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



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

5-11-09 update Intergovernmental Service Agreement (IGSA)

ICE Service Processing Center (SPC)
ICE Contract Detention Facility (CDF)
Name
Northwest Detention Center
Address (Street and Name)
1623 E. J Street
City, State and Zip Code
Tacoma, WA 98421
County
Pierce
Name and Title of Chief Executive Officer (Warden/Superintendent/Facility
Administrator)
(b)(7)(e) Warden
Name and Title of Lead Compliance Inspector
(b)(6), (b)(7)(c)
Date[s] of Review
From 4/17/2012 to 4/19/2012
Type of Review
Headquarters Operational Special Assessment Other

 \square

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

Introduction to the G324A Over 72hour Facility Detention Inspection Worksheets

What is "Performance-Based"?

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

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

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

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

Worksheet Overview

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

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

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

Worksheet Completion

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

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

Outcome Measures Completion

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

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

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Section I SAFETY

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

PART 1 – 1. EMERGENCY PLANS					
This Detention Standard ensures a safe environment for detainees and employees by having in place contingency plans to quickly and effectively respond to any emergency situations that arise and to minimize their severity.					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
authority over oth					Facility policy dictates that no detainee or group of detainees will exercise authority or control over other detainees.
 2. Detainees are pr Personal abu Corporal pun Personal inju Disease Property dan Harassment 	ise ishment ry				Policy provides that detainees are protected from personal abuse, personal injury, corporal punishment, disease, property damage and harassment from staff and other detainees.
	to identify signs of detainee unrest. ning and how often?				New employees receive this training as part of their "Introduction to Corrections" training. Existing staff receive the same as part of their "Annual Refresher Training."
	disseminate information on facility attitudes, and moods to the Facility				Staff conducts a daily briefing every morning and at the start of each shift.
for emergency Sufficient time is	nated person or persons responsible plans and their implementation. allotted to the person or group for i implementation of the plans.				The Compliance Administrator is responsible for the maintenance of the Emergency Plans.
strictly accounted	y plan is assigned a number and is for. A list identifying the location of plan is maintained by the Chief of alent.				
	raining in the emergency plans during raining as well as during their annual	\boxtimes			
discusses alterna	Section of the emergency plans ate routes to the facility for staff to use primary route is impassable.				A detailed drawing of alternate routes to the facility is in the general section of the Emergency Plans.
ConfidentialitAccountabilit	ss the following issues: y y (copies and storage locations) w procedures and schedule				
section with proc	ns include a comprehensive general edures applicable to most emergency ng procedures for handling detainees ls.				

PART 1 – 1. EMERGENCY PLANS							
	This Detention Standard ensures a safe environment for detainees and employees by having in place contingency plans to quickly and effectively respond to any emergency situations that arise and to minimize their severity.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
11. Contingency plans include a procedure for notification of neighbors residing in close proximity to the facility.	\boxtimes			Local residents and businesses are notified in the event of an emergency situation.			
 12. The facility has cooperative contingency plans with applicable: Local law enforcement agencies State agencies Federal agencies 		\boxtimes		This component was rated as deficient during the last inspection due to the facility not having cooperative contingency plans with local, state and federal law enforcement agencies. This component remains deficient and is considered a repeat deficiency because local law enforcement elects not to cooperate with this facility or sign a Memorandum of Understanding.			
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.				This component was rated as deficient during the last inspection due to the facility not conducting mock emergency exercises with other agencies. This component remains deficient and is considered a repeat deficiency because local law enforcement agencies elect not to participate in mock exercises with this facility.			
14. All staff receive copies of the Facility Hostage policy and procedures.	\boxtimes			During annual refresher training, the facility hostage policy and procedures are reviewed.			
15. Staff are trained to (b)(7)e (b)(7)e Within 24 hours after release, hostages are screened for medical and psychological effects.				Hostage situations are reviewed during annual refresher training to include all elements of this component.			
16. The facility maintains a list of translator services in the event one is needed during a hostage crisis.	\boxtimes			The facility employs the "Interpretalk" system			
17. Emergency plans include emergency medical treatment for staff and detainees during and after an incident.				A regimen exists in the Emergency Plans to treat staff and detainees after an incident.			
18. The Food Service Department maintains at least 3- days' worth of emergency meals for staff and detainees.				A 15 day supply of emergency meals does exist within the Food Service Department.			
19. Written plans illustrate locations of shut-off valves and switches for utilities (water, gas, electric).	\boxtimes			The Emergency Plan utilizes written plans and photos to illustrate locations and shut-offs of utilities.			

PART 1 – 1. EMERGENCY PLANS				
This Detention Standard ensures a safe environment for detainees and employees by having in place contingency plans to quickly and effectively respond to any emergency situations that arise and to minimize their severity.				
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks
20. Written plans include a Staff Work Stoppage procedure. This procedure is available for limited supervisory review.	\boxtimes			Staff Work Stoppage procedures are documented in the emergency plans and reviewed on a regular basis by supervisory staff. This is a restricted document.
 21. (MANDATORY) Written procedures cover: Work/Food Strike Fire Environmental Hazard Detainee Transportation System Emergency ICE-wide Lockdown Staff Work Stoppage Disturbances Escapes Bomb Threats Adverse Weather Internal Searches Facility Evacuation Detainee Transportation System Plan Hostages (Internal) Civil Disturbances 	\boxtimes			All areas are covered in the Emergency Plans.
22. The Emergency Plans specify a procedure for post- emergency debriefings and discussions.	\boxtimes			Policy addresses a procedure for post emergency meetings and discussions.
PART 1 – 1. EME	RGEN	CY PLANS	5	
🛛 Meets Standard 🛛 🗌 Does Not Meet St	andard	🗌 N/A		☐Repeat Finding

The Emergency Plans are comprehensive and relevant to maintaining security in an appropriate manner. This in turn provides for a safe environment for detainees and staff. This standard was evaluated by reviewing policy, procedures, post orders and interviews with staff members.

(b)(6), (b)(7)(c) <u>04/19/2012</u>

Reviewer's Signature / Date

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY a Standard protects detainees, staff, volunteers, and contractors from injury and illness by

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

		-			
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	(MANDATORY) The facility has a system for storing, issuing, and maintaining inventories of hazardous materials.				All chemicals and hazardous materials are stored in secure locations with individual perpetual inventories.
2.	Constant inventories are maintained for all flammable, toxic, and caustic substances used/stored in each area of the facility.	\boxtimes			Constant inventories are maintained for all flammable, toxic, and caustic substances.
3.	 The manufacturer's Material Safety Data Sheet (MSDS) file is up-to-date for every hazardous substance used. The files list all storage areas, and include a plant diagram and legend. The MSDSs and other information in the files are available to personnel managing the facility's safety program. 	\boxtimes			The facility's Fire Safety Manager maintains a master file of all Material Safety Data Sheets (MSDS) including a facility diagram and legend. The MSDS sheets are located in all appropriate areas. The Tacoma Fire Department is also provided a copy.
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.				Personal protective equipment was observed to be available in all areas of the facility where hazardous chemicals are used and stored.
5.	The MSDS are readily accessible to staff and detainees in the work areas.	\boxtimes			The MSDS sheets were observed to be in all work and housing areas.
6.	 Hazardous materials are always issued under proper supervision. Quantities are limited. Detainees are trained. Staff always supervise detainees using these substances. 	\boxtimes			
7.	All "flammable" and "combustible" materials (liquid and aerosol) are stored and used according to label recommendations.				
8.	Lighting fixtures and electrical equipment are installed in storage rooms and other hazardous areas and meet the National Electrical Code requirements.	\boxtimes			

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PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
9. All toxic and caustic materials stored in their original containers in a secure area.				The facility utilizes a remote dispensing system from Ecolab Inc.
10. Excess flammables, combustibles, and toxic liquids are disposed of properly in accordance with MSDS.	\boxtimes			
11. Staff directly supervise and account for products with methyl alcohol. Staff receive a list of products containing diluted methyl alcohol, for example, shoe dye. All such products are clearly labeled as such. "Accountability" includes issuing such products to detainees in the smallest workable quantities.			\boxtimes	Products that contain methyl alcohol are not utilized at this facility.
12. Every employee and detainee using flammable, toxic, or caustic materials receives advanced training, in accordance with OSHA standards, in their use, storage, and disposal.				Detainee and employee training files were reviewed and are compliant with hazardous materials/communication training.
13. (MANDATORY) The facility complies with the most current edition of applicable codes, standards, and regulations of the National Fire Protection Association (NFPA) and the Occupational Safety and Health Administration (OSHA).	\boxtimes			The Fire Safety Manager is Occupational Safety and Health Administration (OSHA) certified. The facility is in compliance with the requirements of the National Fire Protection Association and OSHA.
14. A technically qualified staff member conducts fire and safety inspections.				The Fire Safety Manager is a certified firefighter with over 20 years experience. He conducts and documents all fire and safety inspections.
15. The Safety Office (or officer) maintains files of inspection reports, including corrective actions taken.	\boxtimes			The Fire Safety Manager maintains all inspection reports in his office.
16. (MANDATORY) The facility has an approved fire prevention, control, and evacuation plan.	\boxtimes			The facility has a fire prevention, control, and evacuation plan that has been approved by the Tacoma Fire Department.
 17. The plan requires: Monthly fire inspections. Fire protection equipment strategically located throughout the facility. Public posting of emergency plan with accessible building/room floor plans. Exit signs and directional arrows. An area-specific exit diagram conspicuously posted in the diagrammed area. 				The facility conducts monthly fire inspections. The facility is fully sprinkled with adequate protection equipment throughout the structure. Emergency plans are available to staff and volunteers. Exit signs with arrows and area-specific diagrams are adequate.

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 Fire drills are conducted and documented quarterly in all facility locations including the administrative area. 				Designated area fire drills are conducted weekly. Ultimately, all areas have a fire drill at least quarterly. All drills are documented and kept on file.
19. A sanitation program covers barbering operations.	\boxtimes			
20. The barbershop has the facilities and equipment necessary to meet sanitation requirements.	\boxtimes			
21. The sanitation standards are conspicuously posted in the barbershop.	\boxtimes			
22. Written procedures regulate the handling and disposal of used needles and other sharp objects.	\boxtimes			The written procedure is contained in facility policy dealing with hazardous waste management.
23. All items representing potential safety or security risks are inventoried and a designated individual checks this inventory weekly.	\boxtimes			The facility's medical staff inventories all needles, scalpels, and suture kits at the start of every shift.
 24. Standard cleaning practices include: Using specified equipment; cleansers; disinfectants and detergents. An established schedule of cleaning and follow-up inspections. 				
25. Spill kits are readily available.	\square			
26. A licensed medical waste contractor disposes of infectious/bio-hazardous waste.	\boxtimes			The facility has a contract with Stericycle for bio-hazardous waste disposal.
27. Staff are trained to prevent contact with blood and other body fluids and written procedures are followed.				Training on blood and body fluid procedures is included in staff orientation and annual training.
28. Do the methods for handling/disposing of refuse meet all regulatory requirements?				
 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. 				A licensed pest control company (Sprague Integrated Pest Management) is contracted to conduct monthly inspections to provide exterminating and preventative spraying services.
30. Drinking water and wastewater is routinely tested according to a fixed schedule.				The facility has on file a current certificate documenting the testing of drinking water by Water Management Inc. The city of Tacoma conducts testing on waste water as required.

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PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 31. Emergency power generators are tested at least every two weeks. Other emergency systems and equipment receive testing at least quarterly. Testing is followed-up with timely corrective actions (repairs and replacements). 	\boxtimes			The two generators are tested weekly for one hour and monthly for two hours. N.C. Power Systems conducts a full load test on a quarterly basis.
32. The Facility appears clean and well maintained.	\boxtimes			
33. Hazardous material storage rooms meet the security and structural requirements of the standard. Storage cabinets meet the physical requirements specified in the standard.	\boxtimes			
34. The Health Services Administrator has implemented a program supporting a high level of environmental sanitation.	\boxtimes			The Fire Safety Manager, in conjunction with Immigration Health Service Corps (IHSC), has responsibility for the environmental sanitation program throughout the facility. Sanitation throughout the facility is maintained at a high level.
35. The Health Services Administrator conducts medical- facility inspections daily. Each inspection includes noting the condition of floors, walls, windows, horizontal surfaces, and equipment.	\boxtimes			
36. The assigned staff member shall: Conduct special investigations and comprehensive surveys of environmental health conditions, and provide advisory, consultative, inspection, and training services regarding environmental health conditions.	\boxtimes			IHSC, in coordination with the Fire Safety Manager, is assigned to manage all environmental health and safety needs.
37. The assigned staff member is responsible for developing and implementing policies, procedures, and guidelines for the environmental health program. These guidelines are intended to evaluate and eliminate or control as necessary, sources of injuries and modes of transmission of agents or vectors of communicable diseases.	\boxtimes			

PART 1 – 2. ENVIRONMEN	TAL HE	EALTH AN	ID SAI	FETY
This Detention Standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 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. 				The facility maintains health and safety conditions that meet the requirements of the six bulleted items of this component.
PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY				
🛛 Meets Standard 🛛 🗌 Does Not Meet St	andard	□ N/A		Repeat Finding

This inspector reviewed MSDS master files and storage site files, and facility policy on fire suppression, evacuations, inspections, and drills. The physical plant and the hazardous materials storage areas were inspected. The inspector also interviewed staff, reviewed inspection results and appropriate files, and observed facility sanitation. The facility has a working system to control its hazardous materials and safely addresses any emergency that may arise.

(b)(6), (b)(7)(c) <u>04/19/2012</u> Reviewer's Signature / Date

PART 1 – 3. TRANSPORTATION (BY LAND) This Detention Standard prevents harm to the general public, detainees, and staff by ensuring that vehicles are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff. Standard NA: Check this box if all ICE Transportation is handled only by the ICE Field Office or Sub-Office in control of the detainee case. Does Not Meet Meets Standard Standard **N** Components Remarks 1. Transporting officers comply with applicable local, Records reflect that transportation state, and federal motor vehicle laws and regulations. staff complies with applicable local, Records support this finding of compliance. \boxtimes state and federal motor vehicle laws Staff records were reviewed on site 2. Every transporting officer required to drive a Most transportation of detainees is commercial size vehicle has a valid Commercial handled by GEO Transportation Driver's License (CDL) issued by the state of \boxtimes Incorporated (GTI). All drivers for employment. GTI have a Commercial Driver's License (CDL). 3. Supervisors maintain records for each vehicle GTI maintains the records for all operated. facility vehicles. GTI maintains \boxtimes seven vehicles for the facility and twenty-four of their own. 4. Documentation indicating annual inspection of The annual Department of vehicles and annual inspection in accordance with Transportation inspection reports \boxtimes \square state statutes is available for review. were reviewed and found to be in proper order. Documentation indicating safety repairs are completed 5. Vehicles that are in need of repair immediately and vehicles are not used until they have are documented on a Driver Vehicle been repaired and inspected is available for review. Inspection Report. Repairs are scheduled through a local \square mechanical contractor (garage). When repairs have been made, the vehicle is placed back into operation. 6. Officers use a checklist during every vehicle inspection. The Driver Vehicle Inspection Officers report deficiencies affecting operability. \boxtimes Report is completed prior to every vehicle use. Deficiencies are corrected before the vehicle goes back into service.

PART 1 – 3. TRANSPO		•		
This Detention Standard prevents harm to the general public, detainees, and staff by ensuring that vehicles are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff.				
Standard NA: Check this box if all ICE Transportation in control of the detainee case.	on is ha	andled on	ly by t	he ICE Field Office or Sub-Office
Components	Meets Standard	Does Not Meet Standard	A/N	Remarks
 7. Transporting officers: Limit driving time to 10 hours in any 15 hour period when transporting detainees. Drive only after eight consecutive off-duty hours. Do not receive transportation assignments after having been on duty, in any capacity, for 15 hours. Drive a 50-hour maximum in a given work week; a 70-hour maximum during eight consecutive days. During emergency conditions (including bad weather), officers may drive as long as necessary to reach a safe area-exceeding the 10-hour limit. 				Drive time for escorting detainees in the local area is kept to a minimum. Drive times that would exceed approximately two hours are handled exclusively by GTI.
 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 (1/7)(equalified officers per vehicle. An unaccompanied driver transports an empty vehicle. 				At leas(b)(7)(e)fficers with a Commercial Driver's License travel in any vehicle that transports detainees.
9. The transporting officer inspects the vehicle before the start of each detail.				Every vehicle is inspected before use.
10. Positive identification of all detainees being transported is confirmed.				Positive identification of detainees is confirmed by a face-to-photo match and the names listed on a transport roster.
11. All detainees are searched immediately prior to boarding the vehicle by staff controlling the bus or vehicle.	\boxtimes			
12. The facility ensures that the number of detainees transported does not exceed the vehicle manufacturer's occupancy level.	\boxtimes			Occupancy levels of detainees in vehicles do not exceed the manufacturer's rated capacity.
13. All uniformed officers (b)(7)e (b)(7)e	\boxtimes			Transport officers utilize(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. 				
15. Policies and procedures are in place addressing the use of restraining equipment on transportation vehicles.				Transport policy addresses the use of restraints in all vehicles.

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	PART 1 – 3. TRANSPORTATION (BY LAND)					
This Detention Standard prevents harm to the general public, detainees, and staff by ensuring that vehicles are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff.						
	Standard NA: Check this box if all ICE Transportation is handled only by the ICE Field Office or Sub-Office in control of the detainee case.					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
16. Of	ficers ensure that no one contacts the detainees.					
•	(b)(7)(e)					
17. Me •	eals are provided during long distance transfers. The meals meet the minimum dietary standards, as identified by dieticians utilized by ICE.	\boxtimes			Sack lunches are prepared for long distance transfers.	
be	e vehicle crew inspects all Food Service meals fore accepting delivery (food wrapping, portions, ality, quantity, thermos-transport containers, etc.). Before accepting the meals, the vehicle crew raises and resolves questions, concerns, or discrepancies with the Food Service representative. Basins, latrines, and drinking-water, containers, dispensers are cleaned and sanitized on a fixed schedule.	\boxtimes				
•	hicles have: (b)(7)e				A "Trip Kit" is made available for each trip. (b)(7)e (b)(7)e	
20. Th	e vehicles are clean and sanitary at all times.	\boxtimes			The inspected vehicles were clean and sanitary. This cleaning occurs after each transport.	
	ersonal property of a detainee transferring to another bility: Is inventoried. Is inspected. Accompanies the detainee.					

PART 1 – 3. TRANSPO	ORTAT	ION (BY L	.AND)	
This Detention Standard prevents harm to the general public, detainees, and staff by ensuring that vehicles are properly equipped, maintained, and operated and that detainees are transported in a secure, safe and humane manner, under the supervision of trained and experienced staff.				
Standard NA: Check this box if all ICE Transportati in control of the detainee case.	on is ha	andled on	ly by t	he ICE Field Office or Sub-Office
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
22. The following contingencies are included in the written procedures for vehicle crews:				
Attack				
Escape				
Hostage-taking				
Detainee sickness				
Detainee death				
Vehicle fire	\boxtimes			
Riot				
Traffic accident				
Mechanical problems				
Natural disasters				
Severe weather				
Passenger list is not exclusively men or women or minors				
PART 1 – 3. TRANSPORTATION (BY LAND)				
Meets Standard Does Not Meet Standard N/A Repeat Finding				

The facility has a comprehensive policy for transportation by land. Transportation of detainees is a two-fold operation, GEO Transportation Incorporated (GTI) handles all non-medical detainee trips. GTI employs twenty-four vehicles and(b)(7) estaff to move detainees throughout the northwest. The facility has the availability of seven vehicles mostly used for medical trips. Both GTI and the facility transport detainees in a safe and secure manner following policy and procedure.

(b)(6), (b)(7)(c) 04/19/2012 Reviewer's Signature / Date

Section II SECURITY

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

	PART 2 – 4. ADMISSION AND RELEASE						
	This Detention Standard protects the community, detainees, staff, volunteers, and contractors by ensuring secure and orderly operations when detainees are admitted to or released from a facility.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	Admission processing includes an orientation of the facility. The orientation includes; unacceptable activities and behavior, and corresponding sanctions. How to contact ICE. The availability of pro-bono legal services and how to pursue such services. Schedule of programs, services, daily activities, including visitation, telephone usage, mail service, religious programs, count procedures, access to and use of the law library and the general library; sick-call procedures, and the detainee handbook.	\boxtimes			During in-processing, detainees receive an orientation that addresses all topics listed in this component. Additionally, an orientation video addressing these issues, in both Spanish and English, is shown daily in the housing units.		
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.				Medical screenings are performed by medical staff.		
3.	When available, accompanying documentation is used to identify and classify each new arrival. In SPCs and CDFs, new detainees shall remain segregated from the general population during the orientation and classification period.				ICE provides an information packet that is used to identify and classify each detainee. All detainees are classified before being released to the general population.		
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.						
5.	Detainees are subjected to a strip search only when reasonable suspicion has been established and not as routine policy. Non-criminal detainees are never subjected to a strip search but are patted down unless cause or reasonable suspicion has been established. All strip searches are documented on G-1025, or equivalent, with proper supervisory approval.	\boxtimes			Detainees are only strip searched during the admissions process after reasonable suspicion has been established. A supervisor must give approval for such a search. A written report is prepared for every strip search that occurs.		
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.				Policy requires that all detainee property and possessions be inventoried, with a copy of the documentation given to the detainee. Funds and valuables are safeguarded.		
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.	\boxtimes			A Lost Property Form is prepared for any missing property, and a copy is provided to ICE.		
8.	Detainees are issued appropriate and sufficient clothing and bedding for the climatic conditions.						
9.	All releases are coordinated with ICE.	\boxtimes			ICE initiates all releases from this facility.		

PART 2 – 4. ADMISSION AND RELEASE						
This Detention Standard protects the community, detainees, staff, volunteers, and contractors by ensuring secure and orderly operations when detainees are admitted to or released from a facility.						
Components	Meets Standard	Does Not Meet Standard	V /N	Remarks		
10. Staff complete paperwork/forms for release as required.	\boxtimes			Closed detention files were reviewed and found to contain the required documents.		
11. Each detainee receives a receipt for personal property secured by the facility.				Detainees receive a copy of all property inventories. Additionally, a copy is placed in the detention file.		
12. The facility has a system to maintain accurate records and documentation for admission, orientation, and release.						
13. ICE staff enter all information pertaining to release, removal, or transfer of all detainees into the Enforce Alien Detention Module (EADM) within 8 hours of action.						
14. All orientation material shall be provided in English, Spanish, and other language(s) as determined by the Field Office Director.				Orientation material is provided in both Spanish and English.		
PART 2 – 4. ADMISS	SION A	ND RELE	ASE			
🛛 Meets Standard 🛛 🗌 Does Not Meet St	andard	□ N/A	1	☐Repeat Finding		

Compliance with this standard was evaluated by interviews with staff members and detainees, a review of post orders and policies, observance of in-processing of detainees and viewing of the orientation video. Detainees arriving at the facility are medically screened and classified, and receive an orientation to the facility. Their funds, valuables and property are inventoried and stored as required.

(b)(6), (b)(7)(c) 04/19/2012

Reviewer's Signature / Date

	PART 2 – 5. CLASSIFICATION SYSTEM						
This Detention Standard protects the detainees, staff, contractors, volunteers, and the community from harm, and contributes to orderly facility operations, by requiring a formal classification process for managing and separating detainees that is based on verifiable and documented data.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	SPC and CDF facilities use the required Objective Classification System. IGSAs use an objective classification system or similar system for classifying detainees.				Classification documents that were reviewed demonstrated the use of an Objective Classification System.		
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. 				All detainees are classified upon arrival. The assigned lieutenant reviews all classification decisions. Detainees are separated from the general population until they are classified.		
3.	The intake/processing officer reviews work-folders, A- files, etc., to identify and classify each new arrival.				ICE provides an information packet which is used in the classification process.		
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.				A review of detention files verified that unsubstantiated reports are not used to score detainee classification.		
5.	Housing assignments are based on classification- level.				Policy requires that housing unit assignments be based on classification levels.		
6.	A detainee's classification-level does not affect his or her recreation opportunities. Detainees recreate with persons of similar classification designations.	\boxtimes			Detainees recreate with others in the same housing unit who are of the same classification level.		
7.	Detainee work assignments are based upon classification designations.	\boxtimes					
8.	The classification process includes reassessment/ reclassification. The First Reassessment is to be completed 60 days to 90 days after the initial assessment. Subsequent reassessments are completed at 90 day to 120 day intervals. Special Reassessments are completed within 24 hours.				Classification policy addresses all aspects of this component. Special reassessments are completed within 24 hours.		
9.	The classification system includes standard procedures for processing new arrivals' appeals. Only a designated supervisor or classification specialist has the authority to reduce a classification-level on appeal.				The Associate Warden has the final decision to reduce a classification.		
10.	Classification appeals are resolved w/in 5 business days. Detainees are notified of the outcome within 10 business days.				A review of detention files showed that all classification appeals are resolved within the standard's time frame.		

PART 2 – 5. CLASSIFICATION SYSTEM					
This Detention Standard protects the detainees, staff, contractors, volunteers, and the community from harm, and contributes to orderly facility operations, by requiring a formal classification process for managing and separating detainees that is based on verifiable and documented data.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
11. Classification designations may be appealed to a higher authority such as the Facility Administrator or equivalent.	\boxtimes			Detainees may appeal a classification designation to the warden.	
12. The Detainee Handbook or equivalent for IGSAs explains the classification levels, with the conditions and restrictions applicable to each.	\boxtimes				
 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. 	\boxtimes			Detainees are issued color-coded uniforms and identification wristbands during in-processing. The color of each is based on their classification level: Level 1 - blue. Level 2 - orange. Level 3 - red.	
PART 2 – 5. CLASS	IFICAT	ION SYST	EM		
Meets Standard Does Not Meet Standard N/A Repeat Finding					

Interviews with staff members, a review of policy and observation of the classification process confirmed that the facility has an objective classification system that is used to manage detainees. Classifications are based on verifiable information.

(b)(6), (b)(7)(c) 04/19/2012 Reviewer's Signature / Date

	PART 2 – 6. CONTRABAND							
	This Detention Standard protects detainees and staff and enhances facility security and good order by identifying, detecting, controlling, and properly disposing of contraband.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
1.	The facility follows a written procedure for handling contraband. Staff inventories, holds, and reports it when necessary to the proper authority for action/possible seizure.	\boxtimes			Facility policy addresses the procedures for identification, seizure and disposition of all contraband.			
2.	Contraband that is government property is retained as evidence for potential disciplinary action or criminal prosecution.	\boxtimes			All contraband in the facility is retained for evidence if necessary for disciplinary reasons or criminal prosecution.			
3.	Staff return property not needed as evidence to the proper authority. Written procedures cover the return of such property.	\boxtimes			Contraband is returned to the proper authority and documented according to facility policy.			
4.	Altered property is destroyed following documentation and using established procedures.	\boxtimes			Altered property is considered contraband and is destroyed in compliance with policy.			
5.	Before confiscating religious items, the Facility Administrator or designated investigator contacts a religious authority.	\boxtimes			The local chaplain is consulted in regard to the confiscation of religious material.			
6.	Staff follow written procedures when destroying hard contraband that is illegal.	\boxtimes			Policy gives procedures for the destruction of illegal contraband.			
7.	 Hard contraband that is illegal (under criminal statutes) is retained and used for official use, e.g. training purposes. If yes, under specific circumstances and using specified written procedures. Hard contraband is 	\boxtimes						
	 secured when not in use. Soft Contraband is mailed to a third party or stored in accordance with the Detention Standard on Funds and Personal Property. 							
8.	Detainees receive notification of contraband rules and procedures in the Detainee Handbook and notified when property is identified and seized as contraband.	\boxtimes			The Detainee Handbook outlines contraband seizure rules. Detainees are notified when contraband is seized.			

PART 2 – 6. CONTRABAND					
PART 2 - 6. C	UNIR	ABAND			
This Detention Standard protects detainees and staff and enhances facility security and good order by identifying, detecting, controlling, and properly disposing of contraband.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
 Facilities with Canine Units only use them for contraband detection. 	\boxtimes			This facility does not maintain canines. Any and all canine searches will be coordinated by the Warden or Associate Warden with ICE.	
PART 2 – 6. CONTRABAND					
⊠ Meets Standard					

Through observation and notation of written policy, it is determined that this facility has an extensive program to identify, detect, control and properly dispose of contraband. All areas of the facility are searched on a regular basis, thus protecting staff and detainees.

04/19/2012 (b)(6), (b)(7)(c)

Reviewer's Signature / Date

	PART 2 – 7. FACILITY SECURITY AND CONTROL						
	This Detention Standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and that events that pose a risk of harm are prevented.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	The facility administrator or assistant administrator and department heads visit detainee living quarters and activity areas weekly.	\boxtimes			The Warden and department heads visit housing and activity areas weekly.		
2.	At least one male and one female staff are on duty where both males and females are housed.	\boxtimes					
3.	Comprehensive annual staffing analysis determines staffing needs and plans.				A comprehensive staffing analysis is performed annually by the Chief of Security and approved by the Warden to determine staffing needs.		
4.	Essential posts and positions are filled with qualified personnel.	\boxtimes					
5.	Every Control Center officer receives specialized training.				All staff members that work in Main Control receive a four hour block of specialized training specific to the "One Call" system and emergency keys.		
6.	Policy restricts staff access to the Control Center.	\boxtimes			Only approved staff may enter the Main Control center.		
7.	Detainees do not have access to the Control Center.	\square					
8.	Communications are centralized in the Control Center.	\square					
9.	Facility security and safety will be monitored and coordinated by a secure, well-equipped, and continuously staffed control center.				There ar(b)(7)(e) fficers assigned to the Main Control center, in twelve- hour shifts, twenty-four hours per day. Main Control is secure and well equipped to effectively control safety and security issues.		
10.	The Control Center maintain employee Personal Data Cards (Form G-74 or contract equivalent).				Personnel data cards are maintained in the office of the Executive Assistant. A "One Call" system is operational in Main Control.		
11.	Recall lists include the current home telephone number of each employee. Phone numbers are updated as needed.				This facility employs the "One Call" system. Essentially, the control room officer makes one call into the system, and that rolls over to make calls to all staff. Staff information is kept up to date by Human Resources staff.		
12.	Staff make watch calls every half-hour between 6 PM and 6 AM.	\boxtimes					
13.	Information about routine procedures, emergency situations, and unusual incidents will be continually recorded in permanent post logs and shift reports.	\boxtimes					

PART 2 – 7. FACILITY SECURITY AND CONTROL							
This Detention Standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and that events that pose a risk of harm are prevented.							
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks			
14. The front-entrance officer checks the ID of everyone entering or exiting the facility.				The identification of all individuals entering and leaving the facility is checked by the lobby officer.			
15. All visits officially recorded in a visitor logbook or electronically recorded.				Visitors are recorded electronically and in a logbook maintained by the front entry officer.			
16. The facility has a secure, color-coded visitor pass system.	\boxtimes			This facility has a six color-coded visitor pass system: red (visitors in a non-official capacity), requires escort; blue (ICE employees not assigned here), no escort; yellow (law enforcement), escort; orange (vendors and contractors), with escort); purple (courtroom only access); and green (courtroom witnesses)			
17. Officers monitor all vehicular traffic entering and leaving the facility.	\boxtimes						
 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 							
19. Officers thoroughly search each vehicle entering and leaving the facility.				Staff thoroughly inspect 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.	\boxtimes			Written policies and procedures do exist to prevent the introduction of contraband into the facility or any of its components.			
21. The front entrance has a sally-port type entrance, with interlocking electronic doors or grilles.							
22. The facility's perimeter will ensure that detainees remain within and that public access is denied without proper authorization.	\boxtimes						
23. Written procedures govern searches of detainee housing units and personal areas.	\boxtimes			Written policy governs searches of detainee housing units and personal areas.			

PART 2 – 7. FACILITY SECURITY AND CONTROL							
This Detention Standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and that events that pose a risk of harm are prevented.							
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
24. Housing area searches occur at irregular times.				A review of documentation and observation confirmed that housing area searches occur at irregular times.			
25. Security officer posts located in or immediately adjacent to detainee living areas to permit officers to see or hear and respond promptly to emergency situations. Personal contact and interaction between staff and detainees is required and facilitated.	\boxtimes			Officer posts are located within the detainee living area.			
26. There are post orders for every security officer post.	\square						
27. Detainee movement from one area to another area is controlled by staff.							
28. Living areas are constructed to facilitate continuous staff observation of cell or room fronts, dayrooms, and recreation space.	\boxtimes						
29. Every search of the SMU and other housing units is documented.				A housing logbook is maintained within the Special Management Unit (SMU). All activities are recorded.			
30. The SMU entrance has a sallyport.	\square						
31. All tools entering SMU will be inspected and inventoried by the SMU officer prior to entering the housing unit.				All tools used in and removed from the SMU are inventoried and inspected.			
 32. The facility has a comprehensive security inspection policy. The policy specifies: Posts to be inspected Required inspection forms Frequency of inspections Guidelines for checking security features Procedures for reporting weak spots, inconsistencies, and other areas needing improvement 	\boxtimes			The facility has a comprehensive security inspection program listing all areas to be inspected. Daily inspections are completed in secure areas such as the housing units. A Common Area Search Log is used to document searches in other areas. Work requests are forwarded to the Maintenance Department to correct problems and are monitored by the Chief of Security.			
33. Every officer is required to conduct a security check of his/her assigned area. The results are documented.				All officers conduct security checks of their areas every shift and document this activity in the Post Log.			
34. Documentation of security inspections is kept on file.	\square						
35. Procedures ensure that recurring problems and a failure to take corrective action are reported to the appropriate manager.				The Associate Warden is responsible for corrective action of recurring problems.			

PART 2 – 7. FACILITY SECURITY AND CONTROL						
This Detention Standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and that events that pose a risk of harm are prevented.						
Components	Meets Standard	Does Not Meet Standard	A/N	Remarks		
36. Tools being taken into the secure area of the facility are inspected and inventoried before entering and prior to departure.	\boxtimes			All tools brought into the facility, through either the back gate or front entrance, are inspected and inventoried. The same tools are also inspected and inventoried before removal.		
37. Storage and supply rooms; walls, light and plumbing fixtures, accesses, and drains, etc. undergo frequent, irregular searches. These searches are documented.	\boxtimes			All searches are documented in a log book.		
38. Walls, fences, and exits, including exterior windows, are inspected for defects once each shift.	\boxtimes					
 39. Daily procedures include: Perimeter alarm system tests. Physical checks of the perimeter fence. Documenting the results. 	\boxtimes			Physical checks of the perimeter fence are conducted (b)(7)e		
40. Visitation areas receive frequent, irregular inspections.	\square					
41. An officer is assigned responsibility for ensuring the security inspection process covers all areas of the facility.	\boxtimes			The Activities Lieutenant is responsible for the security inspection process.		
42. The Maintenance Supervisor and Chief of Security or equivalent make monthly fence checks.	\boxtimes			Security checks of the perimeter fence are conducted at least monthly by the Chief of Security and the Maintenance Supervisor.		
FACILITY SECURI	TY AND	CONTRO	DL			
⊠ Meets Standard						

The facility employs a security inspection program to ensure the safety of staff, detainees, volunteers, the public, and contractors. All areas of the institution are searched in an organized manner, as to not set a predictable pattern to allow detainees to defeat the purpose of the program. Staff conduct security checks, document their actions, and establish systems of problem resolution. Special emphasis is placed on the Main Control room, tools and vehicles entering the facility, and the perimeter fence. This facility employs the "One Call" system allowing the Main Control room officer to make one call which rolls over and contact all staff in case of emergency. Facility policy was reviewed, and the Chief of Security was interviewed.

(b)(6), (b)(7)(c) <u>04/19/2012</u> Reviewer's Signature / Date

	PART 2 - 8. FUNDS AND PERSONAL PROPERTY							
inclu	This Detention Standard ensures that detainees' personal property is safeguarded and controlled, specifically including funds, valuables, baggage and other personnel property, and that contraband does not enter a detention facility.							
	Standard NA: (IGSA ONLY) Check this box if all ICE detainee Funds, Valuables and Property are handled only by the ICE Field Office or Sub-Office in control of the detainee case.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
	Detainee funds and valuables are properly separated and stored. Detainee funds and valuables are accessible to designated supervisor(s) only.	\boxtimes			Detainee funds are receipted and placed in a drop safe in the intake area. All valuables are inventoried and stored in a locked room in the intake area. Only a designated staff member or supervisors have access to this area.			
	Detainees' large valuables are secured in a location accessible to designated supervisor(s) or processing staff only.	\boxtimes			Large valuables are secured in the property room located in the intake area. The property room is accessible to designated staff/supervisors only.			
	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.				The facility uses a property inventory form to itemize and inventory all personal property and funds in the presence of the detainee.			
	b)(7)(e) officers are present during the processing of detainee funds and valuables during admissions processing to the facility (b)(7)(e) officers verify funds and valuables.	\boxtimes			It was observed that the facility uses b)(7)(entake officers to verify funds and valuables. All items are documented in an automated system.			
5.	For IGSAs and CDFs, Is the facility using a personal property inventory form that meets the ICE standard?	\boxtimes						
	Staff give the detainee the original inventory form, filing copies in the detainee's detention file and the personal property container.				Forms are completed and copies are distributed as required.			
	Staff forward an arriving detainee's medicine to the medical staff.	\boxtimes						
8.	Staff search arriving detainees and their personal property for contraband.	\boxtimes						
	Property discrepancies are immediately reported to the Chief of Security or equivalent.				All property discrepancies are reported to the property supervisor for further investigation.			
	Staff follow written procedures when returning property to detainees.				The facility has written procedures in place to address returning property to detainees.			
11.	CDF/IGSA facility procedures for handling detainee property claims are similar to the ICE standard.	\boxtimes						

PART 2 - 8. FUNDS AND PERSONAL PROPERTY

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

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
12.	The facility attempts to notify an out-processed detainee that he/she left property in the facility.By sending written notice to the detainee's last				The facility notifies ICE of any property abandoned by an out-
	known address; via certified mail;	\square			processed detainee. ICE handles all
	• The notice states that the detainee has 30 days in which to claim the property, after which it will be considered abandoned.				abandoned property notifications as required.
13.	Staff obtain a forwarding address from each detainee.	\boxtimes			
14.	It is standard procedure $fq_{p}(7)(e^{p})$ fficers to be present when removing/documenting the removal of funds from a detainee's possession.				b)(7)(e) officers are required to process funds during the admission of a detainee. This policy was confirmed by observing staff during the intake process.
15.	Staff issue and maintain property receipts (G-589s) in numerical order.				The facility utilizes an automated system to track funds and property.
16.	Staff complete and distribute the G-589 in accordance with the ICE standard.				
17.	The processing officer records each G-589 issuance in a G-589 logbook. The record includes the initials and star numbers of receipting officers.				The automated system and logs were reviewed, and the required information was recorded.
18.	Staff tag large valuables with both a G-589 and an I- 77.				
19.	The supervisor verifies the accuracy of every G-589.	\square			
20.	The supervisor ensures that:				
	• Detainee funds are, without exception, deposited into the cash box;				Facility policy and practice are
	 Every property envelope is sealed. 	\boxtimes			Facility policy and practice are consistent with the four bulleted
	• All sealed property envelopes are placed in the safe.				items in this component.
	• Large, valuable property is kept in the secured locked area.				
21.	Staff tag every baggage/facility container with an I-77, completed in accordance with the ICE standard.				All property bags were observed to be appropriately tagged.
22.	Staff secure every container used to store property with a tamper-proof numbered strap.				
23.	A logbook records detainee name, A- number/detainee-number, baggage-check/ I-77 number, security tie-strap number, property description, date issued and date returned.				The automated system records the information listed in this component.

PART 2 - 8. FUNDS AND PERSONAL PROPERTY

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

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

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

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

This inspector reviewed facility policy, procedures, logs and receipts, and interviewed staff and detainees. The facility has policies and procedures in place to ensure the safe storage of detainee funds and property. The property room is located in the intake area. Only designated supervisors/staff have access to the property room.

(b)(6), (b)(7)(c) <u>04/19/2012</u> Reviewer's Signature / Date

PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES					
This Detention Standard ensures the safety, security, and comfort of detainees temporarily held in Hold Rooms pending further processing. The maximum aggregate time an individual may be confined in a facility's Hold Room is 12 hours.					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The hold room is situated in a location within the secure perimeter.	\boxtimes			This facility has nine hold rooms and two large open bay areas within the secure perimeter.
2.	The hold rooms are clean, in good repair, well ventilated, well lit, and all activating switches located outside the room.	\boxtimes			The hold rooms observed were clean, well ventilated and in good condition.
3.	The hold rooms contain sufficient seating for the number of detainees held.	\boxtimes			
4.	No bunks/cots/beds or other related make shift sleeping apparatuses are permitted inside hold rooms.	\boxtimes			Sleeping equipment is not permitted in hold rooms.
5.	Hold room walls and ceilings are escape and tamper resistant.	\boxtimes			The hold room walls and ceilings are escape and tamper resistant.
6.	Detainees are not held in hold rooms for more than 12 hours.	\boxtimes			
7.	Male and females detainees are segregated from each other at all times.	\boxtimes			
8.	Detainees are provided with basic personal hygiene items such as water, soap, toilet paper, cups for water, feminine hygiene items, diapers and wipes.	\boxtimes			Upon arrival, detainees are provided with basic hygiene items.
	If the hold room is not equipped with toilet facilities, an officer is posted within visual or audible range to allow detainees access to such on a regular basis.	\boxtimes			All hold rooms are equipped with toilet facilities.
10	All detainees are given a pat down search for weapons or contraband before being placed in the hold room.	\boxtimes			

PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES					
This Detention Standard ensures the safety, security, and comfort of detainees temporarily held in Hold Rooms pending further processing. The maximum aggregate time an individual may be confined in a facility's Hold Room is 12 hours.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
 11. When the last detainee has been removed, the hold room is inspected for the following: Cleaning. Evidence of tampering with doors, locks, windows, grills, plumbing or electrical fixtures is reported to the shift supervisor for corrective action or repair. 	\boxtimes				
 12. (MANDATORY) There is a written evacuation plan. There is a designated officer to remove detainees from the hold rooms in case of fire and/or building evacuation, or other emergency. 				The facility written evacuation plan requires the intake officer to remove detainees in case of any emergency.	
13. An appropriate emergency service is called immediately upon a determination that a medical emergency exists.	\boxtimes				
 14. Single occupant hold rooms contain a minimum of 37 square feet (7 unencumbered square feet for the detainee, 5 square feet for a combination lavatory/toilet fixture, and 25 square feet for a wheelchair turn-around area). If multiple-occupant hold rooms are used, there is an additional 7 unencumbered square feet for each additional detainee. 	\boxtimes				
 15. <u>In SPCs designed after 1998</u> the hold rooms are equipped with stainless steel combination lavatory/toilet fixtures with modesty panels. They are: Compliant with the American Disabilities Act. Small hold rooms (1 to 14 detainees) have at least one combi-unit. Large hold rooms (15 to 49 detainees) are provided with at least two combi-units. 	\boxtimes			The facility uses stainless steel lavatory and toilet fixtures in hold rooms that comply with the Americans With Disabilities Act.	
16. <u>In SPCs designed after 1998</u> the hold rooms have floor drain(s).	\boxtimes			Floor drains were noted throughout the intake and hold room areas.	
17. In SPCs designed after 1998, the door to the hold room swings outward and the door complies with the specifications outlined in the standard.	\boxtimes			The doors to all hold rooms swing outward.	
18. Family units, persons of advanced age (over 70), females with children, and unaccompanied juvenile detainees (under the age of 18) are not placed in hold rooms.	\boxtimes			If family units, persons over 70 years of age and juveniles under the age of 18 were to arrive at this facility, ICE would be contacted and these detainees would be removed to an outside location.	
19. Minors (under 18) are confined apart from adults, except for immediate relatives or guardians.	\boxtimes			Juveniles are removed from the confines of the secure facility by staff.	

This Detention Standard ensures the safety security and comfort of detainees ten	pererily held in Held Deeme pending				
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.					
N/A	Remarks				
 20. Each detention facility maintains a detention log (manually or by computer) for each detainee placed in a hold cell. The log includes the required information specified in the standard. 					
 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 					
22. Any detainee with disabilities, including temporary disabilities, will be housed in a manner that provides for his or her safety and security.					
23. The maximum occupancy for the hold room will be posted.	Maximum occupancies for hold rooms are posted in a conspicuous area.				
24. Before placing a detainee in a room, an officer shall observe each individual to screen for obvious mental or physical problems.					
25. Staff does not permit detainees to smoke in a hold room.	Smoking is not permitted within this 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. 	Hold rooms are supervised by direct personal contact or through live video.				
PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES					
⊠ Meets Standard					

The facility houses detainees in hold rooms pending further processing, in a safe, secure, and reasonably comfortable environment. Detainees are held normally less than four hours, and are continuously observed. The Chief of Security and unit staff were interviewed concerning this standard. The hold rooms were also inspected.

(b)(6), (b)(7)(c)	04/19/2012
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FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE) G-324A (Coded 10132010) Detention Review Worksheet - Rev: 5/11/09 Reviewer's Signature / Date

PART 2 – 10. KEY AND LOCK CONTROL						
This Detention Standard maintains facility safety and security by requiring that keys and locks be properly controlled and maintained.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1.	The security officer[s], or equivalent, has attended an approved locksmith training program.	\boxtimes			The Lock Control Officer is a maintenance employee. He has attended and participated in an approved locksmith training program.	
2.	The security officer, or equivalent, has responsibility for all administrative duties and responsibilities relating to keys, locks etc.	\boxtimes				
3.	The security officer, or equivalent, provides training to all employees in key and lock control.	\boxtimes			All staff, including contractors, are trained by the Security Officer on key and lock control.	
4.	The security officer, or equivalent, maintains inventories of all keys, locks and locking devices.	\boxtimes			The Lock Control Officer maintains all locking device inventories. These inventories were inspected and found to be accurate.	
5.	The security officer follows a preventive maintenance program and maintains all preventive maintenance documentation.	\boxtimes			The Lock Control Officer follows a quarterly and annual preventive maintenance schedule. The Preventive Maintenance Log was reviewed and found to be accurate.	
6.	Facility policies and procedures address the issue of compromised keys and locks.	\boxtimes			Compromised keys and locks are immediately removed from service, replaced, and destroyed.	
7.	The security officer, or equivalent, develops policy and procedures to ensure safe combinations integrity.	\boxtimes			The Lock Control Officer is responsible for safe combination integrity.	
8.	Only dead bolt or dead lock functions are used in detainee accessible areas.	\boxtimes				
9.	Non-authorized locks (as specified in the Detention Standard) are not used in detainee accessible areas.	\boxtimes			Unauthorized locks are not used in detainee accessible areas.	
10.	The facility does not use grand master keying systems.	\boxtimes				
11.	All worn or discarded keys and locks cut up and properly disposed of.	\boxtimes			Worn, damaged, or discarded keys and locks are destroyed and removed from the facility.	
12.	Padlocks and/or chains are not used on cell doors.	\boxtimes				
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	\boxtimes				
	National Fire Protection Association Life Safety Code 101.					

	PART 2 – 10. KEY A	ND LO	CK CONT	ROL	
	Detention Standard maintains facility safety and secur ntained.	ity by re	equiring tha	t keys	and locks be properly controlled and
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
14.	The operational keyboard sufficient to accommodate all the facility key rings including keys in use is located in a secure area.	\boxtimes			An electronic keyboard (b)(7)(e) (b)(7)(e) is used to secure most facility keys within the secure perimeter. Emergency keys are kept inside (b)(7)e on a keyboard.
15.	 Procedures in place to ensure that key rings are: Identifiable Numbers of keys on the ring are cited? Keys cannot be removed from issued key rings 	\boxtimes			An inspection of the key rings and inventory log confirmed the keys are identifiable, the ring has attached a metal emblem with the number of keys assigned to that ring stamped, and that keys cannot be removed.
16.	Emergency keys are available for all areas of the facility.				Emergency key rings are maintained in (b)(7)e
17.	The facility uses a key accountability system.	\boxtimes			The facility utilizes the (b)(7)(e) (b)(7)(e) electronic key system. Staff must have an authorization code to draw keys from the system.
18.	Authorization is necessary to issue any restricted key.	\boxtimes			
19.	 Individual gun lockers are provided. They are located in an area that permits constant officer observation. In an area that does not allow detainee or public access. 	\boxtimes			Individual gun lockers are located (b)(7)(e) Supervision is direct and on video camera.
20.	The facility has a key accountability policy and procedures to ensure key accountability. The keys are physically counted daily.	\boxtimes			Policy ensures key accountability. All keys are counted daily.
21.	 All staff members are trained and held responsible for adhering to proper procedures for the handling of keys. Issued keys are returned immediately in the event an employee inadvertently carries a key ring home. When a key or key ring is lost, misplaced, or not accounted for, the shift supervisor is immediately notified. Detainees are not permitted to handle keys assigned to staff. 				
22.	Locks and locking devices are continually inspected, maintained, and inventoried.				
23.	Each facility has the position of Security Officer. If not, a staff member appointed the collateral duties of security officer.	\boxtimes			This facility utilizes a maintenance worker as its Lock Control Officer and also has a Security Officer.

PART 2 – 10. KEY AND LOCK CONTROL					
This Detention Standard maintains facility safety and security by requiring that keys and locks be properly controlled and maintained.					
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks	
24. The designated key control officer is the only employee who is authorized to add or remove a key from a ring.	\boxtimes				
25. The splitting of key rings into separate rings is not authorized.	\boxtimes			Key rings are permanently connected and cannot be split.	
PART 2 – 10. KEY AND LOCK CONTROL					
⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding					

The facility has established a key and lock control program that ensures keys and locks are properly controlled and maintained, which facilitates safety and security. The Lock Control Officer inventories, maintains, and services all locking devices on a regular basis, trains staff on key control techniques and maintains an inventory of all locks and keys. Keys are stored in a secure area and can only be retrieved by approved staff.

(b)(6), (b)(7)(c) <u>04/19/2012</u>

Reviewer's Signature / Date

PART 2 – 11. POPULATION COUNTS						
This Detention Standard protects the community from harm and enhances facility security, safety, and good order by requiring that each facility have an ongoing, effective system of population counts and detainee accountability.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
 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. 				Staff conducts five formal counts each day. The 4:30 PM count is a face to photo count.		
 Activities cease or are strictly controlled while a formal count is being conducted. 				All detainee activities cease during formal counts.		
 There is a system for counting each detainee, including those who are outside the housing unit. 				Each detainee is counted in a housing unit, and those outside that area, are counted with an "out-count".		
4. Formal counts in all units take place simultaneously.	\square					
 Officers do not allow detainee participation in the count. 	\boxtimes			Detainees do not participate in any count.		
 A face-to-photo count follows each unsuccessful recount. 	X					
 Officers positively identify each detainee before counting him/her as present. 	\boxtimes					
 Written procedures cover informal and emergency counts. 				Policy addresses informal and emergency counts.		
 The control officer (or other designated position) maintains an "out-count" record of all detainees temporarily out of the facility. 				Detainee out-counts are kept in the Main Control center.		
10. Security officers and any other staff with responsibilities for conducting counts are provided adequate initial and periodic training in count procedures, and that training is documented in each person's training folder.	\boxtimes					
PART 2 – 11. POI	ULATIO	ON COUN	rs			
Meets Standard Does Not Meet S				☐Repeat Finding		

The facility counts detainees five times per day to ensure good order and accountability. This program protects the public by preventing escapes. Staff is trained in the counting process, and identifies detainees with a picture once a day to further the level of accountability. A count was observed during this review and the Chief of Security was interviewed concerning this standard.

	PART 2 – 12. POST ORDERS						
This Detention Standard protects detainees and staff and enhances facility security and good order by ensuring that each officer assigned to a security post knows the procedures, duties, and responsibilities of that post.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
	Every fixed post has a set of Post Orders.	\boxtimes			A six part Post Order folder is located at every post.		
	In SPCs and CDFs, Post Orders are arranged in the required six-part folder format.	\boxtimes			All Post Orders are arranged in the required six-part folder.		
	Each set contains the latest inserts (emergency memoranda, etc.) and revisions.	\boxtimes					
4.	One individual or department is responsible for keeping all Post Orders current with revisions that take place between reviews.	\boxtimes			Post Orders are under the responsibility of the Chief of Security.		
5.	Review, updating, and reissuing of Post Orders occurs regularly and at least annually.	\boxtimes			Post orders are reviewed and updated at least annually.		
6.	The facility administrator authorizes all Post Order changes.	\boxtimes					
7.	The facility administrator has signed and dated the last page of every section.	\boxtimes			Post Orders that were reviewed were signed and dated by the facility administrator.		
8.	A Post Orders master file is available to all staff.	\boxtimes			A Post Order master file is maintained by the Chief of Security and made available to staff in his office. A Post Order master file is also available online.		
9.	Procedures keep Post Orders and logbooks secure from detainees at all times.	\boxtimes					
10.	Copies of the applicable Post Orders are retained at the post only if secure from detainee access.	\boxtimes					
11.	Supervisors ensure that officers understand the Post Orders, regardless of whether the assignment is temporary, permanent, or due to an emergency.	\boxtimes			Before reporting to any assignment, supervisors require staff to read, sign and date the appropriate Post Order.		
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.	\boxtimes			Before reporting to any assignment, supervisors require staff to read, sign and date the appropriate Post Order.		
	Anyone assigned to an armed post qualifies with the post weapons before assuming post duty.	\boxtimes			Only staff that has a firearms certification is assigned to an armed post.		
14.	 Post Orders for armed posts, and for posts that control access to the institution perimeter, clearly state that: Any staff member who is taken hostage is considered to be under duress, and Any order issued by such a person, regardless of his or her position of authority, is to be disregarded. 	\boxtimes					

PART 2 – 12. POST ORDERS						
This Detention Standard protects detainees and staff and enhances facility security and good order by ensuring that each officer assigned to a security post knows the procedures, duties, and responsibilities of that post.						
Components	Meets Standard	Does Not Meet Standard	¥/N	Remarks		
15. Post Orders for armed posts provide instructions for escape attempts.	\boxtimes			Post Orders for the armed posts have instructions as to how to address escape attempts.		
16. The Post Orders for housing units track the daily event schedule.	\boxtimes					
17. Housing unit post officers record all detainee activity in a log. The Post Orders include instructions on maintaining the logbook.	\boxtimes			Housing unit officers record detainee activity in a log. The Post Orders explain how entries are made to the log.		
PART 2 – 12. POST ORDERS						
Meets Standard Does Not Meet Standard N/A Repeat Finding						

The facility uses Post Orders to explain policies and ensure consistency, which enhances security and good order and protects the staff, detainees, and the public. The Post Orders are specific to the assignment, cover all activities, are reviewed annually and are kept in a secure location. The Post Orders were reviewed and the Chief of Security was interviewed concerning this standard.

	PART 2 – 13. SEARCHES OF DETAINEES						
	This Detention Standard protects detainees and staff and enhances facility security and good order by detecting, controlling, and properly disposing of contraband.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	There are written policy and procedures governing searches of housing areas, work areas and of detainees.	\boxtimes			Policy and post orders document procedures for searching detainee accessible areas.		
2.	Written policy and procedures require staff to employ the least intrusive method of body search practicable, as indicated by the type of contraband and the method of suspected introduction or concealment.	\boxtimes			Policy and post orders state that staff will use the least intrusive method of body search possible.		
3.	Written policy and procedures require staff to avoid unnecessary force during searches and to preserve the dignity of the detainee being searched, to the extent practicable.	\boxtimes			This component was rated as deficient during the last inspection due to the policy not addressing the appropriate level of force that may be used during a search. Policy and post orders now describe the appropriate force to be used during a search and state that staff are to avoid unnecessary force during searches of detainees.		
4.	Written policy and procedures require staff to leave a searched housing area, work area and detainee property in its original order, to the extent practicable.	\boxtimes					
5.	Detainees are pat searched and screened by metal detectors routinely to control contraband.	\boxtimes			Routine searches of detainees were observed throughout the facility.		

PART 2 – 13. SEARCHES OF DETAINEES						
This Detention Standard protects detainees and staff and enhances facility security and good order by detecting, controlling, and properly disposing of contraband.						
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks		
6. Strip Searches are conducted only when there is reasonable belief or suspicion that contraband may be concealed on the person, or a good opportunity for concealment has occurred, and when properly authorized by a supervisor.		\boxtimes		Policy requires that a strip search be conducted after any contact visit. Practice is that strip searches are conducted both before and after a social contact visit. Reasonable suspicion is not established before these strip searches are conducted.		
 Body cavity searches are conducted by designated health personnel only when authorized by the facility administrator (or acting administrator) on the basis of reasonable belief or suspicion that contraband may be concealed in or on the detainee's person. 	\boxtimes					
8. "Dry cells" are used for contraband detection only when there is reasonable belief of concealment, with proper authorization, and in accordance with required procedures	\boxtimes			A dry cell has not been used within the past year.		
9. Contraband that may be evidence in connection with a violation of a criminal statute is preserved, inventoried, controlled, and stored so as to maintain and document the chain of custody.	\boxtimes			Policy and post orders require all items listed in this component.		
10. Canines are not used in the presence of detainees	\boxtimes			Canine searches must be coordinated with ICE prior to the search. Detainees are removed from the area to be searched.		
PART 2 – 13. SEARC	HES O	F DETAIN	EES			
⊠ Meets Standard						
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Policy review and staff member interviews established that procedures are in place to detect and control contraband. Staff are trained during initial orientation training and annually thereafter on the proper search methods to be used. Facility policy and practice is to strip search detainees who engage in a social contact visit without having to establish reasonable suspicion, which is not consistent with this standard.

(b)(6), (b)(7)(c) <u>04/19/2012</u> Reviewer's Signature / Date

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

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

	Components	Meets Standard	Does Not Meet Standard	V/N	Remarks
1.	The facility has a Sexual Abuse and Assault Prevention and Intervention Program.	\boxtimes			The facility has a Sexual Abuse and Assault Prevention and Intervention Program that is overseen by the Compliance Officer.
2.	For SPCs and CDFs, the written policy and procedure has been approved by the Field Office Director.	\boxtimes			The Field Office Director approved the policy and procedure for the facility on 03/19/12.
3.	Tracking statistics and reports are readily available for review by the inspectors.	\boxtimes			This inspector reviewed the tracking statistics for the program.
4.	All staff are trained, during orientation and in annual refresher training, in the prevention and intervention areas required by the Detention Standard.	\boxtimes			Security and medical staff receive orientation and annual refresher training, as documented in the training records.
5.	Detainees are informed about the program in facility orientation and the detainee handbook (or equivalent).	\boxtimes			The program is discussed in the detainee handbook and during facility orientation.
6.	The Sexual Assault Awareness Notice is posted on all housing unit bulletin boards.	\boxtimes			While touring the units, this inspector observed that the notice was posted on the unit bulletin boards.
7.	The Sexual Assault Awareness Information brochure is available for detainees. (Required in SPCs and CDFs.)	\boxtimes			This information is available to the detainees.
8.	Detainees are screened upon arrival for "high risk" sexual assaultive and sexual victimization potential and housed and counseled accordingly.	\boxtimes			There is a screening process to identify victims or assaultive detainees during intake. The intake screening form asks questions to identify possible victims and assaultive types of detainees.
9.	All incidents of sexual abuse or assault by a detainee on a detainee have been documented in the past year.	\boxtimes			There have been four incidents of this nature during the past year, and each of the incidents was documented by the medical staff.
10.	All incidents or allegations of sexual abuse or assault by staff on a detainee have been documented in the past year.	\boxtimes			There have been no incidents or allegations of sexual abuse by staff on a detainee in the past year.
11.	There is prompt and effective intervention when any detainee is sexually abused or assaulted and policy and procedures for required chain-of-command reporting.	\boxtimes			There is effective intervention, as the policy stipulates the appropriate protocols to follow. Chain-of- command reporting is good, with no issues being raised during a discussion with local ICE staff.
12.	When there is an alleged sexual assault, staff conduct a thorough investigation, gather and maintain evidence, and make referrals to appropriate law enforcement agencies for possible prosecution.	\boxtimes			Staff conducts an appropriate investigation and, if indicated, law enforcement agencies are contacted to see if they have a prosecutorial interest in the case.

PART 2– 14. SEXUAL ABUSE AND ASSA		REVENTIO	ON AN	ID INTERVENTION		
This Detention Standard requires that facilities that house ICE/DRO detainees affirmatively act to prevent sexual abuse and assaults on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and assault, and control, discipline, and prosecute the perpetrators of sexual abuse and assault.						
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks		
13. When there is an alleged or proven sexual assault, the required notifications are promptly made.	\boxtimes			The required notifications are made. ICE reports no issues or problems with this component.		
14. Victims of sexual abuse or assault are referred to specialized community resources for treatment and gathering of evidence.	\boxtimes			Any forensic evaluation would be conducted by an outside hospital, as reflected in the policy.		
15. All records associated with claims of sexual abuse or assault is maintained, and such incidents are specifically logged and tracked by a designated staff coordinator.	\boxtimes			Records are maintained indefinitely, and the incidents are logged and tracked.		
SEXUAL ABUSE AND ASSAULT P	REVEN	ITION AN	D INTI	ERVENTION		
Meets Standard Does Not Meet Standard N/A Repeat Finding						

During the past year there were four incidents of detainee-on-detainee allegations in regard to sexual abuse. The incidents were investigated and all found to be without merit. There were no incidents or allegations of sexual abuse or assault by staff on a detainee.

<u>Proper documentation exists to confirm orientation and annual refresher training for security and medical staff in the area of sexual abuse.</u> The detainee population is made aware of the program and information is readily available for review.

The rating for this standard was based on staff interviews, a review of the PowerPoint training presentation for orientation and annual refresher training, a review of training documentation verifying training for security and medical staff, and a review of the facility policy.

	PART 2 – 15. SPECIAL MANAGEMENT UNITS						
seg Adr	This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	Written policy and procedures are in place for special management units.	\boxtimes			A written policy and procedure is in place for the Special Management Unit (SMU).		
2.	A detainee is placed in protective custody status in Administrative Segregation only when there is documentation that it is warranted and that no reasonable alternatives are available.	\boxtimes			Detainees are only placed in the SMU, with appropriate documentation, as a last resort to protect their safety.		
3.	A detainee will be placed in Disciplinary Segregation only after a finding by a Disciplinary Hearing Panel that the detainee is guilty of a prohibited act or rule violation classified at a "Greatest", "High", or "High- Moderate" level, as defined in the Detention Standard on Disciplinary System.	\boxtimes			Detainees are only placed in disciplinary segregation status after an Institutional Disciplinary Panel hearing. This placement requires a guilty finding to the prohibited act.		
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.				Common practice is for the detainee to be taken to the medical unit prior to being taken to SMU.		
5.	There are written policy and procedures to control and secure SMU entrances, contraband, tools, and food carts, in accordance with the Detention Standard on Facility Security and Control.				Written policy requires that all items brought into and removed from the SMU are inspected, and if necessary inventoried.		
6.	The number of detainees confined to each cell or room does not exceed the capacity for which it was designed.				All cells in the SMU are designed for two detainees. Observation confirmed this practice.		
7.	Cells and rooms are well ventilated, adequately lit, appropriately heated and maintained in a sanitary condition at all times.	\boxtimes			The cells were observed to be well ventilated, well lit and sanitary.		
8.	Permanent housing logs are maintained in SMUs to record pertinent information on detainees upon admission to and release from the unit, and in which supervisory staff and other officials record their visits to the unit.	\boxtimes			A Unit Log is maintained for all activities and visitors to the SMU.		
9.	A permanent log is maintained in each SMU to record all activities concerning SMU detainees (meals served, recreation, visitors, etc.). In SPCs and CDFs, the SMU log records the detainee's name, A-number, housing location, date admitted, reasons for admission, tentative release date for detainees in Disciplinary Segregation, the authorizing official, and date released.				A Unit Log is maintained for all activities and visitors to the SMU.		

PART 2 – 15. SPECIAL MANAGEMENT UNITS							
This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.							
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
 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. 				The SMU Unit log documents the date and time staff enter and leave the unit. Unusual activity is noted in the log. Additionally, the GEO Tour Scanner (electronic bar code system) is being utilized in the SMU			
 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. 				A Daily Log of Special Housing, comparable to the I-888, is used. Medical, food, ICE visits, recreation, showers, phone usage, linen exchange and razor usage are documented on this form.			
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.				The Daily Log of Special Housing form is completed and forwarded to the SMU Lieutenant and placed into the detainee's detention file.			
 There are written policy and procedures concerning the property detainees may retain in each type of segregation. 				Facility policy lists property to be retained by detainees in administrative and disciplinary segregation status.			

PART 2 – 15. SPECIAL MANAGEMENT UNITS						
This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.						
Components	Meets Standard	Does Not Meet Standard	A/N	Remarks		
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.)				Facility policy lists privileges to be retained by detainees in administrative and disciplinary segregation status.		
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).				Administrative Segregation detainees may be used as orderlies within the SMU.		
 Detainees in SMUs are personally observed at least every 30 minutes in an irregular schedule and more often when warranted for some cases (violent, mentally disordered, bizarre behavior, suicidal). 	\boxtimes			All detainees receive an irregular thirty minute visual check. Normally, detainees exhibiting unusual behavior are transferred to the medical unit or an outside hospital.		
17. The shift supervisor sees each segregated detainee daily, including weekends and holidays.				The shift supervisor pays a visit to the SMU on every shift and documents the same.		
18. The facility administrator (or designee) visits each SMU daily.						
 A health care provider visits every detainee in an SMU at least three times a week, and detainees are provided any medications prescribed for them. In SPCs and CDFs, a nurse, doctor or other appropriate health care professional visits the SMU at least once each workday and questions each detainee to identify any medical problems or requests. Any action taken is documented in a separate logbook, and the medical visit is recorded on the detainee's SMU Housing Record (Form I-888). 	\boxtimes			Medical staff visit the SMU for medication administration on every shift. Medical staff conduct a face to face visit at least once during every twenty-four hour period. The medical visit is recorded.		
20. Detainees in SMUs are provided three nutritionally adequate meals per day, ordinarily from the general population menu.				Trays are delivered to the SMU for every meal.		
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.				Shaving and showering is administered and documented three times per week.		

	PART 2 – 15. SPECIAL							
seg Adn	This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
22.	Only for documented medical or mental health reasons are detainees denied such items as clothing, mattress, bedding, linens, or a pillow. If a detainee is so disturbed that he or she is likely to destroy clothing or bedding or create a disturbance risking harm to self or others, the medical department is notified immediately and a regimen of treatment and control instituted by the medical officer.	\boxtimes						
23.	Detainees in an SMU may write and receive letters the same as the general population.				Mail is picked up by staff as needed.			
24.	Detainees in an SMU ordinarily retain visiting privileges.							
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.							
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.				No detainees in Administrative Segregation were denied a visit.			
27.	Under no circumstances is a detainee permitted to participate in general visitation while in restraints.				If a detainee is receiving a visit, he is escorted to the visiting area in restraints. The restraints are removed prior to the visit.			
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.				If any doubt exists as to a detainee's behavior on a visit, a more secure visiting cube is available within the visiting area.			
29.	In SPCs and CDFs, violent and disruptive detainees are limited to non-contact visits and, in extreme cases, not permitted to visit.				At this facility all visiting is limited to non-contact with the exception of legal visits.			
30.	Ordinarily, detainees in SMUs are not denied legal visitation.	\boxtimes						
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.				Policy exists to cover all legal visitations.			

PART 2 – 15. SPECIAL		-					
This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.							
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
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.							
33. Detainees in SMUs have access to reading materials, including religious materials. In SPCs and CDFs, the Recreation Specialist offers each detainee soft- bound, non-legal books on a rotating basis, provided no detainee has more than two books (excluding religious material) at any one time.	\boxtimes			The library cart visits the SMU on a regular basis. Detainees are allowed to have two soft-bound books and a religious book of their faith.			
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.							
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.							
36. Policy and procedures provide for legal material to be brought to individuals in Disciplinary Segregation under certain circumstances.				Detainees generate a "Detainee Request Form" requesting legal material and forward it to the SMU lieutenant for approval.			
 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. 							
38. Recreation for detainees in the SMU is separate from the general population.				A recreation area is available within the SMU, separate from the general population.			
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.)							

	PART 2 – 15. SPECIAL MANAGEMENT UNITS							
seg Adn	This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.							
	Components	Meets Standard	Does Not Meet Standard	V /N	Remarks			
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.				There is a separate outdoor recreation area for detainees assigned to the SMU. Detainees receive at least one hour of outdoor recreation seven days a week. Appropriate inclement weather gear is provided as needed.			
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.							
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.				All reviews are performed by the SMU lieutenant and documented.			
43.	Denial of recreation privileges for more than 15 days requires the concurrence of the facility administrator and the health authority. It is expected that such denials shall rarely occur, and only in extreme circumstances. The facility notifies ICE/DRO when a detainee is denied recreation privileges for more than 15 days.							
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.				Detainees in the SMU generally have full telephone access. Any restriction, would be the result of disciplinary action. Legal calls would not be restricted. A detainee's use of the telephone is documented on the Daily Log for Special Housing.			

	PART 2 – 15. SPECIAL MANAGEMENT UNITS						
This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
45.	Ordinarily, a written order is completed and approved by a supervisor before a detainee is placed in Administrative Segregation. If exigent circumstances make that impracticable, the order is prepared as soon as possible.						
	A copy of the order is given to the detainee within 24 hours, unless delivery would jeopardize the safety, security, or orderly operation of the facility.						
	If the segregation is for protective custody, the order states whether the detainee requested the segregation and whether the detainee requests a hearing.						
	The order remains on file in the SMU until the detainee is released from the SMU, at which point the releasing officer records the date and time of release on the order and forwards it to the chief of security or supervisor for the detainee's detention file.						
	(An Administrative Segregation Order is not required for a detainee awaiting removal, release, or transfer within 24 hours.)						
46.	There are implemented written procedures for the regular review of all detainees in Administrative Segregation.						
	A supervisor conducts a review within 72 hours of the detainee's placement in Administrative Segregation to determine whether segregation is still warranted. The review includes an interview with the detainee, and a written record is made of the decision and the justification. In SPCs and CDFs, the Administrative Segregation Review Form (I-885) is used.						
	If a detainee is segregated for the detainee's protection, but not at the detainee's request, continued detention requires the authorizing signature of the facility administrator or assistant facility administrator on the I-885.						
	When a detainee has spent seven days in Administrative Segregation, and every week thereafter for the first 60 days and at least every 30 days thereafter, a supervisor conducts a similar review, including an interview with the detainee, and documents the decision and justification.						
	A reviewing authority who concludes a detainee should be removed from Administrative Segregation, submits that recommendation to the facility administrator (or designee) for approval.						

PART 2 – 15. SPECIAL		-	-				
This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.							
Components	Meets Standard	Does Not Meet Standard	V /N	Remarks			
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.							
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.				A detainee may file a Detainee Grievance Appeal to the Warden after seven consecutive days in Administrative Segregation.			
 49. If a detainee has been in Administrative Segregation for more than 30 days and objects to this status, the facility administrator reviews the case to determine whether that status should continue, taking into account the views of the detainee. A written record is made of the decision and the justification. A similar review is done every 30 days thereafter. 				A detainee may file a Detainee Grievance Appeal to Warden after thirty consecutive days in Administrative Segregation.			
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.				The Facility Administrator would advise the Field Office Director of any detainee held in the SMU over thirty days.			
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.							
 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. 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. 							

PART 2 – 15. SPECIAL MANAGEMENT UNITS							
This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.							
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
 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. 	\boxtimes						
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. 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. 				The facility has implemented written procedures for regular review of all Disciplinary Segregation cases.			
All review documents are placed in the detainee's detention file. PART 2 – 15. SPECIAL MANAGEMENT UNITS							
			5.410				
🛛 Meets Standard 🛛 🗌 Does Not Meet St	andard	□ N/A	L.	☐Repeat Finding			

The facility maintains good order and security by establishing a Special Management Unit (SMU) to segregate detainees from the general population. Placement in the SMU is generally necessary to protect detainees from others, prior to transfer to prevent disruptive behavior or to correct prohibited behavior. The SMU consists of twenty cells maintained in a secure area with a separate recreation area. There were eighteen detainees housed in the SMU during this review. A tour of the area, examination of policy pertaining to SMU operations and interviews with the SMU lieutenant indicate detainees receive proper care.

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PART 2 – 16. STAFF-DETAINEE COMMUNICATION

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

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The ICE/DRO Field Office Director ensures that weekly announced and unannounced visits occur.				
2.	Detention Staff and Deportation Staff conduct scheduled weekly visits with detainees.				Detention and deportation staff members conduct scheduled visits to detainee housing units on a weekly basis.
3.	Scheduled visits are posted in ICE/DRO detainee housing areas.				Scheduled visits usually occur on Wednesdays. The time for these visits is posted on unit bulletin boards.
4.	Visiting ICE staff observe and note current climate and conditions of confinement.				ICE staff members visiting housing units routinely report on the mood, tone, atmosphere and condition of confinement to senior management.
5.	ICE/DRO Detainee Request Forms are available for use by ICE/DRO detainees.				Detainee Request Forms are provided by the unit officer when requested.
6.	The facility treats detainee correspondence to ICE/DRO staff as Special Correspondence.				Detainee correspondence with ICE is not read or inspected by the facility.
7.	A secure box is located in an accessible location for detainee's to place their Detainee Request Forms.				Each unit has a locked mailbox for detainees to drop mail to ICE officials. Only ICE staff have the key to the mailbox.
8.	Only ICE staff are able to retrieve the contents of the secure box containing Detainee Request Forms,	\boxtimes			
9.	ICE/DRO staff respond to a detainee request from a facility within 72 hours and document the response in a log.				The detainee grievance log shows that ICE responds to a detainee request within the established time frame.
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.				
11	. OIG Hotline Informational Posters are mounted in all appropriate common areas (recreation, dining, etc.) and, in SPCs and CDFs, in all housing areas.				OIG Hotline Information is located on unit bulletin boards and other common areas throughout the facility.

PART 2 – 16. STAFF-DETAINEE COMMUNICATION

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

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

Components	Meets Standard	Does Not Meet Standard	A/N	Remarks		
12. Daily telephone serviceability checks are documented in the housing unit logbook.				Officers on morning watch check all telephones daily. Results of the check are documented in the unit log and any problems are reported to a lieutenant.		
PART 2 – 16. STAFF-DETAINEE COMMUNICATION						
⊠ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding						

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

Facility policy, post orders, interviews with ICE officials, facility staff and detainees were used to evaluate compliance with this standard. Interviews with detainees did not indicate any significant issues. Communication between facility staff, detainees and ICE officials appeared appropriate. No significant issues were presented during various interviews.

	PART 2-17. TOOL CONTROL							
fac	This Detention Standard protects detainees, staff, contractors, and volunteers from harm and contributes to orderly facility operations by maintaining control of tools, culinary utensils, and medical and dental instruments, equipment, and supplies.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
1.	(MANDATORY) There is an individual who is responsible for developing a tool control procedure and an inspection system to insure accountability.	\boxtimes			The Chief of Security is responsible for the development and implementation of tool control procedures.			
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.				The warehouse is located inside the secure perimeter and local procedures have been established.			
3.	(MANDATORY) The use of tools, keys, medical equipment, and culinary equipment is controlled.				The use of tools, keys, medical equipment and culinary equipment is controlled within this facility. Activities in this area were observed and procedures confirmed with staff.			
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.				Metal chits are used to exchange tools on shadow boards.			
5.	 Tool inventories are required for: Facility Maintenance Department Medical Department Food Service Department Electronics Shop Recreation Department Armory 				Tool inventories are maintained for Food Service, Medical, Maintenance, the Armory and Recreation. There is no Electronics Shop at this facility.			
6.	Tool Inventories are conspicuously posted on all tool boards, tool boxes and tool kits.				Tool inventories are numbered and posted conspicuously on all corresponding shadow boards, toolboxes and 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. 				Policy addresses inventories for all tools. All tools are etched.			

PART 2-17. TOOL CONTROL						
This Detention Standard protects detainees, staff, contractors, and volunteers from harm and contributes to orderly facility operations by maintaining control of tools, culinary utensils, and medical and dental instruments, equipment, and supplies.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
 8. The facility has a tool classification system. Tools are classified according to: Restricted (dangerous/hazardous) Non Restricted (non-hazardous). 	\boxtimes			Tools are classified as "Restricted" and "Non-Restricted." Two types of restricted tools are Class A and Class AA, the latter of which is to be utilized by staff only. Class B tools pose a lesser security risk and may be utilized by detainees under staff supervision.		
9. Department heads are responsible for implementing proper tool control procedures as described in the standard.	\boxtimes			Department heads are responsible for tools assigned to their area.		
10. There are policies and procedures in place to ensure that all tools are properly marked and readily identifiable.	\boxtimes			Tools are marked as classified.		
 11. The facility has an approved tool storage system. The system ensures that all stored tools are accountable. Tools are stored on shadow boards in which the shadows resemble the tool. Shadow boards have a white background. Restricted tools are shadowed in red. Non-restricted tools are shadowed in black. Commonly used tools (tools that can be mounted) are stored in such a way that missing tools are readily noticed. 						
12. Tools removed from service have their shadows removed from shadow boards.	\boxtimes					
13. Tools not adaptable to a shadow board are stored in a locked drawer or cabinet.	\square					
14. Sterile packs are stored under lock and key.	\boxtimes					
15. Each facility has procedures for the issuance of tools to staff and detainees.	\boxtimes			Procedures are in place for issuing tools to staff and detainees.		
 16. There are policies and procedures to address the issue of lost tools. The policy and procedures include: Verbal and written notification. Procedures for detainee access. Necessary documentation/review for all incidents of lost tools. 17. Broken or worn out tools are surveyed and disposed 				Policy describes procedures for lost tools. Broken or worn out tools are		
of in an appropriate and secure manner.	\square			removed from service and destroyed.		

PART 2-17. TOOL CONTROL						
This Detention Standard protects detainees, staff, contractors, and volunteers from harm and contributes to orderly facility operations by maintaining control of tools, culinary utensils, and medical and dental instruments, equipment, and supplies.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
18. All private or contract repairs and maintenance workers under contract with ICE, or other visitors, submit an inventory of all tools prior to admittance into or departure from the facility. The inventory is reviewed and verified prior to the contractor entering/departing the facility.	\boxtimes			An inventory of tools is submitted to the Chief of Security with a copy to the maintenance manager prior to admittance or release from the facility.		
19. Hoses longer than three feet in length are classified as a restricted tool.				Hoses, cords and ropes longer than three feet are classified as a restricted tool.		
20. Scissors used for in-processing detainees are tethered to the furniture (e.g. table, counter, etc.) where they are used.	\boxtimes			Scissors are utilized by staff and tethered to the desk.		
PART 2-17. TOOL CONTROL						
🛛 Meets Standard 🛛 🗌 Does Not Meet St	andard	□ N/A		☐Repeat Finding		

The facility protects staff, detainees, contractors, and visitors by establishing a tool control policy that requires the inventory, secure storage, classification, and proper use of all tools. The Chief of Security is responsible for the program and maintains a facility-wide inventory that is checked on a regular basis. Tools remain under strict supervision by staff, are secured when not in use and are disposed of when necessary. The Chief of Security was interviewed concerning this standard, and all tool storage areas and inventories were inspected.

	PART 2 – 18. USE OF FORCE AND RESTRAINTS							
res	This Detention Standard authorizes staff to use necessary physical force, after all reasonable efforts to otherwise resolve a situation have failed, and only for protection of self, detainees, or others, for prevention of escape or serious property damage, or to maintain the security and orderly operation of the facility.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
1.	(MANDATORY) The facility has a Use of Force Policy.	\square			Written policy dictates the Use of Force policy and procedure.			
2.	Written policy authorizes staff to respond in an immediate-use-of-force situation without a supervisor's presence or direction.	\boxtimes			Policy authorizes staff to respond to an immediate use of force situation.			
3.	When the detainee is in an area that is or can be isolated (e.g., a locked cell, a range), posing no direct threat to the detainee or others, policy requires that staff must try to resolve the situation without resorting to force.	\boxtimes			When a detainee is in a secure area, staff must attempt to resolve the situation first without the use of force.			
4.	Written policy asserts that calculated rather than immediate use of force is feasible in most cases.	\boxtimes						
5. •	The facility subscribes to the prescribed Confrontation Avoidance Procedures. Ranking detention official, health professional, and	\boxtimes						
6.	 others confer before every calculated use of force. 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. 				This facility utilizes a (b)(7)e (b)(7)e (b)(7)e for calculated use of force moves.			
7.	Staff members are trained in the performance of the Use-of-Force Team Technique.				(b)(7)e members receive additional training in use-of-force techniques.			
8.	All use-of-force incidents are documented and reviewed.	\boxtimes						
9.	All use of force incidents are properly documented and forwarded for review use of force documentation at a minimum, shall include the medical examination through the conclusion of the incident. All calculated uses of force incidents must be audio visually recorded in its entirety from the beginning of the incident to its conclusion. Any breaks in recording, e.g., dead batteries, tape exhausted, are fully explained on the video.	\boxtimes			The facility requires that all use-of- force incidents be documented. Calculated use-of-force incidents are recorded with the use of a camcorder. Any problems with the recording are explained in the video.			
10.	 Staff: Does not use force as punishment. Attempts to gain the detainee's voluntary cooperation before resorting to force Uses only as much force as necessary to control the detainee. Uses restraints only when other non-confrontational means, including verbal persuasion, have failed or are impractical. 	\boxtimes			Facility policy requires that force not be used as punishment, that staff first try to talk the detainee into compliance, that only the minimal force necessary be used and that restraints are used only as a last resort.			

PART 2 – 18. USE OF FORCE AND RESTRAINTS						
This Detention Standard authorizes staff to use necessary physical force, after all reasonable efforts to otherwise resolve a situation have failed, and only for protection of self, detainees, or others, for prevention of escape or serious property damage, or to maintain the security and orderly operation of the facility.						
Components	Meets Standard	Does Not Meet Standard	A/N	Remarks		
11. Medication may only be used for restraint purposes when authorized by the Medical Authority as medically necessary.						
12. (MANDATORY) Use-of-Force Teams follow written procedures that attempt to prevent injury and exposure to communicable disease(s).				Staff members involved in use-of- force actions are trained to use puncture resistant gloves, head protection, pads and coveralls, and to not participate if they have an open wound.		
 13. Standard procedures associated with using four/five point restraints include: Soft (nylon/leather) restraints. Dressing the detainee appropriately for the 						
 A bed, mattress, and blanket/sheet. Checking the detainee at least every 15 minutes. 				(b)(7)e		
 Logging each check. Repositioning detainee often enough to prevent soreness or stiffness. 				(0)(7)e		
 Medical evaluation of the restrained detainee twice per eight-hour shift. 						
When qualified medical staff are not immediately available, staff position the detainee "face-up."						
14. The shift supervisor monitors the detainee's position/condition every two hours.He/she allows the detainee to use the restroom at these	\boxtimes					
times under safeguards. 15. All detainee checks are logged.				All checks are logged and		
				maintained by the Chief of Security.		
16. In immediate-use-of-force situations, officers contact medical staff once the detainee is under control.						
 17. When the Facility Administrator authorizes use of non-lethal weapons: Medical staff are consulted before staff use pepper spray/non-lethal weapons. Medical staff reviews the detainee's medical file before use of a non-lethal weapon is authorized. 				Although a policy exists covering the use of non-lethal weapons, these weapons have not been used during the past twelve months.		
 Intermediate Force Weapons, when not in use are stored in areas where access is limited to authorized personnel and to which detainees have no access. 				Intermediate force weapons are (b)(7)e		

PART 2 – 18. USE OF FORCE AND RESTRAINTS						
This Detention Standard authorizes staff to use necessary physical force, after all reasonable efforts to otherwise resolve a situation have failed, and only for protection of self, detainees, or others, for prevention of escape or serious property damage, or to maintain the security and orderly operation of the facility.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
 If Intermediate Force Weapons are stored in the Special Management Unit (SMU), they are stored and maintained the same as Class R tools. 	\boxtimes			(b)(7)e		
20. Special precautions are taken when restraining pregnant detainees.Medical personnel are consulted	\boxtimes					
21. Protective gear is worn when restraining detainees with open cuts or wounds.				Protective gear and equipment is always utilized when restraining detainees with visible cuts or wounds.		
22. Staff document every use of force, including what type of restraints was used during the incident.	\boxtimes			Staff thoroughly document all use- of-force actions and note what type of restraints, if any, were used.		
23. It is standard practice to review any use of force and the non-routine application of restraints.	\boxtimes			The Warden reviews all use-of- force incidents.		
 24. All officers receive training in self-defense, confrontation-avoidance techniques and the use of force to control detainees. Specialized training is given to officers ensuring they are certified in all devices approved for use. 	\boxtimes			All staff members receive training in self-defense and confrontation avoidance techniques during annual refresher training. (b)(7)e members attend specialized training.		
25. All staff authorized to use OC spray receive training not only in its use, but also in the decontamination of individuals exposed to it. This training must be documented in the staff training record.	\boxtimes					
26. The use of canines is restricted to contraband detection purposes only.	\boxtimes			The use of canines for any purpose has not occurred in the past twelve months.		
27. The officers are thoroughly trained in the use of soft and hard restraints.	\boxtimes			Staff is trained in the use of all restraints.		
28. <u>In SPCs</u> , the Use of Force form is used. In other facilities (IGSAs / CDFs) this form or its equivalent is used.	\boxtimes			A Use of Force form and a Use of Force Checklist form are utilized when necessary.		
PART 2 – 18. USE OF FORCE AND RESTRAINTS						
⊠ Meets Standard						

The facility has established a Use of Force policy to protect detainees from abuse, ensure staff safety, prevent escapes or serious damage to property and ensure the use of only the minimal force needed to resolve an incident. The basic policy requires staff to talk to detainees first to gain compliance, and if unsuccessful, to use trained and protected staff to bring the detainee under control. Medical staff is always used to provide services and advise as necessary.

(b)(6), (b)(7)(c) $\left(\frac{04/19/2012}{04/19/2012} \right)$

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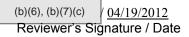
Section III ORDER

19 Disciplinary System

PART 3 – 19. DISCIPLINARY SYSTEM					
This Detention Standard promotes a safe and orderly living environment for detainees by expecting detainees to comply with facility rules and regulations and imposing disciplinary sanctions to control the behavior of those who do not.					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
	he facility has a written disciplinary system using progressive levels of reviews and appeals.				Policy is in place that implements a progressive disciplinary system.
	he facility rules state that disciplinary action shall of be capricious or retaliatory.				
4. 1	Vritten rules prohibit staff from imposing or bermitting the following sanctions: corporal punishment deviations from normal food service clothing deprivation bedding deprivation denial of personal hygiene items loss of correspondence privileges deprivation of legal access and legal materials deprivation of physical exercise The rules of conduct, sanctions, and procedures for iolations are defined in writing and communicated to				Written rules prohibit staff from imposing the items listed in this component. A copy of the rules of conduct, sanctions and procedures for
	Il detainees verbally and in writing.				violations and procedures for violations are defined in writing and communicated to all detainees verbally and in the Detainee Handbook.
	The following items are conspicuously posted in Spanish and English or other dominate languages lised in the facility: Rights and Responsibilities Prohibited Acts Disciplinary Severity Scale Sanctions				Items listed in this component are posted throughout the facility and described in the Detainee Handbook.
	Vhen minor rule violations or prohibited acts occur, nformal resolutions are encouraged.	\boxtimes			
f	ncident Reports and Notice of Charges are promptly prwarded to the designated supervisor.				Incident reports are forwarded to the shift supervisor for review and investigation.
t c	ncident Reports are investigated within 24 hours of the incident. The Unit Disciplinary Committee (UDC) or equivalent does not convene before investigations and.				All incident reports are investigated within 24 hours of the incident.

PART 3 – 19. DISCIPLINARY SYSTEM					
This Detention Standard promotes a safe and orderly living environment for detainees by expecting detainees to comply with facility rules and regulations and imposing disciplinary sanctions to control the behavior of those who do not.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
9. An intermediate disciplinary process is used to adjudicate minor infractions.	\boxtimes			Minor infractions may be adjudicated by the shift supervisor or the Chief of Security.	
10. A disciplinary panel (or equivalent in IGSAs) adjudicates infractions. The panel:					
 Conducts hearings on all charges and allegations referred by the UDC 					
 Considers written reports, statements, physical evidence, and oral testimony 	\boxtimes				
 Hears pleadings by detainee and staff representative 					
 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	\boxtimes			If requested by the detainee, a staff representative may be made available.	
12. The facility permits hearing postponements or continuances when conditions warrant such a continuance. Reasons are documented.	\boxtimes				
13. The duration of punishment set by the Facility Administrator, as recommended by the disciplinary panel does not exceed established sanctions. The maximum time in disciplinary segregation does not exceed 60 days for a single offense.					
14. Written procedures govern the handling of confidential-source information. Procedures include criteria for recognizing "substantial evidence".				Written policy governs the handling of confidential source information. The Intelligence Officer handles all confidential source information.	
15. All forms relevant to the incident, investigation, committee/panel reports, etc., are completed and distributed as required.				Discipline forms are distributed to the detainee and forwarded to the Special Management Unit lieutenant for placement in the detainee's file.	
PART 3 – 19. DISCIPLINARY SYSTEM					
⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding					

The facility has established a detainee discipline program to correct prohibited behavior, enhance security and good order, set standards for consistent punishment and protect staff. The living environment for detainees is made more safe and secure through implementation of the disciplinary system.



Section IV CARE

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

PART 4 – 20. FOOD SERVICE						
This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1.	The food service program is under the direct supervision of a professionally trained and certified Food Service Administrator (FSA). The Responsibilities of cooks and cook foremen are in writing. The FSA determines the responsibilities of the Food Service Staff.	\boxtimes			The Food Service Manager is ServSafe-certified and has received training in food service management. The duties of all food service staff are outlined in position descriptions. The Food Service Manager determines the day to day responsibilities of staff.	
2.	The Cook Foreman is on duty on days when the FSA is off duty and vice versa.	\boxtimes			There is a food service supervisor on duty when the Food Service Manager is not on duty.	
3.	The FSA provides food service employees with training that specifically addresses detainee-related issues. In ICE Facilities this includes a review of the "Food Service" standard	\boxtimes				
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				The food service department does not utilize knives. Items such as dough cutters, spoons, ladles, and spatulas are secured in a locked cage in the food service area. They are controlled and inventoried as required. All keys utilized in the food service area are maintained in the "keywatcher" system located outside Main Control for key accountability.	
5.	All knives not in a secure cutting room are physically secured to the workstation and staff directly supervises detainees using knives at these workstations. Staff monitor the condition of knives and dining utensils				The food service department does not utilize knives. However, dough cutters are tethered and locked when utilized. All dining utensils are inspected daily.	
6.	Special procedures (when necessary) govern the handling of food items that pose a security threat.					
7.	Operating procedures include daily searches (shakedowns) of detainee work areas.	\boxtimes			Based on documentation, the food service area is searched on a daily basis by food service and detention staff.	
8.	The FSA monitors staff implementation of the facility population count procedures. These procedures are in writing. Staff are trained in count procedures.					

PART 4 – 20. FOOD SERVICE						
This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
9. (MANDATORY) There is adequate health protection for all detainees and staff in the facility, and for all persons working in food service. Detainees and other persons working in food service are monitored each day for health and cleanliness by the food service supervisor or designee. Detainee clothing and grooming comply with the "Food Service" standard.	\boxtimes			The detainees are monitored on a daily basis and the results are documented. Upon observation, all were neat, clean, and wore hairnets and gloves. All food service staff receive pre-employment physicals and clearances prior to working. Detainees are cleared by medical staff to work in the kitchen prior to being assigned to the job.		
10. The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date.	\boxtimes					
11. The Cook Foreman or equivalent instructs newly assigned detainee workers in the rules and procedures of the food service department.	\boxtimes			All newly assigned detainee workers are trained by the Food Service Manager on rules, procedures and the operation of all equipment. All training is documented, and detainees sign off on the training provided.		
 12. During orientation and training session(s), the Cook Supervisor (CS) explains and demonstrates: Safe work practices and methods. Safety features of individual products/ pieces of equipment. Training covers the safe handling of hazardous material[s] the detainee are likely to encounter in their work. 	\boxtimes			The Food Service Manager trains and documents newly assigned detainee workers on all three of the bulleted items in this component.		
13. The Cook Foreman documents all training in individual detainee detention files.	\boxtimes					
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.	\boxtimes					
15. Detainees are served at least two hot meals every day. No more than 14 hours elapse between the last meal served and the first meal of the following day.	\boxtimes			The facility meals are served at 5:30 AM, 12:30 PM, and 5:30 PM. The facility menu calls for a hot item two meals each day. The feeding schedule reflected fewer than 14 hours between meals.		
16. For cafeteria-style operations, a transparent "sneeze guard" protects both the serving line and salad bar line.			\boxtimes	The facility has no cafeteria-style operations. All detainees are served in the housing units.		
17. The facility has a standard 35-day menu cycle. IGSAs use a 35 day or similar system for rotating meals.	\boxtimes			A standard 42-day menu cycle is utilized at this facility.		

PART 4 – 20. FOOD SERVICE						
This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.						
Components	Meets Standard	Does Not Meet Standard	¥/N	Remarks		
18. (MANDATORY) A registered dietitian shall conduct a complete nutritional analysis that meets U.S. Recommended Daily Allowances (RDA), at least annually, of every master-cycle menu planned by the FSA. The dietitian must certify menus before they are incorporated into the food service program. If necessary, the FSA shall modify the menu in light of the nutritional analysis to ensure nutritional adequacy. The menu will need to be revised and re-certified by the registered dietician in that event.	\boxtimes			The facility menu has been certified by a GEO registered dietitian, licens (b)(6), (b)(7) that expires on March 31, 2015. Any revisions require the menu to be re-certified by the dietitian. The current menu is certified to meet nutritional guideline requirements. The analysis was completed on January 13, 2012 by the dietitian.		
19. The FSA has established procedures to ensure that items on the master-cycle menu are prepared and presented according to approved recipes.						
 20. The Cook Foreman has the authority to change menu items if necessary. If yes, documenting each substitution, along with its justification, with copy to the FSA 				Approved menu substitutions have been established, with notification to the Food Service Manager required.		
21. All staff and volunteers know and adhere to written "food preparation" procedures.						
 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. 				A Common Fare Program is utilized to accommodate detainees whose religious dietary requirements cannot be met by the main menu. The Common Fare menu has been nutritionally analyzed. Separate preparation utensils are available for meal production. Disposable plates and utensils are used for the service of the meals. Changes can be made to the menu on the local level. Hot entrees are served at least three times per week. There is currently one detainee participating in the Common Fare Program.		
23. Detainees whose religious beliefs require the adherence to particular religious dietary laws are referred to the Chaplain or FSA.	\boxtimes					
24. A supervisor at the command level must approve a detainee's removal from the Common Fare Program.				The Chaplain is authorized to remove detainees from the Common Fare Program.		
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.	\boxtimes					

PART 4 – 20. FOOD SERVICE						
This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
 26. The Common Fare Program accommodates detainees abstaining from particular foods or fasting for religious purposes at prescribed times of the year. Muslims fasting during Ramadan receive their meals after sundown. Jews who observe Passover but do not participate in the Common Fare Program receive the same Kosher-for- Passover meals as those who do participate. Main-line offerings include one meatless meal (lunch or dinner) on Ash Wednesday and Fridays during Lent. 				The facility provides Ramadan, Kosher, and meatless meals as required by this component.		
27. The food service program addresses medical diets.	\boxtimes			The medical department approves all medical diets and notifies the Food Service Manager of all requirements. The food service program provides medical diets such as dental soft, diabetic and low sodium.		
28. Satellite-feeding programs follow guidelines for proper sanitation.						
29. Hot and cold foods are maintained at the prescribed, "safe" temperature(s) as served. See Detention Standard on Food Service for guidance.				Temperatures of plated foods were checked during the lunch meal on 04/17/2012 and found to be in compliance with applicable standards. Once plated, meals are immediately delivered to the housing units for consumption.		
30. All meals provided in nutritionally adequate portions.	\square					
31. Food is not used to punish or reward detainees based upon behavior.	\boxtimes					
 32. The food service staff instruct detainee volunteers on: Personal cleanliness and hygiene; Sanitary techniques for preparing, storing, and serving food, and; The sanitary operation, care, and maintenance of equipment. 				Training on the three bulleted items is conducted and documented by the Food Service Manager. Documentation is placed in each detainee's training file.		
33. Everyone working in the food service department complies with food safety and sanitation requirements.				Observation of the food service operation indicates that staff and detainees are complying with all food safety and sanitation requirements.		

PART 4 – 20. FOOD SERVICE					
	ard ensures that detainees are provide ienic food service operation.	ed a nut	ritionally ba	lance	d diet that is prepared and presented
	Components	Meets Standard	Does Not Meet Standard	V/N	Remarks
procedures for t dietary personnel all food service	The facility implements written the administrative, medical, and/or conducting the weekly inspections of areas, including dining, storage, ood-preparation areas.				The facility has a written procedure that addresses this component. All inspections are documented as required.
Administrator or	pancies are forwarded to the Facility designated department head and is scheduled and completed.	\boxtimes			
dishwashing mad	Standard procedure includes documenting temperatures of all chines after each meal, in accordance n Standard on Food Service.				The facility documents the temperature checks on a log after each meal. The previous month's log entries were reviewed with no discrepancies were found.
refrigerator/ freez	Staff document the results of every zer temperature check, in accordance n Standard on Food Service.				The temperature checks are recorded as required. The previous month's log entries were reviewed with no discrepancies found.
38. The cleaning sch conspicuously po	nedule for each food service area is osted.	\boxtimes			
	ude inspecting all incoming food damage, contamination, and pest				Incoming food is inspected by food service staff and any damaged items are not accepted. This was verified in an interview with the Food Service Manager and other staff. No damaged food items were found during the inspection.
40. Storage areas ar	e locked when not in use.				
41. Food service per with detention sta	rsonnel conduct shakedowns along aff.				
	he ICE supervisor on duty ensures ers participate in dining room			\boxtimes	This facility is a CDF and does not have a dining room. All detainees are served in their respective housing unit.
	ied by a registered dietitian prior to ed into the Food Service Program.	\boxtimes			
estimates for th quarterly estima budget.	the FSA prepares quarterly cost ne Common Fare Program. This ate is factored into the quarterly			\boxtimes	This facility is a CDF. Quarterly budget estimates are not completed by the Food Service Manager for the Common Fare Program.
	only food service staff prepare the detainee transportation.	\boxtimes			
outside doors w	comparable devices are used on here food is prepared, stored, or against insects and other rodents.	\boxtimes			

PART 4 – 20. FOOD SERVICE							
This Detention Standard ensures that detainees are provide in a sanitary and hygienic food service operation.	This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.						
Components	Meets Standard	Does Not Meet Standard	∀/N	Remarks			
47. Staff comply with the ICE requirements for "food receipt and storage.	\square						
48. Stock inventory levels are monitored and adjusted to correct overage and shortage problems.	\boxtimes			The facility utilizes a "first in, first out" (FIFO) process to control inventory.			
49. Staff comply with all ICE Housekeeping, Storeroom/Refrigerator requirements. Identify and explain any shortcomings.	\boxtimes						
50. Dining room facilities and operating procedures will provide sufficient space and time for detainees to eat meals in a relatively relaxed, unregimented atmosphere.				Detainees are served their meals in their housing units and are given sufficient time and space to eat their meals.			
 51. (MANDATORY) An independent, external source shall conduct annual inspections to ensure that the food service facilities and equipment meet governmental health and safety codes. Corrective action is taken on deficiencies, if any. 				The Tacoma-Pierce County Health Department conducts inspections of the food service facilities and equipment. The facility was inspected on 05/19/2011 and again on 12/07/2011. Any deficiencies are corrected immediately.			
52. Personnel inspecting the food service department shall note needed corrective action(s), if any, in a written report to the Facility Administrator.	\boxtimes						
53. Only those toxic and caustic materials required for sanitary maintenance of the facility, equipment, and utensils shall be used in the food service department. Material Safety Data Sheets (MSDSs) will be maintained on all flammable, toxic, and caustic substances used.				The appropriate Material Safety Data Sheets are maintained by the Food Service Manager.			
54. (MANDATORY) The FSA is responsible for pest control in the food service department, including contracting the services of an outside exterminator.	\boxtimes			The food service department has a current pest control contract with Sprague Integrated Pest Management. They provide monthly extermination services that include preventative spraying for indigenous insects.			
FOOD S	ERVIC	E					
🛛 Meets Standard 🛛 Does Not Meet St	andard	□ N/A		☐Repeat Finding			

The Food Service Department is staffed by the GEO Group and uses detainees as workers. They are providing detainees with nutritious and attractively presented meals. The menus have been nutritionally analyzed, certified and approved by a registered dietitian. The meals are prepared from approved recipes by trained detainee workers under the supervision of the food service staff. The department follows a clean as you go policy. Sanitation of the Food Service Department was found to be excellent during the inspection. The dry storage areas were clean and well organized.

	PART 4 – 21. HUNGER STRIKES							
	This Detention Standard protects detainees' health and well-being by monitoring, counseling and, when appropriate, treating any detainee who is on a hunger strike.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
1.	When a detainee has refused food or observed to have not eaten for 72 hours, it is standard practice for staff to refer him or her to the medical department.	\boxtimes			It is the practice and policy of the facility to refer hunger striking detainees to the medical department after 72 hours.			
2.	Facility immediately reports via the chain of command a hunger strike to ICE/DRO.	\boxtimes			ICE is immediately informed of the hunger strike by the medical department. The chain-of- command is followed.			
3.	The facility has established procedures to ensure staff respond immediately to a hunger strike.	\boxtimes			The facility has established procedures to ensure an appropriate and immediate response.			
4.	Policy and procedure require that staff isolate a hunger-striking detainee from other detainees.				Hunger striking detainees are placed either in a medical observation room or in the "short stay" unit which is also in the medical area. They are isolated from other detainees.			
5.	Medical personnel are authorized to place a detainee in the Special Management Unit or a locked hospital room.	\boxtimes			Although this would be an unusual occurrence, a detainee could be placed in the Special Management Unit. In most cases, they are placed in a medical observation room or on the "short stay" unit.			
6.	Medical staff record the weight and vital signs of a hunger-striking detainee at least once every 24 hours.	\boxtimes			Medical staff records the weight and vital signs every twenty-four hours. This was evidenced by a medical file review.			
7.	The facility medical authority obtains a hunger striker's consent before medical treatment.	\boxtimes			The consent is obtained at the point of admission, but if there is an intrusive procedure, a specific consent form is obtained.			
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.				Immigration Health Service Corps form 820 is utilized to document a detainee's refusal.			

PART 4 – 21. HUNGER STRIKES This Detention Standard protects detainees' health and well-being by monitoring, counseling and, when appropriate, treating any detainee who is on a hunger strike.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
 Unless otherwise directed by the medical authority, staff deliver three meals per day to the detainee's room, regardless of the detainee's response to a verbally offered meal and document those meal offers. 	\boxtimes			It is the practice and policy of the facility to provide three meals a day to the hunger striker, and to document this accordingly.	
10. Staff maintain the hunger striker's supply of drinking water/other beverages.				It is the practice and policy of the facility to measure the water intake of the hunger striker. Water is provided to the detainee by medical staff and the amount consumed is recorded. However, there is a water fountain in the cell that is operational so the detainee's water intake cannot be measured from that source. The standard states that the staff will provide drinking water to the detainee, as opposed to the language of the component, which indicates that staff maintain the drinking water for the detainee. The facility adheres to the standard.	
11. During a hunger strike, staff remove all food items from the hunger striker's living area.	\boxtimes			All food items are removed from the cell, such as commissary and other food, except the meals from food service.	
12. Staff are directed to record the hunger striker's fluid intake and food consumption on the Hunger Strike Monitoring Form I-839 or equivalent.	\boxtimes			Staff records food and fluid intake on a "monitoring" form and in the medical record.	
 The medical staff have written procedures for treating hunger strikers. 	\boxtimes			Written procedures are available for the medical staff 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.	\boxtimes			All treatment and counseling attempts are documented in the medical file, as observed by a reviewed of a hunger striking detainee's medical file.	
15. All staff receive orientation and annual training on recognizing the signs of a hunger striker and on the procedures for referral for medical assessment. Medical staff receive training in hunger-strike evaluation and treatment and remain up-to-date on these techniques.	\boxtimes			All security and medical staff receive orientation and annual refresher training, as evidenced by a review of the medical training and staff training records. The training covers the requirements of this component.	
PART 4 – 21. HU	INGER	STRIKES			
🖂 Meets Standard 🛛 🗌 Does Not Meet St	andard	□ N/A		☐Repeat Finding	

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Since the last inspection, there have been four documented hunger strikes at the facility. Two of these instances were from the same detainee, who wanted to be transferred closer to the east coast. The other two cases were "protesting" their lengthy stay at the facility, but they ate the next day.

One hunger striker's medical file was reviewed and documented adherence to the requirements of the standard, with proper documentation being recorded on the detainee's management and treatment.

The rating for this standard was based on staff interviews and a review of the medical and staff training records, a medical record and the facility policy.

(b)(6), (b)(7)(c) <u>04/19/2012</u> Reviewer's Signature / Date

	PART 4 – 22. MEDICAL CARE				
	s Detention Standard ensures that detainees have a evention and health education, so that their health care is				
	Components	Meets Standard	Does Not Meet Standard	A/N	Remarks
1.	The facility operates a health care facility in compliance with state and local laws and guidelines.	\boxtimes			The facility is accredited by the National Commission on Correctional Health Care (NCCHC), The Joint Commission, and the American Correctional Association (ACA). The most recent accreditation occurred on 04/10/2012 by The Joint Commission. The NCCHC reaccreditation occurred in August 2011, with ACA in September 2011. The Clinical Laboratory Improvement Amendment of 1988 waiver expired in February 2012, but is in the process of being renewed.
2.	The facility's in-processing procedures of arriving detainees include medical screening.	\boxtimes			All arriving detainees are medically screened, to include mental health screening as well.
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.				The Health Services Unit hat)(7)(e) positions, with)(7)(e) ositions currently being vacant including the (b)(7)(e) technician. The unit has (7) BNs, b)(7)(e) hysicians (b)(7)(e) hysician assistants ar(b)(7)(e) hysician a

PART 4 – 22. MEDICAL CARE						
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
4.	(MANDATORY) Newly admitted detainees will be informed, orally and in writing (in a language they can understand), about how to access health services.				Verbal notification is provided to the detainee at the point of admission by the medical staff conducting the screening. Outside interpretation services are not needed if the detainee speaks either English or Spanish. If interpretation is required for other languages, the staff uses the telephone-based Interpretalk service. Detainees are also given instruction on how to access medical care via the detainee handbook.	
5.	Detainees will have access to and receive specified 24-hour emergency medical, dental, and mental health services.				The medical unit is staffed seven days a week, twenty-four hours a day and can manage most cases. The medical area includes an urgent care room. St. Joseph Hospital is primarily used if the detainee requires outside medical care, while Harbor View is used for emergency dental care. Most issues can be addressed in-house with resources readily available to manage most emergency situations.	
6.	New direct care staff will receive tuberculosis tests prior to their job assignment and periodically thereafter and will be offered the hepatitis B vaccine series.	\boxtimes			Direct care staff receive tuberculosis tests prior to their job assignment, as reflected in the medical staff records. The test is then provided on an annual basis. The hepatitis B vaccine is offered to new direct care staff.	
7.	Health care services will be provided by trained and qualified personnel, whose duties are governed by job descriptions and who are properly licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements.	\boxtimes			Credentialing and licensing is current and up-to-date, as reflected by a review of the credentialing 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).	\boxtimes			Each detainee receives a copy of the detainee handbook, which describes the procedures for accessing health care in both English and Spanish.	
9.	In SPCs and CDFs, medical personnel credentialing and verification complies with the standards established by the NCCHC and Joint Commission.	\boxtimes			Medical personnel credentialing is consistent with the NCCHC and The Joint Commission standards.	

	PART 4 – 22. MEDICAL CARE						
	This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.						
	Components	Meets Standard	Does Not Meet Standard	A/N	Remarks		
10.	 Within 12 hours of arrival, all newly admitted detainees receive initial medical, dental and mental health screening by a health care provider or a detention officer specially trained to perform this function. When screening is performed by a detention officer, the facility maintains documentation of the officer's special training. 	\boxtimes			Medical, dental and mental health screening is conducted within 12 hours of arrival, as reflected by an electronic file review of thirteen cases. The screening is conducted by medical staff.		
11.	(MANDATORY) If language difficulties prevent the health care provider/officer from sufficiently communicating with the detainee for purposes of completing the medical screening, the officer obtains translation assistance.	\boxtimes			Spanish translation services are readily available per the use of Spanish speaking staff. If there is a unique language, the medical staff has access to the telephone-based Interpretalk service.		
12.	The facility has sufficient space and equipment to afford each detainee privacy when receiving health care.	\boxtimes			There are seven exam rooms in the Health Services Unit which afford the detainee with adequate privacy when receiving health care.		
13.	The medical facility has its own restricted-access area. The restricted access area is located within the confines of the secure perimeter.	\boxtimes			The medical unit has its own restricted-access and is within the secure perimeter.		
14.	The medical facility entrance includes a holding/waiting room.	\boxtimes			There are two holding rooms in the medical unit.		
15.	The medical facility's holding/waiting room under the direct supervision of custodial staff.	\boxtimes			The holding rooms are under direct supervision by either security or medical staff.		
16.	Detainees in the holding/waiting room have access to a toilet and a drinking fountain.	\boxtimes			There is a toilet and drinking fountain in each holding room.		
17.	 Medical records are kept apart from other files. They are: Secured in a locked area within the medical unit. With physical access restricted to authorized medical staff. Procedurally, no copies made and placed in detainee files. 	\boxtimes			The facility has electronic medical records. Access is restricted to medical staff. No copies are made and placed in the non-medical detainee files.		
	(MANDATORY) A signed and dated consent form is obtained from a detainee before medical treatment is administered.	\boxtimes			A signed medical consent form is obtained at the point of admission. If, however, an intrusive procedure is required, a specific consent is obtained from the detainee.		
19.	Detainees use the I-813 (or IGSA equivalent) to authorize the release of confidential medical records to outside sources.	\boxtimes			Any release of detainee medical information is done via the Freedom of Information Act Request form, which must be signed by the detainee.		

PART 4 – 22. MEDICAL CARE							
	This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
20.	The facility health care provider is given advance notice prior to the release, transfer, or removal of a detainee.	\boxtimes			The health care provider is given advance notice for the purpose of alerting the security staff of any medical or mental health alerts.		
	A detainee's medical records will be transferred as appropriate. All detainees will be transferred with a copy of their transfer summary.	\boxtimes			A transfer summary is prepared on each detainee who will be transferred. This was evidenced during the medical file review.		
22.	Medical records are placed in a sealed envelope or other container labeled with the detainee's name and A-number and marked "MEDICAL CONFIDENTIAL."	\boxtimes			Medical records are placed in a sealed envelope and marked "confidential", if the medical records are requested by the receiving facility. Otherwise, the transfer summary is forwarded.		
23.	Medical screening includes a Tuberculosis (TB) test.	\boxtimes			All detainees receive a chest x-ray for tuberculosis (TB) screening. The digital x-ray is transmitted to the University of Maryland for immediate reading. A review of the electronic medical records confirmed that the tests are administered at the point of admission and read in a timely manner.		
24.	 All detainees receive a mental-health screening upon arrival. It is conducted: By a health care provider or specially trained officer; Before a detainee's assignment to a housing unit. 	\boxtimes			Prior to assignment to a housing unit, the detainee receives a mental- health screening at the point of admission. The screening is performed by a health care provider.		
25.	The facility health care provider promptly reviews all I- 794s (or equivalent) to identify detainees needing medical attention.	\boxtimes			As stipulated in the protocols, all intake screening forms are reviewed by the health care provider as a quality assurance check.		
26.	(MANDATORY) Each facility's health care provider conducts a health appraisal and physical examination on each detainee within 14 days of arrival. If there is documentation of one within the previous 90 days, the facility health care provider may determine that a new appraisal is not required.	\boxtimes			Physical examinations are conducted within 14 days as confirmed by a review of 13 electronic medical records. They are conducted by a registered nurse who has been trained by a physician. The mid-level providers perform physicals on the chronic care cases. The clinical director reviews all physicals.		

	PART 4 – 22. MEDICAL CARE						
	This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
	Detainees in the Special Management Unit have access to the same level of health care as detainees in the general population.				Detainees who are confined in the Special Management Unit (SMU) submit a written request to medical if they desire to attend sick call. In addition to this process, they are visited by the medical staff on a daily basis and have a face-to-face contact during which the provider queries the detainee about any medical issues or problems. Additionally, medication administration is conducted on the unit three times a day.		
28.	 Staff provide detainees with health- services (sick call) request slips daily, upon request. Request slips are available in the languages other than English, including every language spoken by a sizeable number of the facility's detainee population. Service-request slips are delivered in a timely fashion to the health care provider. 	\boxtimes			The facility utilizes a face-to-face method for the sick call process. If a detainee wishes to attend sick call, they report in the morning to the medical unit where they are triaged by a registered nurse. They are either seen that day or are referred to a mid-level provider within an allotted period of time, depending on the nature of the problem. This process eliminates the need for written requests, other than for detainees housed in the SMU.		
29.	(MANDATORY) The facility has a written plan for the delivery of 24-hour emergency health care when no medical personnel are on duty at the facility, or when immediate outside medical attention is required.	\boxtimes			The unit is staffed on a twenty-four hour basis, seven days a week. If immediate outside attention is required, the 911 emergency number is used. There is a facility policy that addresses emergency health care delivery.		
30.	The plan includes an on-call provider.	\boxtimes			A mid-level provider or the clinical director is the on-call provider in the plan.		
	The plan includes a list of telephone numbers for local ambulances and hospital services.	\boxtimes			The plan includes using the 911 emergency access number to call for local ambulances.		
32.	The plan includes procedures for facility staff to utilize this emergency health care consistent with security and safety.	\boxtimes			Appropriate security procedures are determined by the security staff in conjunction with health services.		

	PART 4 – 22. MEDICAL CARE					
	s Detention Standard ensures that detainees have a vention and health education, so that their health care					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
33.	(MANDATORY) Detention and health care personnel will be trained, at least annually, to respond to health- related situations within four minutes and to properly use first aid kits, available in designated areas.	\boxtimes			Detention and health care personnel are trained at orientation and annual refresher training in first aid, cardiopulmonary resuscitation (CPR) and the use of automated external defibrillators (AEDs). Staff is trained to respond within a four minute time frame. The medical unit conducts "man down" drills, with response time being noted within four minutes.	
34.	Where staff are used to distribute medication, a health care provider properly trains these officers.			\bowtie	Medication administration is done solely by the medical staff.	
35.	Pharmaceuticals and nonprescription medicines will be stored, inventoried, dispensed, and administered in accordance with sound standards and facility needs for safety and security.				Pharmaceuticals and other medications are being stored, inventoried and administered with sound standards and practices. Medication administration was observed and no problems were noted with safety and security issues. Medical personnel identify the detainee prior to administering the medication.	
36.	 (MANDATORY) Each facility has written policy and procedures for the management of pharmaceuticals that include: A formulary of all prescription and nonprescription medicines stocked or routinely procured from outside sources. A method for obtaining medicines not on the formulary. Prescription practices, including requirements that medications are prescribed only when clinically indicated and that prescription are reviewed before being renewed. Procurement, receipt, distribution, storage, dispensing, administration, and disposal of medications. Secure storage and perpetual inventory of all controlled substances (DEA Schedule II-V), syringes, and needles. 				The facility's pharmacy policy addresses the medication formulary, a method for obtaining medicines not on the formulary, renewal of prescriptions, and storage and disposal issues. Controlled substances and their management are also addressed in the policy.	

PART 4 – 22. MEDICAL CARE						
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
 37. All pharmaceuticals are stored in a secure area with the following features: A secure perimeter; Access limited to authorized medical staff (neve detainees); Solid walls from floor to ceiling and a solid ceiling A solid core entrance door with a high security lock (with no other access); and A secure medication storage area. 				The pharmacy has solid walls from floor to ceiling and a solid ceiling. It is also equipped with a solid core door with a high security lock. Medications are stored in this secure area. Access is limited to authorized personnel.		
 38. In SPCs and CDFs, the pharmacy has a locking pass-through window. Administration and management in accordance with state and federal law. Supervision by properly licensed personnel. Administration of medications by personne properly trained and under the supervision of the health services administrator, or equivalent. Accountability for administering or distributing medications in a timely manner and according to physician orders. 				The pharmacy has a locking pass- through window. Supervision of this area is by licensed staff. Medical staff is responsible for medication administration, under the supervision of the unit administrator. Accountability for the administration of medication is through the maintenance of medication administration records.		
39. Distribution of medication is in accordance with specific instructions and procedures established by the health care provider. Written records of al medication given to detainees are maintained.	r			The distribution or writing of prescriptions is done either through the mid-level providers or the physicians. Records of the distribution are maintained in the medication administration records.		
 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 detentior officers, who have received proper training by the health care provider, only when medication mus be delivered at a specific time when medical staf are not on duty. 				The facility is medically staffed 24 hours per day. Health care providers 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.			\boxtimes	Only the medical staff distributes medication.		
42. The Warden/Facility receives notification that a detainee that has special medical needs.				The facility receives notification of a special needs detainee via a form initiated by medical staff.		

PART 4 – 22. MEDICAL CARE						
	This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.					
	Components	Meets Standard	Does Not Meet Standard	A/N	Remarks	
:	Procedures are in place, consistent with the detention standard, for examinations by independent medical service providers and experts.	\boxtimes			There is a Standard Operating Procedure which addresses this component.	
	 (MANDATORY) Each facility has a written plan (or plans) that address the management of infectious and communicable diseases, including prevention, education, identification, surveillance, immunization (when applicable), treatment, follow-up, isolation (when indicated), and reporting to local, state, and federal agencies. Plans include: Coordination with public health authorities; Ongoing education for staff and detainees; Control, treatment, and prevention strategies; Protection of individual confidentiality; Media relations; Management of tuberculosis, hepatitis A, B, and C, HIV infection, avian influenza, and Reporting communicable diseases to local and/or state health departments in accordance with local and state regulations. 				The facility has an infection control plan/manual in place which addresses all the requirements of this component. Flu shots are provided on annual bases, with the chronic and high risk detainees receiving their shots first, then the population, and all incoming detainees. There is good communication with the local and state health authorities with respect to reporting requirements of certain infectious diseases.	
	Detainees diagnosed with a communicable disease are isolated according to local medical operating procedures.	\boxtimes			There are four isolation cells in the medical unit where detainees who are diagnosed with a communicable disease are placed.	
	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.				All detainees who are admitted to the facility receive a chest x-ray to determine the presence of active TB disease. The tests are transmitted to the University of Maryland where they are read immediately. If a detainee was not screened for some reason, they would be housed separately from the general population. Where they would be housed would be dependent on the display of any symptoms.	
	Detainees with symptoms suggestive of TB are placed in a negative pressure isolation room and promptly evaluated for TB disease. Detainees at facilities with no negative pressure isolation room are referred to an appropriate off-site facility.	\boxtimes			Detainees with symptoms or a positive diagnosis of TB would be placed in one of four respiratory isolation cells on the short stay unit. The cells are tested daily by nursing staff and annually by Air Management Solutions. The last annual test was conducted on 08/09/11.	

	PART 4 – 22. N	IEDICA				
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
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.				Facility security staff provides any needed transportation for detainees to outside health care. Emergency transportation is provided via the 911 call.	
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.				The medical unit has chronic care clinics for asthma, diabetes, HIV, hypertension, seizure disorder, TB, and others as directed by the providers. Approved plans are in place as evidenced by a review of the electronic medical records.	
50.	(MANDATORY) Female detainees have access to pregnancy testing and pregnancy management services that include routine high-risk prenatal care, addiction management, comprehensive counseling and assistance, nutrition, and postpartum follow-up.				Female detainees are tested for pregnancy upon admission. If pregnant, they are provided with a special diet and medical management and counseling.	
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				Chronic care clinics include asthma, diabetes, HIV, hypertension, seizure disorder, and TB. They are medically managed in accordance with requirements of this component.	
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.				Local procedure reflects that facility staff will be notified of any detainee who has special needs and requires consideration for housing and other such matters.	
53.	Detainees will have access to emergency and specified routine dental care provided under direction and supervision of a licensed dentist.				Detainees at this facility have access to routine and emergency dental care, under the supervision of a licensed dentist.	
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.				Detainees who have mental health problems are referred to a mental health provider, as evidenced by a review of the electronic medical records.	
55.	Crisis intervention services are available for detainees who experience acute mental health episodes.				These services are available to the detainee population, either with a staff or self-referral, any time during the day.	

PART 4 – 22. MEDICAL CARE						
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.						
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks		
56. Medical and mental health interviews, examinations, and procedures will be conducted in settings that respect detainees' privacy, and female detainees will be provided female escorts for health care by male health care providers.				Medical examination rooms afford adequate privacy for the detainee. Female detainees are escorted by female staff members to the medical unit.		
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.				As reflected by a medical file review, a mental health evaluation was performed within the 14 day time requirement.		
 58. (MANDATORY) Restraints for medical or mental health purposes may be authorized only by a qualified medical or mental health provider, after reaching the conclusion that less restrictive measures are not successful. The facility has written procedures that specify: The conditions under which restraints may be applied; The types of restraints to be used; How a detainee in restraints is to be monitored; The length of time restraints are to be applied; Requirements for documentation, including efforts to use less restrictive alternatives; and After-incident review. The medical authority or mental health provider completes a Post-Restraints Observation Report form DIHS-867 or similar form. 				The facility has written policy in place that discusses the requirements of this component. A Restraint Flow Sheet is used to document the management of the restraints. Only the medical or mental health provider can authorize medical or chemical restraints. There was one instance of chemical restraints being used in September 2011.		
 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. 				A court order is requested in the event of involuntary administration of psychotropic medications. The policy for medically-ordered restraints and seclusion covers all aspects of the requirements of this component.		

PART 4 – 22. MEDICAL CARE						
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.						
Components	Meets Standard	Does Not Meet Standard	∀/N	Remarks		
60. An initial dental screening exam should be performed within 14 days of the detainee's arrival. If no on-site dentist is available, the initial dental screening may be performed by a physician, physician's assistant, nurse practitioner or trained RN.	\boxtimes			The initial dental screening exam is performed by the medical staff at the point of admission. If problems are identified, the detainee is referred to the dentist. Otherwise, if the detainee desires dental care of a routine or urgent nature, they can report to sick call for triage.		
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.				The first aid kits are located on the detainee housing pods, as determined by the Health Services Administrator and Facility Administrator.		
62. An automatic external defibrillator should be available for use at the facility.				There are three automatic external defibrillators available at the facility.		
63. If a detainee refuses treatment, ICE/DRO will be consulted in determining whether forced treatment will be administered, except in emergency circumstances, in which case, ICE/DRO will be notified as soon as possible.				ICE would be notified of any detainee who refuses treatment and where force may be required. No incidents of this nature have occurred during the past year.		
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.				There are weekly meetings between the Facility Administrator and the Health Services Administrator and other applicable staff.		
65. (MANDATORY) Biohazardous waste will be managed and medical and dental equipment decontaminated in accordance with sound medical standards and compliance with applicable local, state, and federal regulations.				Biohazardous waste is collected by Stericycle. Dental equipment is sterilized in an autoclave. The autoclave is tested by the dental staff internally and externally by an outside company. Documentation exists to support sound practices in this area.		
66. (MANDATORY) The health authority will implement a system of internal review and quality assurance.				A quality improvement system is in place to conduct process studies and outcome clinical studies.		
PART 4 – 22. N	IEDICA	LCARE				
🛛 Meets Standard 🛛 🗌 Does Not Meet St	andard	□ N/A		☐Repeat Finding		

The Health Services Unit is staffed by the Immigration Health Service Corps. The staffing pattern is sufficient to care for the medical and mental health needs of the detainee population. Per an informal interview with several detainees, there were no significant complaints as they were generally satisfied with the responsiveness of the medical staff to their issues. During the past year, there were fifty medical grievances filed, with four having been found in the detainee's favor.

The medical unit has sufficient space and equipment to care for the needs of the detainee population. There are seven exam rooms, an urgent care room, two dental chairs, lab space, x-ray room, pharmacy, medication room, and two holding areas for detainees waiting to see the medical staff. Additionally, there are exam rooms on F and G units where sick call is conducted for the high security detainees.

The sick call process at the facility entails the detainee reporting to the medical unit for triage and a face-to-face evaluation. Except for detainees in the Special Management Unit (SMU), no written request is submitted for review and consideration. The detainee simply reports to the medical unit in the morning if he/she is desirous of seeing medical staff, at which point in time triage is performed by a registered nurse to determine if the condition can be managed at that level or requires scheduling with one of the mid-level providers. This is an efficient system and provides good access to care at the facility for the detainee population. Detainees housed in the SMU submit a written request to the medical unit if they are desirous of sick call. Additionally, they can convey any medical/mental health problems to the medical staff making rounds on the unit.

There was one positive TB test in June 2011, which was managed appropriately. After isolation and treatment, the detainee was returned to the general population.

Thirteen electronic medical records were reviewed and all were found in compliance with TB testing, timely completion of physical exams and appropriate documentation of "problem lists", chronic care and the management of hunger strikes and detainees on suicide watch. Additionally, detainees receive annual physical exams if they are in the facility for an extended period of time.

Three detainees within the past year were involuntarily committed for psychiatric reasons. These detainees were evaluated, processed and committed by Pierce County.

Three rooms in the "short stay" unit conform to the requirements of the American with Disabilities Act of 1990. The detainee housing units provide some facilities for the handicapped.

During the past year, there were three medication administration errors that were reported as incident reports. In reviewing the incident reports, they are not considered to be serious errors that caused any harm to the detainee.

In a further enhancement of access to medical care, the medical unit issues a "24 hour access card" to detainees who are considered to be high risk medical or mental health detainees. If, for example, a mental health detainee feels that he/she is decompensating or should need immediate assistance, the detainee shows his or her card to the housing officer and the detainee is promptly escorted to the medical unit. This is a unique process that allows the high-risk type detainee to receive immediate access and care.

The rating for this standard was based on interviews with various members of the medical staff, a review of policy and procedure, a review of the training records, observation of the practices, an informal interview with random detainees and a review of thirteen electronic medical records.

(b)(6), (b)(7)(c) <u>04/19/2012</u> Reviewer's Signature / Date

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PART 4 – 23. PERSONAL HYGIENE						
This Detention Standard ensures that each detainee is able to maintain acceptable personal hygiene practices through the provision of adequate bathing facilities and the issuance and exchange of clean clothing, bedding, linens, towels, and personal hygiene items.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
 There is a policy and procedure for the regular issuance and exchange of clothing, bedding, linens, towels, and personal hygiene items. The supply of these items exceeds the minimum required for the number of detainees. 				The facility has a policy for the issuance and exchange of clothing and other items as required in this component.		
 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. 				The standard issue of clothing is two uniform shirts, two pairs of pants, two pairs of socks, two t- shirts, one each sweat shirt and sweat pants, three pairs of underwear and one pair of tennis shoes.		
3. Additional clothing is available for changing weather conditions and as is seasonally appropriate.				The issued sweatshirt and sweatpants are for cooler weather conditions.		
 4. New detainees are issued clean bedding, linens and towels, at a minimum: One mattress One blanket Two sheets One pillow One pillowcase One towel Additional blankets, based on local weather conditions. 				The facility issues two blankets and one pillow. A mattress is also issued, along with two sheets, one pillowcase and one towel.		
 The facility provides and replenishes personal hygiene items as needed. Gender-specific items are available. ICE detainees are not charged for these items. 				The facility provides personal hygiene items as needed or requested and can be gender- specific. They are provided at no cost, but if the detainee desires additional items, he/she can purchase them through the commissary.		

	PART 4 – 23. PERSONAL HYGIENE				
This Detention Standard ensures that each detainee is able to maintain acceptable personal hygiene practices through the provision of adequate bathing facilities and the issuance and exchange of clean clothing, bedding, linens, towels, and personal hygiene items.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
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 				A tour of the facility and the detainee housing units found all toilet facilities to be clean. The number of toilets for detainees in	
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.				the housing units is appropriate.	
7. Bathing facilities are:					
 Clean Operable with temperatures between 100 and 120 degrees Fahrenheit. 				The bathing facilities were clean on the day of the inspection, with no	
ACA Expected Practice 4-ALDF-4B-08 requires one washbasin for every 12 detainees.				sanitation problems being noted. Water temperatures in the showers were within the required ranges.	
ACA Expected Practice 4-ALDF-4B-09 requires a minimum ratio of one shower for every 12 detainees.					
8. Detainees with disabilities are provided adequate facilities, support, and assistance needed for self-care and personal hygiene.				Each detainee housing unit has facilities to accommodate detainees with disabilities. Americans with Disabilities Act access is available on the "short stay unit", with four cells designed for this purpose.	
9. Detainees are provided clean clothing, linen and					
towels.Socks and undergarments - daily.				Socks and undergarments are	
 Outer garments - twice weekly. 	\boxtimes			exchanged/washed daily, outer garments at least twice weekly and	
Sheets - weekly.				sheets, towels and pillowcases at	
Towels - weekly.				least twice weekly.	
Pillowcases - weekly.					
10. Food service detainee volunteer workers are permitted to exchange outer garments daily.				Food Service workers exchange their outer garments daily as articulated in policy.	
11. Volunteer detainee workers are permitted to exchanges of outer garments more frequently.	\boxtimes			Volunteer detainee workers can exchange their outer garments when needed.	
PART 4 – 23. PER	SONA	L HYGIEN	E		
🛛 Meets Standard 🛛 🗌 Does Not Meet St	andard	□ N/A		Repeat Finding	

During this inspection, the detainee population was in proper dress, which was clean and unaltered. There were no issues noted with sanitation or with issued bedding, linens or towels. No complaints from the detainees were noted in this regard.

The rating for this standard was based on observation, a review of the policy, and informal interviews with detainees.

(b)(6), (b)(7)(c) <u>04/19/2012</u> Reviewer's Signature / Date

PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION

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

		-		
Components	Meets Standard	Does Not Meet Standard	A/N	Remarks
1. The facility has a written suicide prevention and intervention program approved and signed by the health authority and Facility Administrator and reviewed annually.				The facility has a written policy which is signed by the health authority and the Warden. It is reviewed annually.
 2. At a minimum, the Program shall include procedures to address: Intake screening and referral requirements; The identification and supervision of suicide-prone detainees; Staff training requirements; The management and reporting of suicidal incidents, suicide watches, and deaths; Provision of safe housing for suicidal detainees; Debriefing of any suicides and suicide attempts by administrative, security, and health services staff; Guidelines for returning a previously suicidal detainee to a facility's general population, upon written authorization of the clinical director.; Reporting guidelines for facility personnel when suspected suicidal behavior is observed; and Written procedures for the proper handling of detainees who exhibit suicidal behavior. 				The program addresses all of the issues mentioned in this component. The program also includes statistics and definitions associated with suicides, common suicide warning signs, common myths about suicide and other items above the minimum requirements of this component.
3. Every new staff member receives suicide-prevention training. Suicide-prevention training occurs during the employee orientation and annual training.				All security and medical staff receive orientation and annual refresher training in suicide prevention.
 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. 				Training is provided by the health care staff utilizing a PowerPoint presentation entitled "Suicide Recognition and Prevention". All of the issues mentioned in this component are covered and discussed.

PART 4 - 24. SUICIDE PREVENTION AND INTERVENTION

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
 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. 	\boxtimes			All detainees are screened for suicide potential by medical staff during admission. A review of the intake screening form reflected appropriate questions to ascertain the potential for suicide.
 Written procedures contain when and how to refer at- risk detainees to medical staff and procedures are followed. 	\boxtimes			Written procedures include information on how to refer at-risk detainees to medical staff. A review of two medical files for detainees who were on watch reflected that referral procedures are being followed.
 Written procedures include returning a previously suicidal detainee to the general population, upon written authorization of the clinical director or appropriate health care professional. 	\boxtimes			The clinical director provides written authorization to release the detainee back to the general population.
8. The facility has a designated isolation room for evaluation and treatment.	\boxtimes			The detainee is placed on the "short stay" unit or infirmary.
9. The designated isolation room does not contain any structures or smaller items that could be used in a suicide attempt.	\boxtimes			A review of the designated cells revealed that there were no structures that could be used in a suicide attempt.
10. Medical staff have approved the room for this purpose.	\boxtimes			The cells have been approved by the medical authority for this purpose.
11. Staff observe and document the status of a suicide- watch detainee at least once every 15 minutes/constant observation.	\boxtimes			During the inspection, there was one detainee on suicide watch and documentation was being recorded every 15 minutes. The detainee was under direct and constant staff supervision.
12. At facilities with twenty-four-hour medical staff, observation of imminently suicidal detainees by medical or detention staff shall occur no less than every 15 minutes. The Clinical Director (CD) may recommend constant direct supervision. If a detainee is clinically evaluated and determined to be at risk for suicide, medical staff shall document the status of the detainee in the medical record at least every two hours, unless otherwise directed by the CD.	\boxtimes			The detainee is under direct, constant staff observation while on suicide watch. Medical staff documents in the medical record every two hours, as evidenced by a review of two medical records for detainees who were on suicide watch.

PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION					
This Detention Standard protects detainees' health and well being by training staff to prevent suicide by recognize potential signs and situations of risk and to intervene with appropriate sensitivity, supervision, referral, and treatment.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
13. In CDFs or IGSAs, and/or at facilities where there is not twenty-four hour medical staff, the facility administrator shall report to ICE/DRO any detainee who has been identified as suicidal. ICE/DRO, shall consult with the CD or designated medical authority for immediate evaluation (with constant observation until evaluation), or for transfer to a local psychiatric facility or emergency room by ambulance	\boxtimes			There is twenty-four hour medical coverage. ICE is notified of any detainee who has been placed on suicide watch.	
14. Every completed suicide and serious suicide attempt shall be subject to a mortality review process. A critical incident debriefing shall be provided to all affected staff and detainees.	\boxtimes			A mortality/morbidity review is required and a critical incident debriefing is made available to staff and detainees. Since there have been no suicides in the past year, this practice was not reviewed.	
PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION					
🛛 Meets Standard 🛛 Does Not Meet St	andard	□ N/A		☐Repeat Finding	

There have been no suicides in the past year. Since January 2012, there have been twenty-three detainees on suicide watch, but with no serious attempts. There is a strong training component for staff, with the medical staff being knowledgeable with respect to the requirements of the policy and the standard. Two medical files were reviewed for appropriate documentation and standard requirements, with no problems being noted. Documentation was appropriate and in order.

The rating for this standard was based on a review of the policy, the medical and staff training records and two medical records and on interviews with staff and observation of a detainee on suicide watch.

(b)(6), (b)(7)(c) <u>04/19/2012</u>

Reviewer's Signature / Date

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

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

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	Detainees, who are chronically or terminally ill, are transferred to an appropriate off-site medical facility.	\boxtimes			The facility has the medical resources to care for the terminally ill. If the detainee requires resources beyond the capacity of the facility, ICE makes the necessary arrangements to transfer him/her to a more appropriate facility.
2.	 The facility or appropriate ICE office promptly notifies the next-of-kin of the detainee's: medical condition. The detainee's location. The visiting hours and rules at that location. 	\boxtimes			Notifications to the next-of-kin are made by ICE staff. The practice was not observed since there have been no detainee deaths in the past year.
3.	 There are guidelines addressing State Advanced Directive Form for Implementing Living Wills and Advanced Directives. These guidelines include instructions for detainees who wish to have a living will. These guidelines provide the detainee the opportunity to have a private attorney prepare the documents, at the detainee's expense. 	\boxtimes			There are guidelines available for advanced directives as the facility uses the State of Washington Advanced Directives. There are also guidelines for this component in the Immigration Health Service Corps (IHSC) manual. The guidelines provide for the opportunity to have an attorney prepare the documents.
4.	There is a policy addressing "Do Not Resuscitate Orders"	\boxtimes			Do Not Resuscitate (DNR) orders guidance and policy are contained in the IHSC policy. These orders would be administered at an outside hospital by the attending physician.
5.	Detainees with a "Do Not Resuscitate" order in the medical record receive maximal therapeutic efforts short of resuscitation.	\boxtimes			Detainees who have DNR orders would receive therapeutic and palliative care. However, this was not observed during this inspection.
6.	The facility notifies ICE/DRO Medical Director and Headquarters' Legal Counsel of the name and basic circumstances of any detainee with a "Do Not Resuscitate" order in the medical record. In the case of IGSAs, this notification is made through the local ICE representative.	\boxtimes			The facility is aware of this requirement, in the event of a DNR order.
7.	The facility has written procedures to address the issues of organ donation by detainees.	\boxtimes			Organ donation procedures are contained in IHSC policy.

PART 4 - 25. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH

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

Check this box if the facility does not accept ICE detainees who are severely or terminally ill. Indicate NA in the appropriate box for this portion of the worksheet. ALWAYS complete all references to detainee death and related notifications.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
 The facility has written procedures to notify ICE officials, deceased family members and consulates, when a detainee dies while in custody. 	\boxtimes			Policy and procedure is in place to notify family members and consulates when a detainee dies while in custody. The medical staff is knowledgeable of this policy. There have been no detainee deaths in the past year.	
 The facility has a policy and procedure to address the death of a detainee while in transport. 	\boxtimes			The facility has a policy that addresses the guidelines to follow if a detainee should die while in transport.	
 At all ICE locations the detainee's remains disposed of in accordance with the provisions detailed in this standard. 	\boxtimes			Medical staff is aware of the policy for dispose of remains, but there have been no deaths this past year to assess this component.	
 11. In the event that neither family nor consulate claims the remains, the Field Office schedules an indigent's burial, consistent with local procedures. If the detainee is a U.S. military veteran, the Department of Veterans Affairs notified. 	\boxtimes			There have been no detainee deaths in the past year to assess this component. The staff is, however, familiar with the process to initiate if this should occur.	
12. An original or certified copy of a detainee's death certificate is placed in the subject's A-File.				The death certificate would be placed in the A-file, as articulated by the medical staff.	
 13. The facility follows established policy and procedures describing when to contact the local coroner regarding such issues as; Performance of an autopsy. Person(s) to perform the autopsy. Obtaining State approved death certificates. Local transportation of the body. 				The facility has a local policy that provides guidelines for contacting the coroner. Pierce County requires that any death occurring in prison will have an autopsy ordered by the Medical Examiner.	
14. ICE staff follow established procedures to properly close the case of a deceased detainee.	\boxtimes			Medical staff was able to articulate the proper process.	
PART 4 – 25. TERMINAL ILLNESS, A	DVAN	CE DIREC	TIVES	S, AND DEATH	
🛛 Meets Standard 🛛 🗌 Does Not Meet St	andard	□ N/A		☐Repeat Finding	

There have been no detainee deaths in the past year so this standard could not be fully assessed for compliance. However, policy and procedures are in place that address all of the components of this standard, and the medical staff are familiar with the processes to implement and follow. Information on Living Wills is posted on the bulletin boards in the detainee housing units.

(b)(6), (b)(7)(c) / <u>04/19/2012</u> Reviewer's Signature / Date

Section V ACTIVITIES

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

PART 5 – 26. CORRESPONDENCE AND OTHER MAIL						
This Detention Standard ensures that detainees will be able to correspond with their families, the community, legal representatives, government offices, and consular officials consistent with the safe and orderly operation of the facility.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
 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. 				Policy and procedures concerning correspondence are posted in the housing units and are included in the detainee handbook.		
2. The facility provides key information in English, Spanish, and other languages spoken by a significant number of detainees.	\boxtimes			The facility provides key information concerning correspondence in both English and Spanish.		
 Incoming mail is distributed to detainees within 24 hours or 1 business day after it is received and inspected. 						
4. Outgoing mail is delivered to the postal service within one business day of its entering the internal mail system (excluding weekends and holidays).	\boxtimes					
5. Staff maintain a logbook-recording acceptance of priority, priority overnight, and certified mail delivered to the facility for a detainee.				A computer-based log is maintained for all priority, priority overnight and certified mail.		
6. Staff do not open and inspect incoming general correspondence and other mail (including packages and publications) without the detainee present unless documented and authorized in writing by the Facility Administrator or equivalent for prevailing security reasons.	\boxtimes			All correspondence is opened in the presence of the detainee.		
 Staff do not read incoming general correspondence without the Facility Administrator's prior approval. 				Policy allows for the reading of incoming mail for security reasons. This must be authorized in advance by the warden and approved by ICE.		
8. Staff do not inspect incoming Special Correspondence for physical contraband or to verify the "special" status of enclosures without the detainee present.				All correspondence is opened in the presence of the detainee.		
 Staff are prohibited from reading or copying incoming and outgoing Special Correspondence without the detainee present. 				Policy states that Special Correspondence is not copied or read without the detainee present.		
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.						
11. Correspondence to a politician or to the media is processed as Special Correspondence and is not read or copied.						

PART 5 – 26. CORRESPONDENCE AND OTHER MAIL				
This Detention Standard ensures that detainees will be able to correspond with their families, the community, legal representatives, government offices, and consular officials consistent with the safe and orderly operation of the facility.				
Components	Meets Standard	Does Not Meet Standard	A/N	Remarks
12. The official authorizing the rejection of incoming mail sends written notice to the sender and the addressee.	\boxtimes			A notice is sent to both the sender and the detainee when correspondence is rejected.
13. The official authorizing censorship or rejection of outgoing mail provides the detainee with signed written notice.	\boxtimes			
14. Staff maintain a written record of every item removed from detainee mail.	\boxtimes			A log is maintained in the mail room listing all items removed from detainee mail.
15. The Facility Administrator or designee monitors staff handling of discovered contraband and its disposition. Records are accurate and up to date.	\boxtimes			
16. The procedure for safeguarding cash removed from a detainee protects the detainee from loss of funds and theft. The amount of cash credited to detainee accounts is accurate. Discrepancies are documented and investigated. Standard procedure includes issuing a receipt to the detainee.				Policy requires that all cash be removed from detainee incoming correspondence, that a receipt be issued to the detainee and that the funds be deposited in 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.				
18. Staff provide the detainee a copy of his or her identity document(s) upon request.				ICE provides a copy of the detainee's identity documents when requested.
19. Staff dispose of prohibited items found in detainee mail in accordance with the Detention Standard on "Contraband".				
20. Every indigent detainee has the opportunity to mail, at government expense: At least five pieces of special correspondence per week; Three one ounce letters per week: Packages deemed necessary by ICE.	\boxtimes			Indigent detainees are provided free postage in accordance with this component, when requested.
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.				
22. The facility provides writing paper, envelopes, and pencils at no cost to ICE detainees.				Writing paper, envelopes and pencils are available in the housing units.
23. SMU detainees have the same correspondence privileges as general population.	\boxtimes			

PART 5 – 26. CORRESPONDENCE AND OTHER MAIL				
This Detention Standard ensures that detainees will be able to correspond with their families, the community, legal representatives, government offices, and consular officials consistent with the safe and orderly operation of the facility.				
Components	Meets Standard	Does Not Meet Standard	A/N	Remarks
24. Detainees have access to outside publications.	\boxtimes			The facility subscribes to several publications that are available to detainees in both their housing units and the library. Family members may also subscribe to outside publications to be sent to the detainee.
PART 5 – 26. CORRESPONDENCE AND OTHER MAIL				
Meets Standard Does Not Meet Standard N/A Repeat Finding				

A review of documentation and staff/detainee interviews confirmed that there are written procedures and appropriately trained staff to ensure that detainees are able to correspond with their families, the community and government officials. All correspondence is opened only in the presence of the detainee.

(b)(6), (b)(7)(c) 04/19/2012 Reviewer's Signature / Date

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

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

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

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

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

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

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

Components	Meets Standard	Does Not Meet Standard	A/N	Remarks				
 11. Escort officers ensure that detainees: Conduct themselves in a manner that does not bring discredit to ICE/DRO. Do not violate federal, state, or local laws. Do not purchase, possess, use, consume, or administer narcotics, other drugs, or intoxicants. Do not arrange to visit family or friends unless approved before the trip. Make no unauthorized phone calls. Know they are subject to search, urinalysis, breathalyzer, or comparable test upon return to the facility. 								
12. The facility routinely subjects a detainee returning from an escorted trip to a search, urinalysis, breathalyzer, etc.								
13. Standard procedure requires the immediate return to the facility of any detainee who violates trip rules.								
14. The Field Office Director is the approving official for all non-medical escorted trips.								
 15. Facility procedures comply with the following ICE Standards: Transportation (Land Transportation Restraints applied strictly in accordance with the Use of Force Standard. 								
PART 5 – 27. ESCORTED TRIPS FOR NON-MEDICAL EMERGENCIES								
Meets Standard Does Not Meet St	andard	⊠ N/A		☐ Meets Standard ☐ Does Not Meet Standard ⊠ N/A				

Remarks: (*Record significant facts, observations, other sources used, etc.*) ICE handles all escorted trips for non-medical emergencies.

(b)(6), (b)(7)(c) / <u>04/19/2012</u> Reviewer's Signature / Date

PART 5 – 28. MARRIAGE REQUESTS					
This Detention Standard ensures that each marriage request from an ICE/DRO detainee receives a case-by-case review and based on internal guidelines for approval of such requests.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1. The Field Office Director or Facility Administrator considers detainee marriage requests on a case-by-case basis.				The facility has policies in place to forward any detainee marriage request to ICE for consideration on a case-by-case basis.	
2. The Field Office Director reviews every marriage request rejected by a Facility Administrator or IGSA. Rejections are documented.	\boxtimes			There have been forty-two requests for marriage during the past twelve months.	
3. It is standard practice to require a written request for permission to marry.					
4. The written request includes a signed statement or comparable documentation from the intended spouse, confirming marital intent.				Each marriage request includes a signed statement from the intended spouse that confirms marital intent.	
5. The Facility Administrator provides a written copy of his or her decision to the detainee and his or her legal representative.					
 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. 				A written response of approval or denial is always submitted.	
7. The Facility Administrator provides the detainee with a place and time to make wedding arrangements.				The facility chaplain handles the arrangements. If a marriage is approved, the ceremony would be held in the facility's visiting room.	
8. The detainee handbook explains the marriage request process.					
 In SPCs the Facility Administrator or highest ranking ICE official on-site is the only officer authorized to approve a request to marry. 			\boxtimes	This facility is a CDF. The highest ranking ICE official on site is the only one who can approve a marriage request.	
PART 5 – 28. MARRIAGE REQUESTS					
⊠ Meets Standard					

The facility has a clearly written policy on detainee marriage requests. Detainees are provided information on marriages via the National Detainee Handbook, the facility detainee handbook, and by the Chaplain. There were forty-two requests, with three being denied by ICE, during the last twelve months.

(b)(6), (b)(7)(c) <u>04/19/2012</u> Reviewer's Signature / Date

PART 5 - 29. RECREATION				
This Detention Standard ensures that each detainee has access to recreational and exercise programs and activities, within the constraints of safety, security, and good order.				
If outdoor recreation is offered check this box. Items 19-27 should then be marked "N/A".				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1. The Facility provides:				
An indoor recreation program.	\boxtimes			Each detainee is offered indoor and/or outdoor recreation each day.
An outdoor recreation program.				-
 A recreational specialist (for facilities with more than 350 detainees) tailors the program activities and offerings to the detainee population. 				The facility has a rated capacity of 1,579 detainees. It has one recreation specialist and three staff assigned as recreational supervisors who manage the recreational programs.
3. Regular maintenance keeps recreational facilities and equipment in good condition.	\boxtimes			
4. The recreational specialist or trained equivalent supervises detainee recreation workers.				
 The recreational specialist or trainee equivalent oversees recreation programs for Special Management Unit and special-needs detainees. 				
6. Dayrooms offer sedentary activities, e.g., board games, cards, television.				In each housing unit dayroom, the detainees have access to television, chess, checkers, and various board games.
7. Outside activities are restricted to limited-contact sports.				The facility authorizes the playing of basketball, handball, and soccer.
 Each detainee has the opportunity to participate in daily recreation. 				The facility offers both indoor and outdoor recreation to all detainees for a minimum of one hour each day.
9. Detainees have access to recreation activities outside the housing units for at least one hour daily.	\boxtimes			
10. Staff check all items for damage and condition when equipment is returned.	\boxtimes			
11. Staff conduct searches of recreation areas before and after use.				
12. Recreation areas are under constant staff supervision.	\boxtimes			Staff were observed monitoring recreation during each recreation period. Video monitoring is also done.

	PART 5 - 29. RECREATION						
This Detention Standard ensures that each detainee has a within the constraints of safety, security, and good order.							
☐ If outdoor recreation is offered check this box. Items 19-27 should then be marked "N/A".							
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
13. Supervising staff are equipped with radios.	\boxtimes			Staff members supervising the recreation areas have radios.			
14. The facility provides detainees in the SMU at least one hour of outdoor recreation time daily, five times per week.	\boxtimes			The Special Management Unit has its own recreation area. Detainees are offered recreation one hour a day, five days a week.			
15. Detainees in disciplinary/administrative segregation receive a written explanation when a panel revokes his or her recreation privileges.	\boxtimes						
16. Special programs or religious activities are available to detainees.							
17. All volunteers have completed an orientation program with documentation required before entering a secure portion of the facility where detainees are present.			\boxtimes	The facility does not use volunteers in the recreation department.			
18. Visitors, relatives or friends of detainees are not allowed to serve as volunteers.			\boxtimes	The facility does not use volunteers in the recreation department.			
19. If the facility has no outside recreation, are detainees considered for transfer after six months?			\boxtimes	This facility provides outdoor recreation.			
20. If yes, written procedures ensure timely review of all eligible detainees.			\boxtimes	This facility provides outdoor recreation.			
21. Case officers make written transfer recommendations about every six-month detainee to the Facility Administrator.			\boxtimes	This facility provides outdoor recreation.			
22. The Facility Administrator documents all detainee- transfer decisions, whether yes or no.			\boxtimes	This facility provides outdoor recreation.			
 The detainee's written decision for or against an offered transfer documented in his or her A-file. 			\boxtimes	This facility provides outdoor recreation.			
24. Staff notify the detainee's legal representative of his or her decision to accept/decline a transfer.			\boxtimes	This facility provides outdoor recreation.			
 If no recreation is available, the ICE Field Office routinely review transfer eligibility for all detainees after 60 days. 			\boxtimes	This facility provides outdoor recreation.			
26. Does the A-file of every detainee held more than 60 days without access to recreation contains either a transfer-waiver signed by the detainee or the Facility Administrator's written determination of the detainee's ineligibility for transfer.			\boxtimes	This facility provides outdoor recreation.			
27. The detainee's legal representative is notified of the detainee's/Facility Administrator's decision.			\boxtimes	This facility provides outdoor recreation.			
PART 5 - 29.	RECRE	ATION					
🛛 Meets Standard 🛛 Does Not Meet St	andard	□ N/A	۱ ــــــــــــــــــــــــــــــــــــ	☐Repeat Finding			
109							

This inspector observed recreation, reviewed facility policy and procedures, and interviewed facility staff and detainees. Detainees are provided access to outdoor recreation a minimum of one hour a day, seven days a week. The only exception to this is the Special Management Unit where detainees have access to recreation one hour a day, five days each week. Indoor recreation is provided throughout the day, and the facility provides television, chess, checkers, and various board games. The facility provides the necessary equipment and space to meet the recreational needs of the detainees.

(b)(6), (b)(7)(c) <u>04/19/2012</u> Reviewer's Signature / Date

	PART 5 – 30. RELIGIOUS PRACTICES							
орр	This Detention Standard ensures that detainees of different religious beliefs are provided reasonable and equitable opportunities to participate in the practices of their respective faiths, constrained only by concerns about safety, security, the orderly operation of the facility, or extraordinary costs associated with a specific practice.							
	Components	Meets Standards	Does Not Meet Standards	N/A	Remarks			
1.	Detainees are allowed to engage in religious services. When available, these services are provided in major languages spoken within the facility.	\boxtimes			All religious services are provided through the facility Chaplain. Religious services are provided in different languages including English and Spanish, which are the prevalent languages in the facility.			
2.	Space is available for detainees to participate in religious services.				Religious services are conducted in an area located in housing unit D-3, which provides ample space for attendees.			
3. •	The facility allows detainees to observe the major "holy days" of their religious faith. List any exceptions.				The facility accommodates different religious faiths and had no noted exceptions.			
4.	 The facility accommodates recognized holy-day observances by: Providing special meals, consistent with dietary restrictions. Honoring fasting requirements. Facilitating religious services. Allowing activity restrictions. 				The facility provides special meals including those for Ramadan, Easter and Lent. They allow for fasting requirements and activity restrictions.			
5.	Each detainee is allowed religious items in his/her immediate possession; refer to the Funds and Personal Property Standard.							
6.	Volunteer's credentials are checked and verified before allowing participation in detainee programs.							
7.	Members of faiths not represented by clergy may request to present their own services within security allowances.							
8.	Detainees in the Special Management Unit may participate in religious practices unless otherwise documented for the safety and security of the facility.	\boxtimes			The Chaplain conducts pastoral rounds in the Special Management Unit on a daily basis.			
	RELIGIOUS	PRACT	ICES					
	🛛 Meets Standard 🛛 🗌 Does Not Meet St	⊠ Meets Standard						

Policy, procedure, and practices with relating to religious practices were reviewed. The religious program is organized and conducted by the Chaplain, who recruits volunteers to conduct religious services as required. Religious services and pastoral care are provided by the Chaplain as needed. Detainees of different religious beliefs are provided reasonable and equitable opportunities to participate in the practices of their faiths.

(b)(6), (b)(7)(c) $\frac{04}{19}/2012$

Reviewer's Signature / Date

	PART 5 – 31. TELEPHONE ACCESS							
	This Detention Standard ensures that detainees may maintain ties with their families and others in the community by providing them reasonable and equitable access to telephone services.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
1.	Detainees are allowed to access to telephones during established facility waking hours, including access to TTY devices.	\boxtimes						
2.	Upon admittance, detainees are made aware of the facility's telephone access policy.	\boxtimes			The orientation video played for detainees during in-processing includes information on the telephone access policy. Additionally, telephone access information is included in the detainee handbook.			
3.	Notification explaining the facilities telephone policy is in the Detainee Handbook.							
4.	Access rules, including updated telephone and consulate number, are posted in housing units.	\boxtimes			All items required by this component are posted on housing unit bulletin boards.			
5.	The facility makes a reasonable effort to provide key information to detainees in languages spoken by any significant portion of the facility's population.	\boxtimes			Telephone information is available to detainees in English and Spanish.			
6.	Telephones are provided at a minimum ratio of one telephone per 25 detainees in the facility population.	\boxtimes						
7.	Telephones are inspected daily by facility staff to ensure that they are in good working order.				Telephones are checked during the morning watch and a report submitted to the shift lieutenant.			
8.	Telephones are located a reasonable distance from televisions.	\boxtimes						
9.	The facility administration promptly reports out-of- order telephones to the facility's telephone service provider.							
10.	The facility administration monitors repair progress and takes appropriate measures to ensure that the required repairs are begun and completed timely.	\boxtimes						
11.	Detainees are afforded a reasonable degree of privacy for legal phone calls.	\boxtimes			Telephones have a sound privacy screen around each instrument. A private legal telephone call may be requested by submitting a request to the unit officer.			
	A procedure exists to assist a detainee who is having trouble placing a confidential call.				A detainee may request assistance from staff to make a confidential call.			
13.	The facility provides the detainees with the ability to make non-collect (special access) calls.				Procedures exist for detainees to make special access calls.			
14.	Special Access calls are at no charge to the detainees.				Special access calls are not charged to the detainee.			

	PART 5 – 31. TELEPHONE ACCESS						
This Detention Standard ensures that detainees may maintain ties with their families and others in the community by providing them reasonable and equitable access to telephone services.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
	In facilities unable to fully meet this requirement initially because of limitations of its telephone service, ICE makes alternate arrangements to provide required access within 24 hours of a request by a detainee.			\boxtimes	The facility provides special access calls at no cost to the detainee.		
16.	No restrictions are placed on detainees attempting to contact attorneys and legal service providers who are on the approved "Free Legal Services List".						
17.	Special arrangements are made to allow detainees to speak by telephone with an immediate family member detained in another Facility.				Detainees may request a telephone call to an immediate family member in another detention facility. If approved, the call is made on a facility telephone at no cost to the detainee.		
18.	All telephone restrictions are documented.				Policy requires that a telephone restriction report be generated and placed in the detainee's detention file.		
19.	The facility has a system for taking and delivering emergency detainee telephone messages.				The shift lieutenant makes the emergency notification once verified.		
20.	Phone call messages are given to detainees as soon as possible.	\boxtimes					
21.	Detainees are allowed to return emergency phone calls as soon as possible.	\boxtimes					
22.	Detainees in disciplinary segregation are allowed phone calls relating to the detainee's immigration case or other legal matters, including consultation calls.				Detainees in disciplinary segregation may request to make a telephone call regarding legal or immigration matters daily.		
23.	Detainees in disciplinary segregation are allowed phone calls to consular/embassy officials.	\boxtimes			These types of telephone calls are permitted daily.		
24.	Detainees in disciplinary segregation are allowed phone calls for family emergencies.						
25.	Detainees in administrative segregation and protective custody are afforded the same telephone privileges as those in general population.						
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.	\boxtimes			Postings regarding monitoring of telephone calls are appropriately posted in the housing units. A recorded message is played on the telephone at the beginning of each call. Special access calls are not monitored.		

PART 5 – 31. TELEPHONE ACCESS						
This Detention Standard ensures that detainees may main providing them reasonable and equitable access to teleph			r famili	es and others in the community by		
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks		
27. The OIG phone number for reporting abuse is programmed into the detainee phone system. The reviewer must verify that the number is operable.				The Office of Inspector General (OIG) telephone number was called from several detainee telephones and found to be operational. On the last day of the inspection, a call was placed to the OIG hotline that went directly to voice mail. Five minutes later the call was tried again from the same telephone and it was completed to a member of the OIG staff.		
 The Field Office Director has assigned ICE staff to check and report on the serviceability of facility phones. This is documented on a weekly basis 	\boxtimes					
PART 5 – 31. TELI	EPHON	IE ACCES	S			
⊠ Meets Standard						

The facility provides detainees with the opportunity to maintain ties with their families and talk to their attorney(s) and embassy officials by providing access to telephone services. On-site observations, a review of policy and post orders and staff/detainee interviews confirmed that detainees in all housing areas, including those in special management units, have access to telephone services.

(b)(6), (b)(7)(c) <u>04/19/2012</u> Reviewer's Signature / Date

PART 5 – 32. VISITATION					
This Detention Standard ensures that detainees will be able to maintain ties through visitation with their families, the community, legal representatives, and consular officials, within the constraints of safety, security, and good order.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1. There is a written visitation procedure, schedule, and hours for general visitation.				Written policy provides information required by this component.	

	PART 5 – 32. VISITATION						
	This Detention Standard ensures that detainees will be able to maintain ties through visitation with their families, the community, legal representatives, and consular officials, within the constraints of safety, security, and good order.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
2.	The visitation hours are tailored to the detainee population and the demand for visitation. The minimum duration for a visit is 30 minutes.				Visits occur Thursday through Monday from 8:00 AM to 11:00 AM and 1:00 PM to 3:30 PM. The visits last at least 30 minutes.		
3.	The visitation schedule and rules are available to the public.	\boxtimes			Schedules and rules are posted both in the facility lobby and on the facility's web site.		
4.	The hours for all categories of visitation are posted in the visitation waiting area.	\boxtimes					
5.	A written copy of the rules regulating visitation and the hours of visitation is available to visitors in English, Spanish, and other major languages spoken in the facility.				Visiting rules and procedures are posted in both English and Spanish.		
6.	A general visitation log is maintained.	\square					
7.	Detainees are permitted to retain authorized personal property items specified in the standard.	\boxtimes					
8.	A visitor dress code is available to the public.	\boxtimes			The visitor dress code is posted in the facility lobby and on the facility's web site.		
9.	Visitors are searched and identified according to standard requirements.				Visitors must provide proper identification prior to the visit. They must also successfully pass a walk through metal detector and, if required, a wand metal detector.		
10.	The requirement on visitation by minors is complied with.				Minors may visit if accompanied by an adult.		
11.	At facilities where there is no provision for visits by minors, ICE arranges for visits by children and stepchildren, on request, within the first 30 days.			\boxtimes	Minors are permitted 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.			\boxtimes	Minors are permitted to visit at this facility.		
13.	Anytime a visit is denied, to either a general population detainee or SMU detainee, the denial is documented.				Policy requires that if a visit is denied, a report is generated and placed in the detainee's detention file.		
14.	Detainees in special housing are afforded visitation.	\square					
	Legal visitation is available seven (7) days a week, including holidays.				Legal visits are permitted seven days per week from 6:00 AM to 6:00 PM.		
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.	\boxtimes			Legal visits are permitted for 12 hours every day.		

PART 5 – 32. VISITATION This Detention Standard ensures that detainees will be able to maintain ties through visitation with their families, the						
community, legal representatives, and consular officials, within the constraints of safety, security, and good order.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
17. On regular business days, detainees are given the option of continuing a meeting with a legal representative through a scheduled meal.	\boxtimes			Detainees are permitted to remain on a legal visit during meals. They are given a meal when they return to their housing unit.		
18. Private consultation rooms are available for attorney meetings. There is a mechanism for the detainee and his/her representative to exchange documents.	\boxtimes					
19. There are written procedures governing detainee searches.	\boxtimes			Written policy and post orders govern detainee searches.		
20. Legal representatives and assistants are subject to a non-intrusive search – such as a pat-down search of the person or a search of the person's belongings - at any time for the purpose of ascertaining the presence of contraband.	\boxtimes			Attorneys and their assistants must successfully pass through a metal detector and, if necessary, a wand metal detector. If the individual cannot successfully pass the metal detector, he may volunteer to a pat search. Personal belongings are searched for contraband.		
21. Per the Standard, prior to each visit, legal service providers and assistants are identified.	\boxtimes			Positive identification is established before any legal visit.		
22. The current list of pro bono legal organizations is posted in the detainee housing areas and other appropriate areas.	\boxtimes			These lists are posted on unit bulletin boards.		
23. SPCs and CDFs shall submit written requests for tours from domestic or international organizations and associated with detention issues to the appropriate Field Office Director for approval.	\boxtimes					
24. Provisions for NGO visitation as stated in the Detention Standards are complied with.	\boxtimes			A request for visitation by a Non- Governmental Organization (NGO) must be submitted in writing to the ICE Field Office		
25. Law enforcement officials, requesting to visit with a detainee, are referred to the ICE Facility Administrator for approval.	\boxtimes					
26. Former detainees or aliens in proceedings, requesting to visit with a detainee, are referred to the Facility Administrator or ICE Field Office.	\boxtimes			A former detainee or alien in proceedings must submit a request in writing to the warden requesting visitation.		
PART 5 – 32	VISIT	ATION				
⊠ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding						

A review of policy and post orders, and interviews with both staff and detainees, were used to evaluate the facility's compliance with this standard. Detainees are permitted visitation that helps to maintain ties with families and friends, their legal and consular officials and other members of the community consistent with the secure operation of the facility.

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PART 5 – 33. VOLUNTARY WORK PROGRAM

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

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The facility has a voluntary work program.				Facility policy addresses the voluntary work program requirements.
2.	Detainee housekeeping meets acceptable levels of neatness, cleanliness and sanitation standards.	\boxtimes			
3.	At IGSAs detainees are never allowed to work outside the secure perimeter. SPCs and CDFs detainees classified as level 1 have the opportunity to participate in special details outside the secure perimeter under direct supervision.	\boxtimes			Procedures are in place to allow this, but currently no detainees 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. 				The facility has a written policy that meets the two bulleted items of this component.
5.	Where possible, physically and mentally challenged detainees participate in the program.				
6. • •	The facility complies with work-hour requirements for detainees, not exceeding: Eight hours a day. Forty hours a week.				Based on a review of records, detainees that participate in the voluntary work program do not exceed eight hours a day or forty hours a week.
7.	Detainee volunteers ordinarily work according to a fixed schedule.	\boxtimes			
8.	If a detainee is removed from a work detail, staff place the written justification for the action in the detainee's detention file.	\boxtimes			Any action is documented as required and filed appropriately.
9.	Staff, in accordance with written procedure, ensures that detainee volunteers understand their responsibilities as workers before they join the work program.	\boxtimes			
10	 The voluntary work program meets: OSHA standards NFPA standards ACA standards 	\boxtimes			The facility meets the standards of the three bulleted items in this component.
11.	 Medical staff screen and formally certifies detainee food service volunteers; Before the assignment begins As a matter of written procedure 				All detainees are medically screened prior to being assigned to the Food Service Department as outlined in facility policy.

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

This inspector reviewed policy and procedures, and interviewed facility staff and detainees. The facility provides the detainees the opportunity to work within the constraints of their security level. They receive appropriate training and medical screening as required prior to starting their assignment. All detainees who work are paid a dollar a day. Their work schedule never exceeds eight hours a day or forty hours a week.

(b)(6), (b)(7)(c) <u>04/19/2012</u> Reviewer's Signature / Date

Section VI JUSTICE

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

	PART 6 - 34. DETAINEE HANDBOOK						
mate proc	This Detention Standard requires that, upon admission, every detainee be provided comprehensive written orientation materials that describe such matters as the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care, in English, Spanish, and other languages and that detainees acknowledge receipt of those materials.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
r	The facility has a detainee handbook. Each detainee receives a copy of the local handbook and the ICE National Detainee Handbook.				Each detainee receives a copy of the facility handbook as well as the ICE National Detainee Handbook. Each handbook is available in English and Spanish.		
t	The detainee handbook is written in English and ranslated into Spanish, and other languages spoken by significant numbers of detainees in that facility.	\boxtimes					
	A procedure for requesting interpretive services for essential communication has been developed.				An interpretive service to assist in essential communication is available, if requested, or when there is a clear need for such service.		
C	Orientation materials are read to detainees who cannot read, or they are provided the material via audio or video recordings.						
	The handbook supplements the facility orientation video where one is provided.	\boxtimes			An orientation video is played for each detainee upon admission. The handbook supplements this video.		
F	The handbook is revised as necessary and there are procedures in place for immediately communicating any revisions to staff and detainees.				Staff is notified immediately of any revisions. Detainees are notified by staff and the revisions are posted on the bulletins boards in the housing units. The handbook was last revised on April 6, 2012.		
	There is an annual review of the handbook by a designated committee or staff member.	\boxtimes					
8.	 The detainee handbook address the following issues: Personal Items permitted to be retained by the detainee. Initial issue of clothes, bedding and personal hygiene items. How to access care. 	\boxtimes			The three bulleted items in this component are outlined in the detainee handbook.		
	The detainee handbook states in clear language basic detainee responsibilities.						
6	The handbook clearly outlines the methods for classification of detainees, explains each level, and explains the classification appeals process.				The methods of classification, the explanation of each level and the appeal process are described in the handbook.		
	The handbook states when a medical examination will be conducted.	\boxtimes			The handbook states that a medical examination will occur within 14 days of intake.		

	PART 6 - 34. DETAINEE HANDBOOK						
This Detention Standard requires that, upon admission, every detainee be provided comprehensive written orientation materials that describe such matters as the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care, in English, Spanish, and other languages and that detainees acknowledge receipt of those materials.							
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
12. The handbook describes the facility, housing units, dayrooms, In-dorm activities and special management units.							
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.	\boxtimes						
14. The handbook describes times and procedures for obtaining disposable razors and explains that detainees attending court will be afforded the opportunity to shave first.				The handbook outlines the razor policy as required in the standard, including detainees attending court having an opportunity to shave.			
15. The handbook describes barber hours and hair cutting restrictions.	\boxtimes						
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.							
17. The handbook addresses religious programming.	\square						
18. The handbook states times and procedures for commissary or vending machine usage. (where available)				Commissary procedures are outlined in the handbook. Detainees have access to commissary twice each week.			
19. The handbook describes the detainee voluntary work program.	\boxtimes						
20. The handbook describes the library location and hours of operation and law library procedures and schedules.	\boxtimes						
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.	\boxtimes			All elements of this component are outlined in the detainee handbook.			
22. The handbook/supplement provides local ICE contact information.	\boxtimes						
23. The handbook describes the facility contraband policy.				Items that are considered to be detrimental to the safe and orderly operation of the facility are prohibited. Contraband items are outlined in the handbook.			
24. The handbook describes the facility visiting hours and schedule and visiting rules and regulations.	\boxtimes			Visiting hours, procedures, and regulations are described. Visiting is authorized five days a week.			

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	PART 6 - 34. DETAINEE HANDBOOK					
This Detention Standard requires that, upon admission, every detainee be provided comprehensive written orientation materials that describe such matters as the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care, in English, Spanish, and other languages and that detainees acknowledge receipt of those materials.						
Components	Meets Standard	Does Not Meet Standard	A/N	Remarks		
25. The handbook describes the correspondence policy and procedures.	\boxtimes					
 26. The handbook describes the detainee disciplinary policy and procedures, including: Prohibited acts and severity scale sanctions. Time limits in the Disciplinary Process. Summary of Disciplinary Process. 				The handbook describes the disciplinary policy and procedures, including the three bulleted items in this component.		
 27. The grievance section of the handbook explains all steps in the grievance process – Including: Informal (if used) and formal grievance procedures; The appeals process; In CDFs procedures for filing an appeal of a grievance with ICE. Staff/detainee availability to help during the grievance process. Guarantee against staff retaliation for filing/pursuing a grievance. How to file a complaint about officer misconduct with the Department of Homeland Security. 				The grievance section of the handbook outlines the grievance process and explains the six bulleted items in this component.		
28. The handbook describes the medical sick call procedures for general population and segregation.	\square					
 29. The handbook describes the facility recreation policy including: Outdoor recreation hours. Indoor recreation hours. In dorm leisure activities. Rules for television viewing. 				The handbook describes the recreation policy that includes the four bulleted items in this component.		
30. The handbook describes the detainee dress code for daily living; and work assignments and the meaning of color-coded uniforms.						
 The handbook specifies the rights and responsibilities of all detainees. 	\boxtimes			The rights and responsibilities of detainees are outlined as required.		
32. Detainees are required to sign for the handbook to ensure accountability.				A review of detainee files confirms that detainees sign for receipt of the facility handbook and the National Detainee Handbook upon admittance to the facility.		
33. Orientation materials are provided to illiterate detainees either orally or via audio/video tapes in a language they can understand.						

PART 6 - 34. DETAINEE HANDBOOK				
🛛 Meets Standard	Does Not Meet Standard	□ N/A	☐Repeat Finding	

This inspector interviewed staff and detainees; and observed the intake processing where each detainee was issued the National Detainee Handbook and the facility handbook. The detainee signs for the receipt of each handbook, and the handbooks are available in English and Spanish. The facility handbook is comprehensive and accurately describes the facility's rules, programs, procedures, and requirements for detainees during their detention. Between the two handbooks and the orientation video, all the information required in the standard is available to each detainee. Assistance is provided in the event the detainee needs assistance understanding the handbook.

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	PART 6 – 35. GRIEVANCE SYSTEM						
	This Detention Standard protects detainees' rights and ensures they are treated fairly by providing a procedure by which they may file formal grievances and receive timely responses.						
uie	ry may me formal grievances and receive timely respons	565.					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	Detainees are informed about the facility's informal and formal grievance system.				Detainees are informed about the grievance system through the National Detainee Handbook and the facility detainee handbook.		
2.	The admissions process includes providing each new arrival with a copy of the detainee handbook (or equivalent).				Every detainee signs for receipt of the National Detainee Handbook and the facility detainee handbook, both of which are issued to every detainee during the admission process.		
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. 				The handbook explains the steps in the grievance process, including the six bulleted items in this component.		
4.	Written procedures provide for the informal resolution of oral grievances (Not mandatory). If yes, the detainee has up to five days within which to make his or her concern known to a member of the staff.						

PART 6 – 35. GRIEVANCE SYSTEM						
	This Detention Standard protects detainees' rights and ensures they are treated fairly by providing a procedure by which they may file formal grievances and receive timely responses.					
	Components	Meets Standard	Does Not Meet Standard	¥/N	Remarks	
	 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. 	\boxtimes			Facility policy outlines that detainees have access to the grievance procedure and may seek help when needed. Such help may be needed by those who are illiterate, disabled, or non-English speaking.	
	Facility has written procedures for identifying and handling a time-sensitive emergency grievance.	\boxtimes			Written policy addresses the identification and handling of emergency grievances.	
	Every member of the staff knows how to identify emergency grievances, including the procedures for expediting them.	\boxtimes			All staff are trained on grievances. Based on interviews, staff knows how to identify and handle emergency grievances.	
	Staff shall not harass, discipline, punish or otherwise retaliate against a detainee who files a complaint or grievance.	\boxtimes				
	 Procedures include maintaining a Detainee Grievance Log. If not, an alternative acceptable record keeping system is maintained. "Nuisance complains" are identified in the records. For quality control purposes, staff document nuisance complaints received but not filed. 	\boxtimes			The facility maintains an electronic grievance log. "Nuisance" grievances are identified and documented.	
	If a detainee who establishes a pattern of filing nuisance complaints or otherwise abusing the grievance system, the Facility Administrator may authorize staff to refuse to process subsequent complaints. This authority may not be delegated, even to an acting Facility Administrator.	\boxtimes			There was no documentation that the grievance system has been abused, and the Warden has never denied a detainee the right to file a grievance.	
	Staff are required to forward any grievance that includes officer misconduct to a higher official or, in a CDF/IGSA facility, to ICE.	\boxtimes				
	Informal resolution of a written grievance is documented in the detainee's Detention File.	\boxtimes				
	Staff comply with the requirement to report allegations of officer misconduct to a supervisor or higher-level official in his or her chain of command, and/or to ICE/DRO Office of Professional Responsibility and/or the DHS Inspector General.	\boxtimes				

PART 6 – 35. GRIEVANCE SYSTEM					
This Detention Standard protects detainees' rights and ens they may file formal grievances and receive timely response		ey are treat	ed fair	ly by providing a procedure by which	
Components	Meets Standard	Does Not Meet Standard	¥/N	Remarks	
 14. <u>In SPCs and CDFs</u>, when a Detainee does not accept the grievance committee's decision, he/she files an appeal with the ICE Facility Administrator. In all facilities written procedures cover detainee appeals and are included in the detainee handbook 	\boxtimes			The appeal process is outlined in the detainee handbook. Facility policy allows detainees to file an appeal of a grievance to the Warden or ICE if they do not accept the grievance committee's decision.	
15. <u>In SPCs/CDFs</u> , the detainee has a reasonable timeframe after the incident or informal-grievance outcome to file a formal grievance.	\boxtimes				
PART 6 – 35. GRIEVANCE SYSTEM					
⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding					

This inspector interviewed staff and reviewed policy and procedures. The facility follows written procedures that address detainee grievances in an organized and timely manner. Documentation of all grievances is completed in the electronic "grievance log". During the last twelve months, there were 205 non-medical grievances filed with 56 being resolved in favor of the detainee. There were 50 medical grievances filed with four being resolved in favor of the detainee.

(b)(6), (b)(7)(c) / <u>04/19/2012</u> Reviewer's Signature / Date

	PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL						
Th	is Detention Standard protects detainees' rights by ensu	uring th	eir access	to cou	irts, counsel, and legal materials.		
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	The facility provides a designated law library for detainee use.	\boxtimes					
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.	\boxtimes			The law library has LexisNexis installed on the computers.		
	 In lieu of/or in addition to the physical law library, ICE detainees have access to the Lexus Nexus electronic law library. 				Attachment A is also posted in the library.		
3.	If the Lexis/Nexis CD-ROM service alternative is used for the publications in Attachment A, the facility provides detainees sufficient:				There are thirteen computers in the law library with an associated		
	Operable computers and printers, in sufficient numbers in order to provide access	\boxtimes			printer. Copiers and supplies for all equipment are available in the		
	Photocopiers, andSupplies for both.				library.		
4.	The library contains a sufficient number of chairs, is well lit and is reasonably isolated from noisy areas.	\boxtimes					
5.	The law library is adequately equipped with typewriters, computers or both and has sufficient supplies for daily use by the detainees.	\boxtimes					
6.	Detainees are provided with the means to save legal work in a private electronic format for future use.	\boxtimes			The librarian has a supply of flash drives that are issued to a detainee upon request. These drives are stored in the library when not in use.		
7.	The facility subscribes to updating services where applicable and legal materials requiring updates are current.	\boxtimes			The Case Law component was updated 01/10/2012 and Bice Law, 3/12/12.		
8.	Outside persons and organizations are permitted to submit published legal material for inclusion in the legal library. Outside published material is forwarded and reviewed by the ICE prior to inclusion.	\boxtimes			Policy and procedures require that outside persons wishing to submit legal material forward same to the ICE Field Office for approval.		
9.	There is a designated ICE or facility employee who inspects, updates, and maintain/replace legal material and equipment on a routine basis. The designee properly disposes outdated supplements and replaces damaged or missing material promptly.	\boxtimes			The librarian is responsible for keeping material current and insuring that equipment is operational.		
10	Detainees are offered a minimum 5 hours per week in the law library. Detainees are not required to forego recreation time in lieu of library usage. Detainees facing a court deadline are given priority use of the law library.	\boxtimes			Policy allows detainees one hour of law library access daily if requested. Detainees with a court deadline are provided two hours access daily, if requested.		

PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL					
This Detention Standard protects detainees' rights by ensu	uring th	eir access	to cou	irts, counsel, and legal materials.	
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
11. Detainees may request material not currently in the law library. Each request is reviewed and where appropriate an acquisition request is initiate and timely pursued. Request for copies of court decisions are accommodated within 3 – 5 business days.	\boxtimes			Detainees may request material not currently available in the law library by submitting a request to the librarian. When requested, copies of court decisions are routinely provided within five business days.	
12. The facility permits detainees to assist other detainees, voluntarily and free of charge, in researching and preparing legal documents, consistent with security.	\boxtimes			Detainees are permitted to assist other detainees in the research and preparation of legal documents at no charge.	
 Staff ensure that illiterate or non-English-speaking detainees without legal representation receive more than access to English-language law books after indicating their need for help. 	\boxtimes				
14. Detainees may retain a reasonable amount of personal legal material in the general population and in the special management unit. Stored legal materials are accessible within 24 hours of a written request.	\boxtimes				
15. Detainees housed in Administrative Segregation and Disciplinary Segregation units have the same law library access as the general population, barring security concerns. Detainees denied access to legal materials are documented and reviewed routinely for lifting of sanctions.	\boxtimes				
16. All denials of access to the law library fully documented.	\boxtimes			Policy requires that denial of access to the library be documented and submitted to the warden and ICE officials, with a copy placed in the detainee's detention file.	
17. Facility staff inform ICE Management when a detainee or group of detainees is denied access to the law library or law materials.	\boxtimes				
18. Detainees who seek judicial relief on any matter are not subjected to reprisals, retaliation, or penalties.	\boxtimes				
19. Indigent detainees are provided with free envelopes and stamps to mail related to legal matters.	\boxtimes				
PART 6 – 36. LAW LIBRAR	ES AN	D LEGAL	MATE	RIAL	
⊠ Meets Standard					

A review of policy and post orders, on-site observations and staff and detainee interviews confirmed that the facility provides detainees, including those assigned to the special management unit, with access to courts, counsel, legal materials and the support services necessary for them to prepare their legal work.

(b)(6), (b)(7)(c)	/ <u>04/19/2012</u>

Reviewer's Signature / Date

PART 6 - 37. LEGAL RIGHTS GROUP PRESENTATIONS				
This Detention Standard protects detainees' rights by en- persons and organizations for the purpose of informing th				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
Check here if No Group Presentations were cone Acceptable overall and continue				
1. The Field Office is responsive to requests by attorneys and accredited representatives for group presentations.				The ICE Field Office reviews all requests by attorneys and accredited representatives for group presentations.
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.				
3. The facility follows policy and procedure when rejecting or requesting modifications to objectionable material provided or presented by the attorney or accredited representative.				Policy requires that all materials provided or presented by the attorney or accredited representative be approved in advance by ICE.
4. Posters announcing presentations appear in common areas at least 48 hours in advance and sign-up sheets are available and accessible.				The North West Immigration Rights Project (NWIRP) makes presentations four times per week to detainees. There is a permanent posting in all housing units stating the time and location of presentations.
 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. 				All detainees are permitted to attend these presentations. Policy requires that documentation be provided to the warden and ICE officials should a detainee be denied attendance at a presentation.
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.				There are four presentations per week, sufficient to allow all detainees to attend.
 Detainees in segregation, unable to attend for security reasons may request separate sessions with presenters. Such requests are documented. 				Should a detainee in segregation be unable to attend a presentation for security reasons, the facility will make alternative arrangements and document the action taken.
8. Interpreters are admitted when necessary to assist attorneys and other legal representatives.	\boxtimes			
9. Presenters are afforded a minimum of one hour to make the presentation and additional time to conduct a question-and-answer session.				Four one-hour presentations are scheduled each week.
10. Staff permit presenters to distribute ICE/DRO- approved materials.	\boxtimes			

PART 6 - 37. LEGAL RIGHTS GROUP PRESENTATIONS					
This Detention Standard protects detainees' rights by ensuring their access to information presented by authorized persons and organizations for the purpose of informing them of U.S. immigration law and procedures.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
Check here if No Group Presentations were conc Acceptable overall and continue of					
 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. 					
12. Group presenters who have had their privileges suspended are notified in writing by the Field Office Director or designee, and the reasons for suspension are documented. The Headquarters Office for Detention and Removal, Field Operations and Detention management Division is notified when a group or individual is suspended from making presentations.	\boxtimes			In the past twelve months, no group presenters have had their privileges suspended. If this type of action is needed, management staff stated the ICE Field Office would be given written notification with the reasons for the suspension.	
13. The facility plays ICE/DRO-approved videotaped presentations on legal rights, at regular opportunities at the request of outside organizations.	\boxtimes			An ICE-approved video on immigration rights is played daily in the housing units.	
14. A copy of the Group Legal Rights Presentation policy, including attachments, is available to detainees upon request	\boxtimes			The Group Legal Rights Presentation policy is available, upon request, in the law library.	
15. The facility maintains equipment for viewing approved electronically formatted presentations.	\boxtimes				
PART 6 - 37. LEGAL RIGHTS GROUP PRESENTATIONS					
🛛 Meets Standard 🛛 🗌 Does Not Meet St	andard	□ N/A		☐Repeat Finding	

A review of policy and on-site observations showed that the facility has the procedures in place to ensure detainees have access to presentations by authorized persons and organizations for the purpose of informing detainees of U.S. immigration law and procedures. Interviews with detainees, ICE officials and facility staff confirmed this.

(b)(6), (b)(7)(c) <u>04/19/2012</u> Reviewer's Signature / Date

Section VII ADMINISTRATION & MANAGEMENT

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

	PART 7 – 38. DETENTION FILES						
	This Detention Standard contributes to efficient and responsible facility management by maintaining for each detainee booked into a facility for more than 24 hours a file of all significant information about that person.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	A Detention File is created for every new arrival whose stay will exceed 24 hours.				Policy requires that a detention file be created for every detainee.		
2.	The detainee Detention File contains either originals or copies of documentation and forms generated during the admissions process.	\boxtimes					
3.	 The detainee's Detention File also contains documents generated during the detainee's custody. Special requests Any G-589s and/or I-77s or IGSA equivalent, closed-out during the detainee's stay Disciplinary forms/Segregation forms Grievances, complaints, and the disposition(s) of same 				A review of a random selection of detention files showed that all documents identified in this component were present in the files.		
4.	The Detention Files are located and maintained in a secured area. If not the cabinets are lockable and distribution of the keys is limited to supervisors.	\boxtimes			Detention files are maintained in the records office that is staffed on day shift. After hours, the room is locked and only shift lieutenants may draw the restricted key to access 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.	\boxtimes					
6.	The officer closing the Detention File makes a notation that the file is complete and ready to be archived.	\boxtimes			When a detention file is closed, the words "Detention File Closed" are stamped on the file.		
7.	Staff make copies and sends documents from the file when appropriately requested by supervisory personnel at the receiving facility or office.						
8.	Appropriate staff have access to the Detention Files and other departmental requests are accommodated by making a request for the file. Each file is properly logged out and in by a representative of the responsible department.	\boxtimes			Authorized staff may remove a detention file from the storage area. Each file is logged in and out by the staff member.		
9.	Electronic record-keeping systems and data are protected from unauthorized access.	\boxtimes					
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.				Policy requires that a detainee sign a release of information form prior to the release of information. Copies of these forms were observed in detention files.		

PART 7 – 38. DETENTION FILES					
This Detention Standard contributes to efficient and respon- booked into a facility for more than 24 hours a file of all sig					
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks	
11. Electronic data on individual detainees is subject to the same Privacy Act regulations as the contents of traditional paper Detention Files and A-files.	\boxtimes				
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.				Staff interviews and on-site observations confirmed that necessary equipment and supplies, including a copier, are available. All equipment is maintained in good working order.	
13. The Detention Operations Supervisor or equivalent can direct certain documents be added to a detainee's detention File.	\boxtimes				
14. Archived files are purged after six years by shredding or burning.	\boxtimes				
15. Field Offices maintains detention files on detainees housed in IGSA Facilities as needed. These files are maintained for a minimum of 18 months.	\boxtimes			The facility is not an IGSA. Archived detention files are delivered to the local ICE office for storage.	
PART 7 – 38. DETENTION FILES					
🛛 Meets Standard 🛛 🗌 Does Not Meet St	⊠ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding				

On-site observations, staff interviews and a review of policies and post orders confirmed that the facility ensures a detention file is created for each detainee. Detention files selected at random for review contained all required documents.

John E. Hahn / 04/19/2012 Reviewer's Signature / Date

PART 7 - 39. NEWS MEDIA INTERVIEWS AND TOURS							
This Detention Standard ensures that the public and the media are informed of events within the facility's areas of responsibility through interviews and tours.							
Components	Meets Standards	Does Not Meet Standards	V/N	Remarks			
1. The ICE/DRO Field Office Director approved all interviews by reporters, other news media representatives, academics and others not covered by the Detention Standard on Visitation.	\boxtimes			Policy requires that every request by individuals not covered by the Detention Standard on Visitation be approved by the Field Office Director.			
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.				A review of detention files showed documentation that detainee interviews by news media were requested and approved.			
3. The Field Office Director consulted with Headquarters before deciding to allow an interview with a detainee who was the center of a controversy, or special interest, or high profile case.	\boxtimes			Policy requires that this consultation occur. There has been no such case in the past twelve months.			
4. Signed released forms are obtained and retained in the detainee's a-file from any media representatives who photographed or recorded any detainee in any way that would individually identify him or her.	\boxtimes						
 5. All press pools are organized `according to the procedures in the Detention Standard. A press pool may be established when the Field Office Director and facility administrator determine that the volume of interview requests warrants such action. All media representatives with pending or requested, tours, or visits were notified that, effective immediately and until further notice, all media representatives must comply with the press pool guidelines established by the Field Office Director. All material generated from such a press pool is made available to all news media, without right of first publication or broadcast. 				Facility visitation policy includes a section on the organization of press pools. All aspects of this component are included.			
PART 7 - 39. NEWS MEDIA			ND TC	DURS			
🖂 Meets Standard 🛛 🗌 Does Not Meet S							

A review of policy and ICE and facility staff interviews confirmed that the facility has procedures in place to ensure that the public and the media are informed of events within the facility's areas of responsibility.

(b)(6), (b)(7)(c) <u>04/19/2012</u> Reviewer's Signature / Date

	PART 7 – 40. STAFF TRAINING							
	This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
1.	The facility conducts appropriate orientation, initial training, and annual training for all staff, contractors, and volunteers.	\boxtimes			All staff receives appropriate orientation training. After successful completion of the orientation, staff receives annual in- service training as required.			
2.	The amount and content of training is consistent with the duties and function of each individual and the degree of direct supervision that individual receives.	\boxtimes						
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.	\boxtimes			The Training Manager has successfully completed a training- for-trainers course.			
4.	Training is governed and guided by a training plan that is reviewed and approved annually by the facility administrator.	\boxtimes			A review of the training plan indicates it has been reviewed and approved by the Warden.			
5.	 An accurate and complete record is maintained of all formal training activities in: Individual training folders, Other training records systems, and/or Electronic systems. 	\boxtimes			Files were reviewed and were found to comply with the three bulleted items in this component. Training files are maintained by the Training Manager and are established for each employee. The training files are maintained in individual folders as well as electronically.			

PART 7 – 40. STAFF TRAINING					
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
 6. Each new employee, contractor, and volunteer is provided an orientation prior to assuming duties. While tailored specifically for staff, contractors, and volunteers, the orientation programs include, at a minimum: Working conditions Cultural diversity/understanding staff & detainees Code of ethics Personnel policy manual Employees' rights and responsibilities Drug-free Workplace Health-related emergencies Signs of Suicide risk and precautions Suicide prevention and intervention Hunger strikes Use of Force Keys and Locks Overview of the criminal justice system Tour of the facility Facility organization Staff rules and regulations Sexual harassment/sexual misconduct awareness Personnel policies Program overview Orientation and training on detainee handbook and detainee rights. National Detention Standards 	\boxtimes			A review of the training curriculum and training files indicated that the facility meets the requirements of the 23 bulleted items in this component.	

PART 7 – 40. ST	PART 7 – 40. STAFF TRAINING					
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
 7. Clerical/support employees who have minimal detainee contact receive a minimum of: Working conditions Cultural diversity/understanding staff & detainees Code of ethics Personnel policy manual Employees' rights and responsibilities Overview of the criminal justice system Tour of the facility Facility goals and objectives Facility organization Staff rules and regulations Sexual harassment/sexual misconduct awareness Personnel policies Program overview National Detention Standards. Key and Lock Control. Suicide risk and prevention. 	\boxtimes			A review of the training curriculum and training files indicated that the facility meets the requirements of the 16 bulleted items in this component.		

PART 7 – 40. STAFF TRAINING							
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by							
requiring that they receive initial and ongoing refresher training.							
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
 8. Professional and support employees (including contractors) who have regular or daily detainee contact will receive training on the following subjects, at a minimum: Security procedures and regulations Code of Ethics Health-related emergencies Drug-free workplace Supervision of detainees Signs of suicide risk and hunger strike Suicide precautions Use-of-force regulations and tactics Report writing Detainee rules and regulations Key control Rights and responsibilities of detainees Safety procedures Emergency plan and procedures Interpersonal relations Social/cultural lifestyles of the detainee population Cultural diversity/understanding staff & detainees Communication skills Cardiopulmonary resuscitation (CPR)/First aid Counseling techniques Sexual harassment/sexual misconduct awareness. National Detention Standards. 				A review of the training curriculum and training files indicated that the facility meets the requirements of the 22 bulleted items in this component.			

PART 7 – 40. STAFF TRAINING This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
 9. Full-time health care employees receive at least 40 hours of formal orientation before undertaking their assignments. At a minimum, the orientation program includes: The purpose, goals, policies and procedures for the facility and parent agency security and contraband regulations Key control; appropriate conduct with detainees Responsibilities and rights of employees Standard precautions Occupational exposure Personal protective equipment Bio-hazardous waste disposal Overview of the detention operations. National Detention Standards. Medical grievance procedures and protocol. Requirement for special needs detainees. Code of Ethics Drug free workplace Hostage situations and staff conduct if taken hostage. 	\boxtimes			Health care employees are trained through the Immigration Health Service Corps (IHSC). A review of their training files indicated that new staff receives six weeks of orientation and on-the-job training and a minimum of 40 hours of annual training. The 14 bulleted items in this component are addressed in the training curriculum.	

PART 7 – 40. STAFF TRAINING						
	This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
 10. Security personnel (including contractors) will receive training on the following subjects, at a minimum: Security procedures and regulations Supervision of detainees Searches of detainees, housing units, and work areas Signs of suicide risk, precaution, prevention and intervention. Code of Ethics Health-related emergencies Drug-free workplace Suicide precautions Self-defense techniques Use-of-force regulations and tactics Report writing Detainee rules and regulations Key control Rights and responsibilities of detainees Safety procedures Interpersonal relations Social/cultural lifestyles of the detainee population Cultural diversity/understanding staff & detainees Communication skills Cardiopulmonary resuscitation (CPR)/first aid Counseling techniques National Detention Standards. 				A review of the training curriculum and training files indicated that the facility meets the requirements of the 24 bulleted items in this component.		
 11. Situation Response Teams (SRTs) receive: Specialized training before undertaking their assignments. 	\boxtimes			All staff selected for the Situation Response Team (SRT) receives specialized training during an initial five day training requirement and an additional eight hours a month during the year.		
12. Facility management and supervisory staff receive:Management and Supervisory training	\boxtimes					
13. (MANDATORY) Personnel authorized to use firearms receive training that covers their use, safety, and care and constraints on their use before being assigned to a post involving their possible use.	\boxtimes			A review of policy and training files indicates that all personnel authorized to use firearms receive training that covers their use before being assigned to the post.		

PART 7 – 40. STAFF TRAINING							
	This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.						
Components	Meets Standard	Does Not Meet Standard	¥/N	Remarks			
14. (MANDATORY) All personnel authorized to use firearms demonstrate competency in their use at least annually.				A review of training files indicates required training is conducted on a quarterly basis.			
15. (MANDATORY) Personnel authorized to use chemical agents receive training in the use of chemical agents and in the treatment of individuals exposed to a chemical agent before being assigned to a post involving their possible use.				All detention staff receive chemical agent training during their six week orientation training.			
 16. All staff receives orientation and annual training on the facility's drug-free workplace program. Typical contents are: Staff, contractors, and volunteers prohibited from: Using illegal drugs. Possessing illegal drugs except in the authorized performance of official duties. Procedures to be used to ensure compliance. Opportunities available for treatment and/or counseling for drug abuse. Penalties for violation of the policy. 	\boxtimes			A review of the training curriculum and training files indicated that the facility meets the requirements of the six bulleted items in this component.			
17. New staff 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.							
 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. 				A review of the training curriculum and training files indicated that the facility meets the requirements of the five bulleted items in this component.			
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.							

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

PART 7 – 40. STAFF TRAINING						
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
 22. (MANDATORY) All staff in frequent contact with detainees are trained at least annually on the facility's Suicide Prevention and Intervention Program, to include: Identifying the warning signs and symptoms of impending suicidal behavior, Demographic, cultural, and precipitating factors of suicidal behavior, Responding to suicidal and depressed detainees, Communication between correctional and health care personnel, Referral procedures, Housing observation and suicide-watch level procedures, and Follow-up monitoring of detainees who have attempted suicide. 				A review of the training curriculum and training files and staff interviews indicated that the facility meets the requirements of the seven bulleted items in this component.		
recognize the signs of a hunger strike and on the procedures for referral for medical assessment.	\square					
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.	\boxtimes					
 25. Through ongoing (at least annual) training, all detention facility staff are made aware of their responsibilities to control situations involving aggressive detainees. At a minimum, training shall include: The requirements of this Detention Standard The use of force continuum Communication techniques Cultural diversity Dealing with the mentally ill Confrontation-avoidance techniques Approved methods of self-defense Force cell-move techniques Communicable diseases, particularly precautions to be taken for use of force Application of restraints (progressive and hard) Reporting procedures. 				A review of the training curriculum and training files indicated that the facility meets the requirements of the eleven bulleted items in this component.		

PART 7 – 40. STAFF TRAINING					
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
26. Employees are encouraged to continue their education and professional development through incentives such as salary enhancement, reimbursement of costs, and administrative leave.					
PART 7 – 40. STAFF TRAINING					
⊠ Meets Standard					

This inspector reviewed lesson plans, training files, attendance sheets and training curriculum, and interviewed staff and supervisors. Before assuming duties, each new detention employee is provided six weeks of orientation training that meets the standard requirements. Staff receives annual training as required throughout the year. The amount and content of the training is consistent with the duties and function of each individual. All training was documented as required in electronic training files.

(b)(6), (b)(7)(c) <u>04/19/2012</u> Reviewer's Signature / Date

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

PART 7 - 41. TRANSFER OF DETAINEES				
This Detention Standard ensures that transfers of detainees from one facility to another are professionally and responsibly managed in regard to notifications, detainee records, safety and security, and protection of detainee funds and personal property.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
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.				Interviews with ICE staff indicated that detainees are transferred with a completed transfer summary sheet. The sheet is in a sealed envelope marked Confidential with the detainee name and A-number on the front.
10. For medical transfers, transporting officers receive instructions regarding medical issues.				Transportation officers are instructed in their post orders to request this information if not provided.
11. Detainee's funds, valuables and property are returned and transferred with the detainee to his or her new location.				ICE and facility staff interviews confirmed that funds, valuables and property are returned and transferred with the detainee to his new location.
12. Transfer and documentary procedures outlined in Section C and D are followed.	\boxtimes			
13. Indigent detainees unable to make a telephone call at their new location are able to make a telephone call at the government's expense within 12 hours of arrival.				ICE policy requires that when an indigent detainee arrives at a new location, he is able to make a telephone call at government expense within 12 hours of arrival.
14. Meals are provided when transfers occur during normally schedule meal times.				
15. An A-File or work folder accompanies the detainee when transferred to a different Field Office or sub- office.	\boxtimes			ICE transportation officers indicated the A-file accompanies the detainee when transferred to a different Field Office.
16. A-Files are forwarded to the receiving office via overnight mail no later than one business day following the transfer.				
PART 7 - 41. TRANS	FER O	F DETAIN	EES	
⊠ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding				

Interviews with facility and ICE staff confirmed detainees are transferred with their records, funds, personal property and proper notification. The facility has the necessary procedures in place to ensure that detainees are transferred from one facility to another in a professional and responsible manner.

(b)(6), (b)(7)(c) / <u>04/19/2012</u> Reviewer's Signature / Date

A. Type of Facility Reviewed

	ICE Service Processing Center
\square	ICE Contract Detention Facility

- ICE Contract Detention Facility
 - ICE Intergovernmental Service Agreement

B. Current Inspection

 \square

Type of Inspection		
Field Office HQ Inspection		
Date[s] of Facility Review		
04/17/2012 - 04/19/2012		

C. Previous/Most Recent Facility Review

Date[s] of Last Facility Review			
04/19/2011 - 04/21/201	1		
Previous Rating			
Meets Standards	Does Not Meet Standards		

D. Name and Location of Facility

Name		
Northwest Detention Center		
Address (Street and Name)		
1623 East J Street		
City, State and Zip Code		
Tacoma, Washington 98421		
County		
Pierce		
Name and Title of Facility Administrator		
(Warden/OIC/Superintendent)		
(b)(6), (b)(7)(c) Warden		
Telephone # (Include Area Code)		
253-3(9)(6), (b)(7)(c)		
Field Office / Sub-Office (List Office with oversight		
responsibilities)		
Seattle		
Distance from Field Office		
25 miles		

E. ICE Information

Name of Inspector (Last Name, Title and Duty Station) (b) (6), (b)(7) (L) CI / 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) (Safety-Food Service CI / Nakamoto Group Name of Team Member / Title / Duty Location (b)(6), (b)(7)(c) Security CI / Nakamoto Group Name of Team Member / Title / Duty Location (b)(6), (b)(7)(c) Security CI / Nakamoto Group Name of Team Member / Title / Duty Location / /

F. CDF/IGSA Information Only

Contract Number	Date of Contract or IGSA		
HSCEDM-10-D-00001	October 24, 2009		
Basic Rates per Man-Day			
1-1,181 detainees: \$102.09; over 1,181 detainees: \$63.18			
Other Charges: (If None, Indicate N/A)			
Remote Post; Transportation; ;			

Estimated Man-days Per Year 452,131 (last 12 months)

G. Accreditation Certificates

List all State or National Accreditation[s] received:
ACA, The Joint Commission, NCCHC
Check box if facility has no accreditation[s]

H. Problems / Complaints (Copies must be attached)

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

I. Facility History

Date Built			
April 2004			
Date Last Remodeled or Upgraded			
May 2010			
Date New Construction / Bedspace Added			
May 2010			
Future Construction Planned			
Yes X No Date:			
Current Bedspace	Future Bedspace (# New Beds only)		
1,579 Number: N/A Date: N/A			
, , , , , , , , , , , , , , , , , , , ,			

J. Total Facility Population

Total Facility Intake for previous 12 months
10,644
Total ICE Mandays for Previous 12 months
452.131

K. Classification Level (ICE SPCs and CDFs Only)

	L-1	L-2	L-3
Adult Male	639	425	136
Adult Female	114	33	0

L. Facility Capacity

	Rated	Operational	Emergency
Adult Male	1,465	1,465	1,465
Adult Female	114	114	114
Facility holds Juveniles Offenders 16 and older as Adults			

M. Average Daily Population

	ICE	USMS	Other
Adult Male	1113	N/A	N/A
Adult Female	123	N/A	N/A

N. Facility Staffing Level

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

Significant Incident Summary Worksheet

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

Incidents	Description	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault:	Types (Sexual ² , Physical, etc.)	Physical	Physical	Physical	Physical
Offenders on Offenders ¹	With Weapon	0	0	0	1
	Without Weapon	15	15	23	11
Assault:	Types (Sexual Physical, etc.)	Physical	Physical	Physical	Physical
Detainee on Staff	With Weapon	0	0	0	0
	Without Weapon	7	4	4	5
Number of Forced Moves, incl. Forced Cell moves ³		7	3	3	3
Disturbances ⁴		0	0	0	0
Number of Times Chemical Agents Used		0	0	0	0
Number of Times Special Reaction Team Deployed/Used		0	0	0	0
# Times Four/Five Point	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	0	0
Restraints applied/used	Type (C=Chair, B=Bed, BB=Board, O=Other)	N/A	N/A	N/A	N/A
Number of Times Canines Used in Facility		0	0	0	0
Offender / Detainee Medical Referrals as a result of injuries sustained.		1	0	1	0
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	46	35	62	55
	# Resolved in favor of Offender/Detainee	6	11	24	13
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	N/A	N/A	N/A	N/A
	# Psychiatric Cases referred for Outside Care	N/A	N/A	N/A	N/A

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"

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

	DHS/ICE Detention Standards Review Summary Report				
1. N	Meets Standards 2. Does Not Meet Standards 3. Repeat Finding 4. Not Applicable	1	2	3	4
PAF	RT 1 SAFETY				
1	Emergency Plans	\square			
2	Environmental Health and Safety	\boxtimes			
3	Transportation (By Land)	\boxtimes			
PAF	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	\square			
11	Population Counts	\square			
12	Post Orders	\square			
13	Searches of Detainees	\square			
14	Sexual Abuse and Assault Prevention and Intervention	\boxtimes			
15	Special Management Units	\boxtimes			
16	Staff-Detainee Communication	\boxtimes			
17	Tool Control	\boxtimes			
18	Use of Force and Restraints	\boxtimes			
PAF	RT 3 ORDER				
19	Disciplinary System	\square			
PAF	RT 4 CARE				
20	Food Service	\boxtimes			
21	Hunger Strikes	\square			
22	Medical Care	\boxtimes			
23	Personal Hygiene	\boxtimes			
24	Suicide Prevention and Intervention	\square			
25					
PAF	RT 5 ACTIVITIES				
26	Correspondence and Other Mail	\boxtimes			
27	Escorted Trips for Non-Medical Emergencies				\boxtimes
28	Marriage Requests				
29	Recreation	\square			
30	Religious Practices	\square			
31	Telephone Access	\boxtimes			
32	Visitation				
33	Voluntary Work Program				
PAF	RT 6 JUSTICE				
34	Detainee Handbook				
35	Grievance System				
36	Law Libraries and Legal Material				
37	Legal Rights Group Presentations				
	RT 7 ADMINISTRATION & MANAGEMENT				
38	Detention Files				
39	News Media Interviews and Tours				
40		57			
	Staff Training	\boxtimes			

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LCI Review Assurance Statement

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

Lead Compliance Inspector: (Print Name)	Signature
(b)(6), (b)(7)(c)	(b)(6), (b)(7)(c)
Title & Duty Location	Date
Lead Compliance Inspector, The Nakamoto Group, Inc.	April 19, 2012
Team Members	
Print Name, Title, & Duty Location	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) Medical SME, The Nakamoto Group, Inc. Print Name, Title, & Duty Location

(b)(6), (b)(7)(c) Food/Safety SME, The Nakamoto Group, Inc.

Recommended Rating:

Meets Standards Does Not Meet Standards

Comments: This facility houses both male and female ICE detainees. On the first day of the inspection, there were 1200 male and 177 female detainees.

In the past twelve months, the facility did not have any escapes, attempted escapes, deaths or suicide attempts.

(b)(7)e			
(b)(7)e	Canines are used in this facility only with the permission of ICE.		

The facility does not charge medical co-pay fees.

Office of Enforcement and Removal Operations

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



U.S. Immigration and Customs Enforcement

MEMORANDUM FOR:

Bryan Wilcox Acting Field Office Director

FROM:

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

Assistant Director for Custody Management

SUBJECT:

Northwest Detention Center Annual Review

The annual review of the Northwest Detention Center conducted on April 17-19, 2012 in Tacoma, Washington has been received. A final rating of <u>Meets the 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-324A Detention Facility Review Form, the G-324A Worksheet, LCI Summary Memorandum, and a copy of this memorandum.

Should vou or your staff have any questions regarding this matter, please contact (b)(6), (b)(7)(c) Deputy Assistant Director, Custody Management Division at (202) 73(2)(6), (b)(7)(c)

cc: Official File

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