention Standard ensures that detainees' personal property is safeguarded and controlled, specifically including funds, valuables, baggage and other personnel property, and that contraband does not enter a detention facility.				
Sta	ndard 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)	
11.	CDF/IGSA facility procedures for handling detainee property claims are similar to the ICE standard.	Meets Standard	The facility requires a detainee to complete a Report of Detainee Missing Property Form, which is forwarded to the Intake Supervisor for investigation and disposition.	
12.	 The facility attempts to notify an out-processed detainee that he/she left property in the facility. By sending written notice to the detainee's last known address; via certified mail; The notice states that the detainee has 30 days in which to claim the property, after which it will be considered abandoned. 	Meets Standard	The ICE staff on site attempt to notify the detainee by certified mail of any property left at the facility. If it is not claimed within thirty days, it is considered to be abandoned. Facility staff follows established procedure for disposition.	
13.	Staff obtain a forwarding address from each detainee.	Meets Standard		
14.	It is standard procedure fo(b)(7)(e) fficers to be present when removing/documenting the removal of funds from a detainee's possession.	Meets Standard	The facility require (b)(7)(e) taff members to verify detainee funds. The funds are placed in a vault in the booking department for deposit into the detainee's commissary account.	
15.	Staff issue and maintain property receipts (G-589s) in numerical order.	Meets Standard	The facility maintains property receipts in an electronic format and a paper format. Both are maintained such that they may be searched in numerical order.	
16.	Staff complete and distribute the G-589 in accordance with the ICE standard.	Meets Standard	The facility utilizes a local form which is completed and distributed as described by the standard.	
17.	The processing officer records each G-589 issuance in a G- 589 logbook. The record includes the initials and star numbers of receipting officers.	Meets Standard	The facility generates a local property inventory form with the information entered into an electronic logbook and a paper logbook.	
18.	Staff tag large valuables with both a G-589 and an I-77.	Meets Standard	The facility utilizes a local form to inventory detainee valuable property.	
19.	The supervisor verifies the accuracy of every G-589.	Meets Standard	The facility property room supervisor verifies detainee inventory documents.	

PART 2 - 8. FUNDS AND PERSONAL PROPERTY (Key: H)			
This Detention Standard ensures that detainees' personal property is safeguarded and controlled, specifically including funds, valuables, baggage and other personnel property, and that contraband does not enter a detention facility.			
Sta	ndard 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)
20.	 The supervisor ensures that: Detainee funds are, without exception, deposited into the cash box; Every property envelope is sealed. All sealed property envelopes are placed in the safe. Large, valuable property is kept in the secured locked area. 	Meets Standard	The facility booking supervisor and property room staff ensure the items listed in the component are completed.
21.	Staff tag every baggage/facility container with an I-77, completed in accordance with the ICE standard.	Meets Standard	Facility staff utilizes a local form to tag baggage and containers in the property room.
22.	Staff secure every container used to store property with a tamper-proof numbered strap.	Meets Standard	Staff place numbered straps onto containers used for detainee property. Items are maintained in a locked storage room or vault.
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	The facility logs the detainee name and property information in an electronic system and on a paper logbook.
24.	<u>In SPCs</u> , the Supervisory Immigration Enforcement Agent, accompanied by a detention staff member conducts a comprehensive weekly audit.	N/A	This facility is an IGSA. Facility staff conducts comprehensive quarterly audits of the property room.
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	The facility conducts quarterly audits of baggage and non- valuable property.
26.	The facility positively identifies every detainee being released or transferred.	Meets Standard	ICE detainees are verified by photograph and number prior to release from the facility.
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	Facility staff is required to notify supervisors of any property claims by detainees.
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 completes a lost/ damaged property report using the ICE form. It is forwarded to the Facility Administrator for review and disposition.

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

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

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

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

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

The facility has established a policy and procedure to ensure detainee funds and personal property are safeguarded and controlled. Practices includ (b)(7)e taff members verifying detainee funds, a comprehensive inventory and property storage system, contraband interdiction and periodic property audits. Any property left by a detainee at the facility is secured in a locked container. On site ICE staff notify the detainee that he/she may pick up the property. If the detainee does not pick the property up within the prescribed time period, the property is considered abandoned, with disposition following facility policy.

Overall Rating: Meets Standard

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

Completion Date: 9/20/2012

PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES (Key: I)			
This Detention Standard ensures the safety, security, and comfort of detainees temporarily held in Hold Rooms pending further processing. The maximum aggregate time an individual may be confined in a facility's Hold Room is 12 hours.			
	Components	Rating	Remarks (1000 Char Max)
1.	The hold room is situated in a location within the secure perimeter.	Meets Standard	All hold rooms are located within the secure perimeter of the facility.
2.	The hold rooms are clean, in good repair, well ventilated, well lit, and all activating switches located outside the room.	Meets Standard	The hold rooms were clean and in good order. They are well ventilated and well lighted, and all light switches are located outside the rooms.
3.	The hold rooms contain sufficient seating for the number of detainees held.	Meets Standard	The hold rooms have sufficient seating for the rated capacity of detainees.
4.	No bunks/cots/beds or other related make shift sleeping apparatuses are permitted inside hold rooms.	Meets Standard	Sleeping apparatuses are not allowed inside the hold rooms.
5.	Hold room walls and ceilings are escape and tamper resistant.	Meets Standard	The hold room walls and ceilings are tamper resistant and escape proof.
6.	Detainees are not held in hold rooms for more than 12 hours.	Meets Standard	Facility post orders and policy direct staff not to hold detainees in hold rooms for more than 12 hours.
7.	Male and females detainees are segregated from each other at all times.	Meets Standard	
8.	Detainees are provided with basic personal hygiene items such as water, soap, toilet paper, cups for water, feminine hygiene items, diapers and wipes.	Meets Standard	
9.	If the hold room is not equipped with toilet facilities, an officer is posted within visual or audible range to allow detainees access to such on a regular basis.	Meets Standard	Toilet facilities in hold rooms ensure detainees have unimpeded access.
10	All detainees are given a pat down search for weapons or contraband before being placed in the hold room.	Meets Standard	
11	 When the last detainee has been removed, the hold room is inspected for the following: Cleaning. Evidence of tampering with doors, locks, windows, grills, plumbing or electrical fixtures is reported to the shift supervisor for corrective action or repair. 	Meets Standard	
•	(MANDATORY) There is a written evacuation plan. There is a designated officer to remove detainees from the hold rooms in case of fire and/or building evacuation, or other emergency.	Meets Standard	The hold rooms have a written evacuation plan. The post order specifies the hold room officer as the designated officer to remove the detainees in case of emergency or fire.

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)	
13. An appropriate emergency service is called immediately upon a determination that a medical emergency exists.	Meets Standard		
 14. Single occupant hold rooms contain a minimum of 37 square feet (7 unencumbered square feet for the detainee, 5 square feet for a combination lavatory/toilet fixture, and 25 square feet for a wheelchair turn-around area). If multiple-occupant hold rooms are used, there is an additional 7 unencumbered square feet for each additional detainee. 	Meets Standard	Hold rooms meet the square footage requirement of 37 square feet for one detainee plus 7 square feet for each additional detainee. All hold rooms are multiple-occupancy.	
 15. <u>In SPCs designed after 1998</u> the hold rooms are equipped with stainless steel combination lavatory/toilet fixtures with modesty panels. They are: Compliant with the American Disabilities Act. Small hold rooms (1 to 14 detainees) have at least one combi-unit. Large hold rooms (15 to 49 detainees) are provided with at least two combi-units. 	Meets Standard	Hold rooms are all equipped with stainless steel combination lavatory/toilet fixtures with modesty panels. The toilets are compliant with the Americans with Disabilities Act.	
16. <u>In SPCs designed after 1998</u> the hold rooms have floor drain(s).	Meets Standard	All the hold rooms have floor drains.	
17. In SPCs designed after 1998, the door to the hold room swings outward and the door complies with the specifications outlined in the standard.	Meets Standard	The doors to the hold rooms swing outward. The doors comply with the specifications of 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	Minors are not confined at this facility. Those of advanced age would not be placed in a hold room.	
19. Minors (under 18) are confined apart from adults, except for immediate relatives or guardians.	N/A	Minors are not confined at this facility.	
 20. Each detention facility maintains a detention log (manually or by computer) for each detainee placed in a hold cell. The log includes the required information specified in the standard. 	Meets Standard	The facility maintains a detention log for each detainee placed in a hold room. The log includes all information required by the standard.	
 21. Officers provide a meal to any detainee detained in a hold room for more than six hours. Juveniles, babies and pregnant women have access to snacks, milk or juice. Meal are served to juveniles regardless of time in custody 	Meets Standard	The facility does not hold juveniles.	
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		

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)	
23. The maximum occupancy for the hold room will be posted.	Meets Standard	The maximum capacity is posted for all rooms at this facility.	
24. Before placing a detainee in a room, an officer shall observe each individual to screen for obvious mental or physical problems.	Meets Standard		
25. Staff does not permit detainees to smoke in a hold room.	Meets Standard	The facility is a smoke-free facility.	
 26. Officers closely supervise hold rooms through direct supervision, to ensure: Continuous auditory monitoring, even when the hold room is not in the officer's direct line of sight, and Visual monitoring at irregular intervals at least every 15 minutes, each time recording in the detention log, the time and officer's printed name and any unusual behavior or complaints under "Comments." Constant surveillance of any detainee exhibiting signs of hostility, depression, or similar behaviors. 	Meets Standard		

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

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

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

The inspector reviewed facility policy, post orders and log books, and interviewed the Assistant Warden, Chief of Security and Compliance Manager. The inspector observed the hold rooms. The facility houses detainees temporarily in hold rooms during the intake process. The hold rooms provide a safe and secure environment while the detainees are being processed into or out of the facility.

Overall Rating: Meets Standard Reviewer Name (Printed)

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

Completion Date: 9/20/2012
	PART 2 – 10. KEY AND				
	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 Armory/Key Control Sergeant and his backup attended approved locksmith training.		
2.	The security officer, or equivalent, has responsibility for all administrative duties and responsibilities relating to keys, locks etc.	Meets Standard	The Armory/Key Control Sergeant is assigned all responsibilities related to keys and locking devices.		
3.	The security officer, or equivalent, provides training to all employees in key and lock control.	Meets Standard			
4.	The security officer, or equivalent, maintains inventories of all keys, locks and locking devices.	Meets Standard	The Armory/Key Control Sergeant maintains inventories of all keys, locks and locking devices.		
5.	The security officer follows a preventive maintenance program and maintains all preventive maintenance documentation.	Meets Standard			
6.	Facility policies and procedures address the issue of compromised keys and locks.	Meets Standard	Policy addresses the issue of compromised keys and locks.		
7.	The security officer, or equivalent, develops policy and procedures to ensure safe combinations integrity.	Meets Standard			
8.	Only dead bolt or dead lock functions are used in detainee accessible areas.	Meets Standard	Policy states that only dead bolt or dead function locks are to be used in detainee accessible areas.		
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	The facility does not authorize grand master keying systems.		
11.	All worn or discarded keys and locks cut up and properly disposed of.	Meets Standard	Policy states that all worn or discarded keys and locks are to be cut up and properly disposed.		
12.	Padlocks and/or chains are not used on cell doors.	Meets Standard	The facility does not use padlocks and/or chains on cell doors.		
13.	 The entrance/exit door locks to detainee living quarters, or areas with an occupant load of 50 or more people, conform to Occupational Safety and Environmental Health Manual, Chapter 3 National Fire Protection Association Life Safety Code 101. 	Meets Standard			

This	PART 2 – 10. KEY AND				
	This Detention Standard maintains facility safety and security by requiring that keys and locks be properly controlled and maintained.				
	Components	Rating	Remarks (1000 Char Max)		
14.	The operational keyboard sufficient to accommodate all the facility key rings including keys in use is located in a secure area.	Meets Standard	The facility uses the (b)(7)(e) (b)(7)(e) The operational keyboard is sufficient to accommodate all facility key rings.		
15.	 Procedures in place to ensure that key rings are: Identifiable Numbers of keys on the ring are cited? Keys cannot be removed from issued key rings 	Meets Standard			
16.	Emergency keys are available for all areas of the facility.	Meets Standard			
17.	The facility uses a key accountability system.	Meets Standard	The facility uses (b)(7)(e) accountability system.		
18.	Authorization is necessary to issue any restricted key.	Meets Standard			
19.	 Individual gun lockers are provided. They are located in an area that permits constant officer observation. In an area that does not allow detainee or public access. 	Meets Standard			
20.	The facility has a key accountability policy and procedures to ensure key accountability. The keys are physically counted daily.	Meets Standard	The facility has a policy ensuring key accountability. The keys are counted daily on the 6:00 p.m. to 6:00 a.m. shift.		
21.	 All staff members are trained and held responsible for adhering to proper procedures for the handling of keys. Issued keys are returned immediately in the event an employee inadvertently carries a key ring home. When a key or key ring is lost, misplaced, or not accounted for, the shift supervisor is immediately notified. Detainees are not permitted to handle keys assigned to staff. 	Meets Standard	All staff are trained and held responsible for the proper handling of facility keys. Policy directs staff to immediately return a key ring if it is inadvertently taken home. Policy also directs staff to immediately notify the Shift Supervisor if a key is lost or misplaced. Policy also states that detainees are not to handle keys assigned to staff.		
22.	Locks and locking devices are continually inspected, maintained, and inventoried.	Meets Standard			
23.	Each facility has the position of Security Officer. If not, a staff member appointed the collateral duties of security officer.	Meets Standard			
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 Armory/Key Control Sergeant is the only employee who is authorized to add or remove a key from an institutional key ring.		

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)			
25. The splitting of key rings into separate rings is not authorized.	Meets Standard	Policy does not allow key rings to be split.	

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 Shift Supervisor, Compliance Manager and Armory/Key Control Sergeant were interviewed. Locksmith training certificates, training records, work orders, key inventories, daily count logs and (b)(7)(e) System printouts were observed in review of this standard. The facility has an integral key and lock system. The system effectively maintains and controls the facility keys, enhancing overall safety and security of the facility. **Overall Rating:** Meets Standard Completion Date: 9/20/2012 **Reviewer Name (Printed)** (b)(6), (b)(7)(c)

	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 has five formal counts each day. One of the formal counts is a face-to-photo.		
2.	Activities cease or are strictly controlled while a formal count is being conducted.	Meets Standard	Detainee activities cease during formal counts.		
3.	There is a system for counting each detainee, including those who are outside the housing unit.	Meets Standard	The facility has a system in place to count all detainees, even those not in the housing units.		
4.	Formal counts in all units take place simultaneously.	Meets Standard	Formal counts occur in all units simultaneously.		
5.	Officers do not allow detainee participation in the count.	Meets Standard	Policy directs staff not to allow detainee participation in counts.		
6.	A face-to-photo count follows each unsuccessful recount.	Meets Standard	Policy directs staff to conduct a face-to-photo count following an unsuccessful recount.		
7.	Officers positively identify each detainee before counting him/her as present.	Meets Standard	Policy directs staff to positively identify each detainee before counting him/her present.		
8.	Written procedures cover informal and emergency counts.	Meets Standard			
9.	The control officer (or other designated position) maintains an "out-count" record of all detainees temporarily out of the facility.	Meets Standard			
10	. Security officers and any other staff with responsibilities for conducting counts are provided adequate initial and periodic training in count procedures, and that training is documented in each person's training folder.	Meets Standard			

PART 2 – 11. POPULATION COUNTS – Reviewer Summary

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

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

The inspector reviewed the facility policy, post orders, training records and count documents, observed a formal count on 09/18/2012, and interviewed the Shift Supervisor, detention officers and a detention sergeant in review of this standard. The formal count was observed by two inspectors in different locations in the facility. The facility has an ongoing, effective system of population counts and detainee accountability which protects the community from harm and enhances facility security, safety and good order.

Overall Rating: Meets Standard

Reviewer Name (Printed)

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

Completion Date: 9/20/2012

	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		
2.	In SPCs and CDFs, Post Orders are arranged in the required six-part folder format.	Meets Standard	This IGSA facility has formatted the post orders into the six-part folder format.	
3.	Each set contains the latest inserts (emergency memoranda, etc.) and revisions.	Meets Standard		
4.	One individual or department is responsible for keeping all Post Orders current with revisions that take place between reviews.	Meets Standard	The Chief of Security is responsible for keeping all post orders current with revisions that take place between reviews.	
5.	Review, updating, and reissuing of Post Orders occurs regularly and at least annually.	Meets Standard		
6.	The facility administrator authorizes all Post Order changes.	Meets Standard		
7.	The facility administrator has signed and dated the last page of every section.	Meets Standard	The Warden has signed the last page and initialed and dated all pages of the post orders.	
8.	A Post Orders master file is available to all staff.	Meets Standard	The post order master file is available to all staff in the staff library, which is accessible to staff at all times.	
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 applicable post orders are only retained at the post if they can be secured so that detainees have no 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		
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	Policy in this IGSA facility directs staff to read, sign and date post orders for any newly assigned post to indicate that he/she has read and understands them.	
13.	Anyone assigned to an armed post qualifies with the post weapons before assuming post duty.	Meets Standard		

PART 2 – 12. POST ORDERS (Key: L)			
This Detention Standard protects detainees and staff and enhances facility security and good order by ensuring that each officer assigned to a security post knows the procedures, duties, and responsibilities of that post.			
Components	Rating	Remarks (1000 Char Max)	
14. Post Orders for armed posts, and for posts that control access to the institution perimeter, clearly state that:			
(b)(7)e	Meets Standard		
15. Post Orders for armed posts provide instructions for escape attempts.	Meets Standard	Post orders for armed posts provide instructions for escape attempts.	
16. The Post Orders for housing units track the daily event schedule.	Meets Standard	Post orders for the housing unit officers track the daily detainee schedule.	
17. Housing unit post officers record all detainee activity in a log. The Post Orders include instructions on maintaining the logbook.	Meets Standard	Housing unit post orders direct officers to log all detainee activities in the unit logbook.	

PART 2 – 12. POST ORDERS – Reviewer Summary

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

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

The inspector reviewed post orders and logbooks in review of this standard. The inspector also interviewed the Chief of Security, Compliance Manager, detention officers and the Shift Supervisor in review of this standard. The facility has developed and implemented an effective set of post orders, ensuring that each officer assigned to a security post knows the procedures, duties and responsibilities of that post. This enhances security and good order.

Overall Rating: Meets Standard Reviewer Name (Printed)

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

Completion Date: 9/20/2012

	PART 2 – 13. SEARCHES OF DETAINEES (Key: M)			
	This Detention Standard protects detainees and staff and enhances facility security and good order by detecting, controlling, and properly disposing of contraband.			
	Components	Rating	Remarks (1000 Char Max)	
1.	There are written policy and procedures governing searches of housing areas, work areas and of detainees.	Meets Standard	The facility has a written policy for searches.	
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		
3.	Written policy and procedures require staff to avoid unnecessary force during searches and to preserve the dignity of the detainee being searched, to the extent practicable.	Meets Standard		
4.	Written policy and procedures require staff to leave a searched housing area, work area and detainee property in its original order, to the extent practicable.	Meets Standard	Policy states that detainees and their property are to be respected and that staff will leave a searched area in its original order.	
5.	Detainees are pat searched and screened by metal detectors routinely to control contraband.	Meets Standard	Staff use a hand-held metal detector in conjunction with pat down searches to control contraband.	
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	Strip searches of detainees are not standard practice. A strip search is conducted only when there is reasonable suspicion that contraband may be present on the detainee.	
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	Body cavity searches would be conducted by the physician after approval is received from the Warden and the ICE Field Office.	
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	When there is reasonable belief that a detainee may be concealing contraband, a "dry cell" can be used when authorized by the Warden.	
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	N/A	The facility does not use canines.	

PART 2 – 13. SEARCHES OF DETAINEES – Reviewer Summary

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

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)

During the evaluation of this standard, policy was reviewed and facility staff were interviewed. The facility has a written policy for the search of housing areas, work areas and detainees. All detainees are subject to being searched.

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

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

Completion Date: 9/20/2012

Reviewer Signature (for printed form submission):

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	PART 2 – 14. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (Key: N)				
ass	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	The facility has a sexual abuse and assault prevention and intervention program.		
2.	For SPCs and CDFs, the written policy and procedure has been approved by the Field Office Director.	Meets Standard	The written policy and procedure has been approved by the Field Office Director.		
3.	Tracking statistics and reports are readily available for review by the inspectors.	Meets Standard	Tracking statistics are kept as key indicators and are readily available.		
4.	All staff are trained, during orientation and in annual refresher training, in the prevention and intervention areas required by the Detention Standard.	Meets Standard	All staff are trained in sexual abuse and assault prevention and intervention, as documented in training records.		
5.	Detainees are informed about the program in facility orientation and the detainee handbook (or equivalent).	Meets Standard	Detainees are informed about the program during orientation, in the detainee handbook and via postings in the housing units.		
6.	The Sexual Assault Awareness Notice is posted on all housing unit bulletin boards.	Meets Standard	The Notice is posted in the housing units.		
7.	The Sexual Assault Awareness Information brochure is available for detainees. (Required in SPCs and CDFs.)	Meets Standard	The brochure is available upon request.		
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 risk as part of the intake process.		
9.	All incidents of sexual abuse or assault by a detainee on a detainee have been documented in the past year.	Meets Standard	There have been no reported incidents of sexual abuse or assault by a detainee on a detainee in the past year. Should any occur, they would be documented.		
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 reported incidents of sexual abuse or assault by staff on a detainee in the past year. Should any occur, they would be documented.		
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 requires prompt and effective intervention and chain- of-command reporting.		
12.	When there is an alleged sexual assault, staff conduct a thorough investigation, gather and maintain evidence, and make referrals to appropriate law enforcement agencies for possible prosecution.	Meets Standard	Policy requires a thorough investigation and referrals to outside law enforcement as appropriate.		

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)
	When there is an alleged or proven sexual assault, the required notifications are promptly made.	Meets Standard	Facility administration notifies ICE and appropriate law enforcement agencies.
s	Victims of sexual abuse or assault are referred to specialized community resources for treatment and gathering of evidence.	Meets Standard	Referrals to specialized community resources are made as appropriate.
a	All records associated with claims of sexual abuse or assault is maintained, and such incidents are specifically ogged and tracked by a designated staff coordinator.	Meets Standard	All records are kept by the designated staff coordinator, the Classification Manager.

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)

There have been no reported incidents of sexual abuse or assault in the past year. The facility is proactive in preventing sexual abuse/assault through the use of a comprehensive program, training of staff, and training and screening of detainees.

Overall Rating: Meets Standard Reviewer Name (Printed)

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

Completion Date: 9/20/2012

	Components	Rating	Remarks (1000 Char Max)
1.	Written policy and procedures are in place for special management units.	Meets Standard	The facility has policy and procedures in place for Special Management Units (SMUs).
2.	A detainee is placed in protective custody status in Administrative Segregation only when there is documentation that it is warranted and that no reasonable alternatives are available.	Meets Standard	
3.	A detainee will be placed in Disciplinary Segregation only after a finding by a Disciplinary Hearing Panel that the detainee is guilty of a prohibited act or rule violation classified at a "Greatest", "High", or "High-Moderate" level, as defined in the Detention Standard on Disciplinary System.	Meets Standard	
4.	(MANDATORY) Health care personnel are immediately informed when a detainee is admitted to an SMU to provide assessment and review as indicated by health care protocols.	Meets Standard	Policy directs staff to immediately notify medical personnel when a detainee is admitted to the SMU so that he/she may be assessed and reviewed as indicated by health care protocols.
5.	There are written policy and procedures to control and secure SMU entrances, contraband, tools, and food carts, in accordance with the Detention Standard on Facility Security and Control.	Meets Standard	Policy directs staff to control and secure SMU entrances, contraband, tools and food carts, in accordance with the Detention Standard on Facility Security and Control.
6.	The number of detainees confined to each cell or room does not exceed the capacity for which it was designed.	Meets Standard	The number of detainees confined to a cell does not exceed the design capacity. All cells in the SMU are single occupancy.
7.	Cells and rooms are well ventilated, adequately lit, appropriately heated and maintained in a sanitary condition at all times.	Meets Standard	
8.	Permanent housing logs are maintained in SMUs to record pertinent information on detainees upon admission to and release from the unit, and in which supervisory staff and other officials record their visits to the unit.	Meets Standard	Policy directs supervisory staff and other officials to document their visits to the SMU. Permanent housing logs record pertinent information on detainees upon admission and release.

Components	Rating	Remarks (1000 Char Max)
 A permanent log is maintained in each SMU to record all activities concerning SMU detainees (meals served, recreation, visitors, etc.). In SPCs and CDFs, the SMU log records the detainee's name, A-number, housing location, date admitted, reasons for admission, tentative release date for detainees in Disciplinary Segregation, the authorizing official, and date released. 	Meets Standard	The facility maintains a permanent log (confinement record) in each SMU to record all activities concerning detainees. The SMU log records the detainee's name, A-number, housing location, date of admission, reasons for admission, tentative release date for detainees in administrative segregation, the authorizing official and the date released.
 10. In SPCs and CDFs, a separate log is maintained in the SMU that all persons visiting the unit must sign and record: The time and date of the visit, and Any unusual activity or behavior of an individual detainee, with a follow-up memorandum sent through the facility administrator to the detainee's file. 	Meets Standard	The facility maintains an SMU visitor's log. The log has the time and date of the visit and any observed individual detainee unusual behaviors.
 11. A Special Management Housing Unit Record is maintained on each detainee in an SMU: In SPCs form I-888 (Special Management Housing Unit Record) is prepared immediately upon the detainee's placement in the SMU. In CDFs and IGSA facilities form I-888 or a comparable form is used. In SPCs and CDFs: By the end of each shift, the special housing unit officer records: Whether the detainee ate, showered, exercised, and took any medication, and Any additional information, for example, if the detainee has a medical condition, has exhibited suicidal or assaultive behavior, etc. When a health care provider visits an SMU detainee, he or she signs that individual's record, and the housing officer initials the record after all medical visits are completed and no later than the end of the shift. 	Meets Standard	This IGSA facility uses a form comparable to the I-888 to record meals, showers, recreation and medication administered. The form is started when the detainee is assigned to the SMU. The health care provider also signs the form.

	Components	Rating	Remarks (1000 Char Max)
12.	Upon a detainee's release from the SMU, the releasing officer attaches the entire housing unit record to the Administrative Segregation Order or Disciplinary Segregation Order and forwards it to the Supervisor for inclusion in the detainee's detention file.	Meets Standard	When a detainee is released from the SMU, the releasing staff attaches the entire housing unit record to the administrative or disciplinary segregation order and forwards it to the Chief of Security for inclusion in the detainee's detention file.
13.	There are written policy and procedures concerning the property detainees may retain in each type of segregation.	Meets Standard	
14.	There are written policy and procedures concerning privileges detainees may have in each type of segregation. (In Administrative Segregation, detainees generally receive the same general privileges as detainees in the general population, as is consistent with available resources and safety and security considerations.)	Meets Standard	Policy states that detainees in administrative segregation will generally receive the same privileges as detainees in the general population. Decisions regarding privileges are consistent with available resources and safety and security considerations.
15.	Detainees in Administrative Segregation are provided opportunities to spend time outside their cells (over and above the required recreation periods), for such activities as socializing, watching TV, and playing board games and may be assigned to work details (for example, as orderlies in the SMU).	Meets Standard	
16.	Detainees in SMUs are personally observed at least every 30 minutes in an irregular schedule and more often when warranted for some cases (violent, mentally disordered, bizarre behavior, suicidal).	Meets Standard	Officers in the SMU personally observe each detainee at least every 30 minutes and more often when warranted by safety and security concerns. Logbooks were reviewed. The Warden and his designees also review video tapes of the staff conducting the 30-minute checks.
17.	The shift supervisor sees each segregated detainee daily, including weekends and holidays.	Meets Standard	
18.	The facility administrator (or designee) visits each SMU daily.	Meets Standard	

	Components	Rating	Remarks (1000 Char Max)
19.	A health care provider visits every detainee in an SMU at least three times a week, and detainees are provided any medications prescribed for them. In SPCs and CDFs, a nurse, doctor or other appropriate health care professional visits the SMU at least once each workday and questions each detainee to identify any medical problems or requests. Any action taken is documented in a separate logbook, and the medical visit is recorded on the detainee's SMU Housing Record (Form I-888).	Meets Standard	A health care provider visits each detainee face to face each day and questions each detainee concerning any medical problems or requests.
20.	Detainees in SMUs are provided three nutritionally adequate meals per day, ordinarily from the general population menu.	Meets Standard	Detainees in the SMU are fed the same meals as the general population.
21.	Detainees in SMUs may shave and shower three times weekly and receive other basic services (laundry, hair care, barbering, clothing, bedding, linen) on the same basis as the general population.	Meets Standard	Detainees in the SMU are offered a shower and shave every day. Detainees in the SMU receive other basic services on the same basis as the general population.
22.	Only for documented medical or mental health reasons are detainees denied such items as clothing, mattress, bedding, linens, or a pillow. If a detainee is so disturbed that he or she is likely to destroy clothing or bedding or create a disturbance risking harm to self or others, the medical department is notified immediately and a regimen of treatment and control instituted by the medical officer.	Meets Standard	
23.	Detainees in an SMU may write and receive letters the same as the general population.	Meets Standard	
24.	Detainees in an SMU ordinarily retain visiting privileges.	Meets Standard	
25.	Adequate documentation was generated for any restricted or disallowed general visits for a detainee in an SMU who violated visiting rules or whose behavior indicated the detainee would be a threat to the security or good order of the visiting room in the past year.	Meets Standard	Policy directs staff to adequately document any restricted or disallowed general visits for a detainee in the SMU. No visits were denied to detainees in the SMU during the past year.

	Components	Rating	Remarks (1000 Char Max)
26.	Adequate documentation was generated, for any restricted or disallowed general visitation for a detainee in Administrative Segregation status because the detainee was charged with, or committed, a prohibited act having to do with visiting guidelines or otherwise acted in a way that indicated the detainee would be a threat to the orderly operation or security of the visiting room in the past year.	Meets Standard	Policy directs staff to adequately document any restricted or disallowed general visitation for a detainee in administrative segregation because the detainee was charged with a prohibited act. No visits were denied to SMU detainees during the past year.
27.	Under no circumstances is a detainee permitted to participate in general visitation while in restraints.	Meets Standard	
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	Facility policy states that detainees in protective custody and violent and disruptive detainees are not permitted to use the visitation room during normal visitation hours.
29.	In SPCs and CDFs, violent and disruptive detainees are limited to non-contact visits and, in extreme cases, not permitted to visit.	Meets Standard	All visits are non-contact.
30.	Ordinarily, detainees in SMUs are not denied legal visitation.	Meets Standard	Detainees in the SMU would not be denied a legal visit.
31.	There are policy and procedures for a situation where special security precautions for legal visitation have to be implemented and for advising legal service providers and assistants prior to their visits.	Meets Standard	
32.	Detainees in SMUs are allowed visits by members of the clergy, upon request; unless it is determined a visit presents a risk to safety, security, or orderly operations.	Meets Standard	Policy allows members of the clergy to visit detainees in the SMU. Documentation would be provided if there was a threat to safety or security. There have been no clergy denials during the past year.
33.	Detainees in SMUs have access to reading materials, including religious materials. In SPCs and CDFs, the Recreation Specialist offers each detainee soft-bound, non-legal books on a rotating basis, provided no detainee has more than two books (excluding religious material) at any one time.	Meets Standard	The recreation worker in this IGSA facility offers soft-bound books on a rotating basis to detainees in the SMU.

	Components	Rating	Remarks (1000 Char Max)
24		Natilig	
34.	Detainees in SMUs have access to legal materials, in accordance with the Detention Standard on Law Libraries and Legal Material. Detainees are permitted to retain a reasonable amount of personal legal material in the SMU, provided it does not create a safety, security and/or sanitation hazard. Detainee requests for access to legal material in their personal property are accommodated as soon as possible and always within 24 hours of a detainee's request.	Meets Standard	Detainees in the SMU have access to the law library. The detainees are escorted to the general population law library. 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.
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.	Meets Standard	
36.	Policy and procedures provide for legal material to be brought to individuals in Disciplinary Segregation under certain circumstances.	Meets Standard	
37.	 Any denial of access to the law library is always: Supported by compelling security concerns, For the shortest period required for security, and Fully documented in the SMU housing logbook. ICE/DRO is notified every time law library access is denied. 	Meets Standard	Policy states that any denial of access to the law library is fully documented. Policy addresses all bulleted items in this component. There have been no law library denials during the past year.
38.	Recreation for detainees in the SMU is separate from the general population.	Meets Standard	
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.)	Meets Standard	
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.	Meets Standard	Detainees in the SMU are offered at least one hour of recreation every day, scheduled at a reasonable time. Cover is provided to mitigate inclement weather.

	Components	Rating	Remarks (1000 Char Max)
41.	The recreation privilege is denied or suspended only if it would unreasonably endanger safety or security. Ordinarily, a detainee is denied recreation privileges only with the facility administrator's written authorization that documents why the detainee poses an unreasonable risk even when recreating alone. For an immediate safety or security situation, the shift supervisor may verbally authorize denial of an instance of recreation. When a detainee in an SMU is deprived of recreation (or any usual authorized items or activity), a report of the action is forwarded to the facility administrator.	Meets Standard	Policy states that recreation privileges can only be suspended if they would endanger safety or security. Any such denial is to be documented and reviewed by the Warden. There have been no recreation denials in the past year.
42.	The case of a detainee denied recreation privileges is reviewed at least once each week, as part of the reviews required for all detainees in SMU status. The reviewer documents whether the detainee continues to pose a threat to self, others, or facility security and, if so, why.	Meets Standard	
43.	Denial of recreation privileges for more than 15 days requires the concurrence of the facility administrator and the health authority. It is expected that such denials shall rarely occur, and only in extreme circumstances. The facility notifies ICE/DRO when a detainee is denied recreation privileges for more than 15 days.	Meets Standard	
44.	Ordinarily, detainees in Administrative Segregation have telephone access similar to detainees in the general population, in a manner consistent with the special security and safety requirements of an SMU. Detainees in Disciplinary Segregation may be restricted from using telephones to make general calls as part of the disciplinary process; however, ordinarily, they are permitted to make direct and/or free and legal calls as described in the Detention Standard on Telephone Access, except for compelling and documented reasons of safety, security, and good order.	Meets Standard	Detainees in administrative segregation have similar access to the telephones as those in the general population.

	Components	Rating	Remarks (1000 Char Max)
45.	Ordinarily, a written order is completed and approved by a supervisor before a detainee is placed in Administrative Segregation. If exigent circumstances make that impracticable, the order is prepared as soon as possible.		
	A copy of the order is given to the detainee within 24 hours, unless delivery would jeopardize the safety, security, or orderly operation of the facility.		
	If the segregation is for protective custody, the order states whether the detainee requested the segregation and whether the detainee requests a hearing.	Meets Standard	
	The order remains on file in the SMU until the detainee is released from the SMU, at which point the releasing officer records the date and time of release on the order and forwards it to the chief of security or supervisor for the detainee's detention file.		
	(An Administrative Segregation Order is not required for a detainee awaiting removal, release, or transfer within 24 hours.)		
46.	There are implemented written procedures for the regular review of all detainees in Administrative Segregation.		
	A supervisor conducts a review within 72 hours of the detainee's placement in Administrative Segregation to determine whether segregation is still warranted. The review includes an interview with the detainee, and a written record is made of the decision and the justification. In SPCs and CDFs, the Administrative Segregation Review Form (I-885) is used.		
	If a detainee is segregated for the detainee's protection, but not at the detainee's request, continued detention requires the authorizing signature of the facility administrator or assistant facility administrator on the I- 885.	Meets Standard	
	When a detainee has spent seven days in Administrative Segregation, and every week thereafter for the first 60 days and at least every 30 days thereafter, a supervisor conducts a similar review, including an interview with the detainee, and documents the decision and justification.		
	A reviewing authority who concludes a detainee should be removed from Administrative Segregation, submits that recommendation to the facility administrator (or designee) for approval.		

	Components	Pating	Pemarks (1000 Char Maw)
	Components	Rating	Remarks (1000 Char Max)
47.	A copy of the decision and justification for each review is given to the detainee, unless, in exceptional circumstances, this provision would jeopardize security. The detainee is given an opportunity to appeal a review decision to a higher authority within the facility.	Meets Standard	Policy requires that a written copy of the decision and justification for each review is given to the detainee. The detainee may appeal the review decision to a higher authority.
48.	After seven consecutive days in Administrative Segregation, the detainee may exercise the right to appeal to the facility administrator the conclusions and recommendations of any review conducted. The detainee may use any standard form of written communication (for example, detainee request form), to file the appeal.	Meets Standard	Policy allows detainees to appeal to the Warden the conclusions and recommendation of any review conducted.
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.	Meets Standard	
	A similar review is done every 30 days thereafter.		
50.	When a detainee has been held in Administrative Segregation for more than 30 days, the facility administrator notifies the Field Office Director, who notifies the ICE/DRO Deputy Assistant Director, Detention Management Division.	Meets Standard	When a detainee has been held in administrative segregation for more that 30 days, the Warden notifies the Field Office Director, who notifies the Deputy Assistant Director.
51.	When a detainee is held in Administrative Segregation for more than 60 days, the Field Office Director notifies, in writing, the Deputy Assistant Director, Detention Management Division, for consideration of whether it would be appropriate to transfer the detainee to a facility where he or she may be placed in the general population.	Meets Standard	When a detainee is held in administrative segregation for more than 60 days, the Field Office Director notifies the Deputy Assistant Director in writing for transfer options.
52.	A detainee is placed in Disciplinary Segregation only by order of the Institutional Disciplinary Panel (IDP), or equivalent, after a hearing in which the detainee has been found guilty of a prohibited act. The maximum of a 60 day sanction in Disciplinary Segregation for a violation associated with a single incident.	Meets Standard	
53.	After the first 30 days in Disciplinary Segregation, the facility administrator sends a written justification to the Field Office Director, who may decide to transfer the detainee to a facility where he or she could be placed in the general population.	Meets Standard	

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

	Components	Rating	Remarks (1000 Char Max)
54.	Before a detainee is placed in Disciplinary Segregation, a written order is completed and signed by the chair of the IDP (or equivalent). A copy is given to the detainee within 24 hours (unless delivery would jeopardize safety, security, or the orderly operation of the facility).		
	The IDP chairman (or equivalent) prepares the Disciplinary Segregation Order (I-883 or equivalent), detailing the reasons for Disciplinary Segregation and attaching all relevant documentation.	Meets Standard	
	When the detainee is released from the SMU, the releasing officer records the date and time of release on the Disciplinary Segregation Order, and forwards the completed order to the chief of security or supervisor for insertion into the detainee's detention file.		
55.	The facility has implemented written procedures for the regular review of all Disciplinary Segregation cases.		
	A supervisor interviews and reviews the status of each detainee in Disciplinary Segregation every seven days and documents his or her findings on a Disciplinary Segregation Review Form (I-887).		
	At each formal review, the detainee is to be given a written copy of the reviewing officer's decision and the basis for this finding, unless institutional security would be compromised.	Meets Standard	
	The reviewer may recommend the detainee's early release upon finding that Disciplinary Segregation is no longer necessary to regulate the detainee's behavior. Early release and return to the general population requires approval of the facility administrator.		
	All review documents are placed in the detainee's detention file.		

PART 2 – 15. SPECIAL MANAGEMENT UNITS – Reviewer Summary

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

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

The inspector reviewed facility policy, post orders, administrative segregation files, disciplinary segregation files, Institutional Disciplinary Panel reports and SMU housing logs in review of this standard. Interviews were also conducted with the Assistant Warden, Chief of Security, Compliance Manager, detention officers assigned to the SMU and the Shift Supervisor. The SMU was toured on several occasions during this inspection. There were eleven ICE detainees in the SMU during the inspection. Detainees that were interviewed expressed no concerns. Staff interviewed stated that extra privileges, including recreation, are offered to the detainees as a motivation tool and an opportunity for the detainees to have more out-of-cell time. This is possible because the SMU population remains low. The facility protects detainees, staff, contractors, volunteers, visitors and the community from harm by segregating certain detainees from the general population in the Special Management Units.

PART 2 – 15. SPECIAL MANAGEMENT UNITS – Reviewer Summary				
(Use following format for d	(Use following format for dates: mm/dd/yyyy)			
Overall Rating: Meets Standard				
Reviewer Name (Printed) (b)(6), (b)(7)(c)	Completion Date: 9/20/2012			
Reviewer Signature (for printed form submission):				
Reviewer Signature (for printed form submission).				

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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	Immigration Enforcement Agents (IEAs) and Deportation Officers conduct weekly announced and unannounced visits.
2.	Detention Staff and Deportation Staff conduct scheduled weekly visits with detainees.	Meets Standard	IEAs and Deportation Officers conduct weekly scheduled visits.
3.	Scheduled visits are posted in ICE/DRO detainee housing areas.	Meets Standard	
4.	Visiting ICE staff observe and note current climate and conditions of confinement.	Meets Standard	Visits by Deportation staff are documented on the Facility Liaison Visit Checklist.
5.	ICE/DRO Detainee Request Forms are available for use by ICE/DRO detainees.	Meets Standard	ICE Detainee Request Forms are available in all detainee housing units.
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	Locked boxes into which detainees can place their request forms are located in all detainee housing units.
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	All detainee request slips are picked up every morning, Monday through Friday, and normally receive a response the same day. All are responded to within 72 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	All detainees are provided a detainee handbook upon admission. The handbook states that detainees have the right to correspond with ICE staff regarding their cases or conditions of confinement.
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	The Office of Inspector General (OIG) Hotline Informational Posters were observed in all detainee housing units and law libraries.

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)
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)

During the evaluation of this standard, ICE staff were interviewed, postings were observed, logbooks, the detainee handbook and request slips were reviewed and detainees were interviewed. Immigration Enforcement Agents and Deportation Officers are assigned to this facility five days a week, Monday through Friday, and conduct scheduled and unscheduled visits. Those detainees interviewed did not have any issues with access to ICE staff.

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

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

Completion Date: 9/20/2012

	PART 2 – 17. TOOL				
	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 Maintenance Supervisor has responsibility for developing a tool control procedure and an inspection system to ensure accountability.		
2.	If the warehouse is located outside the secure perimeter, the warehouse receives all tool deliveries. If the warehouse is located inside the secure perimeter the facility administrator shall develop site-specific procedures, for example; storing tools at the rear sallyport until picked up and receipted by the tool control officer. The tool control officer immediately places certain tools (band saw blades, files and all restricted tools) in secure storage.	Meets Standard	The maintenance warehouse/ tool room is located outside the secure perimeter of the facility. Tools delivered to the facility are delivered to the warehouse. The Tool Control Supervisor places the tools in a secure area.		
3.	(MANDATORY) The use of tools, keys, medical equipment, and culinary equipment is controlled.	Meets Standard	The facility has policy controlling the use of tools, keys, medical equipment and culinary equipment.		
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	The chit system is used in issuing tools at this facility. When a too is issued, a chit is placed on the shadow board in its place. The tool is also signed out on a log.		
5.	 Tool inventories are required for: Facility Maintenance Department Medical Department Food Service Department Electronics Shop Recreation Department Armory 	Meets Standard	Tool inventories are required for the maintenance, medical, food service and recreation departments and for the armory There is no electronics shop at this facility.		
6.	Tool Inventories are conspicuously posted on all tool boards, tool boxes and tool kits.	Meets Standard	Tool inventories are conspicuously posted on all tool boards and tool boxes, and in al tool kits.		
7.	 The facility has a policy for the regular inventory of all tools. The policy sets minimum time lines for physical inventory and all necessary documentation. ICE facilities use AMIS bar code labels when required. 	Meets Standard			

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 sysclassified according to: Restricted (dangerous/hazardous) Non Restricted (non-hazardous). 	stem. Tools are	Meets Standard	(b)(7)e
 Department heads are responsible for proper tool control procedures as de standard. 		– Meets Standard	Policy holds department heads responsible for implementing proper tool control procedures for their respective departments
10. There are policies and procedures in plac all tools are properly marked and readily		Meets Standard	
 11. The facility has an approved tool storage The system ensures that all storaccountable. Tools are stored on shadow board shadows resemble the tool. Shadow boards have a white backgrowing the stored tools are shadowed in red Non-restricted tools are shadowed in red Commonly used tools (tools that can a stored in such a way that missing t noticed. 	ored tools are Is in which the ound. n black. be mounted) are	Meets Standard	This facility has an approved tool storage system that ensures all tools are accountable. Tools are stored on boards with shadows resembling the tools, with a white background. Restricted tools are shadowed in red. Non- restricted tools are shadowed in black.
12. Tools removed from service have their sh from shadow boards.	adows removed	Meets Standard	Policy directs staff to remove the shadows of tools that have been removed from service.
 Tools not adaptable to a shadow board locked drawer or cabinet. 	are stored in a	Meets Standard	Tools not adaptable to a shadow board are stored in a locked drawer or cabinet, or in some other secure manner.
14. Sterile packs are stored under lock and keep	ey.	Meets Standard	Sterile packs are under lock and key in the medical department.
15. Each facility has procedures for the issustant staff and detainees.	ance of tools to	Meets Standard	
 16. There are policies and procedures to add lost tools. The policy and procedures ind Verbal and written notification. Procedures for detainee access. Necessary documentation/review for lost tools. 	lude:	Meets Standard	
 Broken or worn out tools are surveyed ar an appropriate and secure manner. 	nd disposed of in	Meets Standard	

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) 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 Meets Standard departure from the facility. The inventory is reviewed and verified prior to the contractor entering/departing the facility. 19. Hoses longer than three feet in length are classified as a Policy classifies hoses and cords restricted tool. longer than three feet as Meets Standard restricted tools. 20. Scissors used for in-processing detainees are tethered to No scissors are used for inthe furniture (e.g. table, counter, etc.) where they are Meets Standard processing. 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)

The inspector reviewed facility policy, post orders and tool control inventories in review of this standard. The Maintenance Supervisor, Assistant Maintenance Supervisor and Compliance Manager were interviewed. The medical unit and kitchen tool storage areas were observed. The main tool storage area is outside the secure perimeter of the facility. A tool storage container carried by maintenance staff was observed. The technician tool inventory, master tool inventory, tool disposition form and the contractor tool and equipment tool sheet were reviewed. The facility has a tool control program that is effective in protecting detainees, staff, visitors, contractors and volunteers from harm by maintaining control of tools, culinary utensils and medical and dental equipment and supplies.

Overall Rating: Meets Standard Reviewer Name (Printed)

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

Completion Date: 9/20/2012

	PART 2 – 18. USE OF FORG		(ey: R)
situ	s Detention Standard authorizes staff to use necessary phy ation have failed, and only for protection of self, detainees, on 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 Use of Force policy.
2.	Written policy authorizes staff to respond in an immediate-use-of-force situation without a supervisor's presence or direction.	Meets Standard	Policy allows staff to respond to an immediate use of force situation without a supervisor's presence or direction.
3.	When the detainee is in an area that is or can be isolated (e.g., a locked cell, a range), posing no direct threat to the detainee or others, policy requires that staff must try to resolve the situation without resorting to force.	Meets Standard	
4.	Written policy asserts that calculated rather than immediate use of force is feasible in most cases.	Meets Standard	
•	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	Confrontation Avoidance Procedures are part of facility policy. Policy also directs the ranking detention official to meet with a health care professional prior to any calculated use of force.
6.	 When a detainee must be forcibly moved and/or restrained and there is time for a calculated use of force, staff use the Use-of-Force Team Technique. Under staff supervision. 	Meets Standard	
7.	Staff members are trained in the performance of the Use- of-Force Team Technique.	Meets Standard	
8.	All use-of-force incidents are documented and reviewed.	Meets Standard	Policy directs staff to prepare written reports on all uses of force. These reports are reviewed.
9.	All use of force incidents are properly documented and forwarded for review use of force documentation at a minimum, shall include the medical examination through the conclusion of the incident. All calculated uses of force incidents must be audio visually recorded in its entirety from the beginning of the incident to its conclusion. Any breaks in recording, e.g., dead batteries, tape exhausted, are fully explained on the video.	Meets Standard	

PART 2 – 18. USE OF FORCE AND RESTRAINTS (Key: R) This Detention Standard authorizes staff to use necessary physical force, after all reasonable efforts to otherwise resolve a situation have failed, and only for protection of self, detainees, or others, for prevention of escape or serious property damage, or to maintain the security and orderly operation of the facility. Components Rating Remarks (1000 Char Max) 10. Staff: Policy and post orders direct staff • Does not use force as punishment. not to use force as punishment, Attempts to gain the detainee's voluntary cooperation to attempt to gain the detainee's before resorting to force voluntary cooperation before Meets Standard resorting to force necessary to Uses only as much force as necessary to control the control the detainee, and to use detainee. restraints only when other non-Uses restraints only when other non-confrontational confrontational methods have means, including verbal persuasion, have failed or are failed or are impractical. impractical. 11. Medication may only be used for restraint purposes when authorized by the Medical Authority as medically Meets Standard necessary. 12. (MANDATORY) Use-of-Force Teams follow written Policy directs the Use of Force procedures that attempt to prevent injury and exposure Teams to use universal to communicable disease(s). precautions and other safety Meets Standard equipment to prevent injury and exposure to communicable diseases. 13. Standard procedures associated with using four/five point restraints include: Soft (nylon/leather) restraints. Dressing the detainee appropriately for the temperature. A bed, mattress, and blanket/sheet. Checking the detainee at least every 15 minutes. Meets Standard Logging each check. (b)(7)e 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." monitors the 14. The shift supervisor detainee's position/condition every two hours. Meets Standard He/she allows the detainee to use the restroom at these times under safeguards. Meets Standard 15. All detainee checks are logged. 16. In immediate-use-of-force situations, officers contact Policy directs staff to contact medical staff once the detainee is under control. medical staff in an immediate Meets Standard use-of-force situation when the detainee is under control.

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) 17. When the Facility Administrator authorizes use of Policy states that medical staff non-lethal weapons: will be consulted by the Warden Medical staff are consulted before staff use pepper prior to the use (b)(7)e Meets Standard (b)(7)e on-lethal weapons. spray/non-lethal weapons. Medical staff will review the Medical staff reviews the detainee's medical file detainee's medical chart. before use of a non-lethal weapon is authorized. 18. Intermediate Force Weapons, when not in use are stored in areas where access is limited to authorized personnel Meets Standard and to which detainees have no access. 19. If Intermediate Force Weapons are stored in the Special Management Unit (SMU), they are stored and maintained Meets Standard the same as Class R tools. 20. Special precautions are taken when restraining pregnant Policy directs staff to take special detainees. precautions when restraining Meets Standard pregnant detainees and to Medical personnel are consulted consult with medical personnel. 21. Protective gear is worn when restraining detainees with Policy directs staff to use open cuts or wounds. protective gear when restraining Meets Standard detainees with open cuts or wounds. 22. Staff document every use of force, including what type of Meets Standard restraints was used during the incident. 23. It is standard practice to review any use of force and the Policy requires that all use of non-routine application of restraints. force and non-routine Meets Standard application of restraints are reviewed by supervisory staff and the Warden. 24. All officers receive training in self-defense, confrontationavoidance techniques and the use of force to control detainees. Meets Standard Specialized training is given to officers ensuring they are certified in all devices approved for use. 25. All staff authorized to use OC spray receive training not only in its use, but also in the decontamination of Meets Standard individuals exposed to it. This training must be documented in the staff training record. 26. The use of canines is restricted to contraband detection N/A The facility does not use canines. purposes only. 27. The officers are thoroughly trained in the use of soft and Meets Standard hard restraints.

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)	
28. <u>In SPCs</u> , the Use of Force form is used. In other facilities (IGSAs / CDFs) this form or its equivalent is used.	Meets Standard	This facility is an ISGA. The facility uses a form equivalent to the Use of Force form.	

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	c.) (5000 Character Max)			
The inspector reviewed facility policy, post orders, training rosters and Use of Force documentation in review of this standard. The inspector also interviewed facility staff. The facility authorizes staff to use force necessary, only after all reasonable efforts to otherwise resolve a situation have failed and only for the protection of self or others, for the prevention of escape				
or serious property damage, or to maintain the security and orderly operation c	or serious property damage, or to maintain the security and orderly operation of the facility. (b)(7)e			
(b)(7)e				
Overall Rating: Meets Standard Reviewer Name (Printed) (b)(6), (b)(7)(c) Completion Date: 9/20/2012				
Reviewer Signature (for printed form submission):				

Section III ORDER

Disciplinary System

Page 67 of 148 FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE) G-324A (Coded 10132010) Detention Review Worksheet - Rev: 6/19/2012 – Form Key 3

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	
2.	The facility rules state that disciplinary action shall not be capricious or retaliatory.	Meets Standard	
3.	Written rules prohibit staff from imposing or permitting the following sanctions:		
	corporal punishment		
	deviations from normal food service		
	clothing deprivation		Doligy prohibits the constigue
	bedding deprivation	Meets Standard	Policy prohibits the sanctions listed in this component.
	denial of personal hygiene items		
	loss of correspondence privileges		
	deprivation of legal access and legal materials		
	deprivation of physical exercise		
4.	The rules of conduct, sanctions, and procedures for violations are defined in writing and communicated to all detainees verbally and in writing.	Meets Standard	The detainee handbook and the orientation video explain the discipline policy to detainees.
5.	The following items are conspicuously posted in Spanish and English or other dominate languages used in the facility:		Policy requires the bulleted items
	Rights and Responsibilities	Meets Standard	listed in this component to be posted conspicuously in Spanish
	Prohibited Acts		and English. The items are posted in all housing units.
	Disciplinary Severity Scale		
	Sanctions		
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	Incident reports are forwarded to the Shift Supervisor before the end of the shift.
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	
9.	An intermediate disciplinary process is used to adjudicate minor infractions.	Meets Standard	Policy states the Unit Disciplinary Committee or an informal resolution may be used to resolve minor infractions.

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

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)	
10. A disciplinary panel (or equivalent in IGSAs) adjudicates infractions. The panel:			
 Conducts hearings on all charges and allegations referred by the UDC 		A Captain is the Disciplinary Hearing Officer at the facility and	
Considers written reports, statements, physical evidence, and oral testimony	Meets Standard conduct with the	conducts hearings in accordance with the provisions noted in this	
Hears pleadings by detainee and staff representative		component.	
Bases its findings on the preponderance of evidence			
Imposes only authorized sanctions			
11. A staff representative is available if requested for a detainee facing a disciplinary hearing	Meets Standard		
12. The facility permits hearing postponements or continuances when conditions warrant such a continuance. Reasons are documented.	Meets Standard		
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 states that punishment cannot exceed established sanctions, and disciplinary segregation will not exceed 30 days.	
14. Written procedures govern the handling of confidential- source information. Procedures include criteria for recognizing "substantial evidence".	Meets Standard		
15. All forms relevant to the incident, investigation, committee/panel reports, etc., are completed and distributed as required.	Meets Standard	Per policy, proper forms are distributed to the detainee and to the detention file.	

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)

Facility staff were interviewed and policy was reviewed concerning this standard. Incident reports and notice of charges were reviewed. All reports were within policy and standard guidelines. Policy has been established to control detainee behavior through a system of discipline to provide a safe and orderly facility environment and to correct unwanted or prohibited acts.

Overall Rating: Meets Standard

Reviewer Name (Printed)

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

Completion Date: 9/20/2012

Section IV CARE

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

	PART 4 – 20. FO	OD SERVICE (Key: T)	
	s Detention Standard ensures that detainees are provided a itary and hygienic food service operation.	nutritionally balanced diet	that is prepared and presented in a
	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 facility food service department is operated by facility staff. The Food Service Administrator (FSA) is ServSafe- certified. The FSA determines the duties and responsibilities of staff.
2.	The Cook Foreman is on duty on days when the FSA is off duty and vice versa.	Meets Standard	The food service department is staffed with (7) (b) od service staff an $(b)(7)(e)$ ecurity staff. A food service employee is on duty anytime the food service department is in operation.
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	Does Not Meet Standard	The facility provides food service staff with initial training that includes detainee-related issues. It does not include a review of the ICE Food Service standard. During the inspection a training plan was established to train food service staff on the standard.
4.	(MANDATORY) Knife cabinets close with an approved locking device and the on-duty cook foreman maintains control of the key that locks the device. Knives and keys are inventoried and stored in accordance with the Detention Standard on Tool Control	Meets Standard	The facility maintains a metal lockable cabinet secured on the (b)(7)(e) The key is controlled by department staff. Knives are not used; the facility only provides dough cutters.
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 food service department does not utilize knives. Staff monitors the use and condition of the dough cutters.
6.	Special procedures (when necessary) govern the handling of food items that pose a security threat.	N/A	The facility has no food items it believes pose a security threat.
7.	Operating procedures include daily searches (shakedowns) of detainee work areas.	Meets Standard	The facility requires security staff to conduct daily searches of detainee work areas. Food service staff conduct visual observations.
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	Security staff conduct daily population counts in the food service department. Food service staff visually observe the count procedure.

PART 4 – 20. FOOD SERVIC	СЕ (Кеу: Т)
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	s Detention Standard ensures that detainees are provided a itary and hygienic food service operation.	· · · ·	t that is prepared and presented in a
	Components	Rating	Remarks (1000 Char Max)
9.	(MANDATORY) There is adequate health protection for all detainees and staff in the facility, and for all persons working in food service. Detainees and other persons working in food service are monitored each day for health and cleanliness by the food service supervisor or designee. Detainee clothing and grooming comply with the "Food Service" standard.	Meets Standard	Food service staff monitor detainees daily for health and cleanliness. Visual observations are noted in the food service daily logbook.
10.	The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date.	Meets Standard	The FSA conducts the annual review of detainee job descriptions.
11.	The Cook Foreman or equivalent instructs newly assigned detainee workers in the rules and procedures of the food service department.	Meets Standard	
12.	 During orientation and training session(s), the Cook Supervisor (CS) explains and demonstrates: Safe work practices and methods. Safety features of individual products/ pieces of equipment. Training covers the safe handling of hazardous material[s] the detainee are likely to encounter in their work. 	Meets Standard	The food service department maintains comprehensive training documentation for each detainee assigned to the department. It includes safe work practices, safety instructions for food service equipment and hazardous material training.
13.	The Cook Foreman documents all training in individual detainee detention files.	Meets Standard	
14.	Detainees at SPCs and CDFs are paid in accordance with the "Voluntary Work Program" standard. Detainee workers at IGSAs are subject to local and State rules and regulations regarding detainee pay.	Meets Standard	The facility allows ICE detainees to work; they are paid \$4.00 per day in the food service department.
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	Facility meal times are 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.	N/A	The facility does not utilize a cafeteria operation. Meals are served in the housing areas.
17.	The facility has a standard 35-day menu cycle. IGSAs use a 35 day or similar system for rotating meals.	Meets Standard	The food service department utilizes a 42-day cycle menu.
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.ComponentsRatingRemarks (1000 Char Max)18. (MANDATORY) A registered dietitian shall conduct a complete nutritional analysis that meets U.S.
Recommended Daily Allowances (RDA), at least annually, 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 the master menu meets Recommended Daily
Allowances. The nutritional
Allowances. The nutritional

into the food service program. If necessary, the FSA shall modify the menu in light of the nutritional analysis to ensure nutritional adequacy. The menu will need to be revised and re-certified by the registered dietician in that event.	Meets Standard	to ensure the master menu meets Recommended Daily Allowances. The nutritional analysis was visually inspected.
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 facility utilizes approved recipes for the production of food products.
 20. The Cook Foreman has the authority to change menu items if necessary. If yes, documenting each substitution, along with its justification, with copy to the FSA 	Meets Standard	The food service department maintains acceptable substitution guidelines to which staff must adhere when making menu changes. The FSA is notified of any substitutions.
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. 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. 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	The facility maintains an approved common fare menu that adheres to the Recommended Daily Allowances and the requirements established in this component.
23. Detainees whose religious beliefs require the adherence to particular religious dietary laws are referred to the Chaplain or FSA.	Meets Standard	The facility chaplain provides the FSA with a list of detainees authorized to receive religious diets.
24. A supervisor at the command level must approve a detainee's removal from the Common Fare Program.	Meets Standard	The facility administrator and chaplain approve the removal of a detainee from the common fare program. The removal is documented.

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)		
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			
 26. The Common Fare Program accommodates detainees abstaining from particular foods or fasting for religious purposes at prescribed times of the year. Muslims fasting during Ramadan receive their meals after sundown. Jews who observe Passover but do not participate in the Common Fare Program receive the same Kosherfor- 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	The food service program maintains a common fare menu to accommodate religious requests. It will support the needs of Muslims, Jews and other religious groups when they are housed at the facility.		
27. The food service program addresses medical diets.	Meets Standard	The facility medical department provides a listing of detainees requiring medical 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	Food temperatures were visually observed during the inspection. They were maintained within the prescribed safe range.		
30. All meals provided in nutritionally adequate portions.	Meets Standard			
31. Food is not used to punish or reward detainees based upon behavior.	Meets Standard			
 32. The food service staff instruct detainee volunteers on: Personal cleanliness and hygiene; Sanitary techniques for preparing, storing, and serving food, and; The sanitary operation, care, and maintenance of equipment. 	Meets Standard	Detainee workers are trained on cleanliness, hygiene and preparation and maintenance of equipment. The training is recorded and maintained by the FSA.		
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	The facility has established procedures for the FSA to make weekly inspections of the department.		
35. Reports of discrepancies are forwarded to the Facility Administrator or designated department head and corrective action is scheduled and completed.	Meets Standard			

	PART 4 – 20. FOO					
	his Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a anitary and hygienic food service operation.					
	Components	Rating	Remarks (1000 Char Max)			
docume after e	ATORY) Standard procedure includes checking and enting temperatures of all dishwashing machines each meal, in accordance with the Detention rd on Food Service.	Meets Standard	Food service staff document dishwashing temperatures after each meal. The documentation is reviewed and maintained by the FSA.			
refriger	ATORY) Staff document the results of every ator/ freezer temperature check, in accordance e Detention Standard on Food Service.	Meets Standard	The food service staff document refrigerator/freezer temperatures daily. The documentation is reviewed and maintained by the FSA.			
	eaning schedule for each food service area is uously posted.	Meets Standard	A cleaning schedule is posted in the food service department.			
	ures include inspecting all incoming food shipments nage, contamination, and pest infestation.	Meets Standard				
40. Storage	e areas are locked when not in use.	Meets Standard	Storage areas were locked during an inspection of the food service department.			
	ervice personnel conduct shakedowns along with on staff.	Meets Standard				
-	only: The ICE supervisor on duty ensures that ICE participate in dining room supervision.	N/A	This IGSA facility utilizes a satellite feeding program.			
	are certified by a registered dietitian prior to being brated into the Food Service Program.	Meets Standard				
the Co	<u>only:</u> the FSA prepares quarterly cost estimates for mmon Fare Program. This quarterly estimate is d into the quarterly budget.	Meets Standard	The FSA in this IGSA facility completes quarterly cost estimates of the common fare program.			
	equired, only food service staff prepare the sack s for detainee transportation.	Meets Standard	The food service department supplies sack lunches when requested. They are made by food service staff.			
doors w	ains or comparable devices are used on outside /here food is prepared, stored, or served to protect insects and other rodents.	Meets Standard				
47. Staff co and sto	mply with the ICE requirements for "food receipt rage.	Meets Standard				
	nventory levels are monitored and adjusted to overage and shortage problems.	Meets Standard				
49. Staff	comply with all ICE Housekeeping,	Moote Standard				

Storeroom/Refrigerator requirements. Identify and explain

any shortcomings.

Meets Standard

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) 50. Dining room facilities and operating procedures will The facility uses a satellite provide sufficient space and time for detainees to eat feeding operation. Detainees are Meets Standard meals in a relatively relaxed, unregimented atmosphere. allowed to eat in their respective housing areas. 51. (MANDATORY) An independent, external source shall The Louisiana Department of conduct annual inspections to ensure that the food service Health and Hospitals, Office of facilities and equipment meet governmental health and Public Health conducts annual Meets Standard inspections of the facility. The safety codes.

Corrective action is taken on deficiencies, if any.		last inspection was conducted 06/11/2012.
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	
53. Only those toxic and caustic materials required for sanitary maintenance of the facility, equipment, and utensils shall be used in the food service department. Material Safety Data Sheets (MSDSs) will be maintained on all flammable, toxic, and caustic substances used.	Meets Standard	
54. (MANDATORY) The FSA is responsible for pest control in the food service department, including contracting the services of an outside exterminator.	Meets Standard	Pest control services are provided through a contract with Orkin Pest Control of Alexandria,

PART 4 – 20. FOOD SERVICE – Reviewer Summary

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

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

The food service department is operated by GEO Group employees. It is designed to provide detainees with a nutritionally balanced diet prepared and presented in a sanitary and hygienic operation. During the inspection, the food service area was clean and organized. Food items are prepared to be nutritionally adequate and are presented in a manner designed to be visually appealing.

Overall Rating: Meets Standard

Reviewer Name (Printed)

Completion Date: 9/20/2012

Reviewer Signature (for printed form submission):

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

	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	When a detainee refuses food for 72 hours or declares a hunger strike, he/she is referred to medical staff for evaluation and possible treatment.		
2.	Facility immediately reports via the chain of command a hunger strike to ICE/DRO.	Meets Standard	The facility administrator reports a hunger strike to ICE.		
3.	The facility has established procedures to ensure staff respond immediately to a hunger strike.	Meets Standard	The facility emergency plan contains procedures regarding hunger strikes.		
4.	Policy and procedure require that staff isolate a hunger- striking detainee from other detainees.	Meets Standard	Policy requires staff to isolates a hunger striker in a single- occupancy observation room.		
5.	Medical personnel are authorized to place a detainee in the Special Management Unit or a locked hospital room.	Meets Standard	Medical staff may place a hunger striker in the special management unit or a locked room in the medical short-stay unit.		
6.	Medical staff record the weight and vital signs of a hunger- striking detainee at least once every 24 hours.	Meets Standard	Initially, medical staff records the height, weight, vital signs, urinalysis results and mental health evaluation. Subsequently, weight and vital signs are recorded daily.		
7.	The facility medical authority obtains a hunger striker's consent before medical treatment.	Meets Standard	The hunger striker's consent is sought before any medical treatment.		
8.	A signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment, or two staff/provider signatures indicating detainee refusal to sign form.	Meets Standard	A signed refusal of treatment is sought for detainees who refuse medical care. If the detainee declines to sign, two medical staff sign the form.		
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	Staff physically delivers each meal to the hunger striker.		

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)		
10. Staff maintain the hunger striker's supply of drinking water/other beverages.	Does Not Meet Standard	The hunger striker maintains independent access to drinking water from the in-cell sink. Staff also provides an adequate supply of drinking water and other beverages to the hunger striker. The standard states that staff will provide drinking water to the detainee, as opposed to the language of the component, which indicates that staff maintains the drinking water for the detainee. The facility adheres to the standard.		
11. During a hunger strike, staff remove all food items from the hunger striker's living area.	Meets Standard	Staff removes all food items not authorized by the Medical Director. No food items from the commissary are allowed.		
 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	After consultation with the Clinical Director, staff is directed to record oral intake.		
13. The medical staff have written procedures for treating hunger strikers.	Meets Standard	There are local operating procedures for treating hunger strikers.		
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	Staff makes reasonable efforts to convince the detainee to accept treatment voluntarily.		
15. All staff receive orientation and annual training on recognizing the signs of a hunger striker and on the procedures for referral for medical assessment. Medical staff receive training in hunger-strike evaluation and treatment and remain up-to-date on these techniques.	Meets Standard	All staff receive hunger strike training during initial orientation and annually, as documented in training records. Medical staff remain current in hunger strike treatment.		

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)

Policy, procedure and training on hunger strikes is comprehensive. There was one serious hunger strike at the facility in the past year. On 12/28/2011, a 30 year old male Haitian ICE detainee refused his ninth consecutive meal. A hunger strike was declared. Hunger strike policy and procedure were followed as documented in the medical record. The hunger striker did drink one to four 8 oz. cans of Ensure per day, but was still considered to be on a hunger strike. He was transferred to a more appropriate facility on 1/12/2012 without having suffered any severe consequences of his hunger strike.

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

Completion Date: 9/20/2012

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PART 4 – 21. HUNGER STRIKES – Reviewer Summary

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

Reviewer Signature (for printed form submission):

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	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			
hea	Ith education, so that their health care needs are met in a ti Components	mely and efficient mann Rating	er. Remarks (1000 Char Max)	
1.	The facility operates a health care facility in compliance with state and local laws and guidelines.	Meets Standard	The facility operates in compliance with the State of Louisiana and local laws and guidelines. The facility is American Correctional Association (ACA) accredited (November 2011).	
2.	The facility's in-processing procedures of arriving detainees include medical screening.	Meets Standard	All detainees are medically screened on arrival by nursing staff.	
3.	(MANDATORY) The essential positions needed to perform the health services mission and provide the required scope of services are described in a staffing plan that is reviewed at least annually by the health authority.	Meets Standard	Immigration Health Service Corps (IHSC) personnel medically staff the facility. Medical staff include a clinical director, a health services administrator (HSA), an assistant HSA, a physician (b)(7)(e) mid-level practitioners, a psychiatrist, a psychologist, a clinical social worker, a nurse manageb)(7)(ePegistered nurses, (b)(7)(djcensed vocational nurseeb)(7)(e) certified nursing assistants, one pharmacistb)(7)(ePharmacy technicians, a dentist, a dental assistant and an administrative assistant.	
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	Newly admitted detainees are informed orally, by nursing personnel, and in writing in the detainee handbook, in English and Spanish, how to access health care.	
5.	Detainees will have access to and receive specified 24- hour emergency medical, dental, and mental health services.	Meets Standard	Medical personnel are on site 24 hours a day, seven days a week. Off-site emergency medical, dental and mental health services are available.	
6.	New direct care staff will receive tuberculosis tests prior to their job assignment and periodically thereafter and will be offered the hepatitis B vaccine series.	Meets Standard	A sampling of employee personnel records demonstrated annual tuberculosis (TB) testing and acceptance of the hepatitis B vaccine series.	

	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 nealth education, so that their health care needs are met in a timely and efficient manner.				
	Components	Rating	Remarks (1000 Char Max)		
7.	Health care services will be provided by trained and qualified personnel, whose duties are governed by job descriptions and who are properly licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements.	Meets Standard	The credentials and/or licensure of a variety of medical personnel were reviewed and found to be current. Job descriptions were evident in each file.		
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	The facility provides each detainee a copy of the detainee handbook, in English or Spanish, in which access to health care is described.		
9.	In SPCs and CDFs, medical personnel credentialing and verification complies with the standards established by the NCCHC and Joint Commission.	Meets Standard	The credentialing process in this IGSA facility includes verification through the appropriate primary sources of the individual's professional education, training, licensure and/or certification and a review of health status, previous experience, clinical privileges, professional references, malpractice history, criminal history and adverse licensing board actions.		
10.	 Within 12 hours of arrival, all newly admitted detainees receive initial medical, dental and mental health screening by a health care provider or a detention officer specially trained to perform this function. When screening is performed by a detention officer, the facility maintains documentation of the officer's special training. 	Meets Standard	Medical personnel provide medical, dental and mental health screening to all new detainees during the intake process.		
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	There is a language line available for translation services.		
12.	The facility has sufficient space and equipment to afford each detainee privacy when receiving health care.	Meets Standard	The facility has sufficient space and equipment.		
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 facility is a restricted access area within a secure perimeter.		
14.	The medical facility entrance includes a holding/waiting room.	Meets Standard	There is a holding room at the entrance to the Health Services Unit (HSU).		
15.	The medical facility's holding/waiting room under the direct supervision of custodial staff.	Meets Standard	Correctional staff supervises the holding room.		

	PART 4 – 22. MEI	DICAL CARE (Key: V)			
	his Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and ealth education, so that their health care needs are met in a timely and efficient manner.				
	Components	Rating	Remarks (1000 Char Max)		
16.	Detainees in the holding/waiting room have access to a toilet and a drinking fountain.	Meets Standard	Detainees in the holding room have access to a toilet and drinking water.		
17.	 Medical records are kept apart from other files. They are: Secured in a locked area within the medical unit. With physical access restricted to authorized medical staff. Procedurally, no copies made and placed in detainee files. 	Meets Standard	The facility uses an electronic medical record (EMR), with access limited to medical personnel. The transition to the EMR from paper records is almost complete. The remaining paper records are kept in a locked office in locked file cabinets.		
18.	(MANDATORY) A signed and dated consent form is obtained from a detainee before medical treatment is administered.	Meets Standard	A general consent form is signed by each detainee on admission.		
19.	Detainees use the I-813 (or IGSA equivalent) to authorize the release of confidential medical records to outside sources.	Meets Standard	Detainees use the I-813 form to authorize the release of medical records.		
20.	The facility health care provider is given advance notice prior to the release, transfer, or removal of a detainee.	Meets Standard	Medical staff is given prior notice of the release of detainees.		
21.	A detainee's medical records will be transferred as appropriate. All detainees will be transferred with a copy of their transfer summary.	Meets Standard	As documented in medical records, detainees are transferred with a copy of their transfer summary.		
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 are sealed in an envelope marked confidential and labeled with an ICE form stating the detainee's name and A-number.		
23.	Medical screening includes a Tuberculosis (TB) test.	Meets Standard	All detainees are screened for TB via chest x-ray.		
24.	 All detainees receive a mental-health screening upon arrival. It is conducted: By a health care provider or specially trained officer; Before a detainee's assignment to a housing unit. 	Meets Standard	All detainees receive a mental- health screening on arrival, performed by medical personnel, and before assignment to a housing unit.		
25.	The facility health care provider promptly reviews all I- 794s (or equivalent) to identify detainees needing medical attention.	Meets Standard	Medical personnel conduct all health screenings, which are reviewed immediately.		
26.	(MANDATORY) Each facility's health care provider conducts a health appraisal and physical examination on each detainee within 14 days of arrival. If there is documentation of one within the previous 90 days, the facility health care provider may determine that a new appraisal is not required.	Meets Standard	Each detainee receives a health appraisal and physical examination within 14 days of arrival. They are performed an average of seven days after admission.		

	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 nealth education, so that their health care needs are met in a timely and efficient manner.				
	Components	Rating	Remarks (1000 Char Max)		
27.	Detainees in the Special Management Unit have access to the same level of health care as detainees in the general population.	Meets Standard	Nursing staff makes daily rounds in the Special Management Unit (SMU). The rounds are documented in the SMU logs and in medical logs. A nursing note of each individual encounter is also written in the detainee's medical record.		
28.	 Staff provide detainees with health- services (sick call) request slips daily, upon request. Request slips are available in the languages other than English, including every language spoken by a sizeable number of the facility's detainee population. Service-request slips are delivered in a timely fashion to the health care provider. 	Meets Standard	Each morning, nursing staff make rounds in every housing unit and fill out sick call request slips for every detainee who requests sick call. The slips are triaged and sick call is arranged.		
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	The facility has medical staff 24 hours per day, seven days per week. In addition, there is a written plan for when outside emergency medical attention is required.		
30.	The plan includes an on-call provider.	Meets Standard	The physician and mid-level provider are on call.		
31.	The plan includes a list of telephone numbers for local ambulances and hospital services.	Meets Standard	LaSalle Parish Ambulance Service responds to 911 calls. LaSalle General Hospital, located about two miles from the facility, is also used.		
32.	The plan includes procedures for facility staff to utilize this emergency health care consistent with security and safety.	Meets Standard	The plan addresses safety and security during an emergency.		
33.	(MANDATORY) Detention and health care personnel will be trained, at least annually, to respond to health-related situations within four minutes and to properly use first aid kits, available in designated areas.	Meets Standard	All staff are trained during initial orientation and annually to respond to emergency situations within a four minute response time, as documented in training records.		
34.	Where staff are used to distribute medication, a health care provider properly trains these officers.	N/A	Only medical staff distribute medications.		
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	Medications are stored, inventoried, dispensed and administered in accordance with sound standards and facility needs for safety and security.		

	PART 4 – 22. MEI	DICAL CARE (Key: V)	
	Detention Standard ensures that detainees have access to		
hea	th education, so that their health care needs are met in a t	-	
26	Components	Rating	Remarks (1000 Char Max)
36.	 (MANDATORY) Each facility has written policy and procedures for the management of pharmaceuticals that include: A formulary of all prescription and nonprescription medicines stocked or routinely procured from outside 		Facility policy and procedure
	sources.A method for obtaining medicines not on the formulary.		address formulary and non- formulary drug use; prescription practices, procurement, receipt, distribution and disposal of
	 Prescription practices, including requirements that medications are prescribed only when clinically indicated and that prescription are reviewed before being renewed. 	Meets Standard	medications; and secure storage of controlled substances and needles. A random count of controlled substances was
	 Procurement, receipt, distribution, storage, dispensing, administration, and disposal of medications. 		conducted with the pharmacist and found to be correct.
	 Secure storage and perpetual inventory of all controlled substances (DEA Schedule II-V), syringes, and needles. 		
37.	All pharmaceuticals are stored in a secure area with the following features:		Pharmaceuticals are stored in the pharmacy and locked medication
	A secure perimeter;		
	 Access limited to authorized medical staff (never detainees); 	Meets Standard	carts, within a secure perimeter and with access limited to
	• Solid walls from floor to ceiling and a solid ceiling;		medical staff. The pharmacy has
	 A solid core entrance door with a high security lock (with no other access); and 		solid walls and ceiling and a so access door.
	A secure medication storage area.		
38.	In SPCs and CDFs, the pharmacy has a locking pass- through window.		This IGSA pharmacy has a locking
	• Administration and management in accordance with state and federal law.		pass-through window which is not used as medications are
	Supervision by properly licensed personnel.		distributed on the housing units.
	• Administration of medications by personnel properly trained and under the supervision of the health services administrator, or equivalent.		Licensed personnel supervise the administration of medications by property trained personnel who
	 Accountability for administering or distributing medications in a timely manner and according to physician orders. 		are held accountable for timely and correct administration.
39.	Distribution of medication is in accordance with specific instructions and procedures established by the health care provider. Written records of all medication given to detainees are maintained.	Meets Standard	Medications are distributed in accordance with provider order. Paper medication administration records are used to document medication distribution.

nea	Ith education, so that their health care needs are met in a ti		
	Components	Rating	Remarks (1000 Char Max)
40.	 Medication may not be delivered or administered by detainees. In facilities that are medically staffed 24 hours a day, the health care provider distributes medication. In facilities that are not medically staffed 24 hours a day, medication may be distributed by detention officers, who have received proper training by the health care provider, only when medication must be delivered at a specific time when medical staff are not on duty. 	Meets Standard	Detainees do not deliver or administer medications. The facility is medically staffed 24 hours per day. Only medical personnel distribute medications
41.	The facility maintains documentation of the training given any officer required to distribute medication, and the officer has available for reference the training syllabus or other guide or protocol provided by the health authority.	N/A	Only medical staff distribute medications.
42.	The Warden/Facility receives notification that a detainee that has special medical needs.	Meets Standard	IHSC Form 819 is used to notify the warden that a detainee has special needs.
43.	Procedures are in place, consistent with the detention standard, for examinations by independent medical service providers and experts.	Meets Standard	Per the HSA, ICE arranges examinations by independent medical service providers.
44.	 (MANDATORY) Each facility has a written plan (or plans) that address the management of infectious and communicable diseases, including prevention, education, identification, surveillance, immunization (when applicable), treatment, follow-up, isolation (when indicated), and reporting to local, state, and federal agencies. Plans include: Coordination with public health authorities; Ongoing education for staff and detainees; Control, treatment, and prevention strategies; Protection of individual confidentiality; Media relations; Management of tuberculosis, hepatitis A, B, and C, HIV infection, avian influenza, and Reporting communicable diseases to local and/or state health departments in accordance with local and state regulations. 	Meets Standard	The facility has written plans that address the management of infectious diseases. The plans include communication with loca health departments, training and education, treatment and prevention, confidentiality, media access, management of infectious diseases including TB, hepatitis A, B, and C, HIV infection, influenza and methicillin resistant staph aureus (MSRA).
45.	Detainees diagnosed with a communicable disease are isolated according to local medical operating procedures.	Meets Standard	Detainees are medically isolated as clinically indicated.

	PART 4 – 22. MEI	DICAL CARE (Key: V)	
	Detention Standard ensures that detainees have access to th education, so that their health care needs are met in a t		
	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	All new detainees are screened for TB with a chest x-ray, before housing decisions are made.
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	The facility has four negative pressure isolation rooms which are used for symptomatic detainees.
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	Emergency and routine ambulance services are available, as is transportation by facility vehicle.
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	As demonstrated in medical records, treatment plans are developed individually for those with special needs at the time the condition is identified.
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.	Meets Standard	As demonstrated in medical records, female detainees are tested for pregnancy on admission. All pregnant females are referred to off-site obstetrics providers for specialized care.
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	As demonstrated in medical records, detainees with chronic diseases such as hypertension, asthma, diabetes, HIV, TB and seizure disorder receive a treatment plan and are seen on a periodic basis.
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	An IHSC form is used to notify the warden that a detainee has special needs.
53.	Detainees will have access to emergency and specified routine dental care provided under direction and supervision of a licensed dentist.	Meets Standard	A dentist is on site 40 hours per week and is on call for emergencies.

	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)	
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	As demonstrated in medical records, detainees with mental health issues are referred to mental health staff for evaluation and treatment.	
55.	Crisis intervention services are available for detainees who experience acute mental health episodes.	Meets Standard	Crisis intervention services are available for detainees in mental health crisis.	
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 settings that provide for detainee privacy. Female detainees are provided with female escorts when being seen by male providers.	
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	As demonstrated in medical records, detainees referred to mental health receive an evaluation within 14 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: 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. 	N/A	Per the HSA, restraints for medical or mental health purposes are not used at the facility. If it becomes necessary for physical restraints to be utilized due to medical/mental reasons as part of their healthcare treatment or to prevent a detainee from harming him/herself or others, the detainee is sent to an outside hospital for evaluation and treatment.	

	Components	Rating	Remarks (1000 Char Max)
59.	 (MANDATORY) Involuntary administration of psychotropic medications to detainees complies with applicable laws and regulations and the authorizing physician or psychiatrist will: Specify the duration of therapy; Obtain an order authorizing the administration of the drug from a Federal District Court. Document that less restrictive intervention options have been exercised without success; Detail how the medication is to be administered; Monitor the detainee for adverse reactions and side effects; and Prepare treatment plans for less restrictive alternatives as soon as possible. 	Meets Standard	There were no incidents of involuntary administration of psychotropic medication during the past year. Facility policy for emergency chemical restraint (psychotropic medication) requires a physician order, limited and specific time periods, documentation of the necessity of the chemical restraint, how it is to be administered and monitoring.
60.	An initial dental screening exam should be performed within 14 days of the detainee's arrival. If no on-site dentist is available, the initial dental screening may be performed by a physician, physician's assistant, nurse practitioner or trained RN.	Meets Standard	A dental screening exam is performed during admission screening.
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	The HSA and Warden determine first aid kit requirements. The Fire/Safety manager monitors first aid kits.
62.	An automatic external defibrillator should be available for use at the facility.	Meets Standard	There are two automated external defibrillators (AEDs) at the facility. One is in the emergency response bag and one is in exam room #1, both in the HSU.
63.	If a detainee refuses treatment, ICE/DRO will be consulted in determining whether forced treatment will be administered, except in emergency circumstances, in which case, ICE/DRO will be notified as soon as possible.	Meets Standard	ICE is contacted by the facility if a detainee refuses 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	The HSA in this IGSA facility reports he meets weekly with the Warden and ICE personnel.
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	The facility contracts with Stericycle for biohazardous waster storage and removal. The dental suite contains an autoclave for sterilizing equipment and is tested weekly.
66.	(MANDATORY) The health authority will implement a system of internal review and quality assurance.	Meets Standard	One current internal review concerns adverse drug reactions

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)

The facility was ACA accredited in November, 2011. The HSU is comprised of an outpatient area and an inpatient short-stay unit. The outpatient area contains a laboratory, one-chair dental suite, nurses' station, medical records room, officer's station, medication preparation room, pharmacy, psychiatry office, four exam rooms and a supply room and waiting room. The short-stay unit contains an officer's station, nurse's office and six patient rooms, four of which are negative pressure rooms. In addition, an x-ray room, administrative offices and housing unit medical offices are located outside of the main HSU.

During the inspection, 20 detainee medical records were reviewed. In all 20 records, medical and mental health intake screening was performed on admission as was TB testing via chest x-ray. Consent to treatment was also obtained on admission as part of the intake screen. In all 20 records, physical examination was evident and timely. The four female detainee records contained pregnancy testing. Chronic diseases were noted in four of the records; care plans and periodic clinic appointments were evident. In three of the medical records, the detainee had been released and transfer summaries were present. There are no co-payment fees charged for health care services.

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

Completion Date: 9/20/2012

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 addresses the requirements of this component. The supply of these items is adequate.
2.	 All new detainees are issued clean, temperature-appropriate, presentable clothing during in-processing. Detainees receive, at a minimum: One uniform shirt and one pair of uniform pants or one jumpsuit. One pair of socks. One pair of underwear (daily change). One pair of facility-issued footwear. 	Meets Standard	All new detainees are issued three uniform shirts and three uniform pants, three pairs of socks, three pairs of underwear, one pair of shower shoes and one pair of shoes. Three bras are issued as appropriate.
3.	Additional clothing is available for changing weather conditions and as is seasonally appropriate.	Meets Standard	Additional clothing is available seasonably.
4.	 New detainees are issued clean bedding, linens and towels, at a minimum: One mattress One blanket Two sheets One pillow One pillowcase One towel Additional blankets, based on local weather conditions. 	Meets Standard	Detainees are issued clean bedding, linens and towels as bulleted. They are issued sufficient blankets to provide comfort under existing weather conditions.
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	
6.	 Toilet facilities are: Clean Adequate in number and can be used without staff assistance 24 hours per day when detainees are confined in their cells or sleeping areas. ACA Expected Practice 4-ALDF-4B-08 requires that toilets be provided at a minimum ratio of one for every 12 male detainees or one for every 8 female detainees. For males, urinals may be substituted for up to one-half of the toilets. 	Meets Standard	Toilet facilities are clean, can be used independently and meet or exceed the ACA Expected Practice.

PAR	T 4 – 23. PERSONAL	HYGIENE (Key: W)	
dard ensures that each	detainee is able to main	ntain acceptable pers	onal hygiene p

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)
7.	 Bathing facilities are: Clean Operable with temperatures between 100 and 120 degrees Fahrenheit. ACA Expected Practice 4-ALDF-4B-08 requires one washbasin for every 12 detainees. ACA Expected Practice 4-ALDF-4B-09 requires a minimum ratio of one shower for every 12 detainees. 	Meets Standard	Bathing facilities are clean and meet or exceed ACA Expected Practices. Water temperatures are within industry standard.
8.	Detainees with disabilities are provided adequate facilities, support, and assistance needed for self-care and personal hygiene.	Meets Standard	
9.	 Detainees are provided clean clothing, linen and towels. Socks and undergarments - daily. Outer garments - twice weekly. Sheets - weekly. Towels - weekly. Pillowcases - weekly. 	Meets Standard	Detainees are provided clean clothing, linen and towels as required. Laundry schedules allow for adequate clothing and linen exchanges.
10	Food service detainee volunteer workers are permitted to exchange outer garments daily.	Meets Standard	Daily changes are permitted for food service workers.
11	Volunteer detainee workers are permitted to exchanges of outer garments more frequently.	Meets Standard	More frequent changes are permitted for volunteer workers.

PART 4 – 23. PERSONAL HYGIENE – Reviewer Summary (Use following format for dates: mm/dd/yyyy) Overall Remarks: (Record significant facts, observations, other sources used, etc.) (5000 Character Max) Detainees are provided with adequate clean clothing, bedding and linens, as observed. Overall Rating: Meets Standard Reviewer Name (Printed) (b)(6), (b)(7)(c)

PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION (Key: X)			
This Detention Standard protects detainees' health and well be signs and situations of risk and to intervene with appropriate se			
Components	Rating	Remarks (1000 Char Max)	
 The facility has a written suicide prevention and intervention program approved and signed by the health authority and Facility Administrator and reviewed annually. 	Meets Standard	The suicide prevention program was approved and signed by the Health Services Administrator (HSA) and the Warden on 3/29/2012.	
 2. At a minimum, the Program shall include procedures to address: Intake screening and referral requirements; The identification and supervision of suicide-prone detainees; Staff training requirements; The management and reporting of suicidal incidents, suicide watches, and deaths; Provision of safe housing for suicidal detainees; Debriefing of any suicides and suicide attempts by administrative, security, and health services staff; Guidelines for returning a previously suicidal detainee to a facility's general population, upon written authorization of the clinical director.; Reporting guidelines for facility personnel when suspected suicidal behavior is observed; and Written procedures for the proper handling of detainees who exhibit suicidal behavior. 	Meets Standard	The program procedures address intake screening and referral requirements, ongoing identification of the suicidal detainee, training, management of suicidal incidents, reporting, watch cells, debriefing and guidelines for terminating a suicide watch.	
 Every new staff member receives suicide-prevention training. Suicide-prevention training occurs during the employee orientation and annual training. 	Meets Standard	All staff receive suicide- prevention training during initial orientation and annually, as documented in training records.	
4. Training prepares staff to:			
 Effective methods for identifying the warning signs and symptoms of impending suicidal behavior, Demographic, cultural, and precipitating factors of suicidal behavior, Responding to suicidal and depressed detainees, Effective communication between correctional and health care personnel, Necessary referral procedures, Housing observation and suicide-watch level procedures, Follow-up monitoring of detainees who have already attempted suicide, and Reporting and written documentation procedures. 	Meets Standard	Training prepares staff to: recognize verbal and behavioral cues; understand demographic, cultural and precipitating factors and appropriate response; make effective communication; make referrals; and understand requirements for constant observation and suicide watch procedures, reporting and written documentation.	

PART 4 – 24. SUICIDE PREVENT	ON AND INTERVENT	TION (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)		
 5. A health-care provider or specially trained officer screens all detainees for suicide potential as part of the admission process. Screening does not occur later than one working day after the detainee's arrival. Documentation exists that "specially trained officers" have completed training in accordance with a syllabus approved by the medical authority. 	Meets Standard	Only medical staff screens all detainees for suicide potential during the intake process.		
 Written procedures contain when and how to refer at-risk detainees to medical staff and procedures are followed. 	Meets Standard	Procedures require the detainee to be removed from general population, placed on suicide precautions and immediately referred to qualified medical staff.		
7. Written procedures include returning a previously suicidal detainee to the general population, upon written authorization of the clinical director or appropriate health care professional.	Meets Standard	Only the clinical director or mental health professional may terminate a suicide watch and return the detainee to general population.		
 The facility has a designated isolation room for evaluation and treatment. 	Meets Standard	The facility has two isolation rooms located in the short-stay unit in the Health Services Unit (HSU).		
 The designated isolation room does not contain any structures or smaller items that could be used in a suicide attempt. 	Meets Standard	The rooms have been made as suicide resistant as possible. There is a camera, small vent and light fixture located on or near the ceiling. There is a one-piece stainless steel toilet/sink. The door contains four windows and there is a long, vertical window next to the door. Detainees on watch are given a suicide- resistant mattress and garment.		
10. Medical staff have approved the room for this purpose.	Meets Standard	Medical staff has approved the rooms.		
11. Staff observe and document the status of a suicide-watch detainee at least once every 15 minutes/constant observation.	Meets Standard	Detainees are kept under constant observation with documented checks every 15 minutes.		

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)	
12. At facilities with twenty-four-hour medical staff, observation of imminently suicidal detainees by medical or detention staff shall occur no less than every 15 minutes. The Clinical Director (CD) may recommend constant direct supervision. If a detainee is clinically evaluated and determined to be at risk for suicide, medical staff shall document the status of the detainee in the medical record at least every two hours, unless otherwise directed by the CD.	Does Not Meet Standard	The facility has 24-hour medical staff and observation of suicidal detainees is constant. Detention staff document the status of the detainee every 15 minutes. Medical staff does not document the status of the detainee in the medical record at least every two hours; they document in the record every shift. The requirement for medical staff to document the status of the detainee in the medical record at least every two hours unless otherwise directed by the Clinical Director is not included in the standard.	
13. In CDFs or IGSAs, and/or at facilities where there is not twenty-four hour medical staff, the facility administrator shall report to ICE/DRO any detainee who has been identified as suicidal. ICE/DRO, shall consult with the CD or designated medical authority for immediate evaluation (with constant observation until evaluation), or for transfer to a local psychiatric facility or emergency room by ambulance	Meets Standard	This IGSA facility has 24 hour medical staff. ICE is notified of any suicidal detainee through the chain of command.	
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	Every completed suicide and serious suicide attempt is subject to a mortality review. In addition, ICE shall make arrangements to have a psychological reconstruction of any completed suicide.	

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)

There have been no suicides at the facility in the past year. Suicide prevention and intervention policy, procedure and training are comprehensive. The facility has 24-hour medical staff and observation of suicidal detainees is constant. Detention staff documents the status of the detainee every 15 minutes. Medical staff document the status of the detainee in the medical record every shift.

Overall Rating:	Meets Standard
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Reviewer Name (Printed)

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

Completion Date: 9/20/2012

PART 4 – 25. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH (Key: Y)			
This Detention Standard ensures that each facility's continuum of health care services addresses terminal illness, fatal injury, and advance directives and provides specific guidance in the event of a detainee's death. Standard N/A Click the above button if the facility does not accept ICE detainees who are severely or terminally ill. ALWAYS complete all			
references to detainee death and relate Components	d notifications. (All Li	ne Items and standard will Rating	be rated "N/A") Remarks (1000 Char Max)
1. Detainees, who are chronically or transferred to an appropriate off-site	· · · ·	Meets Standard	Per the Assistant Field Office Director (AFOD), the facility does not routinely accept terminally ill detainees. Per the Health Services Administrator (HSA), terminally ill detainees whose needs cannot be met on site are transferred to a more appropriate medical facility.
 2. The facility or appropriate ICE office p next-of-kin of the detainee's: medica The detainee's location. The visiting hours and rules at th 	l condition.	Meets Standard	The facility notifies ICE who in turn notifies other interested parties.
 3. There are guidelines addressing State Form for Implementing Living W Directives. These guidelines include instruct who wish to have a living will. These guidelines provide the deta to have a private attorney prepare the detainee's expense. 	e Advanced Directive /ills and Advanced ctions for detainees ainee the opportunity	Meets Standard	The facility uses the State of Louisiana Advance Directives Form and Guidelines, which include instructions for living wills and the use of a private attorney.
4. There is a policy addressing "Do Not	Resuscitate Orders"	Meets Standard	Do Not Resuscitate (DNR) orders are addressed in policy.
 Detainees with a "Do Not Resuscitate" record receive maximal therapeut resuscitation. 		Meets Standard	Any DNR order is consistent with sound medical practice and not in any way associated with assisted suicide, voluntary euthanasia or expediting the death of the detainee.
 The facility notifies ICE/DRO Me Headquarters' Legal Counsel of th circumstances of any detainee with a order in the medical record. In the notification is made through the loca 	e name and basic "Do Not Resuscitate" e case of IGSAs, this	Meets Standard	The facility notifies ICE who in turn notifies other interested parties.
 The facility has written procedures to organ donation by detainees. 	address the issues of	Meets Standard	Organ donation is addressed.

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)
8. The facility has written procedures to notify ICE officials, deceased family members and consulates, when a detainee dies while in custody.	Meets Standard	The HSA notifies the Warden and ICE Officer in Charge (OIC) who in turn notifies other interested parties.
 The facility has a policy and procedure to address the death of a detainee while in transport. 	Meets Standard	Facility policy addresses the death of a detainee.
10. At all ICE locations the detainee's remains disposed of in accordance with the provisions detailed in this standard.	Meets Standard	Per the AFOD, the detainee's remains are disposed of in accordance with the 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. If the detainee is a U.S. military veteran, the Department of Veterans Affairs notified. 	Meets Standard	The Field Office schedules an indigent's burial, after consultation with the Department of Veterans Affairs, when neither the family nor the consulate claims the remains.
 An original or certified copy of a detainee's death certificate is placed in the subject's A-File. 	Meets Standard	A certified copy of the death certificate is placed in the A-file.
 The facility follows established policy and procedures describing when to contact the local coroner regarding such issues as; Performance of an autopsy. Person(s) to perform the autopsy. Obtaining State approved death certificates. Local transportation of the body. 	Meets Standard	The facility notifies the Parish Medical Examiner who makes transportation and autopsy decisions. The facility obtains the death certificate.
14. ICE staff follow established procedures to properly close the case of a deceased detainee.	Meets Standard	Per the AFOD, ICE staff follows established procedures to close the case of a deceased detainee. This includes writing a note in the file, filing the death certificate in the A-file, sending the fingerprint card to the F.B.I., sending notifications to the family and consulate and obtaining the coroner's report.

PART 4 – 25. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH – Reviewer Summary (Use following format for dates: mm/dd/yyyy)

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)

There have been no detainee deaths at the facility since the last inspection. Facility policy and procedure regarding terminal illness, advance directives and death is comprehensive and affords the detainee the opportunity to make advance directives.

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

Completion Date: 9/20/2012

Reviewer Signature (for printed form submission):

Page 97 of 148 FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE) G-324A (Coded 10132010) Detention Review Worksheet - Rev: 6/19/2012 – Form Key 3

Section V ACTIVITIES

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

	PART 5 – 26. CORRESPONDE	NCE AND OTHER MAIL	. (Kev: 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	The facility has a written policy concerning correspondence and other mail. The rules for correspondence and other mail are provided in the detainee handbook and are posted in the detainee housing units.		
2.	The facility provides key information in English, Spanish, and other languages spoken by a significant number of detainees.	Meets Standard	The facility provides key information in both English and Spanish.		
3.	Incoming mail is distributed to detainees within 24 hours or 1 business day after it is received and inspected.	Meets Standard			
4.	Outgoing mail is delivered to the postal service within one business day of its entering the internal mail system (excluding weekends and holidays).	Meets Standard			
5.	Staff maintain a logbook-recording acceptance of priority, priority overnight, and certified mail delivered to the facility for a detainee.	Meets Standard	All priority, priority overnight and certified mail delivered to the facility for a detainee is documented in a logbook at the front desk.		
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.	Does Not Meet Standard	Mailroom staff open and inspect incoming general correspondence (including packages and publications) without the detainee being present. The Warden issued a memorandum to the mailroom authorizing them to open all incoming correspondence without the detainee being present.		
7.	Staff do not read incoming general correspondence without the Facility Administrator's prior approval.	Meets Standard	Staff is prohibited from reading incoming general correspondence without the Warden's approval.		
8.	Staff do not inspect incoming Special Correspondence for physical contraband or to verify the "special" status of enclosures without the detainee present.	Meets Standard			
9.	Staff are prohibited from reading or copying incoming and outgoing Special Correspondence without the detainee present.	Meets Standard			

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.				
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	Detainees are allowed to seal outgoing correspondence before it is sent to the mailroom for processing.		
11. Correspondence to a politician or to the media is processed as Special Correspondence and is not read or copied.	Meets Standard			
12. The official authorizing the rejection of incoming mail sends written notice to the sender and the addressee.	Meets Standard	The person authorizing the rejection of incoming mail sends a notice to the sender and the addressee.		
 The official authorizing censorship or rejection of outgoing mail provides the detainee with signed written notice. 	Meets Standard	The person authorizing the rejection of outgoing correspondence will provide the detainee with a signed written notice.		
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	The facility has a written policy that addresses how discovered contraband is to be handled.		
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	When cash is received through the mail, the amount is recorded on a receipt. The receipt is signed by two staff and a copy of the receipt is sent to the detainee. The money is added to the 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			
18. Staff provide the detainee a copy of his or her identity document(s) upon request.	Meets Standard	When identity documents are received at this facility, a copy is made and placed in the detainee's file and a copy is sent to the detainee.		
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			

PART 5 – 26. CORRESPONDENCE AND OTHER MAIL (Key: Z) This Detention Standard ensures that detainees will be able to correspond with their families, the community, legal representatives, government offices, and consular officials consistent with the safe and orderly operation of the facility.			
ComponentsRatingRemarks (1000 Char Max)			
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 have the opportunity to purchase stamped envelopes through the commissary on a weekly basis.	
22. The facility provides writing paper, envelopes, and pencils at no cost to ICE detainees.	Meets Standard		
23. SMU detainees have the same correspondence privileges as general population.	Meets Standard		
24. Detainees have access to outside publications.	Meets Standard	Detainees can subscribe to outside publications.	

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)

During the evaluation of this standard, policy was reviewed, staff were interviewed, postings in the housing units, the detainee handbook and mail forms were reviewed and detainees were interviewed. The rules for correspondence are provided to the detainees in both English and Spanish. These rules are posted in the housing units and are also included in the detainee handbook. Mailroom staff open and inspect incoming general correspondence without the detainee being present.

Overall Rating: Meets Standard

Reviewer Name (Printed)

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

Completion Date: 9/20/2012

	PART 5 – 27. ESCORTED TRIPS FOR I	NON-MEDICAL EMERGI	ENCIES (Key: AA)
en	is Detention Standard permits detainees to maintain ties wit nergency staff-escorted trips into the community to visit criti nerals.		
S	tandard N/A		
	ck the above button if all ICE Non-Medical Emergency Escort ntrol of the detainee case. (All Line Items and standard wil		y the ICE Field Office or Sub-Office in
	Components	Rating	Remarks (1000 Char Max)
1.	The Field Office Director considers and approves, on a case-by-case basis, trips to an immediate family member's:	N/A	
	Funeral		
	Deathbed		
2.	The facility recognizes as "immediate family member" a parent (including stepparent or foster parent), brother, sister, child, and spouse (including common-law spouse).	N/A	
3.	The CDF/IGSA facility notifies ICE of all detainee requests for non-medical escorts.	N/A	
4.	The detainee's Deportation Officer reviews the file before forwarding a detainee's request, with recommendation, to the approving official. Each recommendation addresses the individual's suitability for travel, e.g., the kind of supervision required.	N/A	
5.	Detainees who require overnight housing are placed in approved IGSA facilities.	N/A	
6.	Each escort detail includes at least _{b)(7)(e)} fficers.	N/A	
7.	The detainee remains under constant, direct visual supervision of escorting staff.	N/A	
8.	Escorting officers report unexpected situations to the originating facility as a matter of procedure and the ranking supervisor on duty has the authority to issue instructions for completion of the trip.	N/A	
9.	Escorting officers have the discretion to increase or decrease minimum restraints in accordance with written instruction, procedures and classification level of the detainee.	N/A	
10	. Escort officers do not accept gifts/gratuities from a detainee, detainee's relative or friend for any reason.	N/A	

PART 5 -	27. ESCORTED	TRIPS FOR NON-MEDICAL	EMERGENCIES ((Key: AA
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This Detention Standard permits detainees to maintain ties with their families and the community by providing detainees emergency staff-escorted trips into the community to visit critically ill members of the immediate family or to attend their funerals.

Standard N/A

Click the above button if all ICE Non-Medical Emergency Escorted Trips are handled only by the ICE Field Office or Sub-Office in control of the detainee case. (All Line Items and standard will be rated "N/A")

Components	Rating	Remarks (1000 Char Max)
11. Escort officers ensure that detainees:		
 Conduct themselves in a manner that does not bring discredit to ICE/DRO. 		
• Do not violate federal, state, or local laws.		
 Do not purchase, possess, use, consume, or administer narcotics, other drugs, or intoxicants. 	N/A	
 Do not arrange to visit family or friends unless approved before the trip. 	170	
Make no unauthorized phone calls.		
 Know they are subject to search, urinalysis, breathalyzer, or comparable test upon return to the facility. 		
12. The facility routinely subjects a detainee returning from an escorted trip to a search, urinalysis, breathalyzer, etc.	N/A	
13. Standard procedure requires the immediate return to the facility of any detainee who violates trip rules.	N/A	
14. The Field Office Director is the approving official for all non-medical escorted trips.	N/A	
15. Facility procedures comply with the following ICE Standards:		
Transportation (Land Transportation	N/A	
 Restraints applied strictly in accordance with the Use of Force 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) The Assistant Warden confirmed that all escorted trips for non-medical emergencies are handled by the ICE Field Office staff.

Overall Rating: N/A Reviewer Name (Printed)

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

Completion Date: 9/20/2012

	PART 5 – 28. MARRIAGE REQUESTS (Key: AB)				
	is Detention Standard ensures that each marriage request fro	m an ICE/DRO detainee rec	eives 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	The facility forwards all marriage requests to the on-site ICE office for review and approval.		
2.	The Field Office Director reviews every marriage request rejected by a Facility Administrator or IGSA. Rejections are documented.	Meets Standard			
3.	It is standard practice to require a written request for permission to marry.	Meets Standard	As documented in the detainee handbook, written permission for a detainee to marry is required by ICE.		
4.	The written request includes a signed statement or comparable documentation from the intended spouse, confirming marital intent.	Meets Standard	The written requests include documentation from the intended spouse.		
5.	The Facility Administrator provides a written copy of his or her decision to the detainee and his or her legal representative.	Meets Standard	The facility forwards all marriage requests to the ICE office for review and disposition.		
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 facility forwards all marriage requests to the ICE office for review and disposition.		
7.	The Facility Administrator provides the detainee with a place and time to make wedding arrangements.	Meets Standard	The facility will assist ICE detainees with wedding arrangements when approved by ICE.		
8.	The detainee handbook explains the marriage request process.	Meets Standard			
9.	In SPCs the Facility Administrator or highest ranking ICE official on-site is the only officer authorized to approve a request to marry.	Meets Standard	The facility is an IGSA. Marriage requests are approved by ICE.		

PART 5 – 28. MARRIAGE REQUESTS – Reviewer Summary

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

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

The facility reported there were eight marriage requests in the past year; five were approved by ICE. One wedding was preformed, three detainees were released prior to the wedding date and four were transferred from the facility prior to gaining approval. The facility has a procedure to ensure marriage requests from ICE detainees are provided to ICE for review and approval. Facility staff makes arrangements for detainees when requests are approved by ICE. The weddings are conducted in the facility visitation room.

Overall Rating: Meets Standard

Reviewer Name (Printed)

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

Completion Date: 09/20/2012

PART 5 – 29. R	ECREATION (Key: AC)	
This Detention Standard ensures that each detainee has acce constraints of safety, security, and good order.		se programs and activities, within the
Standard N/A		
Click the above button if outdoor recreation is offered. Iter		
Components	Rating	Remarks (1000 Char Max)
 The Facility provides: An indoor recreation program. An outdoor recreation program. 	Meets Standard	The facility has established recreation and leisure programs for detainees. They include both indoor and outdoor activities.
 A recreational specialist (for facilities with more than 350 detainees) tailors the program activities and offerings to the detainee population. 		The facility maintains an ICE population of over 350 detainees. They have a recreation specialist on staff.
 Regular maintenance keeps recreational facilities and equipment in good condition. 	d Meets Standard	
 The recreational specialist or trained equivalent supervise detainee recreation workers. 	s N/A	The facility does not utilize detainee recreation workers.
 The recreational specialist or trainee equivalent oversee recreation programs for Special Management Unit and special-needs detainees. 		
 Dayrooms offer sedentary activities, e.g., board games cards, television. 	, Meets Standard	Board games, playing cards and televisions are available in the housing unit dayrooms.
7. Outside activities are restricted to limited-contact sports	. Meets Standard	Outdoor activities include basketball, soccer and volleyball.
 Each detainee has the opportunity to participate in daily recreation. 	y Meets Standard	
 Detainees have access to recreation activities outside the housing units for at least one hour daily. 	e Meets Standard	The facility offers detainees one hour outside recreation daily.
 Staff check all items for damage and condition when equipment is returned. 	n Meets Standard	
11. Staff conduct searches of recreation areas before and afte use.	r Meets Standard	
12. Recreation areas are under constant staff supervision.	Meets Standard	Facility staff supervise detainees during recreation times.
13. Supervising staff are equipped with radios.	Meets Standard	The facility issues radios to staff supervising recreation.
14. The facility provides detainees in the SMU at least one hour of outdoor recreation time daily, five times per week	Moote Ctandard	
 Detainees in disciplinary/administrative segregation receive a written explanation when a panel revokes his o her recreation privileges. 		The facility explains in writing to detainees if recreation privileges are limited.

PART 5 – 29. REG	CREATION (Key: AC)	
This Detention Standard ensures that each detainee has access constraints of safety, security, and good order. Standard N/A	to recreational and exercis	se programs and activities, within the
Click the above button if outdoor recreation is offered. Items	19-27 will be marked "N/	'A".
Components	Rating	Remarks (1000 Char Max)
 Special programs or religious activities are available to detainees. 	Meets Standard	
17. All volunteers have completed an orientation program with documentation required before entering a secure portion of the facility where detainees are present.	Meets Standard	The facility requires volunteers to submit a formal application and wavier of liability and to submit to a background check. When approved, they are required to attend an orientation program prior to entering the facility.
18. Visitors, relatives or friends of detainees are not allowed to serve as volunteers.	Meets Standard	The facility does not allow friends, relatives or visitors to serve as volunteers.
19. If the facility has no outside recreation, are detainees considered for transfer after six months?	N/A	This facility provides outdoor recreation.
20. If yes, written procedures ensure timely review of all eligible detainees.	N/A	This facility provides outdoor recreation.
21. Case officers make written transfer recommendations about every six-month detainee to the Facility Administrator.	N/A	This facility provides outdoor recreation.
22. The Facility Administrator documents all detainee-transfer decisions, whether yes or no.	N/A	This 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	This facility provides outdoor recreation.
24. Staff notify the detainee's legal representative of his or her decision to accept/decline a transfer.	N/A	This 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	This 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	This facility provides outdoor recreation.
27. The detainee's legal representative is notified of the detainee's/Facility Administrator's decision.	N/A	This facility provides outdoor recreation.

PART 5 - 29. RECREATION – Reviewer Summary

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

PART 5 - 29. RECREATION – Reviewer Summary

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

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

The facility has a recreation program to ensure detainees have access to recreational and exercise programs keeping detainee safety and orderly facility operations in mind. Both indoor and outdoor recreation are offered depending on weather conditions. Sedentary activities that include games and televisions are available in the dayrooms.

Overall Rating: Meets Standard

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

Completion Date: 9/20/2012

	PART 5 – 30. RELIGIO	US PRACTICES (Key: AD)	
opp	s Detention Standard ensures that detainees of different rel portunities to participate in the practices of their respective erly operation of the facility, or extraordinary costs associat	faiths, constrained only by	concerns about safety, security, the
	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	Religious services are provided to the detainee population in English, Arabic and Spanish.
2.	Space is available for detainees to participate in religious services.	Meets Standard	The facility conducts religious programming in the chapel/ general purpose room, supplying ample space for detainees.
3. •	The facility allows detainees to observe the major "holy days" of their religious faith. List any exceptions.	Meets Standard	The facility allows detainees to observe all major holy days. It does not list any exceptions.
4.	 The facility accommodates recognized holy-day observances by: Providing special meals, consistent with dietary restrictions. Honoring fasting requirements. Facilitating religious services. Allowing activity restrictions. 	Meets Standard	The facility accommodates special meals, fasting and activity restrictions when requested by the detainee and approved by the Chaplain.
5.	Each detainee is allowed religious items in his/her immediate possession; refer to the Funds and Personal Property Standard.	Meets Standard	The facility allows the use of religious items in the detainee housing area.
6.	Volunteer's credentials are checked and verified before allowing participation in detainee programs.	Meets Standard	The facility requires volunteers to submit a formal application and to submit to a background check. When approved, they are required to attend an orientation program prior to entering the facility.
7.	Members of faiths not represented by clergy may request to present their own services within security allowances.	Meets Standard	
8.	Detainees in the Special Management Unit may participate in religious practices unless otherwise documented for the safety and security of the facility.	Meets Standard	

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)

The facility maintains a religious program designed to create reasonable and equitable opportunities for detainees to participate in the practices of their respective faiths. The facility shares a full-time staff chaplain with an area facility, additionally utilizing 24 religious volunteers to offer spiritual programming to the detainee population. The facility attempts to make reasonable accommodations while considering safety and security concerns.

Overall Rating: Meets Standard
PART 5 – 30. RELIGIOUS PRACTICES – Reviewer Summary				
	<u>(Use</u> followin	format for dates: mm/dd/yyyy)		
Reviewer Name (Printed	(b)(6), (b)(7)(c)	Completion Date: 9/20/2012		
L				
Reviewer Signature (for printed form submission):				

TI ·	PART 5 – 31. TELEPH		
	Detention Standard ensures that detainees may maintain tin reasonable and equitable access to telephone services.	es with their families and	others in the community by providing
	Components	Rating	Remarks (1000 Char Max)
1.	Detainees are allowed to access to telephones during established facility waking hours, including access to TTY devices.	Meets Standard	Detainees are allowed access to the telephones from 6:00 a.m. until 10:45 p.m.
2.	Upon admittance, detainees are made aware of the facility's telephone access policy.	Meets Standard	The telephone access policy is outlined during the orientation process and is included in the handbook that is issued to each detainee upon admission.
3.	Notification explaining the facilities telephone policy is in the Detainee Handbook.	Meets Standard	
4.	Access rules, including updated telephone and consulate number, are posted in housing units.	Meets Standard	
5.	The facility makes a reasonable effort to provide key information to detainees in languages spoken by any significant portion of the facility's population.	Meets Standard	Key information is provided to detainees in both English and Spanish.
6.	Telephones are provided at a minimum ratio of one telephone per 25 detainees in the facility population.	Meets Standard	The facility provides four telephones in every housing unit. The maximum number of detainees that would be housed in a unit is 96.
7.	Telephones are inspected daily by facility staff to ensure that they are in good working order.	Meets Standard	Daily telephone inspections are conducted by the housing unit officers. Those checks are documented.
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	A full-time telephone technician from the telephone service provider is on site five days a week. Problems with telephones are immediately addressed.
10.	The facility administration monitors repair progress and takes appropriate measures to ensure that the required repairs are begun and completed timely.	Meets Standard	The telephone technician submits a weekly report to the Warden on all telephone repairs for the week.
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	The case manager will assist a detainee who is having trouble placing a confidential call.
13.	The facility provides the detainees with the ability to make non-collect (special access) calls.	Meets Standard	
14.	Special Access calls are at no charge to the detainees.	Meets Standard	

PART 5 – 31.	TELEPHONE	ACCESS (Key: AE)
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	Detention Standard ensures that detainees may maintain time reasonable and equitable access to telephone services.	es with their families and	others in the community by providing
	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	The telephone system is programmed to allow special access calls.
16.	No restrictions are placed on detainees attempting to contact attorneys and legal service providers who are on the approved "Free Legal Services List".	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	When a detainee requests to speak to an immediate family member detained in another facility, that request is handled by the case manager who will get approval from the Warden and then place the call.
18.	All telephone restrictions are documented.	Meets Standard	
19.	The facility has a system for taking and delivering emergency detainee telephone messages.	Meets Standard	The facility has a written procedure for taking and delivering emergency messages.
20.	Phone call messages are given to detainees as soon as possible.	Meets Standard	Emergency telephone messages are delivered to the detainee upon verification of the emergency.
21.	Detainees are allowed to return emergency phone calls as soon as possible.	Meets Standard	
22.	Detainees in disciplinary segregation are allowed phone calls relating to the detainee's immigration case or other legal matters, including consultation calls.	Meets Standard	
23.	Detainees in disciplinary segregation are allowed phone calls to consular/embassy officials.	Meets Standard	
24.	Detainees in disciplinary segregation are allowed phone calls for family emergencies.	Meets Standard	
25.	Detainees in administrative segregation and protective custody are afforded the same telephone privileges as those in general population.	Meets Standard	
26.	When detainee phone calls are monitored, notification is posted by detainee telephones, including a recorded message on the phone system, that phone calls made by the detainees may be monitored. Special Access calls are not monitored.	Meets Standard	Posting were observed by detainee telephones advising detainees that the telephone calls are monitored. Notices are also programmed into the telephone system.

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

	This Detention Standard ensures that detainees may maintain ties with their families and others in the community by providing them reasonable and equitable access to telephone services.			
	Components	Rating	Remarks (1000 Char Max)	
27.	The OIG phone number for reporting abuse is programmed into the detainee phone system. The reviewer must verify that the number is operable.	Meets Standard	The Office of the Inspector General (OIG) phone number for reporting abuse is programmed into the detainee phone system. The inspector placed a call and was able to get the OIG recording.	
28.	The Field Office Director has assigned ICE staff to check and report on the serviceability of facility phones. This is documented on a weekly basis	Meets Standard	The Immigration Enforcement Agents and Deportation Officers assigned to this facility check telephone serviceability weekly and document those checks. Documentation was reviewed.	

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) During the evaluation of this standard, policy was reviewed and staff and detainees were interviewed. Detainees have access to the telephones from 6:00 a.m. until 10:45 p.m. every day. This includes access to TTY devices. The facility has a ratio of one phone for every 25 detainees. The phones are routinely checked by facility and ICE staff. All required phone numbers were available to ICE detainees. Detainees interviewed had no problems with the phone system. Overall Rating: Meets Standard Reviewer Name (Printed) (b)(6), (b)(7)(c)

	PART 5 – 32.	VISITATION (Key: AF)			
	This Detention Standard ensures that detainees will be able to maintain ties through visitation with their families, the community, legal representatives, and consular officials, within the constraints of safety, security, and good order.				
	Components	Rating	Remarks (1000 Char Max)		
1.	There is a written visitation procedure, schedule, and hours for general visitation.	Meets Standard			
2.	The visitation hours are tailored to the detainee population and the demand for visitation. The minimum duration for a visit is 30 minutes.	Meets Standard			
3.	The visitation schedule and rules are available to the public.	Meets Standard	The visitation schedule and rules are posted in the visitor's waiting area and are available on a telephone recording.		
4.	The hours for all categories of visitation are posted in the visitation waiting area.	Meets Standard			
5.	A written copy of the rules regulating visitation and the hours of visitation is available to visitors in English, Spanish, and other major languages spoken in the facility.	Meets Standard	A written copy of the rules regulating visitation and the hours of visitation is available to visitors in both English and Spanish.		
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	The facility maintains a list of authorized personal property to include dental appliances and prosthetic devices.		
8.	A visitor dress code is available to the public.	Meets Standard	A copy of the visitor's dress code is available to the public at the front desk in the entrance lobby.		
9.	Visitors are searched and identified according to standard requirements.	Meets Standard	Visitors must provide a driver's license or a photo identification card to visit. Visitors are also subject to a pat down search.		
10.	The requirement on visitation by minors is complied with.	Meets Standard	Children age 17 and under are allowed to visit if accompanied by their parent or another adult.		
11.	At facilities where there is no provision for visits by minors, ICE arranges for visits by children and stepchildren, on request, within the first 30 days.	N/A	Minors are allowed to visit at this facility.		
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	Minors are allowed to visit at this facility.		
13.	Anytime a visit is denied, to either a general population detainee or SMU detainee, the denial is documented.	Meets Standard	The facility has not denied a visit to a detainee.		
14.	Detainees in special housing are afforded visitation.	Meets Standard			

This Detention Standard ensures that detainees will be able to maintain ties through visitation with their families, the community egal representatives, and consular officials, within the constraints of safety, security, and good order.			
Components	Rating	Remarks (1000 Char Max)	
 Legal visitation is available seven (7) days a week, including holidays. 	Meets Standard	Legal representatives or paralegals may visit detainees seven days a week between the hours of 6:00 a.m. and 12:00 a.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		
 On regular business days, detainees are given the option of continuing a meeting with a legal representative through a scheduled meal. 	Meets Standard	A detainee will be provided a meal or a sack lunch if a meeting with a legal representative goes through a scheduled meal.	
18. Private consultation rooms are available for attorney meetings. There is a mechanism for the detainee and his/her representative to exchange documents.	Meets Standard	Private consultation rooms are available for attorney meetings. If a detainee and his/her legal representative should need to exchange documents, the material is searched by an officer and the exchange can take place	
19. There are written procedures governing detainee searches.	Meets Standard		
20. Legal representatives and assistants are subject to a non- intrusive search – such as a pat-down search of the person or a search of the person's belongings - at any time for the purpose of ascertaining the presence of contraband.	Meets Standard		
 Per the Standard, prior to each visit, legal service providers and assistants are identified. 	Meets Standard	Legal service providers are required to show their bar card and photo identification.	
22. The current list of pro bono legal organizations is posted in the detainee housing areas and other appropriate areas.	Meets Standard		
23. SPCs and CDFs shall submit written requests for tours from domestic or international organizations and associated with detention issues to the appropriate Field Office Director for approval.	Meets Standard	The facility will submit written requests for tours from domestic or international organizations associated with detention issues to the Field Office Director for approval.	
24. Provisions for NGO visitation as stated in the Detention Standards are complied with.	Meets Standard		
 Law enforcement officials, requesting to visit with a detainee, are referred to the ICE Facility Administrator for approval. 	Meets Standard		

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)	
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	Prior to visiting, former ICE detainees or aliens in proceedings must notify the Warden before registering. The Warden will approve or deny the visit.	

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)

During the evaluation of this standard, policy was reviewed and staff were interviewed. The inspector also observed postings in the visitor processing area and reviewed the sign-in log. The facility has non-contact visiting rooms and consultation rooms for legal visits. The visiting area was clean and well lit. General visiting and legal visits at this facility occur seven days a week. The visiting schedule, rules for visiting and visitor dress code are posted in the front lobby and are also available for distribution. A walk-through metal detector is used when processing visitors into the facility.

Overall Rating: Meets Standard

Reviewer Name (Printed)

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

Completion Date: 9/20/2012

	PART 5 – 33. VOLUNTARY WORK PROGRAM (Key: AG)			
wo	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.			
St	andard N/A			
	ck the above button if ICE detainees are not authorized to ed "N/A")	work at the IGSA facility.(All Line Items and standard will be	
	Components	Rating	Remarks (1000 Char Max)	
1.	The facility has a voluntary work program.	Meets Standard	Policy and procedure and the detainee handbook establish a work program for ICE detainees.	
2.	Detainee housekeeping meets acceptable levels of neatness, cleanliness and sanitation standards.	Meets Standard	Visual observation of the facility during the site review revealed an acceptable level of housekeeping.	
3.	At IGSAs detainees are never allowed to work outside the secure perimeter. SPCs and CDFs detainees classified as level 1 have the opportunity to participate in special details outside the secure perimeter under direct supervision.	Meets Standard	The facility is an IGSA and does not allow detainees to work outside the secure perimeter.	
4.	 Written procedures govern selection of detainees for the Voluntary Work Program. The same procedures apply for replacement workers as for "new" workers. Staff follow written procedures. 	Meets Standard	Policy and procedure establish a means of selection and replacement for detainee workers.	
5.	Where possible, physically and mentally challenged detainees participate in the program.	Meets Standard	Policy and procedure support the inclusion of handicapped detainees in the work program.	
6. • •	The facility complies with work-hour requirements for detainees, not exceeding: Eight hours a day. Forty hours a week.	Meets Standard	The facility does not allow detainees to work more than eight hours per day or forty hours per week.	
7.	Detainee volunteers ordinarily work according to a fixed schedule.	Meets Standard	Policy and procedure specify that detainees will work a fixed shift assignment.	
8.	If a detainee is removed from a work detail, staff place the written justification for the action in the detainee's detention file.	Meets Standard		
9.	Staff, in accordance with written procedure, ensures that detainee volunteers understand their responsibilities as workers before they join the work program.	Meets Standard	Staff provides documented detainee training prior to job assignment.	
10.	 The voluntary work program meets: OSHA standards NFPA standards ACA standards 	Meets Standard	Staff provides documented detainee training prior to job assignment. The training includes the standards contained within this component.	

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)
 11. Medical staff screen and formally certifies detainee food service volunteers; Before the assignment begins As a matter of written procedure 	Meets Standard	Per policy and practice, detainees are seen by the medical department prior to beginning a work assignment.
12. Detainees receive safety equipment/ training sufficient for the assignment	Meets Standard	
13. Proper procedure is followed when an ICE detainee is injured on the job.	Meets Standard	Policy and procedure require notification of ICE if a detainee sustains an injury during the work program.

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)

Facility policy offers detainees the opportunity to work and earn money. Detainees work in various jobs within the facility. Duties include working in the food service department or laundry, as well as housekeeping in the housing areas.

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

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

Completion Date: 9/20/2012

Section VI JUSTICE

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

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

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

	Components	Rating	Remarks (1000 Char Max)
1.	The facility has a detainee handbook. Each detainee receives a copy of the local handbook and the ICE National Detainee Handbook.	Meets Standard	Staff issue the ICE National Detainee Handbook and the facility supplement upon a detainee's arrival to the facility.
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 handbooks are available in both English and Spanish.
3.	A procedure for requesting interpretive services for essential communication has been developed.	Meets Standard	The handbook instructs detainees on the process for requesting interpretive services.
4.	Orientation materials are read to detainees who cannot read, or they are provided the material via audio or video recordings.	Meets Standard	
5.	The handbook supplements the facility orientation video where one is provided.	Meets Standard	The facility utilizes an orientation video. It is produced in both 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	Handbook revisions are posted in the detainee housing areas.
7.	There is an annual review of the handbook by a designated committee or staff member.	Meets Standard	The facility administrator conducts an annual review of the facility handbook. The current facility handbook was revised 06/30/2012.
8.	 The detainee handbook address the following issues: Personal Items permitted to be retained by the detainee. Initial issue of clothes, bedding and personal hygiene items. How to access care. 	Meets Standard	
9.	The detainee handbook states in clear language basic detainee responsibilities.	Meets Standard	
10.	The handbook clearly outlines the methods for classification of detainees, explains each level, and explains the classification appeals process.	Meets Standard	
11.	The handbook states when a medical examination will be conducted.	Meets Standard	The facility handbook states a complete medical examination will be conducted within fourteen days of arrival.

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	The handbook includes schedules for the activities listed in this component.
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	Razors are issues twice daily by detainee request. The detainee must provide a staff member his identification card for issuance. Detainees attending court are offered the opportunity to shave first.
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	The handbook addresses telephone procedures, calling cards, collect calls and limitations for times of high demand.
17. The handbook addresses religious programming.	Meets Standard	
18. The handbook states times and procedures for commissary or vending machine usage. (where available)	Meets Standard	The handbook describes commissary services. Vending machines are not available for detainee use.
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 handbook describes the library, law library, procedures, schedules and hours of operation.
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	
22. The handbook/supplement provides local ICE contact information.	Meets Standard	The handbook contains the contact information for the local Field Office.
23. The handbook describes the facility contraband policy.	Meets Standard	

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

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

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: Prohibited acts and severity scale sanctions. Time limits in the Disciplinary Process. Summary of Disciplinary Process. 	Meets Standard	The handbook describes the detainee disciplinary policy, prohibited acts and time limits in the process.
 27. The grievance section of the handbook explains all steps in the grievance process – Including: Informal (if used) and formal grievance procedures; The appeals process; In CDFs procedures for filing an appeal of a grievance with ICE. Staff/detainee availability to help during the grievance process. Guarantee against staff retaliation for filing/pursuing a grievance. How to file a complaint about officer misconduct with the Department of Homeland Security. 	Meets Standard	The handbook details items within this component, including the process of filing a complaint of officer misconduct with the Department of Homeland Security and policy guaranteeing against staff retaliation.
 The handbook describes the medical sick call procedures for general population and segregation. 	Meets Standard	The facility requires detainees in general population and segregation to file a sick call request.
 29. The handbook describes the facility recreation policy including: Outdoor recreation hours. Indoor recreation hours. In dorm leisure activities. Rules for television viewing. 	Meets Standard	The handbook discusses indoor and outdoor recreation, as well as in-dorm activities.
 The handbook describes the detainee dress code for daily living; and work assignments and the meaning of color-coded uniforms. 	Meets Standard	
31. The handbook specifies the rights and responsibilities of all detainees.	Meets Standard	
32. Detainees are required to sign for the handbook to ensure accountability.	Meets Standard	

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)
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 date	es: mm/dd/yyyy)		
Overall Remarks: (Record significant facts, observations, other sourc	es used, etc.) (5000 Character Max)		
The facility has a local handbook to offer as a supplement to the ICE National Detainee Handbook. It provides a comprehensive orientation and outline of the facility policy and procedures. It includes subject matter related to facility rules, the disciplinary system, mail, grievances and medical care.			
Overall Rating: Meets Standard			
Reviewer Name (Printed (b)(6), (b)(7)(c)	Completion Date: 9/20/2012		
Reviewer Signature (for printed form submission):			

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	PART 6 – 35. GRIEV/			
This Detention Standard protects detainees' rights and ensures they are treated fairly by providing a procedure by which they may file formal grievances and receive timely responses.				
	Components	Rating	Remarks (1000 Char Max)	
	Detainees are informed about the facility's informal and formal grievance system.	Meets Standard	Policy and procedure establish an informal and formal grievance process. Information on the grievance system is also contained in the facility handbook, distributed to detainees during the booking process.	
2.	The admissions process includes providing each new arrival with a copy of the detainee handbook (or equivalent).	Meets Standard		
3.	 The grievance section of the handbook explains all steps in the grievance process – Including: Informal and formal grievance procedures; The appeals process and step-by-step procedures; Staff/detainee availability to help during the grievance process Guarantee against staff retaliation for filing/pursuing a grievance. How to file a complaint about officer misconduct with the Department of Justice. How to file an emergency grievance. 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 Meets Standard	The handbook addresses the items included in this component. Policy encourages detainees to seek informal resolution to complaints. It allows a five-day window to make an informal	
5.	 Detainees have access to the grievance committee (or equivalent in IGSA), using formal procedures. Detainees may seek help from other detainees or facility staff when preparing a grievance. Illiterate, disabled, or non-English-speaking detainees receive special assistance when necessary. 	Meets Standard	grievance formal. The facility offers detainees a multi-step grievance process to appeal decisions with which they do not agree. Detainees may request assistance when needed.	
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	Staff attends annual training on how to identify and expedite an emergency grievance.	
8.	Staff shall not harass, discipline, punish or otherwise retaliate against a detainee who files a complaint or grievance.	Meets Standard	Policy and the local handbook advise detainees that staff shall not harass or punish them for filing a grievance.	

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. Rating Components Remarks (1000 Char Max) 9. Procedures include maintaining a Detainee Grievance Log. If not, an alternative acceptable record keeping The facility maintains a grievance system is maintained. log. If nuisance complaints are Meets Standard received, the facility has a means "Nuisance complains" are identified in the records. of noting it on the grievance log. For quality control purposes, staff document nuisance complaints received but not filed. 10. If a detainee who establishes a pattern of filing nuisance complaints or otherwise abusing the grievance system, the Facility Administrator may authorize staff to refuse to Meets Standard process subsequent complaints. This authority may not be delegated, even to an acting Facility Administrator. 11. Staff are required to forward any grievance that includes The facility forwards all ICE officer misconduct to a higher official or, in a CDF/IGSA detainee grievances concerning Meets Standard staff misconduct to the on-site facility, to ICE. ICE staff. 12. Informal resolution of a written grievance is documented in Meets Standard the detainee's Detention File. The facility requires staff to 13. Staff comply with the requirement to report allegations of officer misconduct to a supervisor or higher-level official in report allegations of staff his or her chain of command, and/or to ICE/DRO Office of misconduct to a supervisor. Meets Standard Professional Responsibility and/or the DHS Inspector Facility policy requires the General. notification of ICE if an allegation is made. 14. In SPCs and CDFs, when a Detainee does not accept the grievance committee's decision, he/she files an appeal with This is an IGSA facility; detainees the ICE Facility Administrator. Meets Standard may appeal to the facility administrator. In all facilities written procedures cover detainee appeals and are included in the detainee handbook 15. In SPCs/CDFs, the detainee has a reasonable timeframe The facility requires detainees to after the incident or informal-grievance outcome to file a submit formal or informal Meets Standard formal grievance. grievances within five days of occurrence.

PART 6 – 35. GRIEVANCE SYSTEM – Reviewer Summary

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

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

The facility grievance policy protects detainee rights and ensures they are treated fairly. It offers detainees an informal and formal avenue to address concerns to management staff. Detainee grievances, including their disposition, are included in the detainee's detention file.

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

Completion Date: 9/20/2012

PART 6 – 35. GRIEVANCE SYSTEM – Reviewer Summary

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

	PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL (Key: AJ)				
Th	This Detention Standard protects detainees' rights by ensuring their access to courts, counsel, and legal materials.				
	Components	Rating	Remarks (1000 Char Max)		
1.	The facility provides a designated law library for detainee use.	Meets Standard			
2.	 The law library contains all materials listed in the "Access to Legal Materials" Standard, Attachment A. The listing of materials is posted in the law library. In lieu of/or in addition to the physical law library, ICE detainees have access to the Lexus Nexus electronic law library. 	Meets Standard	The facility uses the LexisNexis electronic law library as the source for Attachment A materials.		
3.	 If the Lexis/Nexis CD-ROM service alternative is used for the publications in Attachment A, the facility provides detainees sufficient: Operable computers and printers, in sufficient numbers in order to provide access Photocopiers, and Supplies for both. 	Meets Standard	The law library contains four computers, one printer and one copier. All computers have the LexisNexis software, and the program was up to date.		
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 adequately equipped with computers that have the LexisNexis program and Microsoft Word.		
6.	Detainees are provided with the means to save legal work in a private electronic format for future use.	Meets Standard	Each detainee that requests to save legal work is assigned a CD. The disc is kept in the law library and the detainee has access to it when needed.		
7.	The facility subscribes to updating services where applicable and legal materials requiring updates are current.	Meets Standard	ICE staff assist in maintaining up- to-date law library materials.		
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			
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 ICE Information Technician Systems Administrator inspects, updates and replaces legal materials and equipment on a routine basis.		

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 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.	Rating Meets Standard	Remarks (1000 Char Max) Detainees are provided a minimum of five hours per week access to the law library. Detainees submit a request slip to the law library Assistant Clerk who will then schedule the detainee to use the law library.	
11. Detainees may request material not currently in the law library. Each request is reviewed and where appropriate an acquisition request is initiate and timely pursued. Request for copies of court decisions are accommodated within 3 – 5 business days.	Meets Standard	Requests for materials not currently in the law library are forwarded to ICE for assistance.	
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	The Assistant Clerk in the law library will assist illiterate or non- English speaking detainees in receiving more than English language law books when needed.	
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 are allowed to retain legal materials upon admission. Detainees with a large amount of legal material are required to store the excess in the personal property room. They can access the stored legal material by submitting a request to staff.	
15. Detainees housed in Administrative Segregation and Disciplinary Segregation units have the same law library access as the general population, barring security concerns. Detainees denied access to legal materials are documented and reviewed routinely for lifting of sanctions.	Meets Standard		
16. All denials of access to the law library fully documented.	Meets Standard	All denials of access to the law library would be fully documented. There have been no denials.	
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	The facility has not denied any detainees access to legal materials.	
 Detainees who seek judicial relief on any matter are not subjected to reprisals, retaliation, or penalties. 	Meets Standard		
19. Indigent detainees are provided with free envelopes and stamps to mail related to legal matters.	Meets Standard		

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

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

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

During the evaluation of this standard, policy was reviewed and staff and detainees were interviewed. The inspector observed the LexisNexis program and the law library. The facility has a law library with a large collection of state and federal law books. Detainees have access to four computers that contain the LexisNexis electronic law library. Detainees are allowed a minimum of five hours in the law library, but can submit a request slip if they need more access. The detainee handbook describes the law library and the availability of the LexisNexis program.

Overall Rating: Meets Standard Reviewer Name (Printed)

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

Completion Date: 9/20/2012

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

This Detention Standard protects detainees' rights by ensuring their access to information presented by authorized persons and organizations for the purpose of informing them of U.S. immigration law and procedures.

Standard N/A

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

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

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

This Detention Standard protects detainees' rights by ensuring their access to information presented by authorized persons and organizations for the purpose of informing them of U.S. immigration law and procedures.

Standard N/A

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

Components	Rating	Remarks (1000 Char Max)
12. Group presenters who have had their privileges suspended are notified in writing by the Field Office Director or designee, and the reasons for suspension are documented. The Headquarters Office for Detention and Removal, Field Operations and Detention management Division is notified when a group or individual is suspended from making presentations.	N/A	
13. The facility plays ICE/DRO-approved videotaped presentations on legal rights, at regular opportunities at the request of outside organizations.	N/A	
14. A copy of the Group Legal Rights Presentation policy, including attachments, is available to detainees upon request	N/A	
15. The facility maintains equipment for viewing approved electronically formatted presentations.	N/A	

PART 6 - 37. LEGAL RIGHTS GROUP PRESENTATIONS – Reviewer Summary			
(Use following format for dates	: mm/dd/yyyy)		
Overall Remarks: (Record significant facts, observations, other source	s used, etc.) (5000 Character Max)		
The facility has not had any legal rights group presentations in the last 12 months.			
Overall Rating: Meets Standard			
Reviewer Name (Printed): (b)(6), (b)(7)(c) Completion Date: 9/20/2012			
Reviewer Signature (for printed form submission):			

Section VII ADMINISTRATION & MANAGEMENT

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

Page 131 of 148 FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE) G-324A (Coded 10132010) Detention Review Worksheet - Rev: 6/19/2012 – Form Key 3

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		
3.	 The detainee's Detention File also contains documents generated during the detainee's custody. Special requests Any G-589s and/or I-77s or IGSA equivalent, closed-out during the detainee's stay Disciplinary forms/Segregation forms Grievances, complaints, and the disposition(s) of same 	Meets Standard	Fifteen detention files were reviewed and contained all the required documents listed in this component.	
4.	The Detention Files are located and maintained in a secured area. If not the cabinets are lockable and distribution of the keys is limited to supervisors.	Meets Standard	Detention files are maintained in filing cabinets in a room occupied by the case manager and records clerks. The cabinets are lockable. The door to the file room is locked when not in use. Only the case manager and records clerks have a key to the room.	
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	When a detainee is released or transferred and all appropriate documents are added to the file, the file is stamped "CLOSED" on the outside. The file is then ready to be archived.	
7.	Staff make copies and sends documents from the file when appropriately requested by supervisory personnel at the receiving facility or office.	Meets Standard	All records are available to appropriate federal, state and other authorities. Copies will be made and sent to approved agencies.	
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	Only authorized staff have access to detention files. A logbook is maintained to sign out files.	

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)	
 Electronic record-keeping systems and data are protected from unauthorized access. 	Meets Standard	Electronic record keeping systems are password-protected to prevent unauthorized access.	
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	Per policy, a release of information form is required before any information about a detainee is released. A copy is maintained in the detention file.	
 Electronic data on individual detainees is subject to the same Privacy Act regulations as the contents of traditional paper Detention Files and A-files. 	Meets Standard		
12. The Facility Administrator or staff designate ensures that necessary equipment and supplies, including copier and copier supplies are available; all equipment is maintained in good working order and that equipment has the capacity to handle the volume of work.	Meets Standard		
 The 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	Archived files will be purged after six years by shredding or burning. The facility has only been operational since 2007.	
15. Field Offices maintains detention files on detainees housed in IGSA Facilities as needed. These files are maintained for a minimum of 18 months.	Meets Standard		

PART 7 – 38. DETENTION FILES – Reviewer Summary

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

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

During the review of this standard, policy was reviewed and staff were interviewed. The inspector also reviewed detention files, observed the record storage room and reviewed the file sign-out log. The files are maintained in lockable filing cabinets, and only authorized staff has access to the files. All detention files reviewed were in proper order. The files contained the required documentation.

Overall Rating: Meets Standard Reviewer Name (Printed)

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

Completion Date: 9/20/2012

	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 would approve all interviews by reporters and other news media representatives, academics and others not covered by the Detention Standard on Visitation. The facility has not had any news media interviews or tours in the past 12 months.		
2.	All personal interviews are documented with the News Interview Authorization form (or equivalent) and filed in the detainee's A-file with a copy in the facility's Detention File.	Meets Standard	All personal interviews with detainees would be documented on the News Interview Authorization form, and that form would be filed in the detainee's A-File and detention 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			
4.	Signed released forms are obtained and retained in the detainee's a-file from any media representatives who photographed or recorded any detainee in any way that would individually identify him or her.	Meets Standard	A signed release form would be obtained from a detainee who agrees to be photographed or recorded. A copy would be placed in the detainee's A-file and detention file.		
5.7	 All press pools are organized `according to the procedures in the Detention Standard. A press pool may be established when the Field Office Director and facility administrator determine that the volume of interview requests warrants such action. All media representatives with pending or requested, tours, or visits were notified that, effective immediately and until further notice, all media representatives must comply with the press pool guidelines established by the Field Office Director. All material generated from such a press pool is made available to all news media, without right of first publication or broadcast. 	Meets Standard	All press pools would be organized according to the procedures in the Detention Standard and in consultation with the Office of Public Affairs.		

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

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

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)

During the review of this standard, policy was reviewed and staff were interviewed. Although the facility has not received any requests for media interviews during the past 12 months, any requests for interviews with ICE detainees would be forwarded to ICE staff for review and handling. The procedures stated in the Detention Standard would be followed.

Overall Rating: Meets Standard

Reviewer Name (Printed) (

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

Completion Date: 9/20/2012

	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	Policy establishes a comprehensive training policy for staff, contractors and volunteers that includes initial and annual training.	
2.	The amount and content of training is consistent with the duties and function of each individual and the degree of direct supervision that individual receives.	Meets Standard	Staff is trained in accordance with their duties and job functions.	
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 training manager has completed a training for trainers course.	
4.	Training is governed and guided by a training plan that is reviewed and approved annually by the facility administrator.	Meets Standard	The facility training plan has been approved by the facility administrator.	
5.	 An accurate and complete record is maintained of all formal training activities in: Individual training folders, Other training records systems, and/or Electronic systems. 	Meets Standard	The facility maintains electronic training records. Each employee has a master training record containing information on all his/her training; it is maintained by the training department.	

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

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.				
Rating	Remarks (1000 Char Max)			
Rating Meets Standard	Remarks (1000 Char Max) Clerical/support employees complete an initial training program that includes the subjects listed in this component.			
	Rating			

	PART 7 – 40. STAFF TRAINING (Key: AN)				
	This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.				
	Components	Rating	Remarks (1000 Char Max)		
8.	Professional and support employees (including contractors) who have regular or daily detainee contact will receive training on the following subjects, at a minimum:				
	 Security procedures and regulations 				
	Code of Ethics				
	Health-related emergencies				
	Drug-free workplace				
	Supervision of detainees				
	Signs of suicide risk and hunger strike				
	Suicide precautions				
	Use-of-force regulations and tactics				
	Report writing		Professional and support employees and contractors		
	Detainee rules and regulations	Meets Standard	complete an initial training		
	Key control		program that includes the		
	Rights and responsibilities of detainees		subjects listed in this component.		
	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.				

PART 7 – 40. STAFF TRAINING (Key: AN)				
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.				
Components	Rating	Remarks (1000 Char Max)		
 9. Full-time health care employees receive at least 40 hours of formal orientation before undertaking their assignments. At a minimum, the orientation program includes: The purpose, goals, policies and procedures for the facility and parent agency security and contraband regulations Key control; appropriate conduct with detainees Responsibilities and rights of employees Standard precautions Occupational exposure Personal protective equipment Bio-hazardous waste disposal Overview of the detention operations. National Detention Standards. Medical grievance procedures and protocol. 	Meets Standard	Health care employees complete an initial training program that includes the subjects listed in this component.		
Code of Ethics				
Drug free workplace				
Hostage situations and staff conduct if taken hostage.				

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.			
 10. Security personnel (including contractors) will receive training on the following subjects, at a minimum: Security procedures and regulations Supervision of detainees Searches of detainees, housing units, and work areas Signs of suicide risk, precaution, prevention and intervention. Code of Ethics Health-related emergencies Drug-free workplace Suicide precautions Self-defense techniques Use-of-force regulations and tactics Report writing Detainee rules and regulations Key control Rights and responsibilities of detainees Safety procedures Emergency plans and procedures Interpersonal relations Social/cultural lifestyles of the detainee population Cultural diversity/understanding staff & detainees Communication skills Cardiopulmonary resuscitation (CPR)/first aid Counseling techniques Sexual abuse/assault awareness National Detention Standards. 	Meets Standard	Security personnel, including contractors, complete an initial training program that includes the subjects listed in this component.	
 11. Situation Response Teams (SRTs) receive: Specialized training before undertaking their assignments. 	Meets Standard	Situation Response Teams are required to attend forty hours of initial training and eight hours of training each month to maintain membership.	
 12. Facility management and supervisory staff receive: Management and Supervisory training 	Meets Standard	Management staff completes training annually. Documentation of training is maintained by the training director.	

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)
13. (MANDATORY) Personnel authorized to use firearms receive training that covers their use, safety, and care and constraints on their use before being assigned to a post involving their possible use.	Meets Standard	(b)(7)e
14. (MANDATORY) All personnel authorized to use firearms demonstrate competency in their use at least annually.	Meets Standard	(b)(7)e
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	The facility chemical agent training includes pre and post- exposure sections that include decontamination procedures. Annual recertification training is conducted.
 16. All staff receives orientation and annual training on the facility's drug-free workplace program. Typical contents are: Staff, contractors, and volunteers prohibited from: Using illegal drugs. Possessing illegal drugs except in the authorized performance of official duties. Procedures to be used to ensure compliance. Opportunities available for treatment and/or counseling for drug abuse. Penalties for violation of the policy. 	Meets Standard	Staff, contractors and volunteers are required to sign a statement acknowledging their training and compliance with a drug and alcohol program.
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	

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.		
 18. All staff are trained during orientation and annually thereafter, regarding the facility's code of ethics. Typical contents are: Staff, contractors, and volunteers prohibited from: Using their official positions to secure privileges for themselves or others. Engaging in activities that constitute a conflict of interest. Accepting any gift or gratuity from, or engaging in personal business transactions with a detainee or a detainee's immediate family. Acceptable behavior in the areas of campaigning, lobbying or political activities. 	Meets Standard	Staff members receive annual ethics and compliance training. It includes signing an acknowledgement of the training which is filed at the facility.
19. New staff are required to acknowledge in writing that they have reviewed and understand facility work rules, ethics, regulations, conditions of employment, and related documents, and a copy of the signed acknowledgement is maintained in that person's personnel file.	Meets Standard	
 20. (MANDATORY) All staff in frequent contact with detainees is trained at least annually to respond to health-related emergencies within four minutes. The training is provided by a responsible medical authority in cooperation with the facility administrator and includes: Recognizing of signs of potential health emergencies and the required responses. Administering first aid and cardiopulmonary resuscitation (CPR). Obtaining emergency medical assistance through the facility plan and its required procedures. Recognizing signs and symptoms of mental illness, suicide risk, retardation, and chemical dependency. The facility's established plan and procedures for providing emergency medical care including, when required, the safe and secure transfer of detainees for appropriate hospital or other medical services, including by ambulance when indicated. 	Meets Standard	Staff annually attend classes on first aid and American Heart Association-approved cardiopulmonary resuscitation (CPR). The facility conducts and documents quarterly medical and fire safety drills ensuring response in the required time frame.

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.			
 21. All staff in frequent contact with detainees are trained at least annually on the facility's Sexual Abuse and Assault Prevention and Intervention Program, to include: Understanding that sexual abuse or assault is never an 			
 acceptable consequence of detention. Recognizing housing or other situations where sexual abuse or assault may occur. 	Meets Standard	Comprehensive sexual abuse prevention training is included in the initial orientation and	
 Recognizing the physical, behavioral, and emotional signs of sexual abuse or assault and ways to prevent such occurrences. 		updated training. It includes the items listed in this component.	
 Knowing how to report knowledge or suspicion of sexual abuse or assault and make intervention referrals in the facility's program. 			
 22. (MANDATORY) All staff in frequent contact with detainees are trained at least annually on the facility's Suicide Prevention and Intervention Program, to include: Identifying the warning signs and symptoms of impending suicidal behavior, 			
 Demographic, cultural, and precipitating factors of suicidal behavior, 		Comprehensive suicide- prevention training is included in	
 Responding to suicidal and depressed detainees, Communication between correctional and health care personnel, 	Meets Standard	the initial orientation and the annual in-service training. It includes the areas described in this component	
 Referral procedures, Housing observation and suicide-watch level procedures, and 		this component.	
 Follow-up monitoring of detainees who have attempted suicide. 			
 All staff are trained during orientation and annually to recognize the signs of a hunger strike and on the procedures for referral for medical assessment. 	Meets Standard		
24. All staff are trained in proper procedures for the care and handling of keys. Orientation training shall be accomplished before staff are issued keys, and key control shall be among the topics covered in annual training. Ordinarily, such training is done by the Security Officer or Key Control Officer.	Meets Standard		

PART 7 – 40. 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)	
 25. Through ongoing (at least annual) training, all detention facility staff are made aware of their responsibilities to control situations involving aggressive detainees. At a minimum, training shall include: The requirements of this Detention Standard The use of force continuum. 			
The use of force continuumCommunication techniques		Staff attends annual training which includes the subjects listed within this component.	
 Cultural diversity Dealing with the mentally ill Confrontation-avoidance techniques 	Meets Standard		
Approved methods of self-defense			
Force cell-move techniques			
• Communicable diseases, particularly precautions to be taken for use of force			
Application of restraints (progressive and hard)			
Reporting procedures.			
26. Employees are encouraged to continue their education and professional development through incentives such as salary enhancement, reimbursement of costs, and administrative leave.	Meets Standard	The facility offers reduced-rate college classes via the internet and tuition reimbursement for staff attending local colleges.	

PART 7 – 40. STAFF TRAINING – Reviewer Summary

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

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

The facility maintains a comprehensive training plan that ensures staff are properly trained and competent in their assigned duties. Security staff working at the facility attend 120 hours of initial training from instructors certified as staff trainers. Follow up training is conducted annually in forty-hour blocks of instruction, with specialized training offered for staff wishing to gain additional knowledge. Facility staff stated the available training was useful and was presented by capable instructors. Staff training records were comprehensive, with documents supporting the training provided.

Overall Rating: Meets Standard

Reviewer Name (Printed)

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

Completion Date: 9/20/2012

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)		
 When a detainee is represented by legal counsel or a legal representative, and a G-28 has been filed, the representative of record is notified by the detainee's Deportation Officer within 24 hours of transfer. The notification is recorded in the detainee's file When the A-File is not available, notification is noted within ENFORCE. 	Meets Standard	The Supervisory Detention and Deportation Officer (SDDO) confirmed that the Deportation Officer does notify the attorney of record within 24 hours of a detainee's transfer.		
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			
 The attorney and detainee are notified that it is their responsibility to notify family members regarding a transfer. 	Meets Standard	The SDDO confirmed that the Deportation Officer notifies the attorney and the detainee that it is their responsibility to notify family members regarding a transfer.		
5. Facility policy mandates that:				
 Times and transfer plans are never discussed with the detainee prior to transfer. The detainee is not notified of the transfer until immediately prior to departing the facility. The detainee is not permitted to make any phone calls 	Meets Standard	Policy addresses each of the bulleted parts of this component.		
or have contact with any detainee in the general population.				
 The detainee is provided with a completed Detainee Transfer Notification Form. 	Meets Standard	The detainee receives a copy of the Detainee Transfer Notification Form in the intake area, just prior to transfer.		
7. Form G-391 or equivalent authorizing the removal of a detainee from a facility is used.	Meets Standard			
8. For medical transfers:				
 The Division of Immigration Health Services (DIHS) Medical Director or designee approves the transfer. Medical transfers are coordinated through the local ICE/DRO office. 	Meets Standard	Policy addresses the bulleted parts of this component. This facility has Immigration Health Service Corps (IHSC) staff, and		
 A medical transfer summary is completed and accompanies the detainee. Detainee is issued a minimum of 7 days worth of 		the Medical Director approves medical transfers.		
prescription medications.				

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)	
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.	Meets Standard		
10. For medical transfers, transporting officers receive instructions regarding medical issues.	Meets Standard	Transporting officers receive instructions regarding medical issues prior to transporting a detainee for medical purposes.	
11. Detainee's funds, valuables and property are returned and transferred with the detainee to his or her new location.	Meets Standard		
12. Transfer and documentary procedures outlined in Section C and D are followed.	Meets Standard		
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.	Meets Standard	Policy states that detainees will have the opportunity to make at least one telephone call during the admissions process.	
14. Meals are provided when transfers occur during normally schedule meal times.	Meets Standard	Detainees are provided a sack lunch when a transfer occurs during a meal period.	
15. An A-File or work folder accompanies the detainee when transferred to a different Field Office or sub-office.	Meets Standard		
16. A-Files are forwarded to the receiving office via overnight mail no later than one business day following the transfer.	Meets Standard	A-Files are forwarded to the receiving office by FedEx no later than one business day following the transfer.	

PART 7 - 41. TRANSFER OF DETAINEES – Reviewer Summary

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

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

During the review of this standard, policy was reviewed, detention files were reviewed and ICE and facility staff were interviewed. Interviews confirmed that the ICE Field Office ensures that all necessary notification requirements are made for every ICE detainee transfer.

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

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

Completion Date: 9/20/2012

DOCUMENT CHECK

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

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

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

	А.	Type of	Facility	Reviewed
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ICE Service Processing Center
ICE C. A. D. A. A' E. P.

- ICE Contract Detention Facility
 - ICE Intergovernmental Service Agreement

B. Current Inspection

 \boxtimes

Type of Inspection
Field Office HQ Inspection
Date[s] of Facility Review
09/18/2012 to 09/20/2012

C. Previous/Most Recent Facility Review

Date[s] of Last Facility 09/20/2011 to 09/22/20	
Previous Rating	
Meets Standards	Does Not Meet Standards

D. Name and Location of Facility

Name		
LaSalle Detention Facility		
Address (Street and Name)		
830 Pinehill Road		
City, State and Zip Code		
Jena, LA 71342		
County		
LaSalle Parish		
Name and Title of Facility Administrator		
(Warden/OIC/Superintendent)		
(b)(6), (b)(7)(c) Warden		
Telephone # (Include Area Code)		
318-9 9 26), (b)(7)(c)		
Field Office / Sub-Office (List Office with oversight		
responsibilities)		
New Orleans/Oakdale		
Distance from Field Office		
225 miles/77 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 Serv. 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 (b)(6), (b)(7)(c) Security SME / Nakamoto Group Name of Team Member / Title / Duty Location

F. CDF/IGSA Information Only

- J		
Date of Contract or IGSA		
07/27/2007		
39 / 417+1160 heads=\$43.17		
Other Charges: (If None, Indicate N/A)		
; Flat fee for GTI increased to		

Estimated Man-days Per Year 349,000

G. Accreditation Certificates

List all State or National Accreditation[s] received:	
American Correctional Association	
Check box if facility has no accreditation[s]	

H. Problems / Complaints (Copies must be attached)

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

I. Facility History

Date Built	
1998	
Date Last Remodeled	or Upgraded
11/2011	
Date New Constructio	n / Bedspace Added
5/13/10	_
Future Construction P	lanned
Yes No Date:	N/A
Current Bedspace	Future Bedspace (# New Beds only)
1160	Number: N/A Date: N/A

J. Total Facility Population

Total Facility Intake for previous 12 months
28,363
Total ICE Mandays for Previous 12 months
321,394

K. Classification Level (ICE SPCs and CDFs Only)

	L-1	L-2	L-3
Adult Male	297	124	154
Adult Female	78	16	12

L. Facility Capacity

	Rated	Operational	Emergency		
Adult Male	1096	944	1096		
Adult Female	232	216	232		
Facility holds Juveniles Offenders 16 and older as Adults					

M. Average Daily Population

0 1	ICE	USMS	Other
Adult Male	798	0	0
Adult Female	108	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 <u>must be completed</u> prior to the scheduled review dates. The information on this form should contain data for the past twelve months in the boxes provided. The information on this form is used in conjunction with the ICE Detention Standards in assessing your Detention Operations against the needs of the ICE and its detained population. This form should be filled out by the facility prior to the start of any inspection. Failure to complete this section will result in a delay in processing this report and the possible reduction or removal of ICE' detainees at your facility.

Incidents	Description	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault:	Types (Sexual ² , Physical, etc.)	Physical	Physical	Physical	Physical
Offenders on Offenders ¹	With Weapon	0	0	0	0
	Without Weapon	6	8	8	9
Assault:	Types (Sexual Physical, etc.)	Physical	N/A	N/A	N/A
Detainee on Staff	With Weapon	0	0	0	0
	Without Weapon	1	0	0	0
Number of Forced Moves, incl. Forced Cell moves ³		1	3	2	1
Disturbances ⁴		0	1	3	1
Number of Times Chemical Agents Used		0	1	2	1
Number of Times Special Reaction Team Deployed/Used		1	3	2	1
# Times Four/Five Point	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	N/A	N/A	N/A	N/A
Restraints applied/used	Type (C=Chair, B=Bed, BB=Board, O=Other)	N/A	N/A	N/A	N/A
Number of Times Canines Used in Facility		0	0	0	0
Offender / Detainee Medical Referrals as a result of injuries sustained.		8	7	3	4
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	117	118	83	143
	# Resolved in favor of Offender/Detainee	26	24	24	36
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	N/A	N/A	N/A	N/A
	Number	0	0	0	0
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	50	49	26	48
	# Psychiatric Cases referred for Outside Care	0	0	0	0

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

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

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

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

DHS/ICE Detention Standards Review Summary Report					
1. I	Meets Standards 2. Does Not Meet Standards 3. Repeat Finding 4. Not Applicable	1	2	3	4
PA	RT 1 SAFETY				
1	Emergency Plans	\boxtimes			
2	Environmental Health and Safety	\square			
3	Transportation (By Land)	\square			
PA	RT 2 SECURITY		-		
4	Admission and Release	\square			
5	Classification System	\square			
6	Contraband	\square			
7	Facility Security and Control	\boxtimes			
8	Funds and Personal Property	\square			
9	Hold Rooms in Detention Facilities	\square			
10	Key and Lock Control	\boxtimes			
11	Population Counts	\square			
12	Post Orders	\square			
13	Searches of Detainees	\square			
14	Sexual Abuse and Assault Prevention and Intervention	\square			
15	Special Management Units	\square			
16	Staff-Detainee Communication	\square			
17	Tool Control	\square			
18	Use of Force and Restraints	\square			
PA	RT 3 ORDER				
19	Disciplinary System	\square			
PA	RT 4 CARE				
20	Food Service	\square			
21	Hunger Strikes	\square			
22	Medical Care	\square			
23	Personal Hygiene	\square			
24	Suicide Prevention and Intervention	\square			
25	Terminal Illness, Advance Directives, and Death				
PA	RT 5 ACTIVITIES		I	٦	
26	Correspondence and Other Mail	\square			
27	Escorted Trips for Non-Medical Emergencies				\square
28	Marriage Requests				
29	Recreation				
30	Religious Practices				\mid
31	Telephone Access	\square			
32	Visitation				
33	Voluntary Work Program				
	RT 6 JUSTICE				
34	Detainee Handbook				\mid
35	Grievance System				
36	Law Libraries and Legal Material				\mid
37	Legal Rights Group Presentations				
	RT 7 ADMINISTRATION & MANAGEMENT	_			
38	Detention Files				\mid
39	News Media Interviews and Tours				
40	Staff Training	\square			
41	Transfer of Detainees	\square			

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LCI Review Assurance Statement

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

Lead Compliance Inspector: (Print Name)	Signature
(b)(6), (b)(7)(c)	(b)(6), (b)(7)(c)
Title & Duty Location	Date
Lead Compliance Inspector, The Nakamoto Group, Inc.	09/20/2012

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

Recommended Rating:

Meets Standards
Does Not Meet Standards

Comments: The LaSalle Detention Facility is an 1160-bed facility that is owned and operated by the GEO Group, Inc. The facility was built in 1998 and was formerly a state juvenile detention facility. The GEO Group obtained the facility in 2007 and received ICE detainees in October of that year. The facility houses only ICE detainees (both male and female). The average stay for an ICE detainee is 21 days. The facility has ICE staff consisting of an AFOD and 30 detention staff that maintain offices at the facility.

 (b)(7)e	
(b)(7)e	Canine units are not used at this facility.

The facility has not had any deaths, suicide attempts, escapes or attempted escapes during the past 12 months. The facility does not charge ICE detainees a medical co-pay fee.

There was one serious hunger strike at the facility in the past year. On 12/28/2011, a 30 year old male Haitian ICE detainee refused his ninth consecutive meal. A hunger strike was declared. Hunger strike policy and procedure were followed as documented in the medical record. The hunger striker did drink one to four 8 oz. cans of Ensure per day, but was still considered to be on a hunger strike. He was transferred to a more appropriate facility on 1/12/2012 without having suffered any severe consequences of his hunger strike.

Office of Enforcement and Removal Operations

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



MEMORANDUM FOR:	Philip Miller Field Office Director	_	
FROM:	(b)(6), (b)(7)(c)	MAR 2 7 2013	
	Assistant Director for Custody Management		
SUBJECT:	LaSalle Detention Facility Annual Review 2012		

The annual review of the LaSalle Detention Facility conducted on September 18-20, 2012 in Jena, LA has been received. A final rating of <u>Meets Standards</u> 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):

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

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

cc: Official File