A. Type of Facility Reviewed		Estimated Man-d	ays Per Year			
ICE Service Processing Center		706,000				
ICE Contract Detention Facility						
ICE Intergovernmental Service	Agreement					
	_	G. Accreditation				
B. Current Inspection		List all State or N			ceiv	ed:
Type of Inspection		American Correc				
Field Office HQ Inspection		Check box if	facility has r	io accreditation	n[s]	
Date[s] of Facility Review		II D 11 //	a	<i>(</i> C •		
04/24/2012 to 04/26/2012		H. Problems / C	Complaints	(Copies mus	be	attached)
		The Facility is ur Court Order		Class Action		
C. Previous/Most Recent Facility Revie	W	The Facility has	Significant L	itigation Pane	ing	51
Date[s] of Last Facility Review		Major Litigat		Life/Safety I		
04/26/2011 to 04/28/2011		Check if Nor		Life/Balety I	sucs	•
Previous Rating Meets Standards Does Not Mee	t Standarda	Z Check if for	ic.			
Meets Standards Does Not Mee	et Standards	I. Facility His	torv			
D. Name and Location of Facility		Date Built	<u>-</u>			
Name		Construction beg	an 1999 / coi	mpleted in 20	04	
Stewart Detention Center		Date Last Remod	deled or Upgr	aded		
Address (Street and Name)		September 2006	10			
146 CCA Road		Date New Constr				
City, State and Zip Code		12/ 2006 - 03/20	07, added bed	d space, Cour	roon	ns and Intake
Lumpkin, GA 31815		Area				
County		Future Construct				
Stewart		☐ Yes ⊠ No		D 1 (//		D 1 1 1
Name and Title of Facility Administrator		Current Bedspace 2024		Bedspace (# er: N/A Date		
(Warden/OIC/Superintendent)		2024	Numb	er: N/A Date	: I N / F	4
(b)(6), (b)(7)(c)		J. Total Facili	ty Populatio	n		
Telephone # (Include Area Code)		Total Facility Int			2	
229.8(b)(6), (b)(7)(c) Field Office / Sub-Office (List Office with	arranaiaht	16, 594	uke for previo	343 12 month	,	
responsibilities)	oversigni	Total ICE Manda	vs for Previo	ous 12 months		
Atlanta, GA		156,000				
Distance from Field Office		,				
200 miles		K. Classification	on Level (IC	E SPCs and	CDF	s Only)
			L-	1 L	-2	L-3
E. ICE Information		Adult Male	N/.	A N	Α	N/A
Name of Inspector (Last Name, Title and D	uty Station)	Adult Female	N/	A N	Α	N/A
(b)(6), (b)(7)(d) LCI / Nakamoto Group						
Name of Team Member / Title / Duty Loca		L. Facility Cap				
(b)(6), (b)(7)(c) Medical SME / Nakamoto Group		4 1 1 3 5 1	Rated	Operation	al	Emergency
Name of Team Member / Title / Duty Loca		Adult Male	1752	1924		2000
(b)(6), (b)(7)(Safety-Food Service SME / Nakame		Adult Female Facility holds	N/A	N/A	-14	N/A
Name of Team Member / Title / Duty Loca		racinty notus	Juvennes On	enders 10 and	oraei	r as Adults
(b)(6), (b)(7)(c) Security SME / Nakamoto Grou Name of Team Member / Title / Duty Loca		M. Average Da	ily Ponulatio	n n		
Name of Team Member / Title / Duty Loca	HOH	M. Average Da	IC		1S	Other
		Adult Male	163			N/A
F. CDF/IGSA Information Only		Adult Female	N/A			N/A
	ontract or IGSA		11/1	1177	-	1 - 1/12
DROIGSA-06-0003 June 30, 20		N. Facility Stat	ffing Level			
Basic Rates per Man-Day	Security:		Support:			
\$61.85		(b)(7	')(e)			
Other Charges: (If None, Indicate N/A)						
N/A·						

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.)	P (4), S (1)	P	P (2), S (1)	P (4), S (2)
Offenders on Offenders ¹	With Weapon	0	0	0	0
	Without Weapon	5	3	3	6
Assault:	Types (Sexual Physical, etc.)	P	0	P	0
Detainee on Staff	With Weapon	0	0	0	0
	Without Weapon	1	0	1	0
Number of Forced Moves, incl. Forced Cell moves ³		1	1	1	2
Disturbances ⁴		0	0	0	0
Number of Times Chemical Agents Used		1	0	0	1
Number of Times Special Reaction Team Deployed/Used		0	0	0	0
# Times Four/Five Point	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	0	0
Restraints applied/used	Type (C=Chair, B=Bed, BB=Board, O=Other)	0	0	0	0
Number of Times Canines Used in Facility		0	0	0	0
Offender / Detainee Medical Referrals as a result of injuries sustained.		2	3	3	0
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	18	15	34	17
	# Resolved in favor of Offender/Detainee	0	1	2	6
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	0	0	0	0
	Number	0	0	0	0
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	138	188	232	217
	# Psychiatric Cases referred for Outside Care	16	24	42	25

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

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

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

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

	DHS/ICE Detention Standards Review Summary Report				
1. N	Meets Standards 2. Does Not Meet Standards 3. Repeat Finding 4. Not Applicable	1	2	3	4
	RT 1 SAFETY		_	J	
1	Emergency Plans			П	
2	Environmental Health and Safety				
3	Transportation (By Land)				
_	RT 2 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	\boxtimes			
18	Use of Force and Restraints	\boxtimes			
	RT 3 ORDER				
19	Disciplinary System				
PA	RT 4 CARE				
20	Food Service				
21	Hunger Strikes				
22	Medical Care	\boxtimes			
23	Personal Hygiene				
24	Suicide Prevention and Intervention	\boxtimes			
25	Terminal Illness, Advance Directives, and Death	\boxtimes			
PA	RT 5 ACTIVITIES				
26	Correspondence and Other Mail	\boxtimes			
27	Escorted Trips for Non-Medical Emergencies				\boxtimes
28	Marriage Requests	\boxtimes			
29	Recreation	\boxtimes			
30	Religious Practices	\boxtimes			
31	Telephone Access	\boxtimes			
32	Visitation	\boxtimes			
33	Voluntary Work Program	\boxtimes			
PA	RT 6 JUSTICE				
34	Detainee Handbook	\boxtimes			
35	Grievance System	\boxtimes			
36	Law Libraries and Legal Material	\boxtimes			
37	Legal Rights Group Presentations	\boxtimes			
PA	RT 7 ADMINISTRATION & MANAGEMENT				
38	Detention Files	\boxtimes			
39	News Media Interviews and Tours	\boxtimes			
40	Staff Training	\boxtimes			
41	Transfer of Detainees	\boxtimes			

LCI Review Assurance Statement							
contained in the Inspection Report are supported by evidence t accomplishments are supported by sufficient and reliable evidence.	ies that all findings of noncompliance with policy or inadequate controls that is sufficient and reliable. Furthermore, findings of noteworthy ence. Within the scope of the review, the facility is operating in esources are efficiently used and adequately safeguarded, except for the						
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.	04/26/2012						
Team Members							
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location						
(b)(6), (b)(7)(c) Medical SME, The Nakamoto Group, Inc.	(b)(6), (b)(7)(c) Security SME, The Nakamoto Group, Inc. Print Name, Title, & Duty Location						
(b)(6), (b)(7)(c) Food Service/Health and Safety SME, The Nakamoto Group, Inc.							

Recommended Rating:	⋈ Meets Standards
	Does Not Meet Standards

Comments: The facility only houses male ICE detainees. On the final day of the inspection there were 611 level one detainees; 748 level two detainees and 284 level three detainees. The total population was 1,643. The total square footage of the facility is 308,970 square feet.

Since the last inspection the facility has not had any escapes, attempted escapes, deaths or suicide attempts. There were six cases of sexual abuse reported since last inspection. One was substantiated as a physical assault with no sexual contact, two were determined to be verbal harassment and three were unsubstantiated.

	(b)(7)e
(b)(7)e	anines are not used in this facility.

The facility does not charge medical co-pay fees.

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



MEMORANDUM FOR: Felicia Skinner

Field Office Director Atlanta Field Office

FROM:

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

Assistant Director for Detention Management

SUBJECT: Stewart Detention Facility - Annual Review 2012

The annual review of the Stewart Detention Facility conducted on April 24-26, 2012, in Lumpkin, Georgia has been received. A final rating of <u>Meets Standards</u> has been assigned and this review is closed.

The rating was based on the Lead Compliance Inspector (LCI) Summary Memorandum and supporting documentation. The Field Office Director must initiate the following actions in accordance with the Detention Management Control Program (DMCP):

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

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

cc. Official File

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

☐ ICE Service Processing Center (SPC)
☐ ICE Contract Detention Facility (CDF)
Name
Stewart Detention Center
Address (Street and Name)
146 CCA Road
City, State and Zip Code
Lumpkin, GA 31815
County
Stewart
Name and Title of Chief Executive Officer (Warden/Superintendent/Facility
Administrator)
(b)(6), (b)(7)(c)
Name and Title of Lead Compliance Inspector
(b)(6), (b)(7)(c)
Date[s] of Review
From 4/24/2012 to 4/26/2012
Type of Review
Headquarters

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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Law Libraries and Legal Material

Legal Rights Group Presentations

SECTION VII – ADMINISTRATION & MANAGEMENT

Detention Files News Media Interviews and Tours

Staff Training

Transfer of Detainees

Performance-Based National Detention Standards

Section I SAFETY

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

PART 1 – 1. EMERGENCY PLANS

This Detention Standard ensures a safe environment for detainees and employees by having in place contingency plans to quickly and effectively respond to any emergency situations that arise and to minimize their severity.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	No Detainee or detainee groups exercise control or authority over other detainees.	\boxtimes			Facility Policy & Procedures preclude detainees from exercising control over other detainees.
2.	Detainees are protected from: Personal abuse Corporal punishment Personal injury Disease Property damage Harassment from other detainees	\boxtimes			All detainees are protected from this type of action, including personal abuse, corporal punishment, personal injury, disease, property damage, and harassment from other detainees.
3.	Staff are trained to identify signs of detainee unrest. What type of training and how often?	\boxtimes			All employees are trained in the implementation of emergency plans during orientation and annual inservice training.
4.	Staff effectively disseminate information on facility climate, detainee attitudes, and moods to the Facility Administrator.	\boxtimes			
5.	There is a designated person or persons responsible for emergency plans and their implementation. Sufficient time is allotted to the person or group for development and implementation of the plans.	\boxtimes			The Chief of Security is responsible for emergency plans and their implementation.
6.	Each emergency plan is assigned a number and is strictly accounted for. A list identifying the location of each emergency plan is maintained by the Chief of Security or equivalent.	\boxtimes			Emergency plans are kept in the Chief of Security's Office and copies are in the Warden's Office, Central Control, and the Armory.
7.	All staff receive training in the emergency plans during their orientation training as well as during their annual training.	\boxtimes			
8.	The General Section of the emergency plans discusses alternate routes to the facility for staff to use in the event the primary route is impassable.	\boxtimes			
9.	 The plans address the following issues: Confidentiality Accountability (copies and storage locations) Annual review procedures and schedule Revisions 	\boxtimes			
10.	Contingency plans include a comprehensive general section with procedures applicable to most emergency situations, including procedures for handling detainees with special needs.	\boxtimes			

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			Contingency plans include notification of nearby neighbors by means of a Mobile Patrol.
 12. The facility has cooperative contingency plans with applicable: Local law enforcement agencies State agencies Federal agencies 	\boxtimes			There are cooperative contingency plans with a variety of local, state, and federal agencies.
13. The facility conducts mock emergency exercises with agencies or departments with which they share mutual aid agreements and Memoranda of Understandings. The exercises should test specific emergency plans to assess their effectiveness.	\boxtimes			Mock emergency drills are conducted.
 All staff receive copies of the Facility Hostage policy and procedures. 	\boxtimes			Hostage plans and procedures are made available to detention staff.
15. (b)(7)e Within 24 hours after release, hostages are screened for medical and psychological effects.	\boxtimes			(b)(7)e
16. The facility maintains a list of translator services in the event one is needed during a hostage crisis.	\boxtimes			A list of translator services is maintained in the event there is a hostage crisis.
17. Emergency plans include emergency medical treatment for staff and detainees during and after an incident.	\boxtimes			Medical staff are included in the emergency response plans.
18. The Food Service Department maintains at least 3-days' worth of emergency meals for staff and detainees.	\boxtimes			A three-day supply of emergency meals is maintained by the facility.
19. Written plans illustrate locations of shut-off valves and switches for utilities (water, gas, electric).	\boxtimes			Emergency plans indicate locations of shut off valves and switches for utilities.
 Written plans include a Staff Work Stoppage procedure. This procedure is available for limited supervisory review. 	\boxtimes			

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.						
plans to quickly and effectively respond to any effectively situations that arise and to minimize their seventy.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
21. (MANDATORY) Written procedures cover:						
 Work/Food Strike 						
• Fire						
 Environmental Hazard 						
 Detainee Transportation System Emergency 						
ICE-wide Lockdown						
Staff Work Stoppage						
 Disturbances 	\boxtimes		П	Facility policy contains written procedures which address each		
• Escapes		Ш		element of this component.		
Bomb Threats				•		
Adverse Weather						
Internal Searches						
Facility Evacuation						
 Detainee Transportation System Plan 						
 Hostages (Internal) 						
Civil Disturbances						
22. The Emergency Plans specify a procedure for post- emergency debriefings and discussions.	\boxtimes					
PART 1 – 1. EME	RGEN	CY PLANS	<u> </u>			

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

The facility has extensive emergency plans. Facility policies were reviewed. Administrative and line staff were interviewed. Emergency plans were reviewed. Training curriculum indicates emergency courses are being taught. A review of employee training records shows training completed in emergency plans.

(b)(6), (b)(7)(c)	04/26/2012
Reviewer's Sign	ature / Date

	Components	Meets Standard	Does Not Meet Standard	V/A	Remarks
1.	(MANDATORY) The facility has a system for storing, issuing, and maintaining inventories of hazardous materials.	\boxtimes			Bulk chemicals are stored and inventoried in secure areas throughout the facility. Constant inventories are maintained.
2.	Constant inventories are maintained for all flammable, toxic, and caustic substances used/stored in each area of the facility.	\boxtimes			Updated and accurate inventories are maintained for all chemicals used and stored within the facility.
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			Master Material Safety Data Sheet (MSDS) files are maintained in the Safety Manager's Office, Medical Department, Central Control and Maintenance Department. These files are neatly indexed and include a plant diagram, legend and emergency phone numbers. Departments and housing units throughout the facility have MSDS booklets that are continually reviewed by the Safety Manager for accuracy.
4.	All personnel using flammable, toxic, and/or caustic substances follow the prescribed procedures: Wear personal protective equipment. Report hazards and spills to the designated official.	\boxtimes			Personal protective equipment is available throughout the facility where chemicals are stored and dispensed. The facility has seven eye wash station that are tested monthly by the Safety Manager.
5.	The MSDS are readily accessible to staff and detainees in the work areas.	\boxtimes			
6.	 Hazardous materials are always issued under proper supervision. Quantities are limited. Detainees are trained. Staff always supervise detainees using these substances. 	\boxtimes			Hazardous chemicals are secured and inventoried in locked areas. Only diluted chemicals are issued to detainees for cleaning purposes. Detainees assigned to work details receive chemical training upon assignment to the detail.
7.	All "flammable" and "combustible" materials (liquid and aerosol) are stored and used according to label recommendations.	\boxtimes			
8.	Lighting fixtures and electrical equipment are installed in storage rooms and other hazardous areas and meet the National Electrical Code requirements.	\boxtimes			
9.	All toxic and caustic materials stored in their original containers in a secure area.				

equipment.				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
10. Excess flammables, combustibles, and toxic liquids are disposed of properly in accordance with MSDS.	\boxtimes			No hazardous waste was generated at the facility this past year.
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			No products containing methyl alcohol were noted during this review.
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.	\boxtimes			Employees receive "Right to Know Act Training" during initial employment and annually thereafter. Detainees receive this training upon assignment to a work detail.
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 facility was inspected by the State of Georgia, Safety Fire Commission on 03/26/2012 and found to be in full compliance with applicable standards and regulations. No concerns were noted during this review.
14. A technically qualified staff member conducts fire and safety inspections.				Twenty seven (27) weekly fire/safety inspections are completed by qualified department heads. A monthly fire/safety inspection is completed by the Safety Manager.
15. The Safety Office (or officer) maintains files of inspection reports, including corrective actions taken.	\boxtimes			
16. (MANDATORY) The facility has an approved fire prevention, control, and evacuation plan.	\boxtimes			The Fire Control Plan is approved by the Lumpkin, Georgia Fire Chief.
 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. 	\boxtimes			

Meets Standard	Does Not Meet Standard	V/N	Remarks
\boxtimes			Monthly fire drills are conducted in all areas of the facility on a rotating basis to assure all shifts participate in a drill on an annual basis. Emergency keys are drawn and used to unlock one set of emergency exit doors not in daily use. Drills are timed to assure doors are opened within the four and one half minute timeframe mandated by the National Fire Protection Association (NFPA).
\boxtimes			
\boxtimes			Barbershops throughout the facility are in full compliance with ICE Standards.
\boxtimes			
\boxtimes			
\boxtimes			These items are inventoried during each shift.
			The facility daily housekeeping plan outlines these practices.
\boxtimes			Chemical and blood spill kits are available at various locations throughout the facility.
\boxtimes			Stericycle disposes of infectious waste generated at the facility.
\boxtimes			Employees receive Blood Borne Pathogen Training during initial employment training and annually thereafter.
\boxtimes			

oquipmon.					
Components	Meets Standard	Does Not Meet Standard	Y/N	Remarks	
 29. A Licensed/Certified/Trained pest-control professional inspects for rodents, insects, and vermin. At least monthly. The pest-control program includes preventive spraying for indigenous insects. 	\boxtimes			Monthly pest control services are provided by Orkin Pest Control.	
30. Drinking water and wastewater is routinely tested according to a fixed schedule.	\boxtimes			The water report dated 06/14/2012 from the City of Lumpkin is on file.	
 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 emergency generators are tested on a weekly basis and under load monthly. The fire detection/suppression system is inspected/tested on an annual and quarterly basis as required by NFPA 25, and NFPA 72.	
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	Flammable and corrosive storage cabinets and rooms are located outside the secure area of the facility and were not inspected.	
34. The Health Services Administrator has implemented a program supporting a high level of environmental sanitation.	\boxtimes			The Safety Manager is responsible for the oversight of the environmental health program.	
35. The Health Services Administrator conducts medical- facility inspections daily. Each inspection includes noting the condition of floors, walls, windows, horizontal surfaces, and equipment.				This component was found to be non-compliant during the last review. Daily inspections of the medical department are now conducted by the Health Services Administrator.	
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			The Safety Manager provides oversight for the Occupational Safety and Environmental Health Program at this facility.	
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	IAL NE	ALIT AN	D SAI	-611		
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	Y/N	Remarks		
 38. Environmental health and safety conditions shall be maintained at a level that meets recognized standards of safety and hygiene, including those from the: American Correctional Association, Occupational Safety and Health Administration, Environmental Protection Agency, Food and Drug Administration, National Fire Protection Association's Life Safety Code, and National Center for Disease Control and 	\boxtimes					
Prevention.	Prevention.					
PART 1 – 2. ENVIRONMEN	I AL HE	ALIH AN	D SAI	1		
⊠ Meets Standard □ Does Not Meet Sta	⊠ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding					

DADT 4 2 ENVIDONMENTAL LEALTH AND CAFETY

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

The facility has developed policy that provides control of flammable, toxic and caustic materials. The facility Safety Manager who is delegated overall responsibility for the Occupational Safety and Environmental Health Program was interviewed during the evaluation of this standard. Detailed documentation and records are maintained by this individual. Daily inspections of the medical facility are now conducted by the Health Services Administrator. During the evaluation of this standard, policy and documentation were reviewed, procedures observed, environmental testing conducted, facility staff and detainees interviewed and an inspection of the facility conducted. The facility practices, procedures and policy indicate that the elements of this standard are incorporated into the daily operation of the facility.

(b)(6), (b)(7)(c) 04/26/2012 Reviewer's Signature / Date

	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.							
	andard NA: Check this box if all ICE Transportation 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		
s R	ransporting officers comply with applicable local, rate, and federal motor vehicle laws and regulations. ecords support this finding of compliance.	\boxtimes					
C D	very transporting officer required to drive a commercial size vehicle has a valid Commercial river's License (CDL) issued by the state of mployment.			\boxtimes	Detention Transport Officers utilize vans for transport. A Commercial Driver's License (CDL) is not required since the facility uses 12 and 15 passenger vans.		
	upervisors maintain records for each vehicle perated.				Records are maintained for each vehicle.		
V	ocumentation indicating annual inspection of ehicles and annual inspection in accordance with eate statutes is available for review.	\boxtimes					
ir	ocumentation indicating safety repairs are completed nmediately and vehicles are not used until they have een repaired and inspected is available for review.	\boxtimes					
	officers use a checklist during every vehicle spection. Officers report deficiencies affecting operability. Deficiencies are corrected before the vehicle goes back into service.	\boxtimes			A checklist form is used by officers for vehicle inspection.		
	ransporting 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.	\boxtimes					

PARI 1 – 3. IRANSPO	JRIAI	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 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		
 8. (b)(7)(e) fficers with valid Commercial Drivers Licenses, (CDL's) required in any vehicle transporting detainees. When buses travel in tandem with detainees, there are (7)(e)qualified officers per vehicle. An unaccompanied driver transports an empty vehicle. 				CDL's are not required for facility transport officers who use 12 or 15 passenger vans for transport.		
9. The transporting officer inspects the vehicle before the start of each detail.	\boxtimes			A checklist form is used by officers for vehicle inspection.		
10. Positive identification of all detainees being transported is confirmed.	\boxtimes			Positive photo identification is used for all detainees being transported.		
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					
1 (b)(7)e	\boxtimes			(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. 	\boxtimes					
15. Policies and procedures are in place addressing the use of restraining equipment on transportation vehicles.	\boxtimes					
 Officers ensure that no one contacts the detainees. (b)(7)e remains in the vehicle at all times when detainees are present. 	\boxtimes			Detainees are always under constant officer observation.		
 17. Meals are provided during long distance transfers. The meals meet the minimum dietary standards, as identified by dieticians utilized by ICE. 	\boxtimes			Food service provides meals.		

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	on is ha	andled on	ly by t	he ICE Field Office or Sub-Office	
in control of the detainee case.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
 18. The vehicle crew inspects all Food Service meals before accepting delivery (food wrapping, portions, quality, quantity, thermos-transport containers, etc.). Before accepting the meals, the vehicle crew raises and resolves questions, concerns, or discrepancies with the Food Service representative. Basins, latrines, and drinking-water, containers, dispensers are cleaned and sanitized on a fixed schedule. 	\boxtimes				
19. Vehicles have: (b)(7)e	\boxtimes			Transportation vehicles are equipped with all necessary equipment.	
20. The vehicles are clean and sanitary at all times.					
 21. Personal property of a detainee transferring to another facility: Is inventoried. Is inspected. Accompanies the detainee. 	\boxtimes			TRANSCOR handles ICE detainee transfers to other facilities. Detainee personal property is inventoried, inspected and goes with the detainee.	
 22. The following contingencies are included in the written procedures for vehicle crews: Attack Escape Hostage-taking Detainee sickness Detainee death Vehicle fire Riot Traffic accident Mechanical problems Natural disasters Severe weather Passenger list is not exclusively men or women or 	\boxtimes				

minors

PART 1 – 3. TRANSPORTATION (BY LAND)			
⊠ Meets Standard	☐ Does Not Meet Standard	□ N/A	☐Repeat Finding

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

TRANSCOR handles ICE detainee transfers to other facilities. TRANSCOR staff was interviewed and a bus was inspected for required equipment and they were in compliance. Facility handles medical transport for medical appointments and to the hospital. Policies, post orders, and vehicle logs were reviewed in the evaluation of this standard. Detainees who came off the bus were also interviewed.

(b)(6), (b)(7)(c) 04/26/2012 Reviewer's Signature / Date

Performance-Based National Detention Standards

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.

	deny operations when detainees are admitted to or release	I	in a raciii	y .	
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	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.				An orientation video is shown to all detainees in all housing units each morning. The video is in both English and Spanish. Topics covered in the video are: 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, and count procedures; access to and use of the law library and the general library; sick-call procedures; and the detainee handbook.
2.	Medical screenings are performed by medical staff <u>or</u> persons who have received specialized training for the purpose of conducting an initial health screening.				Medical screenings are performed by medical staff from the Public Health Service.
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.				During the orientation and classification time period detainees remain segregated from the general population. Information on the I-216 form accompanying the detainee is used to identify and classify the detainee.
4.	All new arrivals are searched in accordance with the "Detainee Search" standard. An officer of the same sex as the detainee conducts the search and the search is conducted in an area that affords as much privacy as possible.	\boxtimes			
5.	Detainees are subjected to a strip search only when reasonable suspicion has been established and not as routine policy. Non-criminal detainees are never subjected to a strip search but are patted down unless cause or reasonable suspicion has been established. All strip searches are documented on G-1025, or equivalent, with proper supervisory approval.				At this facility staff are only able to strip search detainees when the shift supervisor has contacted the Administrative Duty Officer (ADO) and discussed the reasonable suspicion. The ADO will grant permission for a strip search and a G-1025 form is completed and kept on file documenting the search.

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. Does Not Meet Standard Meets Standard Components Remarks 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. \boxtimes 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. Staff complete Form I-387 or similar form for CDFs This facility uses a form similar to and IGSAs for every lost or missing property claim. the I-387 to document claims of lost \boxtimes Facilities forward all I-387 claims to ICE. or missing property. A copy of the form is forwarded to ICE. 8. Detainees are issued appropriate and sufficient \boxtimes clothing and bedding for the climatic conditions. All releases are coordinated with ICE. All releases are coordinated with \boxtimes ICE and communicated on a form I-203. 10. Staff complete paperwork/forms for release as \boxtimes required. 11. Each detainee receives a receipt for personal property Each detainee is given a receipt for secured by the facility. \boxtimes personal property secured by the facility. 12. The facility has a system to maintain accurate records and documentation for admission, orientation, and \boxtimes release. 13. ICE staff enter all information pertaining to release, ICE staff enter all information removal, or transfer of all detainees into the Enforce pertaining to release, removal, or Alien Detention Module (EADM) within 8 hours of transfer of all detainees into the \boxtimes action. Enforce Alien Module (EADM) Booking Module within eight hours of the action. 14. All orientation material shall be provided in English, Spanish, and other language(s) as determined by the \boxtimes Field Office Director. PART 2 - 4. ADMISSION AND RELEASE

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

The inspector reviewed facility policy, the Detainee Handbook and interviewed several Intake/Booking officers in review of this standard. The entire booking area was toured and the intake process was observed. The facility has a secure, efficient, and orderly intake and release process.

☐ Does Not Meet Standard

(b)(6), (b)(7)(c)	04/26/2012
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Meets Standard

□ N/A

Repeat Finding

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.				This facility utilizes an Objective Classification System to classify and reclassify all detainees. The system is the Offender Management System (OMS).
2.	 The facility classification system includes: Classifying detainees upon arrival. Separating individuals who cannot be classified upon arrival from the general population. 	\boxtimes			System (Oivis).
2	The first-line supervisor or designated classification specialist reviews every classification decision.				
3.	The intake/processing officer reviews work-folders, A-files, etc., to identify and classify each new arrival.	\boxtimes			
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.	\boxtimes			Staff use only factual, reliable information in determining classification assignments.
5.	Housing assignments are based on classification-level.	\boxtimes			
6.	A detainee's classification-level does not affect his or her recreation opportunities. Detainees recreate with persons of similar classification designations.	\boxtimes			
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.	\boxtimes			At this facility the classification process includes scheduled reassessments to occur 60 to 90 days after initial assessment and subsequent reassessments are to be completed at 90 day to 120 day intervals. In addition, special reassessments, such as placements in disciplinary segregation, are to be 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.	\boxtimes			The facility's classification system does include standard procedures for processing of detainee's initial classification appeals. The Classification Coordinator is the designated staff member to reduce a classification on appeal.

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		
 Classification appeals are resolved w/in 5 business days. Detainees are notified of the outcome within 10 business days. 				Facility policy requires that all classification appeals be resolved within five business days and written notification to the detainee within ten business days.		
 Classification designations may be appealed to a higher authority such as the Facility Administrator or equivalent. 				All classification designations may be appealed to the Warden.		
12. The Detainee Handbook or equivalent for IGSAs explains the classification levels, with the conditions and restrictions applicable to each.						
13. In SPCs and CDFs detainees are assigned color-coded uniforms and IDs to reflect classification levels. In IGSA's a similar system is utilized for each level of classification.						
PART 2 – 5. CLASS	IFICAT	ION SYST	EM			

PART 2 - 5. CLASSIFICATION SYSTEM

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

The inspector reviewed facility policy, the Detainee Handbook and interviewed the Classification Coordinator in review of this standard. Classification staff were also observed classifying new arrivals to the facility. The facility has an objective classification process for managing and separating detainees based on verified and documented information.

(b)(6), (b)(7)(c) 04/26/2012 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 provides guidelines for the handling of contraband at the facility. Staff inventories, holds and reports contraband to the proper authority for action and possible seizure.		
2.	Contraband that is government property is retained as evidence for potential disciplinary action or criminal prosecution.	\boxtimes			Staff retains contraband as evidence for potential disciplinary action or criminal prosecution.		
3.	Staff return property not needed as evidence to the proper authority. Written procedures cover the return of such property.	\boxtimes			Written procedures provide guidelines for the return of property when not needed as evidence.		
4.	Altered property is destroyed following documentation and using established procedures.	\boxtimes					
5.	Before confiscating religious items, the Facility Administrator or designated investigator contacts a religious authority.	\boxtimes			Religious authorities are contacted before confiscating religious items.		
6.	Staff follow written procedures when destroying hard contraband that is illegal.	\boxtimes					
7.	 Hard contraband that is illegal (under criminal statutes) is retained and used for official use, e.g. training purposes. If yes, under specific circumstances and using specified written procedures. Hard contraband is secured when not in use. Soft Contraband is mailed to a third party or stored in accordance with the Detention Standard on Funds and Personal Property. 	\boxtimes			Hard contraband is not maintained by the facility. Soft contraband is mailed to a third party once an address has been provided.		
8.	Detainees receive notification of contraband rules and procedures in the Detainee Handbook and notified when property is identified and seized as contraband.	\boxtimes					
9.	Facilities with Canine Units only use them for contraband detection.	\boxtimes					
	PART 2 – 6. CONTRABAND						

	⊠ Meets Standard	□ Does Not Meet Standard	□ N/A	☐Repeat Finding		
Remarks: (Record significant facts, observations, other sources used, etc.) During evaluation of this standard policies were reviewed and staff were interviewed. The Chief of Security handles contraband issues and contraband is secured in a locked box in the Control Room. There was no contraband stored during this inspection.						
(b)(6), (b)(7) Reviewer's	0(c) 04/26/2012 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.				The Warden and department heads visit detainee living and activity areas weekly.
2.	At least one male and one female staff are on duty where both males and females are housed.			\boxtimes	No females are housed at this facility.
3.	Comprehensive annual staffing analysis determines staffing needs and plans.	\boxtimes			
4.	Essential posts and positions are filled with qualified personnel.	\boxtimes			
5.	Every Control Center officer receives specialized training.	\boxtimes			
6.	Policy restricts staff access to the Control Center.	\boxtimes			Policy restricts staff access to the Control Center.
7.	Detainees do not have access to the Control Center.	\boxtimes			Detainees do not have access to Control Center.
8.	Communications are centralized in the Control Center.	\boxtimes			All communications are centralized in the Control Center.
9.	Facility security and safety will be monitored and coordinated by a secure, well-equipped, and continuously staffed control center.	\boxtimes			
10.	The Control Center maintain employee Personal Data Cards (Form G-74 or contract equivalent).	\boxtimes			Personal Data cards are maintained in Central Control.
11.	Recall lists include the current home telephone number of each employee. Phone numbers are updated as needed.	\boxtimes			A phone list is maintained and updated as needed.
12.	(b)(7)e	\boxtimes			(b)(7)e
13.	Information about routine procedures, emergency situations, and unusual incidents will be continually recorded in permanent post logs and shift reports.	\boxtimes			
14.	The front-entrance officer checks the ID of everyone entering or exiting the facility.	\boxtimes			
15.	All visits officially recorded in a visitor logbook or electronically recorded.	\boxtimes			
16.	The facility has a secure, color-coded visitor pass system.				
17.	Officers monitor all vehicular traffic entering and leaving the facility.	\boxtimes			(b)(7)e monitors all vehicular traffic entering and leaving the facility.

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
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				An assigned officer maintains a comprehensive log of all incoming and departing vehicles.
19. Officers thoroughly search each vehicle entering and leaving the facility.	\boxtimes			All vehicles which enter or leave the facility are searched.
20. The facility has a written policy and procedures to prevent the introduction of contraband into the facility or any of its components.	\boxtimes			
21. The front entrance has a sally-port type entrance, with interlocking electronic doors or grilles.	\boxtimes			(b)(7)e
22. The facility's perimeter will ensure that detainees remain within and that public access is denied without proper authorization.	\boxtimes			(b)(7)e
23. Written procedures govern searches of detainee housing units and personal areas.	\boxtimes			
24. Housing area searches occur at irregular times.	\boxtimes			Housing area searches occur at irregular times and are logged.
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			Officers are assigned and located in all detainee housing areas.
26. There are post orders for every security officer post.	\boxtimes			
27. Detainee movement from one area to another area is controlled by staff.	\boxtimes			Staff control all detainee movement.
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.	\boxtimes			All searches are documented.
30. The SMU entrance has a sallyport.	\boxtimes			The Special Management Unit (SMU) has a large sally port.
31. All tools entering SMU will be inspected and inventoried by the SMU officer prior to entering the housing unit.	\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 Remarks

Does Not Meet Standard Meets Standard 32. The facility has a comprehensive security inspection policy. The policy specifies: Posts to be inspected Facility policy 9-5, Searches of Required inspection forms Inmates, Residents and Various \boxtimes Frequency of inspections Locations, provides guidelines for Guidelines for checking security features security inspections at the facility. Procedures for reporting weak spots, inconsistencies. and other areas needina improvement 33. Every officer is required to conduct a security check of Officers routinely conduct security his/her assigned area. The results are documented. \boxtimes checks of their areas which are documented in a log. \boxtimes 34. Documentation of security inspections is kept on file. 35. Procedures ensure that recurring problems and a Any recurring problems and failure failure to take corrective action are reported to the to take corrective action are \boxtimes appropriate manager. reported to the appropriate manager. 36. Tools being taken into the secure area of the facility \boxtimes are inspected and inventoried before entering and prior to departure. 37. Storage and supply rooms; walls, light and plumbing \boxtimes fixtures, accesses, and drains, etc. undergo frequent, irregular searches. These searches are documented. 38. Walls, fences, and exits, including exterior windows, X are inspected for defects once each shift. 39. Daily procedures include: Perimeter alarm system tests. \boxtimes Physical checks of the perimeter fence. Documenting the results. 40. Visitation areas receive frequent, irregular inspections. X 41. An officer is assigned responsibility for ensuring the security inspection process covers all areas of the \boxtimes facility. 42. The Maintenance Supervisor and Chief of Security or \boxtimes equivalent make monthly fence checks. **FACILITY SECURITY AND CONTROL**

⊠ Meets Standard	□ Does Not Meet Standard	□ N/A	☐Repeat Finding

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

During the evaluation of this standard policies were reviewed and staff was interviewed. Log books were checked which revealed that administrative staff were making rounds. Movement of detainees was observed which showed that movement was controlled. Tours through the housing areas showed officers assigned and on duty. Searches of detainees were observed to be thorough and appropriate. Housing search logs recorded cell search days and times which were frequent and irregular. Observation and interviews of staff show them to be well versed in their responsibilities and following facility policies.

(b)(6), (b)(7)(c) 04/26/2012 Reviewer's Signature / Date

	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 IC ndled only by the ICE Field Office or Sub-Office in c							
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks			
1.	Detainee funds and valuables are properly separated and stored. Detainee funds and valuables are accessible to designated supervisor(s) only.	\boxtimes			Detainee property is inventoried and secured in the property room, which is only accessible to property staff. Funds are counted, verified and deposited into the Offender Management System. Valuables are placed in a sealed envelope and placed in a safe located in the property room.			
2.	Detainees' large valuables are secured in a location accessible to designated supervisor(s) or processing staff only.	\boxtimes			Large valuables are placed in a sealed envelope and secured in a safe that is located in the locked property room.			
3.	Staff search and itemize the baggage and personal property of arriving detainees, including funds and valuables, using a personal property inventory form that meets the ICE standard, in the presence of the detainee unless otherwise instructed by the facility administrator.	\boxtimes			A facility personal property form is completed in triplicate. The detainee signs the form and is given a copy. Electronic records are also maintained.			
4.	(b)(7)(e) officers are present during the processing of detainee funds and valuables during admissions processing to the facility. (b)(7)(e) officers verify funds and valuables.	\boxtimes			At a minimum (7)(7)(4) fficers are always present.			
5.	For IGSAs and CDFs, Is the facility using a personal property inventory form that meets the ICE standard?	\boxtimes						
6.	Staff give the detainee the original inventory form, filing copies in the detainee's detention file and the personal property container.	\boxtimes			The detainee is given a copy of the property form. Additional copies are placed in the detainee's file and another with his property.			
7.	Staff forward an arriving detainee's medicine to the medical staff.				Medications are forwarded to the medical department.			
8.	Staff search arriving detainees and their personal property for contraband.	\boxtimes			Upon arrival to the facility, detainees are searched in compliance with ICE Detention Standards.			
9.	Property discrepancies are immediately reported to the Chief of Security or equivalent.	\boxtimes			A Lost/Stolen Personal Property Form is completed and the Facility Investigator will complete an investigation. ICE is notified concerning the property discrepancy.			

	PART 2 - 8. FUNDS AND	PERSO	ONAL PRO	OPER	TY		
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 IC dled only by the ICE Field Office or Sub-Office in c						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
	Staff follow written procedures when returning property to detainees.	\boxtimes					
11.	CDF/IGSA facility procedures for handling detainee property claims are similar to the ICE standard.	\boxtimes					
	 The facility attempts to notify an out-processed detainee that he/she left property in the facility. By sending written notice to the detainee's last known address; via certified mail; The notice states that the detainee has 30 days in which to claim the property, after which it will be considered abandoned. 	\boxtimes			ICE is notified concerning the left property and a letter is sent to the detainee's address. Property is considered abandoned after 30 days.		
13.	Staff obtain a forwarding address from each detainee.	\boxtimes					
14.	It is standard procedure fo b)(7)e fficers to be present when removing/documenting the removal of funds from a detainee's possession.	\boxtimes			(b)(7)e officers are present when detainee's funds are processed.		
15.	Staff issue and maintain property receipts (G-589s) in numerical order.	\boxtimes			The facility personal property form is filed according to the date of processing.		
16.	Staff complete and distribute the G-589 in accordance with the ICE standard.	\boxtimes			Property receipt forms are distributed in triplicate.		
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.	\boxtimes			The identification of the in- processing officer is documented in the Offender Management System.		
18.	Staff tag large valuables with both a G-589 and an I-77.	\boxtimes			A label identifying the detainee A number, contents, date and officers' initials is placed on the sealed envelope containing the valuables.		
19.	The supervisor verifies the accuracy of every G-589.	\boxtimes			A supervisor is present during in- processing.		
20.	 The supervisor ensures that: Detainee funds are, without exception, deposited into the cash box; Every property envelope is sealed. All sealed property envelopes are placed in the safe. Large, valuable property is kept in the secured locked area. 	\boxtimes			A supervisor ensures that funds are deposited into the Offender Management System. Property envelopes are sealed and placed in a safe. Large valuable property is placed in taped-shut cardboard boxes and placed in the secure property room.		
21.	Staff tag every baggage/facility container with an I-77, completed in accordance with the ICE standard.	\boxtimes			Baggage containers are identified with a form equivalent to the 1-77.		

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			
22. Staff secure every container used to store property with a tamper-proof numbered strap.				Containers used to store detainee property are taped shut.			
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.	\boxtimes			A logbook with all required information is maintained. Boxes containing the detainee property are appropriately labeled, dated, taped shut and placed in the property storage room.			
24. <u>In SPCs</u> , the Supervisory Immigration Enforcement Agent, accompanied by a detention staff member conducts a comprehensive weekly audit.	\boxtimes			This facility is an IGSA. Weekly audits are conducted by ICE.			
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			Quarterly audits are conducted in the property room.			
26. The facility positively identifies every detainee being released or transferred.	\boxtimes			Detainees are positively identified during the release process.			
27. Staff routinely inform supervisors of lost/damaged property claims. Claims are properly investigated and missing or damaged property claim reports are filed.	\boxtimes			Claims are investigated by the Facility Investigator and ICE is notified.			
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.	\boxtimes			The facility completes a "Lost/Damaged/Stolen Personal Property Claim" form. A copy of this form is placed in the detainee's file. ICE is notified when property discrepancies occur.			
PART 2 - 8. FUNDS AND	PART 2 - 8. FUNDS AND PERSONAL PROPERTY						

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

The facility has implemented procedures to control and safeguard detainee personal property. Property Officers provide supervision and oversight for the property room. Detainee funds, valuables and property are processed in compliance with ICE Standards. Weekly and quarterly audits are conducted as required. During the evaluation of this standard, the shift lieutenant and property officer were interviewed, policy was reviewed, and the property room visited and evaluated for compliance with ICE Funds and Personal Property Standard. The facility practices, procedures and policy indicate that the elements of this standard are incorporated into the daily operation of the facility.

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	PART 2 – 9. HOLD ROOMS	IN DET	ENTION I	FACIL	ITIES
	is Detention Standard ensures the safety, security, and c ther processing. The maximum aggregate time an indiv				
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	The hold room is situated in a location within the secure perimeter.	\boxtimes			The hold rooms are located in admissions which is located off the main corridor.
2.	The hold rooms are clean, in good repair, well ventilated, well lit, and all activating switches located outside the room.	\boxtimes			All hold rooms are clean, and in good habitable condition. The light switches are located outside the rooms.
3.	The hold rooms contain sufficient seating for the number of detainees held.	\boxtimes			There is sufficient seating in the hold rooms.
4.	No bunks/cots/beds or other related make shift sleeping apparatuses are permitted inside hold rooms.	\boxtimes			There are no bunks or bedding in the hold rooms.
5.	Hold room walls and ceilings are escape and tamper resistant.	\boxtimes			Ceilings and walls of the hold rooms are secure.
6.	Detainees are not held in hold rooms for more than 12 hours.	\boxtimes			Times in for detainees in hold rooms are logged and posted to prevent longer than twelve-hour stays.
7.	Male and females detainees are segregated from each other at all times.			\boxtimes	There are no females at this facility.

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	Y/N	Remarks
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			
 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. 				
 All detainees are given a pat down search for weapons or contraband before being placed in the hold room. 	\boxtimes			All detainees are patted down before being placed in the hold room.
 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. 				
 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. 				There is a written evacuation plan, a posted evacuation route and a designated Officer.
 An appropriate emergency service is called immediately upon a determination that a medical emergency exists. 				
 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 				All hold rooms are in compliance with this component.
each additional detainee. 15. In SPCs designed after 1998 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.				All hold rooms are in compliance with this component.
16. <u>In SPCs designed after 1998</u> the hold rooms have floor drain(s).	\boxtimes			All hold rooms are in compliance with this component.
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.				All hold rooms are in compliance with this component.

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
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			Detainees over seventy are not placed in hold rooms. There are no family units, females or children placed at this facility.
19. Minors (under 18) are confined apart from adults, except for immediate relatives or guardians.			\boxtimes	There are no minors placed at this facility.
 20. Each detention facility maintains a detention log (manually or by computer) for each detainee placed in a hold cell. The log includes the required information specified in the standard. 	\boxtimes			A detention log is maintained for each detainee.
 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 	\boxtimes			
22. Any detainee with disabilities, including temporary disabilities, will be housed in a manner that provides for his or her safety and security.	\boxtimes			
23. The maximum occupancy for the hold room will be posted.	\boxtimes			All hold rooms have their maximum occupancy posted.
24. Before placing a detainee in a room, an officer shall observe each individual to screen for obvious mental or physical problems.	\boxtimes			
25. Staff does not permit detainees to smoke in a hold room.	\boxtimes			This is a non-smoking facility.
 26. Officers closely supervise hold rooms through direct supervision, to ensure: Continuous auditory monitoring, even when the hold room is not in the officer's direct line of sight, and 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. 	\boxtimes			Hold rooms face the Officer's station and have large viewing panels.
PART 2 – 9. HOLD ROOMS	IN DET	ENTION	ACIL	ITIES
	andard	□ N/A		☐Repeat Finding

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

During the evaluation of this standard policies were reviewed; staff and detainees were interviewed; intake of detainees was observed and hold rooms were inspected. With over eighteen hundred beds, intake at this facility is a busy operation. The facility has developed policy to handle this operation. Documentation supports facility compliance with standard.

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04/26/2012

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

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	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 assigned officer has a training certificate.
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			
4.	The security officer, or equivalent, maintains inventories of all keys, locks and locking devices.	\boxtimes			Inventories of all locks, locking devices, and keys are kept by the assigned officer.
5.	The security officer follows a preventive maintenance program and maintains all preventive maintenance documentation.	\boxtimes			
6.	Facility policies and procedures address the issue of compromised keys and locks.	\boxtimes			
7.	The security officer, or equivalent, develops policy and procedures to ensure safe combinations integrity.	\boxtimes			The assigned officer keeps the safe combination in his secure area which is outside the fence.
8.	Only dead bolt or dead lock functions are used in detainee accessible areas.				
9.	Non-authorized locks (as specified in the Detention Standard) are not used in detainee accessible areas.				
10.	The facility does not use grand master keying systems.	\boxtimes			There are no grand master keys.
11.	All worn or discarded keys and locks cut up and properly disposed of.	\boxtimes			
12.	Padlocks and/or chains are not used on cell doors.	\boxtimes			There are no padlocks or chains used on cell doors.
13.	 The entrance/exit door locks to detainee living quarters, or areas with an occupant load of 50 or more people, conform to Occupational Safety and Environmental Health Manual, Chapter 3 National Fire Protection Association Life Safety Code 101. 	\boxtimes			
14.	The operational keyboard sufficient to accommodate all the facility key rings including keys in use is located in a secure area.				The keyboard located in Central Control has adequate space to accommodate facility keys.
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			

	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			
16.	Emergency keys are available for all areas of the facility.	\boxtimes						
17.	The facility uses a key accountability 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			There are secure gun lockers located outside the perimeter near (b)(7)e			
20.	The facility has a key accountability policy and procedures to ensure key accountability. The keys are physically counted daily.	\boxtimes			The facility does have a key accountability policy. Keys are physically counted daily.			
21.	 All staff members are trained and held responsible for adhering to proper procedures for the handling of keys. Issued keys are returned immediately in the event an employee inadvertently carries a key ring home. When a key or key ring is lost, misplaced, or not accounted for, the shift supervisor is immediately notified. Detainees are not permitted to handle keys assigned to staff. 	\boxtimes			Staff receives training and are held accountable for the proper handling of keys.			
22.	Locks and locking devices are continually inspected, maintained, and inventoried.	\boxtimes						
23.	Each facility has the position of Security Officer. If not, a staff member appointed the collateral duties of security officer.	\boxtimes						
	The designated key control officer is the only employee who is authorized to add or remove a key from a ring.	\boxtimes			The Key Control Officer is responsible for adding or removing keys from key rings.			
25.	The splitting of key rings into separate rings is not authorized.	\boxtimes			Key rings are soldered and staff are not permitted to split rings.			
	PART 2 – 10. KEY A	ND LO	CK CONTI	ROL				

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

The tool room and armory are outside of the perimeter and were not inspected as part of this inspection. The key control officer, who also oversees the armory, follows facility policy. Operational keys are maintained and issued from the Central Control Room.

Key inventories are current and there are no grand master keys. The facility has developed policy which supports key accountability.

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PART 2 – 11. POP	ULATIO	ON COUNT	ΓS			
This Detention Standard protects the community from har requiring that each facility have an ongoing, effective system.						
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 conduct counts twice each shift.		
2. Activities cease or are strictly controlled while a formal count is being conducted.	\boxtimes			All activities cease until the count clears for that area.		
3. There is a system for counting each detainee, including those who are outside the housing unit.	\boxtimes					
4. Formal counts in all units take place simultaneously.	\boxtimes			All counts occur simultaneously.		
5. Officers do not allow detainee participation in the count.	\boxtimes			Only staff conduct counts.		
6. A face-to-photo count follows each unsuccessful recount.	\boxtimes			If a count is unsuccessful a face to photo count is taken.		
7. Officers positively identify each detainee before counting him/her as present.				Officers insure the detainee's identity when counting.		
8. Written procedures cover informal and emergency counts.						
 The control officer (or other designated position) maintains an "out-count" record of all detainees temporarily out of the facility. 	\boxtimes					
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. POP	ULATIC	ON COUNT	rs			

During the evaluation of this standard count procedures were observed in many areas including: a housing unit consisting of six dormitories; Central Control; Food Service; and Medical department. Observations showed that staff follow facility policy. Staff were thorough in their counting procedures insuring an accurate count was taken. Detained movement did not begin until the entire facility's count cleared.

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PART 2 - 12. POST ORDERS

This Detention Standard protects detainees and staff and enhances facility security and good order by ensuring that each officer assigned to a security post knows the procedures, duties, and responsibilities of that post.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	Every fixed post has a set of Post Orders.				Post orders are found at all fixed posts.
	In SPCs and CDFs, Post Orders are arranged in the required six-part folder format.				Six part format is used for post orders.
	Each set contains the latest inserts (emergency memoranda, etc.) and revisions.				
4.	One individual or department is responsible for keeping all Post Orders current with revisions that take place between reviews.				The Chief of Security is responsible for initiating an annual review.
	Review, updating, and reissuing of Post Orders occurs regularly and at least annually.				
6.	The facility administrator authorizes all Post Order changes.				
7.	The facility administrator has signed and dated the last page of every section.	\boxtimes			The Warden signs off on all post order changes.
8.	A Post Orders master file is available to all staff.	\boxtimes			
	Procedures keep Post Orders and logbooks secure from detainees at all times.	\boxtimes			All post orders and logbooks are secure from detainees.
	Copies of the applicable Post Orders are retained at the post only if secure from detainee access.	\boxtimes			
	Supervisors ensure that officers understand the Post Orders, regardless of whether the assignment is temporary, permanent, or due to an emergency.	\boxtimes			All officers sign their post orders at the beginning of each shift to show that they are aware of them and the supervisor of the area checks to insure compliance.
	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			All officers sign their post orders at the beginning of each shift to show that they are aware of them.
13.	Anyone assigned to an armed post qualifies with the post weapons before assuming post duty.	\boxtimes			Staff assigned to an armed post is required to qualify with the post's required weapons.
14.	Post Orders for armed posts, and for posts that control access to the institution perimeter, clearly state that:				
	(b)(7)e				
15.	Post Orders for armed posts provide instructions for escape attempts.	\boxtimes			
16.	The Post Orders for housing units track the daily event schedule.	\boxtimes			Post orders track the daily event schedules.

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	Y/N	Remarks	
 Housing unit post officers record all detainee activity in a log. The Post Orders include instructions on maintaining the logbook. 	\boxtimes			All detainee activity is logged.	
DADT 2 42 F	OCT O				
PART 2 – 12. F	0510	IKDEKS			
⊠ Meets Standard ☐ Does Not Meet St	andard	□ N/A	1	☐Repeat Finding	
Remarks: (Record significant facts, observations, other sou During the evaluation of this standard post orders were reviewed comprehensive in covering officer's responsibilities at each post. orders at their location at the beginning of each shift. Log books a review that administrators and supervisors tour often. Detainee are	and log It was n are locat	books were oted that al	l office	ers sign that they have reviewed the pos	

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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. Meets Standard Does Not Meet Standard Components Remarks 1. There are written policy and procedures governing The facility policy and procedures searches of housing areas, work areas and of direct staff as to the manner and detainees. \boxtimes frequency in which to search housing units, work areas and detainees. Written policy and procedures require staff to employ the least intrusive method of body search practicable, \boxtimes as indicated by the type of contraband and the method of suspected introduction or concealment. Facility policy directs staff to avoid 3. Written policy and procedures require staff to avoid unnecessary force during searches and to preserve any unnecessary force when the dignity of the detainee being searched, to the \boxtimes conducting searches and to preserve extent practicable. the dignity of a detainee to the extent possible. 4. Written policy and procedures require staff to leave a \boxtimes searched housing area, work area and detainee property in its original order, to the extent practicable. Detainees are pat searched and screened by metal All detainees are routinely searched detectors routinely to control contraband. and screened by metal detectors \boxtimes each time they return from the dining hall and from recreation to control contraband. 6. Strip Searches are conducted only when there is Facility policy limits strip searches reasonable belief or suspicion that contraband may be to be conducted only when there is concealed on the person, or a good opportunity for reasonable belief or suspicion that concealment has occurred, and when properly \boxtimes contraband may be concealed on a authorized by a supervisor. detainee. Authorization must come from the Administrative Duty Officer.

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		
7. Body cavity searches are conducted by designated health personnel only when authorized by the facility administrator (or acting administrator) on the basis of reasonable belief or suspicion that contraband may be concealed in or on the detainee's person.	\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					
 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					
10. Canines are not used in the presence of detainees				Canines are not used for searches within this facility.		
PART 2 – 13. SEARC	HES O	F DETAIN	EES			
Remarks: (Record significant facts, observations, other sour The inspector reviewed facility policy, post orders, and interview system of detainee and area searches that enhances facility securit destroying contraband.	ed a Shi	ft Superviso				
(b)(6), (b)(7)(c) 04/26/2012 Reviewer's Signature / Date						
PART 2– 14. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION This Detention Standard requires that facilities that house ICE/DRO detainees affirmatively act to prevent sexual abuse and assaults on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and assault, and control, discipline, and prosecute the perpetrators of sexual abuse and assault.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
The facility has a Sexual Abuse and Assault Prevention and Intervention Program.	\boxtimes			Policy, "Sexual Abuse Prevention and Response", was reviewed and provides adequate guidance in this area. The facility also employs a four person Sexual Assault Response Team (SART).		

PART 2 - 13. SEARCHES OF DETAINEES

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
2.	For SPCs and CDFs, the written policy and procedure has been approved by the Field Office Director.		\boxtimes		The facility is not an SPC or CDF and the Field Office Director has not approved the "Sexual Abuse Prevention and Response" policy.
3.	Tracking statistics and reports are readily available for review by the inspectors.	\boxtimes			Tracking statistics and reports were reviewed for the last 12 months. Statistics and reports were readily available for review.
4.	All staff are trained, during orientation and in annual refresher training, in the prevention and intervention areas required by the Detention Standard.	\boxtimes			
5.	Detainees are informed about the program in facility orientation and the detainee handbook (or equivalent).	\boxtimes			The detainee handbook was reviewed - it contains information regarding the Sexual Assault and Abuse Prevention and Intervention program.
6.	The Sexual Assault Awareness Notice is posted on all housing unit bulletin boards.	\boxtimes			
7.	The Sexual Assault Awareness Information brochure is available for detainees. (Required in SPCs and CDFs.)	\boxtimes			This is an IGSA facility. The Sexual Assault Awareness Information brochure is posted in English and Spanish on the bulletin boards of each housing unit.
8.	Detainees are screened upon arrival for "high risk" sexual assaultive and sexual victimization potential and housed and counseled accordingly.	\boxtimes			During the intake process, nurses screen all newly arriving detainees for sexual assaultive and sexual victimization potential. Detainees are then housed and counseled accordingly.
9.	All incidents of sexual abuse or assault by a detainee on a detainee have been documented in the past year.	\boxtimes			
	All incidents or allegations of sexual abuse or assault by staff on a detainee have been documented in the past year.	\boxtimes			
	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			
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			
13.	When there is an alleged or proven sexual assault, the required notifications are promptly made.	\boxtimes			ICE and civil authorities are notified when alleged or proven sexual assault claims are made.

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	Y/N	Remarks	
14. Victims of sexual abuse or assault are referred to specialized community resources for treatment and gathering of evidence.	\boxtimes			Victims of sexual abuse or assault are referred to Stewart Webster Hospital for evaluation and evidence gathering	
15. All records associated with claims of sexual abuse or assault is maintained, and such incidents are specifically logged and tracked by a designated staff coordinator.	\boxtimes			The Sexual Assault Response Team Coordinator and the facility investigator maintain records and logs of all incidents.	
SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION					
⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding					

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

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

The facility has a comprehensive Sexual Abuse and Assault Prevention and Intervention Program. Detainees are provided education regarding the program, both verbally and in writing. All allegations of abuse or assault are managed promptly and effectively. All staff are provided education regarding facility policies and procedures during orientation and again quarterly, throughout the year. There were six allegations of sexual assault or abuse since the last inspection. After investigations, one of the six was determined to be substantiated. A review of the records confirmed that each allegation was investigated thoroughly. In the substantiated case one detainee assaulted another when he would not consent to provide sexual favors. The victim was transported to a local hospital and it was determined that no sexual contact had occurred. Two of the allegations were determined to be verbal harassment. When appropriate, referrals were made for facility discipline or civil prosecution.

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- 00;	Degregation 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.						
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			Currently there are no detainees in Administrative Segregation.		
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					
4.	(MANDATORY) Health care personnel are immediately informed when a detainee is admitted to an SMU to provide assessment and review as indicated by health care protocols.	\boxtimes			Under normal circumstances detainees are brought to the medical department before being escorted to the Special Management Unit (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.	\boxtimes			There is written policy that governs SMU operations.		
6.	The number of detainees confined to each cell or room does not exceed the capacity for which it was designed.	\boxtimes			The SMU has single bed cells.		
7.	Cells and rooms are well ventilated, adequately lit, appropriately heated and maintained in a sanitary condition at all times.	\boxtimes					
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					
9.	A permanent log is maintained in each SMU to record all activities concerning SMU detainees (meals served, recreation, visitors, etc.). In SPCs and CDFs, the SMU log records the detainee's name, A-number, housing location, date admitted, reasons for admission, tentative release date for detainees in Disciplinary Segregation, the authorizing official, and date released.	\boxtimes			A form similar to the I-888 is kept for each detainee to record all his activities while in the SMU.		

Components 10. In SPCs and CDFs, a separate log is maintained in the SMU that all persons visiting the unit must sign	Meets Standard	Does Not Meet Standard	N/A	Remarks
 and record: The time and date of the visit, and Any unusual activity or behavior of an individual detainee, with a follow-up memorandum sent through the facility administrator to the detainee's file. 				A separate permanent log is kept for all visitors to sign in.
 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 form similar to the I-888 is kept for each detainee that records all his activities while in the SMU.
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 housing unit record from the SMU is forwarded to the records office.
13. There are written policy and procedures concerning the property detainees may retain in each type of segregation.	\boxtimes			
 14. There are written policy and procedures concerning privileges detainees may have in each type of segregation. (In Administrative Segregation, detainees generally receive the same general privileges as detainees in the general population, as is consistent with available resources and safety and security considerations.) 	\boxtimes			

Degregation section for detainees segregated for disciplinary reasons.							
Components	Meets Standard	Does Not Meet Standard	A/N	Remarks			
15. Detainees in Administrative Segregation are provided opportunities to spend time outside their cells (over and above the required recreation periods), for such activities as socializing, watching TV, and playing board games and may be assigned to work details (for example, as orderlies in the SMU).	\boxtimes			Detainees are canvassed to see if they want extra out of cell time. They are allowed phone calls at any time, extra recreation as schedule allows is given, and they can work out of their cell on the unit.			
16. Detainees in SMUs are personally observed at least every 30 minutes in an irregular schedule and more often when warranted for some cases (violent, mentally disordered, bizarre behavior, suicidal).	\boxtimes			All detainees are observed at least every thirty minutes through regular and random rounds.			
17. The shift supervisor sees each segregated detainee daily, including weekends and holidays.	\boxtimes						
18. The facility administrator (or designee) visits each SMU daily.							
19. A health care provider visits every detainee in an SMU at least three times a week, and detainees are provided any medications prescribed for them. In SPCs and CDFs, a nurse, doctor or other appropriate health care professional visits the SMU at least once each workday and questions each detainee to identify any medical problems or requests. Any action taken is documented in a separate logbook, and the medical visit is recorded on the detainee's SMU Housing Record (Form I-888).	\boxtimes			A health care provider visits every detainee every day. Medications are given by health care provider in the SMU at prescribed times.			
20. Detainees in SMUs are provided three nutritionally adequate meals per day, ordinarily from the general population menu.	\boxtimes						
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.	\boxtimes			SMU detainees are allowed three showers and opportunities to shave each week.			
22. Only for documented medical or mental health reasons are detainees denied such items as clothing, mattress, bedding, linens, or a pillow. If a detainee is so disturbed that he or she is likely to destroy clothing or bedding or create a disturbance risking harm to self or others, the medical department is notified immediately and a regimen of treatment and control instituted by the medical officer.	\boxtimes						
23. Detainees in an SMU may write and receive letters the same as the general population.	\boxtimes			There is a secure mail box in the SMU and a mail clerk delivers mail there.			
24. Detainees in an SMU ordinarily retain visiting privileges.	\boxtimes			SMU detainees use the facility visiting room.			
23. Detainees in an SMU may write and receive letters the same as the general population.24. Detainees in an SMU ordinarily retain visiting				SMU and a mail clerk delivers mail there. SMU detainees use the facility			

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
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.	\boxtimes			
26.	Adequate documentation was generated, for any restricted or disallowed general visitation for a detainee in Administrative Segregation status because the detainee was charged with, or committed, a prohibited act having to do with visiting guidelines or otherwise acted in a way that indicated the detainee would be a threat to the orderly operation or security of the visiting room in the past year.	\boxtimes			
27.	Under no circumstances is a detainee permitted to participate in general visitation while in restraints.	\boxtimes			Restraints are removed while a detainee is in general visitation.
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.	\boxtimes			Violent and disruptive detainees have visits restricted.
29.	In SPCs and CDFs, violent and disruptive detainees are limited to non-contact visits and, in extreme cases, not permitted to visit.	\boxtimes			All visits are non-contact.
30.	Ordinarily, detainees in SMUs are not denied legal visitation.	\boxtimes			Detainees are allowed to have legal visits.
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.	\boxtimes			
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.	\boxtimes			Clergy visits detainees in the SMU on a weekly basis and as requested.
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			There is a library book cart available in the SMU which is updated on a weekly basis.

oegregation section for detainees segregated for discipling				
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
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.	\boxtimes			There is a separate room in the SMU for legal work. There are legal materials and a computer. In addition the law library can be accessed.
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.	\boxtimes			There is a separate room in the SMU for legal work. There are legal materials and a computer. In addition the law library can be accessed.
36. Policy and procedures provide for legal material to be brought to individuals in Disciplinary Segregation under certain circumstances.	\boxtimes			There is a separate room in the SMU for legal work. There are legal materials and a computer. In addition the law library can be accessed.
 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. 	\boxtimes			
38. Recreation for detainees in the SMU is separate from the general population.	\boxtimes			There are separate outside recreation pens attached to the SMU.
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.)	\boxtimes			
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.	\boxtimes			

degregation section for detained segregated for disciplinary reasons.								
	Components	Meets Standard	Does Not Meet Standard	Y/N	Remarks			
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.	\boxtimes						
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.	\boxtimes			Denial of recreation privileges for more than seven days requires the concurrence of the facility administrator and a health care professional.			
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 Administrative Segregation and Disciplinary Segregation are allowed telephone calls the same as the general population, on request.			

Segregation section for detainees segregated for disciplinary reasons.							
	Components	Meets Standard	Does Not Meet Standard	Y/N	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.				A supervisor conducts a review within seventy-two hours. Administrative Segregation detainees are reviewed by the Confinement Committee every seven days.		

Degregation section for detainees segregated for disciplinary reasons.							
	Components	Meets Standard	Does Not Meet Standard	N/A	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.	\boxtimes			A copy of the decision and justification is given to the detainee and receipt is acknowledged.		
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.	\boxtimes					
49.	If a detainee has been in Administrative Segregation for more than 30 days and objects to this status, the facility administrator reviews the case to determine whether that status should continue, taking into account the views of the detainee. A written record is made of the decision and the justification. A similar review is done every 30 days thereafter.	\boxtimes			Continuous confinement in Administrative Confinement over thirty days requires the Facility Administrator to review the case.		
50.	When a detainee has been held in Administrative Segregation for more than 30 days, the facility administrator notifies the Field Office Director, who notifies the ICE/DRO Deputy Assistant Director, Detention Management Division.	\boxtimes					
51.	When a detainee is held in Administrative Segregation for more than 60 days, the Field Office Director notifies, in writing, the Deputy Assistant Director, Detention Management Division, for consideration of whether it would be appropriate to transfer the detainee to a facility where he or she may be placed in the general population.	\boxtimes					
52.	A detainee is placed in Disciplinary Segregation only by order of the Institutional Disciplinary Panel (IDP), or equivalent, after a hearing in which the detainee has been found guilty of a prohibited act. The maximum of a 60 day sanction in Disciplinary Segregation for a violation associated with a single incident.	\boxtimes			A detainee is placed in Disciplinary Segregation after a finding of guilt by the Institutional Disciplinary Panel.		
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.	\boxtimes					

F	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.

Segregation section for detainees segregated for disciplinary reasons.						
Components	Meets Standard	Does Not Meet Standard	V/N	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. 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. All review documents are placed in the detainee's detention file.		GEMENT		The Confinement Committee reviews the status of each detainee in Disciplinary Status every seven days.		
PART 2 – 15. SPECIAL	MANA	GEMENT	UNITS	3		

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

Extensive records are kept on all detainees in the SMU. Segregation Housing Record (SHR) records a significant amount of information including all activities and staff observation. Several detainee folders were reviewed and the SHRs indicated all daily detainee activities. Logs indicated a significant amount of rounds by administrative and supervisory staff. The area was found to be quiet and clean. Movement of detainees to/from the area was observed. The practice of transporting a detainee in a wheelchair down the corridors saves time. Staff and detainees were interviewed. There was only one detainee in protective custody during

this evaluation. Outdoor recreation was observed. The facility has developed policy which addresses all aspects of the SMU.

(b)(6), (b)(7)(c) 04/26/2012 Reviewer's Signature / Date

PART 2 - 16. STAFF-DETAINEE COMMUNICATION

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

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

	Components	Meets Standard	Does Not Meet Standard	A/N	Remarks
1.	The ICE/DRO Field Office Director ensures that weekly announced and unannounced visits occur.	\boxtimes			Weekly announced and unannounced visits are conducted in the housing units at this facility by ICE Staff.
2.	Detention Staff and Deportation Staff conduct scheduled weekly visits with detainees.	\boxtimes			Weekly scheduled visits with detainees are conducted by Deportation Staff in the housing units. Each housing unit has a logbook to specifically log ICE Staff visits.
3.	Scheduled visits are posted in ICE/DRO detainee housing areas.	\boxtimes			
4.	Visiting ICE staff observe and note current climate and conditions of confinement.	\boxtimes			
5.	ICE/DRO Detainee Request Forms are available for use by ICE/DRO detainees.	\boxtimes			ICE Detainee Request Forms are available for detainee use.
6.	The facility treats detainee correspondence to ICE/DRO staff as Special Correspondence.	\boxtimes			
7.	A secure box is located in an accessible location for detainee's to place their Detainee Request Forms.	\boxtimes			A secure drop box for ICE Detainee Requests is located near the entrance to the facility dining room.
8.	Only ICE staff are able to retrieve the contents of the secure box containing Detainee Request Forms,	\boxtimes			A Supervisory Detention and Deportation Officer retrieves ICE Detainee Request Forms each morning.
9.	ICE/DRO staff respond to a detainee request from a facility within 72 hours and document the response in a log.	\boxtimes			
10	ICE/DRO detainees are notified in writing upon admission to the facility of their right to correspond with ICE/DRO staff regarding their case or conditions of confinement.	\boxtimes			Detainees are notified in writing, via the Detainee Handbook, of their right to correspond with ICE 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.	\boxtimes			The Office of the Inspector General (OIG) Hotline Informational Posters are mounted in numerous locations throughout the facility to include housing units and the intake/booking area. The poster is also visible in the background of the facility orientation video.

PART 2 – 16. STAFF-DET	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 poster Inspector General.	s from	the Depart	ment	of Homeland Security Office of the		
Components N/A N/A N/A N/A N/A N/A N/A N/						
12. Daily telephone serviceability checks are documented in the housing unit logbook.	\boxtimes			Daily checks of the housing unit detainee telephones are logged in the unit logbook.		
PART 2 – 16. STAFF-DET	AINEE	COMMUN	IICAT	ON		
Remarks: (Record significant facts, observations, other sources used, etc.) The inspector interviewed an ICE Supervisory Immigration Enforcement Agent, several housing unit officers and several detainees in review of this standard, ICE Staff housing unit log books were also reviewed. Detainees at this facility have access to						

in review of this standard. ICE Staff housing unit log books were also reviewed. Detainees at this facility have access to communication with the ICE Staff. The detainees were calm during housing unit tours and never complained about access to ICE Staff. The inspector observed detainees receiving written correspondence from deportation staff.

(b)(6), (b)(7)(c) $\sqrt{\frac{04/26/2012}{}}$

Reviewer's Signature / Date

PART 2-17. TOOL CONTROL

This Detention Standard protects detainees, staff, contractors, and volunteers from harm and contributes to orderly facility operations by maintaining control of tools, culinary utensils, and medical and dental instruments, equipment, and supplies.

	Components	Meets Standard	Does Not Meet Standard	A/N	Remarks
1.	(MANDATORY) There is an individual who is responsible for developing a tool control procedure and an inspection system to insure accountability.	\boxtimes			There is an assigned officer for tool control.
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 perimeter. The maintenance shop is located outside the facility to receive and store tools.
3.	(MANDATORY) The use of tools, keys, medical equipment, and culinary equipment is controlled.	\boxtimes			The use of all tools, keys, medical equipment, and culinary equipment is controlled through written policy, staff training and supervision.
4.	A metal or plastic chit is taken in exchange for all tools issued, and when a tool is issued from a shadow board the receipt chit shall be visible on the shadow board.	\boxtimes			Good tool inventories are in place.
5.	Tool inventories are required for: • Facility Maintenance Department • Medical Department • Food Service Department • Electronics Shop • Recreation Department • Armory	\boxtimes			Facility maintenance department is outside the fence and there is not an electronics shop.
6.	Tool Inventories are conspicuously posted on all tool boards, tool boxes and tool kits.	\boxtimes			Tool inventories are posted conspicuously.
7.	 The facility has a policy for the regular inventory of all tools. The policy sets minimum time lines for physical inventory and all necessary documentation. ICE facilities use AMIS bar code labels when required. 	\boxtimes			A regular and ongoing inventory of tools does occur at the facility, and related documentation is maintained. Tools are engraved and numbered.
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 either Restricted (hazardous) or Non- Restricted (non-hazardous) at the facility.

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	Y/N	Remarks	
9.	Department heads are responsible for implementing proper tool control procedures as described in the standard.	\boxtimes			Department heads are responsible for implementing proper tool control procedures as described in the standard.	
10.	There are policies and procedures in place to ensure that all tools are properly marked and readily identifiable.	\boxtimes				
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. 				The facility has an approved tool storage system which supports tool accountability. Commonly used	
	 Shadow boards have a white background. 	\boxtimes				tools are stored and mounted in
	Restricted tools are shadowed in red.				such a way that missing tools are	
	Non-restricted tools are shadowed in black.				readily noticed.	
	 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			Shadows are removed from shadow boards when tools are removed from service.	
13.	Tools not adaptable to a shadow board are stored in a locked drawer or cabinet.	\boxtimes			Tools not placed on shadow boards are stored in a secured drawer or cabinet.	
14.	Sterile packs are stored under lock and key.	\boxtimes			Sterile packs are stored under lock and key.	
15.	Each facility has procedures for the issuance of tools to staff and detainees.	\boxtimes				
16.	There are policies and procedures to address the issue of lost tools. The policy and procedures include:					
	Verbal and written notification.	\boxtimes				
	Procedures for detainee access.					
	 Necessary documentation/review for all incidents of lost tools. 					
	Broken or worn out tools are surveyed and disposed of in an appropriate and secure manner.	\boxtimes				
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				

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	Y/N	Remarks		
 Hoses longer than three feet in length are classified as a restricted tool. 	\boxtimes			Hoses 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 not used in the intake area of this facility.		
PART 2-17. TOOL CONTROL						
Remarks: (Record significant facts, observations, other sources used, etc.) The tool room is located outside of the facility perimeter. A maintenance worker with tools was observed being checked when entering facility through the vehicle gate. All tools were marked and a current inventory was attached. The facility has developed policy to address tool control. 04/26/2012 Reviewer's Signature / Date						

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
1.	(MANDATORY) The facility has a Use of Force Policy.	\boxtimes			Use of Force & Restraints Policy 9-1 governs facility use of force.
2.	Written policy authorizes staff to respond in an immediate-use-of-force situation without a supervisor's presence or direction.	\boxtimes			Use of Force & Restraints Policy 9- 1 allows for a reactive use of force without a supervisor present.
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			
4.	Written policy asserts that calculated rather than immediate use of force is feasible in most cases.				Calculated use of force is feasible and preferred in most cases.
5.	The facility subscribes to the prescribed Confrontation Avoidance Procedures. Ranking detention official, health professional, and	\boxtimes			
	others confer before every calculated use of force.				
6.	When a detainee must be forcibly moved and/or restrained and there is time for a calculated use of force, staff use the Use-of-Force Team Technique.	\boxtimes			A review of a facility detainee extraction on video shows the use of force team technique being used.
	Under staff supervision.				
7.	Staff members are trained in the performance of the Use-of-Force Team Technique.				Staff are trained in the use of force team technique.
8.	All use-of-force incidents are documented and reviewed.				All use of force is documented with paperwork and video and reviewed by the Chief.
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			
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. 				

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.

property damage, or to maintain the security and orderly o	rperation		Jility.	
Components		Does Not Meet Standard	N/A	Remarks
Medication may only be used for restraint purposes when authorized by the Medical Authority as medically necessary.	\boxtimes			
12. (MANDATORY) Use-of-Force Teams follow written procedures that attempt to prevent injury and exposure to communicable disease(s).				Facility policy provides procedures that attempt to prevent injury and the transmission of disease for both staff and detainees.
 13. Standard procedures associated with using four/five point restraints include: Soft (nylon/leather) restraints. Dressing the detainee appropriately for the temperature. A bed, mattress, and blanket/sheet. Checking the detainee at least every 15 minutes. Logging each check. Repositioning detainee often enough to prevent soreness or stiffness. Medical evaluation of the restrained detainee twice per eight-hour shift. When qualified medical staff are not immediately available, staff position the detainee "face-up." 14. The shift supervisor monitors the detainee's 				(b)(7)e
position/condition every two hours. He/she allows the detainee to use the restroom at these times under safeguards.				
15. All detainee checks are logged.	\boxtimes			
In immediate-use-of-force situations, officers contact medical staff once the detainee is under control.	\boxtimes			
 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. 				Facility policy directs that medical staff be consulted and a detainee's record be checked before non-lethal weapons are used.
18. Intermediate Force Weapons, when not in use are stored in areas where access is limited to authorized personnel and to which detainees have no access.				
19. If Intermediate Force Weapons are stored in the Special Management Unit (SMU), they are stored and maintained the same as Class R tools.	\boxtimes			

PART 2 – 18. USE OF FO	RCE A	ND REST	RAIN	TS	
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	
20. Special precautions are taken when restraining pregnant detainees.Medical personnel are consulted			\boxtimes	There are no female detainees at this facility.	
21. Protective gear is worn when restraining detainees with open cuts or wounds.					
22. Staff document every use of force, including what type of restraints was used during the incident.	\boxtimes			All facility use of force is documented which includes the type of restraints used.	
23. It is standard practice to review any use of force and the non-routine application of restraints.	\boxtimes				
 24. All officers receive training in self-defense, confrontation-avoidance techniques and the use of force to control detainees. Specialized training is given to officers ensuring they are certified in all devices approved for use. 	\boxtimes			Use of force, conflict management, and pressure point control technique training is given at initial time of employment and annually.	
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			Training is documented in staff training folders.	
26. The use of canines is restricted to contraband detection purposes only.			\boxtimes	Canines are not used at this facility.	
27. The officers are thoroughly trained in the use of soft and hard restraints.	\boxtimes			Detention Officers are trained in use of force which includes the use of 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			This facility is an IGSA and a use of force form is used.	
PART 2 – 18. USE OF FO	ORCE A	ND REST	RAIN'	TS	
Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding					
Remarks: (Record significant facts, observations, other sources used, etc.)					

Review of facility policy, staff use of force written documentation, and a review of video documentation of an actual use of force shows that the facility is in compliance with the standard. There are no females at this facility, there are no canines used. (b)(7)e

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(b)(6), (b)(7)(c) 04/26/2012 Reviewer's Signature / Date

Performance-Based National Detention Standards

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	A/N	Remarks	
1.	The facility has a written disciplinary system using progressive levels of reviews and appeals.				Policy 15-100, Detainee Discipline, provides written guidelines for the disciplinary process at this facility.	
2.	The facility rules state that disciplinary action shall not be capricious or retaliatory.	\boxtimes				
3.	Written rules prohibit staff from imposing or permitting the following sanctions:					
	corporal punishment					
	deviations from normal food service					
	clothing deprivation				Policy prohibits staff from imposing	
	bedding deprivation	\boxtimes				or permitting the sanctions listed in this component.
	denial of personal hygiene items				1	
	loss of correspondence privileges					
	deprivation of legal access and legal materials					
	deprivation of physical exercise					
4.	The rules of conduct, sanctions, and procedures for violations are defined in writing and communicated to all detainees verbally and in writing.				Rules of conduct are in the detainee handbook which all detainees receive and rules are communicated during orientation.	
5.	The following items are conspicuously posted in Spanish and English or other dominate languages used in the facility:					
	Rights and Responsibilities	\boxtimes				
	Prohibited Acts					
	Disciplinary Severity Scale					
	• Sanctions					
6.	When minor rule violations or prohibited acts occur, informal resolutions are encouraged.	\boxtimes				
7.	Incident Reports and Notice of Charges are promptly forwarded to the designated supervisor.	\boxtimes			Supervisors receive incident reports and Notice of Charges in a prompt manner.	
8.	Incident Reports are investigated within 24 hours of the incident. The Unit Disciplinary Committee (UDC) or equivalent does not convene before investigations end.	\boxtimes				
9.	An intermediate disciplinary process is used to adjudicate minor infractions.	\boxtimes				

PART:	3 _ 19	DISCIPI	INARY	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		
10. A disciplinary panel (or equivalent in IGSAs) adjudicates infractions. The panel:						
 Conducts hearings on all charges and allegations referred by the UDC 	allegations referred by the UDC Considers written reports, statements, physical					
 Considers written reports, statements, physical evidence, and oral testimony 				The facility uses a three-member disciplinary, panel chaired by the Assistant Chief of Security, to adjudicate infractions.		
 Hears pleadings by detainee and staff representative 						
Bases its findings on the preponderance of evidence						
 Imposes only authorized sanctions 						
A staff representative is available if requested for a detainee facing a disciplinary hearing	\boxtimes			Detention staff represent detainees at a disciplinary hearing, if requested.		
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.	\boxtimes			Punishment duration does not exceed established sanctions.		
14. Written procedures govern the handling of confidential-source information. Procedures include criteria for recognizing "substantial evidence".	\boxtimes					
15. All forms relevant to the incident, investigation, committee/panel reports, etc., are completed and distributed as required.	\boxtimes					
PART 3 – 19. DISC	IPLINA	RY SYSTE	EM			

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

The facility has developed a written disciplinary system using progressive levels of reviews and appeals. Detainees are informed about the disciplinary system through orientation and the detainee handbook. Interviews with staff and a review of files suggested that the components of this standard are being met. Reports and Notice of Charges are promptly forwarded to the supervisor. Facility policy 15-100 addresses the Disciplinary System.

(b)(6), (b)(7)(c)	04/26/2012
Reviewer's Sign	ature / Date

Performance-Based National Detention Standards

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

	a sanitary and hygienic rood 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 Administrator (FSA), who is employed by Canteen Corporation, is responsible for the overall operation of the food service program is ServSafe Certified and has received Correction Corporation of American (CCA) Corporate Training. The facility's one Assistant Food Service Administrator's and seven Cook Specialists' responsibilities are in writing and determined by the administrator.
2.	The Cook Foreman is on duty on days when the FSA is off duty and vice versa.	\boxtimes			The Food Service Department's administrative staff is scheduled to provide managerial oversight seven days per week.
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			Staff receive training relevant to ICE Standards upon initial employment and annually thereafter.
4.	(MANDATORY) Knife cabinets close with an approved locking device and the on-duty cook foreman maintains control of the key that locks the device. Knives and keys are inventoried and stored in accordance with the Detention Standard on Tool Control	\boxtimes			The facility does not have knives; however, dough cutters are used and kept in a locked tool cabinet in the dry storage room. Staff maintains control of the key.
5.	All knives not in a secure cutting room are physically secured to the workstation and staff directly supervises detainees using knives at these workstations. Staff monitor the condition of knives and dining utensils	\boxtimes			The facility does not use knives; however, the condition of other dining utensils is monitored by food service staff.
6.	Special procedures (when necessary) govern the handling of food items that pose a security threat.	\boxtimes			Yeast, mace, nutmeg, cloves and other food items that pose a security threat are not used in the facility. Spices and sugars are secured in the dry storage room in a locked cabinet.
7.	Operating procedures include daily searches (shakedowns) of detainee work areas.	\boxtimes			
8.	The FSA monitors staff implementation of the facility population count procedures. These procedures are in writing. Staff are trained in count procedures.	\boxtimes			Assigned detention officers are trained in count procedures and are responsible for conducting counts.

	and a samilarly and mygletile rood 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			Detainees assigned to food service are screened and cleared by medical staff prior to being assigned to the food service department and evaluated daily by assigned staff. Staff receives pre-employment physicals during their in-hiring process.		
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			Newly assigned detainee workers receive this required training.		
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			All required topics are covered during initial job orientation training.		
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			This facility is an IGSA. Detainees are paid three dollars a day for working in food service eight hours daily, in compliance with the facility's Voluntary Work Program.		
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			Detainees are served three meals a day, with a minimum of two being hot. Breakfast is served at 5 AM, lunch is served at 10:15 AM and dinner is served at 5:00 PM, ensuring that there are no more than 14 hours between meals.		
16.	For cafeteria-style operations, a transparent "sneeze guard" protects both the serving line and salad bar line.			\boxtimes	Meals are plated in the kitchen and served through a food slot into the dining area. The facility does not have cafeteria-style operations.		
17.	The facility has a standard 35-day menu cycle. IGSAs use a 35 day or similar system for rotating meals.	\boxtimes			A standard 35 day menu cycle is used at the facility.		

in a samilary and mygienic rood service operation.						
Components	Meets Standard	Does Not Meet Standard	Y/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 current menus are certified to meet nutritional guidelines by the Canteen Corporation Registered Dietitian. The most recent analysis was completed on 04/13/2012.		
19. The FSA has established procedures to ensure that items on the master-cycle menu are prepared and presented according to approved recipes.	\boxtimes			Recipes are prepared and certified by the Canteen Corporation Registered Dietitian.		
 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 				A substitution log is maintained and written noticed is submitted to the Warden when changes occur.		
21. All staff and volunteers know and adhere to written "food preparation" procedures.	\boxtimes			Food service staff is trained to assure applicable food preparation procedures are followed. During the review of this facility, no issues were noted.		
 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. 	\boxtimes			The Common- Fare menu is based on a 35-day cycle. Changes can be made at the facility level. Hot entries are offered more than three times weekly. The current Common- Fare Menu is approved by the Canteen Registered Dietitian. Hot water is furnished in the housing units. Disposable plates, reusable utensils and color coded cutting boards are used.		
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.	\boxtimes					

in a sanitary and riggienic food service operation.				
Components	Meets Standard	Does Not Meet Standard	W/A	Remarks
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			A schedule of ceremonial meals is furnished to the food service department by the Chaplin.
 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. 				A Common- Fare Program is available at the facility for detainees who observe special religious holy days. Muslims are offered the breakfast meal prior to sunrise with the lunch and dinner meal served after dark. Passover meals are provided for all of the Jewish faith during Passover. Meatless meals are provided upon request on Ash Wednesday and Fridays during Lent.
27. The food service program addresses medical diets.	\boxtimes			
28. Satellite-feeding programs follow guidelines for proper sanitation.	\boxtimes			Food service staff supervision during the meal preparation process assures proper sanitation procedures are followed. Meals are delivered to medical, intake and special housing under direct supervision of staff to assure sanitary requirements are followed.
29. Hot and cold foods are maintained at the prescribed, "safe" temperature(s) as served. See Detention Standard on Food Service for guidance.	\boxtimes			Temperatures of food items were checked during the lunch meal on 04/24/2012 and found to be in compliance with applicable standards. Hot food temperatures were checked at 175 degrees and cold food temperatures were checked at 37 degrees.
30. All meals provided in nutritionally adequate portions.				Meal portions were in compliance with the Canteen Corporation Dietitian. Military recipe cards are used by assigned staff.
 Food is not used to punish or reward detainees based upon behavior. 				Food is not used to punish or reward detainee behavior at this facility.

in a samilary and mygleriic rood service operation.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
 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. 	\boxtimes			These issues are addressed during detainee orientation to food service. Detainee workers were properly dressed in clean whites, hair and beard nets and appropriate foot wear.	
33. Everyone working in the food service department complies with food safety and sanitation requirements.					
34. (MANDATORY) The facility implements written procedures for the administrative, medical, and/or dietary personnel conducting the weekly inspections of all food service areas, including dining, storage, equipment, and food-preparation areas.	\boxtimes			Policy mandates this inspection, which is conducted by the Food Service Administrator. Monthly inspections are conducted by the Safety Manager.	
35. Reports of discrepancies are forwarded to the Facility Administrator or designated department head and corrective action is scheduled and completed.	\boxtimes				
36. (MANDATORY) Standard procedure includes checking and documenting temperatures of all dishwashing machines after each meal, in accordance with the Detention Standard on Food Service.	\boxtimes			Dishwasher temperatures are recorded and documented following each meal in accordance with the Detention Standards. Documentation was available during this review.	
37. (MANDATORY) Staff document the results of every refrigerator/ freezer temperature check, in accordance with the Detention Standard on Food Service.	\boxtimes			Daily temperature checks are conducted on all freezers and coolers as required by policy. Temperatures were found to be compliant with standards during this review. Dates were checked on food products and found to be current.	
38. The cleaning schedule for each food service area is conspicuously posted.				Cleaning schedules are posted in common areas in the kitchen.	
39. Procedures include inspecting all incoming food shipments for damage, contamination, and pest infestation.	\boxtimes				
40. Storage areas are locked when not in use.	\boxtimes			Storage areas are locked when not in use. All food service storage areas were visited during this inspection and were found to be neat and orderly. Items were stored on pallets at least 18 inches below the sprinkler system.	
41. Food service personnel conduct shakedowns along with detention staff.	\boxtimes				

in a samilary and riggierine rood service operation.					
Components	Meets Standard	Does Not Meet Standard	Y/N	Remarks	
42. In SPCs only: The ICE supervisor on duty ensures that ICE officers participate in dining room supervision.	\boxtimes			ICE Staff participate in the dining room supervision on an occasional basis; facility administrators observe all meals served.	
43. Menus are certified by a registered dietitian prior to being incorporated into the Food Service Program.	\boxtimes			Menus are certified by the Canteen Registered Dietitian. The most recent certification of the menus occurred on 04/13/2012.	
44. In SPCs only: the FSA prepares quarterly cost estimates for the Common Fare Program. This quarterly estimate is factored into the quarterly budget.	\boxtimes			Cost estimates are prepared at the corporate level by Canteen Corporation.	
45. When required, only food service staff prepare the sack lunches for detainee transportation.	\boxtimes			Sack meals are prepared for detainees in transfer status and in hold rooms.	
46. Air curtains or comparable devices are used on outside doors where food is prepared, stored, or served to protect against insects and other rodents.			\boxtimes	There are no outside doors adjacent to the food service department.	
47. Staff comply with the ICE requirements for "food receipt and storage.	\boxtimes				
48. Stock inventory levels are monitored and adjusted to correct overage and shortage problems.					
49. Staff comply with all ICE Housekeeping, Storeroom/Refrigerator requirements. Identify and explain any shortcomings.				All storeroom, coolers and freezers were visited during this review and were found to be neat with items stored on pallets. Dates were checked on food items stored and found to be current.	
50. Dining room facilities and operating procedures will provide sufficient space and time for detainees to eat meals in a relatively relaxed, unregimented atmosphere.	\boxtimes			The dining room is spacious, well lit and in compliance with ICE Standards. Detainees are allowed sufficient time to dine.	
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.	\boxtimes			An inspection of the food service department was completed by the Department of Community Health, Division of Public Health on 10/24/2011. A numerical score of 97 percent was given for this inspection.	
52. Personnel inspecting the food service department shall note needed corrective action(s), if any, in a written report to the Facility Administrator.	\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	W/A	Remarks		
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.	\boxtimes			Only chemicals approved to be used in a food service program were present. Material Safety Data Sheets are available for all chemicals and accurate chemical inventories are maintained.		
54. (MANDATORY) The FSA is responsible for pest control in the food service department, including contracting the services of an outside exterminator.	\boxtimes			Orkin Pest Control provides monthly pest control services.		
FOOD SERVICE						
⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding						

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

The facility provides detainees in its care with nutritious and appetizing meals, prepared in accordance with the highest sanitary standards. The Food Service Administrator was interviewed during the review of this standard. The food service operation is provided through a contract with Canteen Corporation. The department consists of one food service administrator, one assistant food service administrator and seven cook specialists. The department was inspected by the Department of Health on 10/24/2011 and given a numerical score of 97 for the inspection. Detainees dine in a spacious well lit dining room and are allowed sufficient time to dine. During the evaluation of this standard, staff were interviewed, documentation was examined, equipment and storage areas were inspected, sanitation levels evaluated, temperatures documented and the food preparation process observed. The facility practices, procedures and policy indicate that the elements of this standard are incorporated into the daily operation of the facility

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PART 4 – 21. HUNGER STRIKES					
This Detention Standard protects detainees' health and well-being by monitoring, counseling and, when appropriate, treating any detainee who is on a hunger strike.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1. When a detainee has refused food or observed to have not eaten for 72 hours, it is standard practice for staff to refer him or her to the medical department.	\boxtimes			Facility policy requires staff to refer detainees to health services when they have not eaten for 72 hours.	

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.

treating any detainee who is on a hunger strike.						
Components	1	Meets Standard	Does Not Meet Standard	N/A	Remarks	
Facility immediately reports via the chain of a hunger strike to ICE/DRO.	command	\boxtimes			A review of hunger strikers' health records confirms that ICE was notified when detainees were determined to be on a hunger strike.	
The facility has established procedures to e respond immediately to a hunger strike.	ensure staff	\boxtimes			Hunger strike policy requires staff to immediately respond to a hunger strike.	
Policy and procedure require that staff hunger-striking detainee from other detained.	ees.	\boxtimes			Immigration Health Service Corps (IHSC) policy requires staff to isolate hunger-striking detainees in the short stay unit within the health services unit or in a segregation cell.	
 Medical personnel are authorized to place in the Special Management Unit or a locker room. 		\boxtimes			Medical personnel are authorized to place detainees in the short stay unit or in the Special Management Unit (SMU)	
Medical staff record the weight and vital hunger-striking detainee at least once every		\boxtimes			The health records of two hunger strikers were reviewed and both had vital signs and weights recorded daily.	
7. The facility medical authority obtains a hung consent before medical treatment.	ger striker's	\boxtimes			Policy requires staff to attempt to obtain a detainee's consent prior to evaluation and treatment.	
A signed Refusal of Treatment form is revery detainee who rejects medical evantreatment, or two staff/provider signatures detainee refusal to sign form.	aluation or	\boxtimes			Hunger Strike protocols require staff to attempt to obtain a detainee's signature when they reject treatment or evaluation. Two staff member witnesses must sign the form when a detainee refuses to sign.	
Unless otherwise directed by the medica staff deliver three meals per day to the room, regardless of the detainee's resp verbally offered meal and document those n	detainee's onse to a	\boxtimes			Staff is required to deliver three meals per day to the hunger striker's cell, irrespective of a detainee's verbal refusal.	
10. Staff maintain the hunger striker's supply water/other beverages.	of drinking	\boxtimes			Hunger strike policy requires staff to keep a supply of beverages in the hunger striker's cell.	
11. During a hunger strike, staff remove all f from the hunger striker's living area.	food items	\boxtimes			Hunger strike protocols require removing all food and edible commissary items from the hunger striker's cell.	

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	
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 is required to record a hunger striker's food and fluid intake on the Hunger Strike Monitoring form. A review of hunger striker's medical records confirms the practice.	
13. The medical staff have written procedures for treating hunger strikers.	\boxtimes			Hunger strike protocols provide basic guidance for the initial medical evaluation of hunger strikers. Individualized treatment plans are developed on a case-by- case basis.	
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			Hunger strike protocols require staff to document treatment and counseling attempts, including counseling regarding medical risks.	
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			Detention and support staffs receive training on the identification, referral and management of hunger strikes during their pre-service training and again, annually. The ICE Performance Based National Detention Standards for hunger strikes are used as the lesson plan. Medical staff does not attend this training. Health care providers receive initial and annual training on the management of hunger strikes from IHSC staff, using ICE standards and IHSC policies. Training records of detention, support and medical staff confirmed the training.	
PART 4 – 21. HU	NGER	STRIKES			
⊠ Meets Standard □ Does Not Meet Standard □ N/A □ Repeat Finding					

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

Policies and procedures are in place for the identification, referral and management of hunger strikers. Procedures ensure the monitoring of the health and welfare of hunger strikers. Together, the facility and Immigration Health Service Corps have comprehensive hunger strike policies that conform to the detention standards. Detention and medical staffs are trained separately on the hunger strike procedures. There were two detainee hunger strikes since the previous inspection.

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

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pre	prevention and health education, so that their health care needs are met in a timely and efficient manner.						
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
1.	The facility operates a health care facility in compliance with state and local laws and guidelines.	\boxtimes			Personnel files were reviewed and licensed professionals within the health services unit have current licenses.		
2.	The facility's in-processing procedures of arriving detainees include medical screening.	\boxtimes			Medical and mental health screening is performed by nurses from the medical staff during the intake process.		
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.	\boxtimes			The health services unit hab)(7)(e) authorized staff. Staffing consists of Immigration Health Service Corps (IHSC) and contract support staff. There are ()(7)(e) acant positions that include a clinical director, a staff physician, a psychiatrist, a psychologist and a registered nurse. The staff physician and clinical director positions have been vacant for over two years. Physician oversight is provided by an off-site physician from IHSC. This physician provides on-site services at least four times per year and telephonic consultations frequently throughout the week. Staffing is sufficient to meet the needs of the scope of services provided by the medical staff.		
4.	(MANDATORY) Newly admitted detainees will be informed, orally and in writing (in a language they can understand), about how to access health services.	\boxtimes			Observation of the intake process confirmed that newly arriving detainees receive verbal and written information regarding access to health services. Health services orientation handouts are available in English, Spanish, Russian, Creole, Vietnamese, Farsi, Portuguese, Polish, Arabic, Chinese, and Somali.		
5.	Detainees will have access to and receive specified 24-hour emergency medical, dental, and mental health services.	\boxtimes			Medical staff is on-site 24 hours a day, seven days a week. Mental health and dental services are available on-site during regular business hours. They are subject to emergency call back.		

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
6.	New direct care staff will receive tuberculosis tests prior to their job assignment and periodically thereafter and will be offered the hepatitis B vaccine series.				New direct care staff for the Public Health Service and STG must have tuberculosis (TB) screening and the offer of hepatitis B vaccine prior to beginning employment. Screening for TB is required annually.
7.	Health care services will be provided by trained and qualified personnel, whose duties are governed by job descriptions and who are properly licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements.	\boxtimes			The personnel records of professional health care staff were reviewed and all had current licenses or certificates, credentials and detailed job/billet descriptions.
8.	The facility provides each detainee, upon admittance, a copy of the detainee handbook or equivalent, in which procedures for access to health care services are explained (in a language they can understand).	\boxtimes			Each detainee receives a copy of the ICE National Detainee Handbook and the facility detainee handbook. The handbooks are available in English and Spanish. A review of the local handbook confirms that procedures for accessing health care services are explained in the handbook.
9.	In SPCs and CDFs, medical personnel credentialing and verification complies with the standards established by the NCCHC and Joint Commission.				A review of personnel files of licensed medical staff confirmed that primary source verification of credentials is performed.
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			A review of 25 ICE detainee health records confirmed that all newly admitted detainees received initial medical, mental health and dental screenings within 12 hours of arrival. The screening is performed by nurses. Detention officers do not participate in this portion of the intake process.
11.	(MANDATORY) If language difficulties prevent the health care provider/officer from sufficiently communicating with the detainee for purposes of completing the medical screening, the officer obtains translation assistance.	\boxtimes			When local translation services are not available, the facility uses "Interpretalk", a contract telephonic translation service.
12.	The facility has sufficient space and equipment to afford each detainee privacy when receiving health care.	\boxtimes			The facility has sufficient space and equipment to meet the health care and privacy needs of the detainee population. In addition to the health services unit, the facility has a medical examination room in each of the seven housing units.

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	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
	The medical facility has its own restricted-access area. The restricted access area is located within the confines of the secure perimeter.	\boxtimes			The health services unit has its own restricted area and is located within the secure perimeter of the facility.
	The medical facility entrance includes a holding/waiting room.	\boxtimes			The medical facility entrance includes a holding room.
	The medical facility's holding/waiting room under the direct supervision of custodial staff.	\boxtimes			The waiting room is under the supervision of a detention officer.
	Detainees in the holding/waiting room have access to a toilet and a drinking fountain.	\boxtimes			The holding room has a toilet and water available for detainee use.
	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 uses an electronic medical record that is user ID and password protected. Health care information is only accessible to medical personnel. Hard copies of records are securely held within the medical records area. No copies of medical records are placed in detainee files.
	(MANDATORY) A signed and dated consent form is obtained from a detainee before medical treatment is administered.	\boxtimes			A signed and dated consent form is obtained from detainees during the medical and mental health screening process and before any health care is administered. A review of 25 detainee medical records confirmed the signature and dates on the form.
	Detainees use the I-813 (or IGSA equivalent) to authorize the release of confidential medical records to outside sources.	\boxtimes			Detainees sign an Authorization for Release of Confidential Health Information form, prior to the release of any health related information to outside sources.
	The facility health care provider is given advance notice prior to the release, transfer, or removal of a detainee.	\boxtimes			Pursuant to the nurse manager, health care providers are given adequate advance notice when detainees are transferred or removed.
	A detainee's medical records will be transferred as appropriate. All detainees will be transferred with a copy of their transfer summary.				Complete medical records are seldom transferred with detainees. However, when appropriate, copies of detainee records are transferred to outside sources. When a detainee is transferred to another facility a form, Medical Summary of Federal Prisoner/Alien in Transit, is prepared and accompanies the detainee.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
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			Complete copies of detainee health records are seldom sent with detainees that are departing the facility. However, when medical records are transferred, they are placed in a sealed envelope stamped "Medical Confidential" and labeled with the detainee's name and A-file number on the cover of the envelope.
23.	Medical screening includes a Tuberculosis (TB) test.				A symptomatic screening for TB is performed on all arriving detainees. A digital chest x-ray is performed on all detainees with an unknown TB status. The x-ray is sent to a contract radiology group in Maryland and results are sent back to the facility within four hours. Housing assignments are not made until the results of the x-ray have been reported.
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			Mental health screening is performed by a nurse in the intake area, before the detainee goes to a housing unit
25.	The facility health care provider promptly reviews all I-794s (or equivalent) to identify detainees needing medical attention.	\boxtimes			As nurses complete the medical and mental health intake screenings, they are immediately reviewed.
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			Twenty-five detainee medical records were reviewed and all had complete health assessments by a physician assistant, nurse practitioner or appropriately trained registered nurse, within 14 days of their arrival.
27.	Detainees in the Special Management Unit have access to the same level of health care as detainees in the general population.	\boxtimes			Detainees in the Special Management Unit (SMU) have the same access to health care as the general population. Additionally, detainees in the SMU are individually visited by a member of the nursing staff, at least once a day.

prevention and health education, so that their health care needs are met in a timely and emclent manner.					
	Components	Meets Standard	Does Not Meet Standard	V/A	Remarks
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. 				Sick call request forms are available in English and Spanish. The majority of detainees speak these two languages. Detainees place the request slips in a locked box. The forms are collected at least once a day by health care staff and triaged.
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			Facility policies provide guidance to staff when immediate outside medical attention is required. Medical staff maintains an around the clock presence in the facility.
30.	The plan includes an on-call provider.	\boxtimes			The facility has an on-call provider list.
31.	The plan includes a list of telephone numbers for local ambulances and hospital services.	\boxtimes			The plan requires staff to call 911 for ambulance service and lists the telephone numbers of hospitals and clinics in the area.
32.	The plan includes procedures for facility staff to utilize this emergency health care consistent with security and safety.	\boxtimes			Facility policy instructs staff on how to safely and securely arrange emergency health care services.
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			Training records for detention and health care staffs were reviewed and each contained documentation of annual training on medical emergency response and the use of first aid kits. All staff is certified in cardiopulmonary resuscitation and there is no place in the facility that cannot be accessed by trained staff in less than four minutes. A four minute response time is required by facility and medical policies.
34.	Where staff are used to distribute medication, a health care provider properly trains these officers.			\boxtimes	Detention staff does not distribute medication.
35.	Pharmaceuticals and nonprescription medicines will be stored, inventoried, dispensed, and administered in accordance with sound standards and facility needs for safety and security.	\boxtimes			IHSC policy provides appropriate guidance for the storage, inventory, dispensing, and administration of medications.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
	 (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 utilizes the IHSC formulary. IHSC pharmacy policy provides guidance in obtaining nonformulary medications, prescribing practices, procurement, receipt, storage, distribution, dispensing, administration, and disposal of medication. Policy also addresses the secure storage and inventory of controlled substances, needles and syringes.
37.	 All pharmaceuticals are stored in a secure area with the following features: A secure perimeter; Access limited to authorized medical staff (never detainees); Solid walls from floor to ceiling and a solid ceiling; A solid core entrance door with a high security lock (with no other access); and A secure medication storage area. 				Medications are stored in locked medication carts or in the pharmacy. The pharmacy has concrete walls from the floor to the true ceiling. The pharmacy has a metal door that is locked with a high security locking device. Bulk stock controlled substances are stored in a double locked metal cabinet and inventoried at least monthly. Sub stock controlled substances are inventoried at the beginning and end of each shift. Medications are dispensed or administered according to orders written by a licensed physician, physician assistant or nurse practitioner.
38.	 In SPCs and CDFs, the pharmacy has a locking pass-through window. Administration and management in accordance with state and federal law. Supervision by properly licensed personnel. Administration of medications by personnel properly trained and under the supervision of the health services administrator, or equivalent. Accountability for administering or distributing medications in a timely manner and according to physician orders. 				The pharmacy has a locking pass-through window. Supervision of the pharmacy is performed by a registered pharmacist. Registered nurses, licensed practical nurses and pharmacy technicians administer or distribute pharmaceuticals. Medications are administered according to written orders from licensed providers.

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Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
39. Distribution of medication is in accordance wit specific instructions and procedures established to the health care provider. Written records of a medication given to detainees are maintained.	y III			Medications are distributed in accordance with orders written by a physician, nurse practitioner or physician assistant. An entry is made on a Medication Administration Record (MAR) when medications are administered by a nurse. When completed, the MAR is scanned into the computerized medical record.	
 40. Medication may not be delivered or administered be detainees. In facilities that are medically staffed 24 hours day, the health care provider distribute medication. In facilities that are not medically staffed 24 hour a day, medication may be distributed by detention officers, who have received proper training by the health care provider, only when medication must be delivered at a specific time when medical staffed are not on duty. 	a s S S S S S S S S S S S S S S S S S S			Detainees do not deliver or distribute medications. Medical staff is the only staff that is permitted to administer medications.	
41. The facility maintains documentation of the trainin given any officer required to distribute medication and the officer has available for reference the trainin syllabus or other guide or protocol provided by th health authority.	i, g		\boxtimes	Only medical staff distributes medications. Detention staff do not participate in the process.	
42. The Warden/Facility receives notification that detainee that has special medical needs.	a 🖂			A "Detainee Special Needs" form is completed when accommodations are required to meet needs of detainee. A copy is placed in the medical record, another is given to the detainee and another is delivered to facility staff.	
43. Procedures are in place, consistent with the detention standard, for examinations by independent medical service providers and experts.				The facility has procedures in place to accommodate examinations by independent medical service providers. ICE and facility staff must approve the examination. The independent provider/expert is provided a room within the facility to perform the examination. Facility and IHSC staffs do not participate in the examination in any manner.	

prevention and nearth education, so that their health care					y and emolent manner.
	Components	Meets Standard	Does Not Meet Standard	W/A	Remarks
44.	 (MANDATORY) Each facility has a written plan (or plans) that address the management of infectious and communicable diseases, including prevention, education, identification, surveillance, immunization (when applicable), treatment, follow-up, isolation (when indicated), and reporting to local, state, and federal agencies. Plans include: Coordination with public health authorities; Ongoing education for staff and detainees; Control, treatment, and prevention strategies; Protection of individual confidentiality; Media relations; Management of tuberculosis, hepatitis A, B, and C, HIV infection, avian influenza, and Reporting communicable diseases to local and/or state health departments in accordance with local and state regulations. 				The facility uses a comprehensive IHSC Infection Control Manual and the Centers for Disease Control and Prevention (CDC) guidelines for the management of infectious and communicable diseases. Together, they address coordination with public health authorities, education and reporting to local and state authorities. Clinical practice guidelines are also available for tuberculosis, hepatitis, HIV infection and avian influenza. IHSC national policy addresses media relations.
45.	Detainees diagnosed with a communicable disease are isolated according to local medical operating procedures.	\boxtimes			Detainees diagnosed or suspected of having serious communicable diseases are isolated in one of four negative pressure isolation rooms or placed in one of four "Quarantine" cells in the Special Management Unit.
46.	All new arrivals receive TB screening in accordance with guidelines of the Centers for Disease Control (CDC). Unless a chest x-ray is the primary screening method, the PPD (mantoux method) is the primary screening method. (For a detainee on whom the PPD is contraindicated; a chest x-ray will be needed. Detainees not screened are housed separate from the general population.	\boxtimes			Newly arriving detainees receive symptomatic screening for TB. A digital chest x-ray is the primary screening method for TB at this facility. Chest x-rays are interpreted prior to the detainees being placed in the general population.
47.	Detainees with symptoms suggestive of TB are placed in a negative pressure isolation room and promptly evaluated for TB disease. Detainees at facilities with no negative pressure isolation room are referred to an appropriate off-site facility.	\boxtimes			Detainees who are symptomatic for TB or have x-rays suggesting TB are housed in one of four negative pressure isolation rooms until cleared by medical staff to enter the general population.
48.	A transportation system will be available that ensures timely access to health care services that are only available outside the facility, including: prioritization of medical need, urgency (ambulance versus standard), and transfer of medical information.	\boxtimes			Facility policy describes the routine and emergent transportation systems that are available.

prevention and health education, so that their health care needs are met in a timely and emicient mariner.						
	Components	Meets Standard	Does Not Meet Standard	Y/N	Remarks	
49.	Detainee who requires close, chronic, or convalescent medical supervision will be treated in accordance with a plan approved by licensed physician, physician assist, nurse practitioner, dentist, or mental health practitioner that includes directions to health care and other involved personnel.				Detainees who require close or frequent observation are placed in an observation cell within the "short stay unit" that is within the health services unit. The detainees are monitored according to orders issued by licensed health care providers.	
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.			\boxtimes	The facility does not house female detainees.	
51.	(MANDATORY) Detainees with chronic conditions (such as hypertension and diabetes) will receive periodic care and treatment that includes monitoring of medications, laboratory testing, and chronic care clinics, and others will be scheduled for periodic routine medical examinations, as determined by the health authority	\boxtimes			The medical records of 15 detainees with chronic conditions were reviewed and confirmed that all had timely and regular examinations that include monitoring of medications and appropriate laboratory testing.	
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.	\boxtimes			When a detainee requires special consideration for housing, transfer or transportation, a "Detainee Special Needs" form is completed and delivered to designated staff.	
53.	Detainees will have access to emergency and specified routine dental care provided under direction and supervision of a licensed dentist.	\boxtimes			Medical staffing includes two full- time licensed dentists and two dental assistants. Access to routine and emergent dental care meets the needs of the detainee population.	
54.	(MANDATORY) Detainees with mental health problems will be referred to a mental health provider as needed for detection, diagnosis, treatment, and stabilization to prevent psychiatric deterioration while confined.	\boxtimes			Detainees with mental health problems are referred to a licensed social worker on staff. The facility uses telepsychiatry for psychiatric consultations.	
55.	Crisis intervention services are available for detainees who experience acute mental health episodes.				Crisis intervention services are available when needed. However, if in-house mental house staff or telepsychiatric consultation cannot manage the crisis, the detainee is transferred to a more appropriate off-site facility. The facility uses St Francis Hospital, in Columbus, Georgia for mental health crisis intervention services.	

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
56.	Medical and mental health interviews, examinations, and procedures will be conducted in settings that respect detainees' privacy, and female detainees will be provided female escorts for health care by male health care providers.	\boxtimes			Medical and mental health interviews and examinations are conducted in private examination rooms. Examination rooms are located within the health services unit, on each housing unit and in the intake screening area. There are no female detainees in this facility.
57.	(MANDATORY) Any detainee referred for mental health treatment receives a comprehensive evaluation by a licensed mental health provider within 14 days of the referral.	\boxtimes			Detainees with mental health problems are referred to a staff clinical psychologist or licensed social worker.
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:				IHSC policies, "Medical Restraints, Therapeutic Seclusion and Emergency Psychotropic Medication" and "Seclusion and Therapeutic Restraints" provide guidance to staff when mechanical or chemical restraints are considered. The policies describe
	 The conditions under which restraints may be applied; 				
	 The types of restraints to be used; 	\boxtimes			
	How a detainee in restraints is to be monitored;				the types of restraints available; the conditions under which the
	 The length of time restraints are to be applied; Requirements for documentation, including efforts to use less restrictive alternatives; and 				restraints may be applied; the length of time the restraints are to be applied and how they are
	After-incident review.				monitored. An after incident review
	 The medical authority or mental health provider completes a Post-Restraints Observation Report form DIHS-867 or similar form. 				and a post-restraint observation report are required.

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	Components	Meets Standard	Does Not Meet Standard	W/A	Remarks
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. 				IHSC policy "Mental Health Services" provides guidance to staff when involuntary administration of psychotropic medications is considered. Local procedures require facility staff to notify ICE personnel when forced medicating is considered. Policy requires obtaining a federal court order and an order from an authorizing physician that specifies the duration of therapy; documentation that less restrictive interventions have been exercised without success; the route of administration; instructions for monitoring and for adverse reactions and a treatment plan for less restrictive alternatives. ICE is responsible for obtaining the Court Order.
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			Initial dental screening is performed by a nurse during intake screening and an oral examination is performed by an appropriately trained Registered Nurse (RN), physician assistant or nurse practitioner. Documentation of training by the dentist for this examination was reviewed.
61.	In each detention facility, the designated health authority and Facility Administrator determines the contents, number, location(s), use protocols, and procedures for monthly inspections of first aid kits.	\boxtimes			The Health Services Administrator and Safety Manager determine the contents, location and use protocols for first aid kits.
62.	An automatic external defibrillator should be available for use at the facility.	\boxtimes			The facility has three automatic external defibrillators available for use.
	If a detainee refuses treatment, ICE/DRO will be consulted in determining whether forced treatment will be administered, except in emergency circumstances, in which case, ICE/DRO will be notified as soon as possible.	\boxtimes			If an ICE detainee refuses life sustaining treatment, ICE personnel are notified as soon as possible when forced treatment is considered.
64.	In SPCs and CDFs, the Facility Administrator and health services administrator will meet at least quarterly and include other facility and medical staff as appropriate.	\boxtimes			The Health Services Administrator meets weekly with the Facility Administrator.

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

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

Health care in the facility is under the supervision of the Immigration Health Services Corps (IHSC) and their contract support staff. Additional services are provided by their on-site contract vendors and providers in the community. The facility is currently accredited by American Correctional Association. Care is provided in a clean but sometimes cramped environment, which is adequately staffed and properly equipped. Detainees with acute and chronic medical or mental health needs are identified during the intake screening and physical assessment processes. Timely and regular monitoring is conducted for detainees with chronic care conditions. Medical, dental and mental health care services are also provided in a timely manner. Detainees requiring close observation for medical or mental health issues are housed in a Short Stay Unit (SSU) within the health services area. A review of detainee medical records confirmed timely medical, dental and mental health intake screenings and appropriate physical assessments. Access to medical care is not inhibited.

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

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

(b)(6), (b)(7)(c) 04/26/2012 Reviewer's Signature / Date

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
1.	There is a policy and procedure for the regular issuance and exchange of clothing, bedding, linens, towels, and personal hygiene items. The supply of these items exceeds the minimum	\boxtimes			
	required for the number of detainees.				
2.	All new detainees are issued clean, temperature-appropriate, presentable clothing during in-processing. Detainees receive, at a minimum:				During the intake process, detainees
	One uniform shirt and one pair of uniform pants or one jumpsuit.	\boxtimes			are issued three shirts, three pairs of pants, three sets of underwear and
	One pair of socks.				socks, shower shoes, and slip on canvas shoes.
	One pair of underwear (daily change).				canvas snoes.
	One pair of facility-issued footwear.				
3.	Additional clothing is available for changing weather conditions and as is seasonally appropriate.	\boxtimes			Climate appropriate clothing is provided when the outside temperature turns cold.
4.	New detainees are issued clean bedding, linens and towels, at a minimum:				
	One mattress				Each detainee is provided one
	One blanket				mattress, one pillow, two sheets,
	Two sheets	\boxtimes			one pillowcase, two washcloths, two towels and a wool blanket. The
	One pillow				facility is climate-controlled.
	One pillowcase				However, additional blankets are available.
	One towel				avanable.
	 Additional blankets, based on local weather conditions. 				
5.	The facility provides and replenishes personal hygiene items as needed. Gender-specific items are available. ICE detainees are not charged for these items.	\boxtimes			The facility provides personal hygiene items and replenishes them, as needed. The detainees are not charged for these items. The facility does not house female detainees.
6.	Toilet facilities are:				
	 Clean Adequate in number and can be used without staff assistance 24 hours per day when detainees are confined in their cells or sleeping areas. ACA Expected Practice 4-ALDF-4B-08 requires that toilets be provided at a minimum ratio of one for every 12 male detainees or one for every 8 female detainees. For males, urinals may be substituted for up to one-half of the toilets. 	\boxtimes			

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. Meets Standard Does Not Meet Standard Components Remarks 7. Bathing facilities are: Showering facilities are clean and Clean adequate in number to meet the Operable with temperatures between 100 and 120 needs of the population. The shower degrees Fahrenheit. \boxtimes temperature log was reviewed and ACA Expected Practice 4-ALDF-4B-08 requires one operable temperatures were washbasin for every 12 detainees. between 103 and 110 degrees ACA Expected Practice 4-ALDF-4B-09 requires a Fahrenheit. minimum ratio of one shower for every 12 detainees. 8. Detainees with disabilities are provided adequate Handicapped accessible showers facilities, support, and assistance needed for self-care \boxtimes and toilets are available in each and personal hygiene. housing unit.

PART 4 – 23. PERSONAL HYGIENE Meets Standard Does Not Meet Standard N/A Repeat Finding

 \boxtimes

 \boxtimes

 \boxtimes

daily.

frequently.

Food service workers are permitted

to exchange their outer garments

Volunteer detainee workers may

exchange their outer garments more

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

9. Detainees are provided clean clothing, linen and

10. Food service detainee volunteer workers are permitted

11. Volunteer detainee workers are permitted

exchanges of outer garments more frequently.

Socks and undergarments - daily.

Outer garments - twice weekly.

Sheets - weekly.

Towels - weekly.

Pillowcases - weekly.

to exchange outer garments daily.

Upon arrival, detainees are issued an adequate supply of clean clothes, linens, towels, bedding and hygiene items. Detainees are not charged for necessary personal hygiene items. Frequent issuance and exchanges of hygiene items, clothing, bedding, and linens promote an acceptable level of personal hygiene. The ratio of toilets and showers to number of detainees in a housing unit meets the minimum required by the standard.

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

(b)(6), (b)(7)(c)	04/26/2012
Reviewer's Si	gnature / Date

towels.

PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION

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

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
The facility has a written suicide prevention and intervention program approved and signed by the health authority and Facility Administrator and reviewed annually.	\boxtimes			Facility policy, Suicide Prevention, has been approved by the Clinical Director, Health Services Administrator (HSA), and 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. 				Facility and Immigration Health Service Corps (IHSC) suicide prevention and intervention policies address intake screening for suicide potential; referral requirements; staff training requirements; and suicidal detainee housing, monitoring, documentation and observation requirements. Policy also directs how to return a previously suicidal detainee to the general population. A licensed mental health provider must authorize the detainee to return to the general population.
Every new staff member receives suicide-prevention training. Suicide-prevention training occurs during the employee orientation and annual training.	\boxtimes			All new staff members receive suicide prevention and intervention training as part of their pre-service training and again annually during in-service training.

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.

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	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
4. Trai	ning prepares staff to:				
•	Effective methods for identifying the warning signs and symptoms of impending suicidal behavior,				
•	Demographic, cultural, and precipitating factors of suicidal behavior,				The suicide prevention and intervention lesson plan and Power
•	Responding to suicidal and depressed detainees,				Point presentation were reviewed
•	Effective communication between correctional and health care personnel,	\boxtimes			and the training prepares staffs on the recognition, referral,
•	Necessary referral procedures,				management, housing, monitoring
•	Housing observation and suicide-watch level procedures,				and reporting on potentially suicidal detainees.
•	Follow-up monitoring of detainees who have already attempted suicide, and				
•	Reporting and written documentation procedures.				
scr	nealth-care provider or specially trained officer reens all detainees for suicide potential as part of 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			A nurse screens all arriving detainees for suicide potential as part of the intake process. The screening occurs within 12 hours of their arrival and before their placement in a housing unit. Detention officers do not perform the suicide potential screening.
6 Writ	ten procedures contain when and how to refer at-				Facility policy provides guidance to
risł	detainees to medical staff and procedures are owed.	\boxtimes			staff in the referral of potentially suicidal detainees to medical personnel.
sui wri app	itten procedures include returning a previously cidal detainee to the general population, upon tten authorization of the clinical director or propriate health care professional.	\boxtimes			Facility policy outlines procedures for returning previously suicidal detainees to the general population. Written authorization must be provided by the consultant psychiatrist, social worker or a midlevel practitioner.
	e facility has a designated isolation room for aluation and treatment.	\boxtimes			Detainees on suicide watch are placed in an observation cell in the health services unit's short stay unit or in the Special Management Unit.
strı sui	designated isolation room does not contain any uctures or smaller items that could be used in a cide attempt.	\boxtimes			The suicide watch cells do not contain sharp or small items that can be used in suicide attempts.
10. Me	dical staff have approved the room for this purpose.	\boxtimes			Medical staff has approved the cells for this purpose.

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.

treatment.						
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks		
Staff observe and document the status of a suicidewatch detainee at least once every 15 minutes/constant observation.	\boxtimes			Detainees on suicide watch are under constant observation by a staff member. Staff documents their observations at least every 15 minutes.		
12. At facilities with twenty-four-hour medical staff, observation of imminently suicidal detainees by medical or detention staff shall occur no less than every 15 minutes. The Clinical Director (CD) may recommend constant direct supervision. If a detainee is clinically evaluated and determined to be at risk for suicide, medical staff shall document the status of the detainee in the medical record at least every two hours, unless otherwise directed by the CD.	\boxtimes			The facility has 24 hour on-site medical staffing. Detainees on suicide watch are under constant observation. Detention staff documents their observations at least every 15 minutes. When detainees are on direct observation status, a nurse documents their observations in the medical record. The Performance Based National Detention Standards require nursing staff to document their observations daily. Facility policy and practice is the same.		
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				The facility is an IGSA and has 24 hour on-site medical coverage. Pursuant to policy ICE personnel is notified immediately when a detainee is 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. Apple Apple				There have been no suicides at this facility in the past year.		
PART 4 – 24. SUICIDE PREVI		I AIL UNA I	CKVE	INTION		
	andard	□ N/A	1	☐Repeat Finding		

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

Facility staff is trained on the recognition, referral and management of potentially suicidal detainees. Training occurs during new

employee pre-service orientation and again during annual refresher training. After pre-service training, health services and detention staffs have separate annual refresher training. Policy and procedures protect the health and well-being of detainees on suicide watch. There were no detainee successful suicides since the prior inspection.

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

(b)(6), (b)(7)(c) 04/26/2012 Reviewer's Signature / Date

PART 4 – 25. TERMINAL ILLNESS, AI	DVANCE DIRECTIVES, AND DEATH
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This Detention Standard ensures that each facility's continuum of health care services addresses terminal illness, fatal injury, and advance directives and provides specific guidance in the event of a detainee's death.

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

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	Detainees, who are chronically or terminally ill, are transferred to an appropriate off-site medical facility.	\boxtimes			Detainees who are seriously or terminally ill are not routinely accepted in this facility. Detainees who present medical conditions beyond the capabilities of the facility are transferred to a more appropriate detention center or offsite health care facility.
2.	 The facility or appropriate ICE office promptly notifies the next-of-kin of the detainee's: medical condition. The detainee's location. The visiting hours and rules at that location. 	\boxtimes			When a detainee is transferred to an off-site medical location, "Terminal Illness / Organ Donation", policy requires the facility staff to notify ICE personnel. ICE makes notification of the next-of-kin regarding the detainee's location and visiting rules at that location.
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			"Terminal Illness / Organ Donation" policy addresses the State of Georgia advance directives regulations. Policy permits detainees to have a private attorney prepare the documents.
4.	There is a policy addressing "Do Not Resuscitate Orders"	\boxtimes			Facility policy, "Terminal Illness/Organ Donation", addresses Do No Resuscitate (DNR) orders.
5.	Detainees with a "Do Not Resuscitate" order in the medical record receive maximal therapeutic efforts short of resuscitation.	\boxtimes			Facility policy requires detainees with a DNR order to receive maximal therapeutic efforts short of resuscitation.
6.	The facility notifies ICE/DRO Medical Director and Headquarters' Legal Counsel of the name and basic circumstances of any detainee with a "Do Not Resuscitate" order in the medical record. In the case of IGSAs, this notification is made through the local ICE representative.				IHSC policy requires the Clinical Director or Health Services Administrator to notify the ICE Clinical Services Director, the Governing Body, and Headquarters Legal Counsel when a detainee has a DNR in their medical record.

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.

	death and related notifications.					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
7.	The facility has written procedures to address the issues of organ donation by detainees.	\boxtimes			"Terminal Illness/Organ Donation" policy permits organ donation upon a detainee's death if there is no expense to the facility.	
8.	The facility has written procedures to notify ICE officials, deceased family members and consulates, when a detainee dies while in custody.	\boxtimes			Facility policy, "Procedures Following the Death of a Detainee", requires facility staff to notify ICE when a detainee dies in custody. ICE then makes the required family and consulate notifications.	
9.	The facility has a policy and procedure to address the death of a detainee while in transport.	\boxtimes			"Procedures Following the Death of a Detainee", policy provides appropriate guidance to staff when a detainee dies in transport.	
10.	At all ICE locations the detainee's remains disposed of in accordance with the provisions detailed in this standard.	\boxtimes			There have been no detainee deaths at the facility since the previous inspection. However, the facility works with ICE to return the remains to the deceased detainee's family or appropriate consulate.	
11.	In the event that neither family nor consulate claims the remains, the Field Office schedules an indigent's burial, consistent with local procedures. • If the detainee is a U.S. military veteran, the Department of Veterans Affairs notified.	\boxtimes			Pursuant to the local ICE Contracting Officer's Technical Representative (COTR), if neither the detainee's family nor consulate claims the detainee's remains, the Field Office will provide an indigent's burial. If the detainee is a U.S. military veteran, ICE notifies the Department of Veterans Affairs.	
12.	An original or certified copy of a detainee's death certificate is placed in the subject's A-File.	\boxtimes			There were no ICE detainee deaths since the last inspection. However, an original or certified copy of the detainee's death certificate would be placed in their A-file per policy.	
13.	The facility follows established policy and procedures describing when to contact the local coroner regarding such issues as; Performance of an autopsy. Person(s) to perform the autopsy. Obtaining State approved death certificates. Local transportation of the body.	\boxtimes			Facility policy provides guidance to staff when a detainee dies in custody. However, there have been no detainee deaths since the last inspection.	

PART 4 – 25. TERMINAL ILLNESS, A	DVAN	CE DIREC	TIVES	PART 4 – 25. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH				
This Detention Standard ensures that each facility's contin fatal injury, and advance directives and provides specific g								
□ Check this box if the facility does not accept ICE does								
Meets Standard NA N/A N/A								
14. ICE staff follow established procedures to properly close the case of a deceased detainee.	\boxtimes			There have been no detainee deaths at this facility since the last inspection. However, upon receipt of a death certificate the case is closed				
PART 4 – 25. TERMINAL ILLNESS, A	DVAN	CE DIREC	TIVES	S, AND DEATH				

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

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

There were no ICE detainee deaths since the prior inspection.

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

(b)(6), (b)(7)(c) 04/26/2012 Reviewer's Signature / Date

Performance-Based National Detention Standards

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.

	representatives, government offices, and consular officials consistent with the safe and orderly operation of the facility.					
	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
1.	The facility has written policy and procedures concerning correspondence and other mail. The rules for correspondence and other mail are posted in each housing or common area or provided to each detainee via a detainee handbook.	\boxtimes			The facility's detainee correspondence and other mail rules are posted in all 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				
3.	Incoming mail is distributed to detainees within 24 hours or 1 business day after it is received and inspected.	\boxtimes			Incoming detainee mail is distributed to detainees within one business day after it is received.	
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.	\boxtimes			Mailroom staff maintain a logbook recording acceptance of priority, priority overnight, and certified mail delivered to the facility for detainees.	
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		Facility policy directs mailroom staff to open and inspect all incoming general correspondence without the detainee present.	
7.	Staff do not read incoming general correspondence without the Facility Administrator's prior approval.	\boxtimes			Facility policy directs staff not to read incoming detainee general correspondence without the Warden's direct approval.	
8.	Staff do not inspect incoming Special Correspondence for physical contraband or to verify the "special" status of enclosures without the detainee present.	\boxtimes				
9.	Staff are prohibited from reading or copying incoming and outgoing Special Correspondence without the detainee present.	\boxtimes			Facility policy prohibits staff from reading outgoing Special Correspondence without the detainee present.	

PART 5 - 26. CORRESPONDENCE AND OTHER MAIL

This Detention Standard ensures that detainees will be able to correspond with their families, the community, legal representatives, government offices, and consular officials consistent with the safe and orderly operation of the facility.

representatives, government offices, and consular officials consistent with the sale and orderly operation of the facility.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
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.	\boxtimes			Staff are only authorized by facility policy to inspect outgoing correspondence or other mail without the detainee present when there is reason to believe the item might present a threat to the facility's secure or orderly operation, endanger the recipient or the public, or might facilitate criminal activity.	
11. Correspondence to a politician or to the media is processed as Special Correspondence and is not read or copied.	\boxtimes				
12. The official authorizing the rejection of incoming mail sends written notice to the sender and the addressee.	\boxtimes			Facility policy requires staff rejecting incoming detainee mail to notify the detainee and the sender.	
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.					
15. The Facility Administrator or designee monitors staff handling of discovered contraband and its disposition. Records are accurate and up to date.				The Warden designated the Chief of Security to monitor staff handling of contraband discovered in the detainee mail and its disposition, Documentation was accurate and up to date during this inspection.	
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.	\boxtimes				
17. Original identity documents (for example, passports, and birth certificates) are immediately removed and forwarded to ICE staff for placement in the A-files.	\boxtimes			Original identity documents discovered in detainee mail are immediately removed and forwarded to ICE.	
18. Staff provide the detainee a copy of his or her identity document(s) upon request.					
19. Staff dispose of prohibited items found in detainee mail in accordance with the Detention Standard on "Contraband".	\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	W/A	Remarks	
20. Every indigent detainee has the opportunity to mail, at government expense: At least five pieces of special correspondence per week; Three one ounce letters per week: Packages deemed necessary by ICE.	\boxtimes			At this facility each indigent detainee has the opportunity to mail seven pieces of general correspondence and three pieces of special correspondence each week. Indigent detainees may also mail packages deemed necessary by ICE.	
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.	\boxtimes				
22. The facility provides writing paper, envelopes, and pencils at no cost to ICE detainees.	\boxtimes				
23. SMU detainees have the same correspondence privileges as general population.	\boxtimes			Detainees housed in the SMU have the same correspondence privileges as those in the general population.	
24. Detainees have access to outside publications.					
PART 5 – 26. CORRESPONDENCE AND OTHER MAIL					
⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding					
temarks: (Record significant facts, observations, other sources used, etc.)					

The inspector reviewed facility policy, interviewed mailroom staff and detainees and observed the deliverance of detainee mail. Detainees in this facility are able to freely correspond with family, friends, consular officials, and legal counsel.

(b)(6), (b)(7)(c) 04/26/2012 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	A/N	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 commonlaw 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 least ()(7)(a)fficers.				
7.	The detainee remains under constant, direct visual supervision of escorting staff.				
8.	Escorting officers report unexpected situations to the originating facility as a matter of procedure and the ranking supervisor on duty has the authority to issue instructions for completion of the trip.				
9.	Escorting officers have the discretion to increase or decrease minimum restraints in accordance with written instruction, procedures and classification level of the detainee.				
10.	Escort officers do not accept gifts/gratuities from a detainee, detainee's relative or friend for any reason.				

PART 5 – 27. ESCORTED TRIPS FO	OR NO	N-MEDICA	AL EM	ERGENCIES
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 ca	se.			
Components	Meets Standard	Does Not Meet Standard	N/A	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.				
 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 FO	OR NO	N-MEDICA	AL EM	ERGENCIES
☐ Meets Standard ☐ Does Not Meet St	andard	□ N/A		☐Repeat Finding
emarks: (Record significant facts, observations, other sources used, etc.) an interview with the Chief of Security and an ICE Supervisory Immigration Enforcement Agent it was found that that any opproved trips for non-medical emergencies would be handled by ICE personnel. This standard therefore is marked non-				

applicable.

(b)(6), (b)(7)(c) 04/26/2012 Reviewer's Signature / Date 04/26/2012

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 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. Remarks

	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.	\boxtimes			Policy requires written requests to marry be submitted to the Warden. Requests will be forwarded to the Field Officer Director for consideration.						
2.	The Field Office Director reviews every marriage request rejected by a Facility Administrator or IGSA. Rejections are documented.	\boxtimes			The Field Office Director reviews each marriage request and will document the approval/denial in writing.						
3.	It is standard practice to require a written request for permission to marry.	\boxtimes			A request to marry must be submitted from the detainee, intended spouse and/or attorney to the Warden. The request will then be sent to the Field Office Director for approval or denial.						
4.	The written request includes a signed statement or comparable documentation from the intended spouse, confirming marital intent.	\boxtimes			The intended spouse must submit a letter in writing that includes the history of the relationship and desire to marry.						
5.	The Facility Administrator provides a written copy of his or her decision to the detainee and his or her legal representative.	\boxtimes			A letter will be sent to the detainee from the Field Office Director with his/her decision.						
6.	When permission is denied, the Facility Administrator states the basis for his or her decision along with instructions on how the detainee can file an appeal.	\boxtimes									
7.	The Facility Administrator provides the detainee with a place and time to make wedding arrangements.	\boxtimes			Wedding ceremonies are conducted in the facility visiting room.						
8.	The detainee handbook explains the marriage request process.	\boxtimes									
9.	In SPCs the Facility Administrator or highest ranking ICE official on-site is the only officer authorized to approve a request to marry.	\boxtimes			The Field Office Director is the approving official.						
	PART 5 – 28. MARI	RIAGE	REQUEST	ΓS							

☐ Does Not Meet Standard	□ N/A	Repeat Finding

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

The facility ensures marriage requests receive case-by-case consideration from ICE. Detainees must submit a request to marry to the Unit Manager, who will forward the request to the Warden; however the Field Office Director is the approving official. If approved, the facility furnishes a place for the ceremony to take place. One wedding ceremony was conducted at the facility this past year. During the evaluation of this standard, policy was reviewed and ICE staff interviewed. The facility practices, procedures and policy indicate that the elements of this standard are incorporated into the daily operation of the facility

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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.An outdoor recreation program.				Indoor and outdoor recreational programs are available for detainees at the facility.
A recreational specialist (for facilities with more than 350 detainees) tailors the program activities and offerings to the detainee population.	\boxtimes			The facility has one full-time Recreation Supervisor.
Regular maintenance keeps recreational facilities and equipment in good condition.	\boxtimes			Equipment condition is monitored by the Recreation Supervisor and repaired or replaced as necessary.
The recreational specialist or trained equivalent supervises detainee recreation workers.	\boxtimes			Initial orientation/safety training is conducted for detainee volunteers, who work under the direct supervision of the Recreational Supervisor.
5. The recreational specialist or trainee equivalent oversees recreation programs for Special Management Unit and special-needs detainees.	\boxtimes			
6. Dayrooms offer sedentary activities, e.g., board games, cards, television.	\boxtimes			Dayrooms offer sedentary activities such as board games, cards and television.
7. Outside activities are restricted to limited-contact sports.	\boxtimes			Soccer, basketball, walking and cardiovascular exercise are available on a daily basis.
8. Each detainee has the opportunity to participate in daily recreation.	\boxtimes			
Detainees have access to recreation activities outside the housing units for at least one hour daily.	\boxtimes			Detainees have access to recreation activities outside the housing units for one hour a day, seven days a week.
Staff check all items for damage and condition when equipment is returned.	\boxtimes			

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
11. Staff conduct searches of recreation areas before and after use.	\boxtimes			Detention officers and recreational staff conduct searches of the recreation areas twice daily.
12. Recreation areas are under constant staff supervision.	\boxtimes			Assigned detention officers provide this supervision.
13. Supervising staff are equipped with radios.	\boxtimes			All staff supervising the recreation activities is equipped with radios.
 The facility provides detainees in the SMU at least one hour of outdoor recreation time daily, five times per week. 	\boxtimes			Detainees housed in the SMU are offered outdoor recreation for one hour, five days a week.
 Detainees in disciplinary/administrative segregation receive a written explanation when a panel revokes his or her recreation privileges. 	\boxtimes			
Special programs or religious activities are available to detainees.	\boxtimes			Detainees are allowed to participate in small group religious studies in the housing units. Regularly scheduled religious services are provided in the dining room.
17. All volunteers have completed an orientation program with documentation required before entering a secure portion of the facility where detainees are present.			\boxtimes	Volunteers do not participate in the recreation program in the facility.
18. Visitors, relatives or friends of detainees are not allowed to serve as volunteers.	\boxtimes			
19. If the facility has no outside recreation, are detainees considered for transfer after six months?			\boxtimes	The facility provides outdoor recreation; therefore such transfers are not needed.
20. If yes, written procedures ensure timely review of all eligible detainees.			\boxtimes	The facility provides outdoor recreation; therefore such transfers are not needed.
21. Case officers make written transfer recommendations about every six-month detainee to the Facility Administrator.			\boxtimes	The facility provides outdoor recreation; therefore such transfers are not needed.
22. The Facility Administrator documents all detainee-transfer decisions, whether yes or no.			\boxtimes	The facility provides outdoor recreation; therefore such transfers are not needed.
23. The detainee's written decision for or against an offered transfer documented in his or her A-file.			\boxtimes	The facility provides outdoor recreation; therefore such transfers are not needed.
24. Staff notify the detainee's legal representative of his or her decision to accept/decline a transfer.			\boxtimes	The facility provides outdoor recreation; therefore such transfers are not needed.

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.				
$oxed{oxed}$ If outdoor recreation is offered check this box. Iter	ns 19-2	27 should	then I	be marked "N/A".
Components	Meets Standard	Does Not Meet Standard	A/N	Remarks
25. If no recreation is available, the ICE Field Office routinely review transfer eligibility for all detainees after 60 days.			\boxtimes	The facility provides outdoor recreation; therefore such transfers are not needed.
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.				The facility provides outdoor recreation; therefore such transfers are not needed.
27. The detainee's legal representative is notified of the detainee's/Facility Administrator's decision.			\boxtimes	The facility provides outdoor recreation; therefore such transfers are not needed.
PART 5 - 29. RECREATION				
⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding				

The facility provides access to recreational programs and activities to all ICE detainees. A full time Recreation Supervisor is employed at the facility and was interviewed during the review of this standard. Indoor and outdoor recreational activities are available. Outdoor recreational activities are conducted in six spacious recreational fields surrounded by a secure fencing. A gymnasium is also available for use during inclement weather. Detainees housed in the SMU are provided recreational opportunities one hour daily, five days a week. During the evaluation of this standard, policy was reviewed, recreational areas of the facility visited and the Recreation Supervisor was interviewed. The facility practices, procedures and policy indicate that the elements of this standard are incorporated into the daily operation of the facility.

(b)(6), (b)(7)(c) 04/26/2012 Reviewer's Signature / Date

PART 5 - 30. RELIGIOUS PRACTICES

This Detention Standard ensures that detainees of different religious beliefs are provided reasonable and equitable opportunities to participate in the practices of their respective faiths, constrained only by concerns about safety, security, the orderly operation of the facility, or extraordinary costs associated with a specific practice.

	Components	Meets Standards	Does Not Meet Standards	N/A	Remarks
1.	Detainees are allowed to engage in religious services. When available, these services are provided in major languages spoken within the facility.	\boxtimes			Religious services are provided in English and Spanish.
2.	Space is available for detainees to participate in religious services.	\boxtimes			Small group religious gatherings are conducted in the housing unit. Regularly scheduled religious services are held in the dining room.
3.	The facility allows detainees to observe the major "holy days" of their religious faith. List any exceptions.	\boxtimes			
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. 	\boxtimes			The facility provides accommodations to assure detainees can observe holy days recognized by their religion.
5.	Each detainee is allowed religious items in his/her immediate possession; refer to the Funds and Personal Property Standard.	\boxtimes			Detainees are allowed to keep religious items consistent with ICE standards.
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.	\boxtimes			
8.	Detainees in the Special Management Unit may participate in religious practices unless otherwise documented for the safety and security of the facility.	\boxtimes			Detainees in Special Management Units may request a clerical visit.
	RELIGIOUS	PRACT	TICES		
		andard	□ N/A		☐Repeat Finding

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

The facility provides detainees of all faiths with reasonable and equitable opportunities to participate in the practices of their faith. The Chaplin provides oversight and guidance for the program. Detainees are allowed to have religious items in their possession. The facility uses the dining room as a worship area for a variety of faiths. During the evaluation of this standard, policy was reviewed, religious worship areas visited and the program manager interviewed. The facility practices, procedures and policy indicate that the elements of this standard are incorporated into the daily operation of the facility.

(b)(6), (b)(7)(c)	/ <u>04/26/2012</u>
	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			At this facility detainees are allowed to access telephones during facility waking hours.
2.	Upon admittance, detainees are made aware of the facility's telephone access policy.	\boxtimes			Detainees are informed of the facility's telephone policy via the detainee handbook, facility orientation video, and housing unit bulletin boards where the phone policy is posted.
3.	Notification explaining the facilities telephone policy is in the Detainee Handbook.	\boxtimes			
4.	Access rules, including updated telephone and consulate number, are posted in housing units.	\boxtimes			Telephone rules complete with up- to-date consulate numbers are posted in all housing units.
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			
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.	\boxtimes			Housing unit post orders require staff to check the status of detainee phones daily.
8.	Telephones are located a reasonable distance from televisions.	\boxtimes			
9.	The facility administration promptly reports out-of- order telephones to the facility's telephone service provider.	\boxtimes			The facility has one officer (the Telephone Information Officer) dedicated to coordinating all detainee phone issues. He reports out-of-order phones to the telephone service provider, Securus.
10.	The facility administration monitors repair progress and takes appropriate measures to ensure that the required repairs are begun and completed timely.	\boxtimes			The Telephone Information Officer reported that Securus has responded within one business day to any repair call and has been able to repair any phone problems when called.
11.	Detainees are afforded a reasonable degree of privacy for legal phone calls.	\boxtimes			
12.	A procedure exists to assist a detainee who is having trouble placing a confidential call.	\boxtimes			Detainees are instructed to contact their Unit Manager for assistance in placing a confidential call.
13.	The facility provides the detainees with the ability to make non-collect (special access) calls.				

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
	Special Access calls are at no charge to the detainees.				
15.	In facilities unable to fully meet this requirement initially because of limitations of its telephone service, ICE makes alternate arrangements to provide required access within 24 hours of a request by a detainee.			\boxtimes	This facility is able to fully comply with the requirement to provide Special Access Calls.
16.	No restrictions are placed on detainees attempting to contact attorneys and legal service providers who are on the approved "Free Legal Services List".	\boxtimes			
17.	Special arrangements are made to allow detainees to speak by telephone with an immediate family member detained in another Facility.	\boxtimes			The procedure at this facility is for the detainee to submit a request to his Unit Manager, who will coordinate the call with the other facility.
18.	All telephone restrictions are documented.	\boxtimes			
19.	The facility has a system for taking and delivering emergency detainee telephone messages.	\boxtimes			The facility receptionist will take all messages including those of an emergency nature and forward them to the detainee's Unit Manager. The Unit Manager then delivers the message to the detainee and arranges a return call.
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.	\boxtimes			Detainees in disciplinary segregation are allowed to place calls related to their immigration case or other legal matters.
23.	Detainees in disciplinary segregation are allowed phone calls to consular/embassy officials.	\boxtimes			Detainees in disciplinary segregation are allowed to place calls to their consular/embassy officials.
24.	Detainees in disciplinary segregation are allowed phone calls for family emergencies.	\boxtimes			Detainees in disciplinary segregation are allowed to place calls for family emergencies.
25.	Detainees in administrative segregation and protective custody are afforded the same telephone privileges as those in general population.	\boxtimes			Detainees in administrative segregation and protective custody have the same telephone privileges as those in the general population.

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	W/W	Remarks	
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			Notification of telephone monitoring is posted by the telephones, on housing unit bulletin board and in the Detainee Handbook. Special Access calls are not monitored.	
27. The OIG phone number for reporting abuse is programmed into the detainee phone system. The reviewer must verify that the number is operable.	\boxtimes			The Office of the Inspector General (OIG) Hotline number is programmed into the detainee phone system. The inspector dialed the number five times throughout the first day of the inspection, six times during the second day of the inspection and four times on the third day of the inspection. Each time a recording was reached with instructions if calling to report abuse within an ICE facility to leave a message or call 1-877-246-8253.	
28. The Field Office Director has assigned ICE staff to check and report on the serviceability of facility phones. This is documented on a weekly basis	\boxtimes				
PART 5 – 31. TELI	PHON	E ACCES	S		
	⊠ Meets Standard □ Does Not Meet Standard □ N/A □Repeat Finding				

The inspector reviewed facility policy, the Detainee Handbook, and interviewed the facility's Telephone Information Officer in review of this standard. Several housing units were toured and several detainees were interviewed. No detainees encountered had complaints about the telephones. Detainees have reasonable and equitable access to telephones at this facility.

(b)(6), (b)(7)(c)	04/26/2012
Reviewer's Sign	hature / Date

PART 5 - 32. VISITATION

This Detention Standard ensures that detainees will be able to maintain ties through visitation with their families, the community, legal representatives, and consular officials, within the constraints of safety, security, and good order.

	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
1.	There is a written visitation procedure, schedule, and hours for general visitation.	\boxtimes			The facility has a written visitation procedure complete with scheduled hours for visitation.
2.	The visitation hours are tailored to the detainee population and the demand for visitation. The minimum duration for a visit is 30 minutes.	\boxtimes			Visits are limited to one hour at this facility.
3.	The visitation schedule and rules are available to the public.	\boxtimes			The visitation schedule and rules are posted in the facility lobby and available on the internet.
4.	The hours for all categories of visitation are posted in the visitation waiting area.	\boxtimes			
5.	A written copy of the rules regulating visitation and the hours of visitation is available to visitors in English, Spanish, and other major languages spoken in the facility.	\boxtimes			The visitation schedule and rules are posted in the facility lobby, available on the internet, and visitors are given a copy for review upon arrival.
6.	A general visitation log is maintained.	\boxtimes			A logbook is maintained documenting all general visitation.
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 visitation rules, including visitor dress code, are posted in the facility lobby and available on the internet.
9.	Visitors are searched and identified according to standard requirements.	\boxtimes			
10.	The requirement on visitation by minors is complied with.	\boxtimes			Minors under the supervision of an adult visitor are allowed to visit.
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	At this facility, minors under the supervision of an adult are allowed to visit.
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	At this facility, minors under the supervision of an adult are allowed to visit.
13.	Anytime a visit is denied, to either a general population detainee or SMU detainee, the denial is documented.	\boxtimes			There have been no visits denied during the past year. The procedure is to document any denials of visitation.
14.	Detainees in special housing are afforded visitation.	\boxtimes			
15.	Legal visitation is available seven (7) days a week, including holidays.				Legal visitation is available seven days a week.
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			Visitation hours are 9:00 A.M 5:00 P.M., seven days a week.

PART 5 -	- 32. VI	SITA	TION			
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.						
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	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 given the option of continuing a legal representative meeting through a scheduled meal time. Meals are delivered to the detainee in the visitation area.				
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			There are written policy and procedures governing 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							
21.	Per the Standard, prior to each visit, legal service providers and assistants are identified.	\boxtimes			Prior to each visit by legal service providers and assistants proper identification is required.				
22.	The current list of pro bono legal organizations is posted in the detainee housing areas and other appropriate areas.	\boxtimes							
23.	SPCs and CDFs shall submit written requests for tours from domestic or international organizations and associated with detention issues to the appropriate Field Office Director for approval.	\boxtimes			Any request for a facility tour from any organization associated with detention issues is forwarded to the Field Officer Director for consideration.				
24.	Provisions for NGO visitation as stated in the Detention Standards are complied with.								
25.	Law enforcement officials, requesting to visit with a detainee, are referred to the ICE Facility Administrator for approval.	\boxtimes			Law Enforcement officials requesting to visit a detainee are referred to the ICE Facility Administrator.				
26.	Former detainees or aliens in proceedings, requesting to visit with a detainee, are referred to the Facility Administrator or ICE Field Office.								
	PART 5 – 32.	VISITA	ATION						

□ Does Not Meet Standard	□ N/A	Repeat Finding

The inspector reviewed facility policy, the Detainee Handbook, post orders, and observed bulletin boards in the facility lobby and several housing units during review of this standard. The Sergeant supervising the visitation process and several detainees were also interviewed and the visitation process was observed. Detainees at this facility have free access to visitation from family, friends and legal representatives.

(b)(6), (b)(7)(c) / 04/26/2012 Reviewer's Signature / Date

	PART 5 – 33. VOLUNTARY WORK PROGRAM								
nui leg	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.								
 3 a	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.	\boxtimes							
2.	Detainee housekeeping meets acceptable levels of neatness, cleanliness and sanitation standards.	\boxtimes			Sanitation levels throughout the facility were in compliance with ICE standards.				
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			Detainees are not allowed to work outside the fence.				
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. 	\boxtimes			Selection to the Voluntary Work Program is based on facility need and detainee classification. Level three detainees are not allowed to participate in the program.				
5.	Where possible, physically and mentally challenged detainees participate in the program.	\boxtimes							
6. •	The facility complies with work-hour requirements for detainees, not exceeding: Eight hours a day. Forty hours a week.	\boxtimes			Detainees work eight hours a day and no more than 40 hours weekly.				
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			Written documentation submitted by the Warden will be given to the detainee and placed in his file.				
9.	Staff, in accordance with written procedure, ensures that detainee volunteers understand their responsibilities as workers before they join the work program.	\boxtimes			Initial orientation training is given to all detainees upon assignment to a work detail. A review of training records documents this training is taking place as required.				
	The voluntary work program meets: OSHA standards NFPA standards ACA standards	\boxtimes			A review of initial orientation training plans, personal protective equipment and working conditions demonstrates the voluntary work programs is in compliance with these standards.				
11.	Medical staff screen and formally certifies detainee food service volunteers;								

Before the assignment begins As a matter of written procedure

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	
12. Detainees receive safety equipment/ training sufficient for the assignment	\boxtimes			Personal protective equipment was available throughout the facility.	
13. Proper procedure is followed when an ICE detainee is injured on the job.	\boxtimes			Injured detainees receive medical attention and required injury reports are completed.	
PART 5 – 33. VOLUNTA	ARY W	ORK PRO	GRAM	1	

The facility has developed a voluntary work program that offers ICE detainees the opportunity to work. The Unit Manager is responsible for the overall operation and supervision of the program. The Unit Manager was interviewed during the review of this standard. Several detainee training records were examined during this review and were found to contain all required information and documentation. The Detainee Voluntary Work Program is used extensively throughout the facility by detainees. During the evaluation of this standard, policy was reviewed, staff interviewed, detainee training records examined, and the facility toured. The facility practices, procedures and policy indicate that the elements of this standard are incorporated into the daily operation of the facility.

(b)(6), (b)(7)(c) / <u>04/26/2012</u> Reviewer's Signature / Date

Performance-Based National Detention Standards

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

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
1.	The facility has a detainee handbook. Each detainee receives a copy of the local handbook and the ICE National Detainee Handbook.	\boxtimes			
2.	The detainee handbook is written in English and translated into Spanish, and other languages spoken by significant numbers of detainees in that facility.	\boxtimes			English and Spanish versions are available
3.	A procedure for requesting interpretive services for essential communication has been developed.	\boxtimes			Interpretive services are available and used when needed.
4.	Orientation materials are read to detainees who cannot read, or they are provided the material via audio or video recordings.	\boxtimes			A facility orientation recording is shown in all housing units Monday thru Friday.
5.	The handbook supplements the facility orientation video where one is provided.	\boxtimes			
6.	The handbook is revised as necessary and there are procedures in place for immediately communicating any revisions to staff and detainees.	\boxtimes			Changes to the handbook are posted in the unit housing area in the form of a memorandum.
7.	There is an annual review of the handbook by a designated committee or staff member.	\boxtimes			Facility policy requires an annual review of the handbook.
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 medical clinic is open 24 hours daily. Sick call is available Monday thru Friday.
9.	The detainee handbook states in clear language basic detainee responsibilities.	\boxtimes			
10.	The handbook clearly outlines the methods for classification of detainees, explains each level, and explains the classification appeals process.	\boxtimes			
11.	The handbook states when a medical examination will be conducted.	\boxtimes			The handbook states "A medical examination is conducted within 14 days of arrival".
12.	The handbook describes the facility, housing units, dayrooms, In-dorm activities and special management units.	\boxtimes			
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			All topics are addressed in the facility handbook.

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
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.	\boxtimes			Razors are issued on a daily basis by unit officers between 8 AM and 10 AM in exchange for ID cards. Detainees are allowed ample time to shave and then must return the razor. Detainees are allowed to shave prior to attending court.
15. The handbook describes barber hours and hair cutting restrictions.	\boxtimes			Barber hours are posted in the housing units.
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.	\boxtimes			
17. The handbook addresses religious programming.	\boxtimes			A schedule for religious services is posted in the dormitories.
18. The handbook states times and procedures for commissary or vending machine usage. (where available)	\boxtimes			
19. The handbook describes the detainee voluntary work program.	\boxtimes			Detainees are allowed to participate in the program based upon their classification level.
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 required topics are addressed in the facility handbook.
22. The handbook/supplement provides local ICE contact information.	\boxtimes			
23. The handbook describes the facility contraband policy.	\boxtimes			
24. The handbook describes the facility visiting hours and schedule and visiting rules and regulations.	\boxtimes			The handbook states "Detainees are allowed to have one visit per week for up to one hour".
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. 	\boxtimes			

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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				
 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. 				Procedures for filing an appeal with ICE are outlined in the handbook. The grievance process is outlined in the local handbook and the National Detainee Handbook.				
28. The handbook describes the medical sick call procedures for general population and segregation.								
 29. The handbook describes the facility recreation policy including: Outdoor recreation hours. Indoor recreation hours. In dorm leisure activities. Rules for television viewing. 	\boxtimes			Outdoor and indoor recreation is provided.				
30. The handbook describes the detainee dress code for daily living; and work assignments and the meaning of color-coded uniforms.	\boxtimes							
31. The handbook specifies the rights and responsibilities of all detainees.								
32. Detainees are required to sign for the handbook to ensure accountability.	\boxtimes			Detainees are required to sign when they receive a handbook.				
33. Orientation materials are provided to illiterate detainees either orally or via audio/video tapes in a language they can understand.	\boxtimes			Facility orientation videos are shown in the dormitories daily.				
PART 6 - 34. DETA	INEE I	HANDBOC	K					

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

The facility has developed a handbook to serve as an overview of and guide to policies and procedures in effect at the facility. Detainees are issued a facility handbook and National Detainee Handbook upon admission to the facility. The facility handbook is indexed and nicely organized and contains all the information required by ICE PBNDS. During the evaluation of this standard, policy was reviewed, housing units were visited, detainees interviewed and the handbook reviewed. The facility practices, procedures and policy indicate that the elements of this standard are incorporated into the daily operation of the facility.

(b)(6), (b)(7)(c) 04/26/2012 Reviewer's Signature / Date

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.

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	Components	Meets Standard	Does Not Meet Standard	V/A	Remarks
1.	Detainees are informed about the facility's informal and formal grievance system.				The facility handbook outlines the grievance system.
2.	The admissions process includes providing each new arrival with a copy of the detainee handbook (or equivalent).	\boxtimes			Detainees are required to sign acknowledging receipt of the handbook.
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 				All bulleted items are addressed in
	 Guarantee against staff retaliation for filing/pursuing a grievance. 				the handbook.
	 How to file a complaint about officer misconduct with the Department of Justice. How to file an emergency grievance. 				
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.				Informal resolutions of grievances are encouraged. Detainees have up to five days to make his concerns known to a member of the staff.
5.	Detainees have access to the grievance committee (or equivalent in IGSA), using formal procedures. Detainees may seek help from other detainees or facility staff when preparing a grievance.	\boxtimes	П		Grievances are submitted to the grievance officer, who serves as the grievance committee. Assistance in
	Illiterate, disabled, or non-English-speaking detainees receive special assistance when necessary.				preparation of grievances may be obtained from other detainees or staff.
6.	Facility has written procedures for identifying and handling a time-sensitive emergency grievance.	\boxtimes			
7.	Every member of the staff knows how to identify emergency grievances, including the procedures for expediting them.	\boxtimes			Training records indicate this topic is covered during employee orientation.
8.	Staff shall not harass, discipline, punish or otherwise retaliate against a detainee who files a complaint or grievance.	\boxtimes			There are no documented cases of staff harassing, disciplining, penalizing or otherwise retaliating against a detainee who has lodged a complaint.

PART 6 – 35. GRI	EVANC	E SYSTE	М		
This Detention Standard protects detainees' rights and ensures they are treated fairly by providing a procedure by which they may file formal grievances and receive timely responses.					
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks	
 9. Procedures include maintaining a Detainee Grievance Log. If not, an alternative acceptable record keeping system is maintained. "Nuisance complains" are identified in the records. For quality control purposes, staff document nuisance complaints received but not filed. 	\boxtimes			A grievance log is maintained and nuisance complaints are documented.	
10. If a detainee who establishes a pattern of filing nuisance complaints or otherwise abusing the grievance system, the Facility Administrator may authorize staff to refuse to process subsequent complaints. This authority may not be delegated, even to an acting Facility Administrator.	\boxtimes			The Warden, by policy, may authorize staff to refuse to process grievances from detainees who abuses the system.	
11. Staff are required to forward any grievance that includes officer misconduct to a higher official or, in a CDF/IGSA facility, to ICE.	\boxtimes				
12. Informal resolution of a written grievance is documented in the detainee's Detention File.	\boxtimes			Informal grievance resolutions are recorded and placed in the detainees file.	
13. Staff comply with the requirement to report allegations of officer misconduct to a supervisor or higher-level official in his or her chain of command, and/or to ICE/DRO Office of Professional Responsibility and/or the DHS Inspector General.	\boxtimes			Allegations of officer misconduct are forwarded to ICE.	
 14. In SPCs and CDFs, when a Detainee does not accept the grievance committee's decision, he/she files an appeal with the ICE Facility Administrator. In all facilities written procedures cover detainee appeals and are included in the detainee 	\boxtimes			Written procedures outlining the grievance appeals process is included in local and national handbooks. Grievances may be appealed to the Warden in this	

PART 6 - 35. GRIEVANCE SYSTEM

 \boxtimes

facility and then to ICE.

The detainee has five days after the

incident to file a formal grievance.

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

15. In SPCs/CDFs, the detainee has a reasonable

outcome to file a formal grievance.

timeframe after the incident or informal-grievance

handbook

The facility has developed standard operating procedures for addressing detainee grievances in a timely fashion. The Grievance

Officer provides oversight for the grievance program and was interviewed during the evaluation of this standard. A grievance log with all required information is maintained. A review of the log found that a total of 25 formal grievances were filed during the past 12 months. One grievance was found in favor of the detainee. There were a total of 79 nuisance grievances filed during this time period. Grievances were filed for variety of reasons and no specific trends or areas of concern were noted. During the evaluation of this standard, policy was reviewed, the Grievance Officer interviewed and the grievance log examined. The facility practices, procedures and policy indicate that the elements of this standard are incorporated into the daily operation of the facility.

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PART 6 - 36. LAW LIBRARIES AND LEGAL MATERIAL This Detention Standard protects detainees' rights by ensuring their access to courts, counsel, and legal materials. Meets Standard Does Not Meet Standard Components Remarks The facility provides a designated law library for The law library is located in the \boxtimes detainee use. multipurpose room of Unit 3. 2. The law library contains all materials listed in the The library has all materials listed "Access to Legal Materials" Standard, Attachment A. in "Access to Legal Materials" The listing of materials is posted in the law library. Standard, Attachment A. In addition \boxtimes there are seven computers in the law In lieu of/or in addition to the physical law library, library that have the LexisNexis ICE detainees have access to the Lexus Nexus electronic law library on them. electronic law library. 3. If the Lexis/Nexis CD-ROM service alternative is used for the publications in Attachment A, the facility provides detainees sufficient: The library has seven computers, a Operable computers and printers, in sufficient \boxtimes photocopier, and supplies for all numbers in order to provide access equipment. Photocopiers, and Supplies for both. 4. The library contains a sufficient number of chairs, is The library is well lit, has 13 chairs, well lit and is reasonably isolated from noisy areas. \boxtimes and is reasonably isolated from noisy areas. 5. The law library is adequately equipped with \boxtimes typewriters, computers or both and has sufficient supplies for daily use by the detainees. 6. Detainees are provided with the means to save legal Detainees can obtain floppy discs to \boxtimes work in a private electronic format for future use. store legal work in a private electronic format. 7. The facility subscribes to updating services where X applicable and legal materials requiring updates are current. 8. Outside persons and organizations are permitted to submit published legal material for inclusion in the \boxtimes legal library. Outside published material is forwarded and reviewed by the ICE prior to inclusion. There is a designated ICE or facility employee who ICE has a designated person to inspects, updates, and maintain/replace legal material monitor law library needs. The and equipment on a routine basis. The designee \boxtimes designee last updated LexisNexis on properly disposes outdated supplements and replaces 4/18/2012. damaged or missing material promptly. 10. Detainees are offered a minimum 5 hours per week in Detainees are offered at least five the law library. Detainees are not required to forego hours a week in the law library. recreation time in lieu of library usage. Detainees They do not have to forego facing a court deadline are given priority use of the law П \boxtimes recreation time in lieu of library library. usage. Detainees facing a court deadline are given priority use of the library.

PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL					
This Detention Standard protects detainees' rights by ensu	uring the	eir access	to cou	ırts, 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				
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 allowed to assist others voluntarily and free of charge in researching and preparing legal documents.	
13. Staff ensure that illiterate or non-English-speaking detainees without legal representation receive more than access to English-language law books after indicating their need for help.	\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			Detainees are allowed to retain a reasonable amount of legal materials in their housing units and materials stored in their personal property are accessible within one day of staff receiving a written request.	
15. Detainees housed in Administrative Segregation and Disciplinary Segregation units have the same law library access as the general population, barring security concerns. Detainees denied access to legal materials are documented and reviewed routinely for lifting of sanctions.	\boxtimes			Detainees housed in the Segregation Unit have access to law library services via a computer with LexisNexis in a cell in the Segregation Unit.	
16. All denials of access to the law library fully documented.	\boxtimes			There have not been any denials of law library usage during the past year. The procedure is to document any denials.	
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.					
 Indigent detainees are provided with free envelopes and stamps to mail related to legal matters. 	\boxtimes			Indigent detainees are provided with free envelopes and stamps to mail legal matters.	
PART 6 – 36. LAW LIBRARI	ES ANI	D LEGAL	MATE	RIAL	

The inspector reviewed the Detainee Handbook, facility policy, and the law library log. The inspector also interviewed the Law Library officer and several detainees in review of this standard. The law library was toured three times during the inspection and was found to be orderly, clean and quiet each time. Detainees were using equipment in an orderly manner during each tour. At this

facility detainees here have ready access to the law library, ensuring their access to the courts.

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	PART 6 - 37. LEGAL RIGHTS	GRO	UP PRESE	ENTAT	TIONS
	s Detention Standard protects detainees' rights by ens sons and organizations for the purpose of informing the				
poi	Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
	Check here if No Group Presentations were cond Acceptable overall and continue of the continue o				
1.	The Field Office is responsive to 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.				
4.	Posters announcing presentations appear in common areas at least 48 hours in advance and sign-up sheets are available and accessible.				
5.	Detainees have access to group presentations on immigration law, procedures and detainee options. Documentation is submitted and maintained when any detainee is denied permission to attend a presentation and the reason(s) for the denial.				
6.	When the number of detainees allowed to attend a presentation is limited, the facility allows a sufficient number of presentations so that all detainees signed up may attend.				
7.	Detainees in segregation, unable to attend for security reasons may request separate sessions with presenters. Such requests are documented.				
8.	Interpreters are admitted when necessary to assist attorneys and other legal representatives.				
	Presenters are afforded a minimum of one hour to make the presentation and additional time to conduct a question-and-answer session.				
10.	Staff permit presenters to distribute ICE/DRO-approved materials.				
11.	The facility permits presenters to meet with small groups of detainees to discuss their cases after the group presentation. ICE/DRO or authorized detention staff are present but do not monitor conversations with legal providers.				

PART 6 - 37. LEGAL RIGHTS	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	
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.					
13. The facility plays ICE/DRO-approved videotaped presentations on legal rights, at regular opportunities at the request of outside organizations.					
 A copy of the Group Legal Rights Presentation policy, including attachments, is available to detainees upon request 					
15. The facility maintains equipment for viewing approved electronically formatted presentations.					
PART 6 - 37. LEGAL RIGHTS	S GRO	JP PRESE	NTAT	TIONS	
Remarks: (Record significant facts, observations, other sources used, etc.)					

Remarks: (Record significant facts, observations, other sources used, etc.)
The inspector interviewed the Warden and an ICE Supervisory Immigration and Enforcement Agent in review of this standard. There have not been any applicable Group Legal Rights Presentations at this facility during the past year.

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Performance-Based National Detention Standards

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.

500	oked into a facility for more than 24 hours a file of all sig	ı	Imormati	JII abc	r
	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.	\boxtimes			Detention files are created by intake/booking staff as new arrivals are processed into the facility.
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 				
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.				The detention files are stored and maintained in lockable cabinets in an office adjacent to the intake/booking area.
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.				
6.	The officer closing the Detention File makes a notation that the file is complete and ready to be archived.	\boxtimes			Facility staff closing out detention files make a notation that the file is complete and ready to be archived.
7.	Staff make copies and sends documents from the file when appropriately requested by supervisory personnel at the receiving facility or office.	\boxtimes			Facility policy directs staff to copy and forward documents from detention files when appropriately requested by a receiving facility or office.
	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			
9.	Electronic record-keeping systems and data are protected from unauthorized access.	\boxtimes			The facility utilizes an electronic record-keeping system and data is protected from unauthorized access.

PART 7 – 38. DE	TENTI	ON 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	
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.	\boxtimes				
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			The facility treats the electronic files in the same manner as traditional paper files with respect to Privacy Act regulations.	
12. The Facility Administrator or staff designate ensures that necessary equipment and supplies, including copier and copier supplies are available; all equipment is maintained in good working order and that equipment has the capacity to handle the volume of work.	\boxtimes				
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			At this facility archived files are scheduled to be purged and shredded after six years.	
15. Field Offices maintains detention files on detainees housed in IGSA Facilities as needed. These files are maintained for a minimum of 18 months.		\boxtimes		All detention files at this IGSA are maintained by the facility.	
PART 7 – 38. DE	TENTI	ON FILES			

The inspector reviewed facility policy and interviewed the Classification Coordinator who supervises operations of the detention file staff. Several detention files were reviewed and the detention file room was toured. All detainees assigned to this facility have a detention file established as part of the intake process. The files are maintained in an orderly fashion and available for staff usage.

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PART 7 - 39. NEWS MEDIA INTERVIEWS AND TOURS						
This Detention Standard ensures that the public and the responsibility through interviews and tours.	This Detention Standard ensures that the public and the media are informed of events within the facility's areas of responsibility through interviews and tours.					
Components	Meets Standards	Does Not Meet Standards	N/A	Remarks		
 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			The facility policy is for all requests for news media interviews to be forwarded to the Field Office Director for approval.		
2. All personal interviews are documented with the News Interview Authorization form (or equivalent) and filed in the detainee's A-file with a copy in the facility's Detention File.	\boxtimes			Local policy is for a News Authorization form to be completed and placed in both the A-file and detention file.		
 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					
 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			Local policy is for signed release forms to be obtained from any detainee who is photographed or recorded in any manner. These forms are to be filed in the A-file.		
 All press pools are organized `according to the procedures in the Detention Standard. A press pool may be established when the Field Office Director and facility administrator determine that the volume of interview requests warrants such action. All media representatives with pending or requested, tours, or visits were notified that, effective immediately and until further notice, all media representatives must comply with the press pool guidelines established by the Field Office Director. All material generated from such a press pool is made available to all news media, without right of first publication or broadcast. 						
PART 7 - 39. NEWS MEDIA	INTER	VIEWS AN	ND TO	URS		

The Warden and a Supervisory Immigration Enforcement Agent was interviewed in review of this standard. There have not been any requests for a news media interview or tour at this facility in the past year. The policy is to forward any such request to the Field Office Director for consideration.

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	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			Policy requires initial orientation training and annual training for all staff, contractors and volunteers.
2.	The amount and content of training is consistent with the duties and function of each individual and the degree of direct supervision that individual receives.	\boxtimes			Training is designed to be specific to the duties that the employee will be performing.
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 completed the "Training for Trainers Course', which is mandated training by Corrections Corporation of American (CCA), the owner of the facility.
4.	Training is governed and guided by a training plan that is reviewed and approved annually by the facility administrator.	\boxtimes			The "Staff Development and Annual Training Plan' is reviewed and approved annually. The most recent review occurred on 12/12/2012
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			Several training records were reviewed and found to be accurate.

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 goals and objectives Facility organization Staff rules and regulations Sexual harassment/sexual misconduct awareness Personnel policies Program overview Orientation and training on detainee handbook and detainee rights. Requirement of special-needs detainees. National Detention Standards 				This component was previously found to not meet the standard as volunteers were not trained. Volunteers, staff and contractors now receive all bulleted training requirements.

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. 				Orientation lesson plans for clerical and support staff include all the bulleted items. Training records document this training is taking place.

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Components	Meets Standard	Does Not Meet Standard	W/N	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. 				Employee orientation lesson plans for professional and support employees include all the bulleted items. A random review of training records was conducted.

Toquillig that they receive initial and origining for earling.					
Components	Meets Standard	Does Not Meet Standard	Y/N	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. 				Training records indicate full-time health care employees receive 40 hours of formal orientation that includes all the bulleted items.	

requiring that they receive initial and origoning refreshe	ı aanıng.																		
Components	Meets Standard	Does Not Meet Standard	N/A	Remarks															
10. Security personnel (including contractors) will rece training on the following subjects, at a minimum:	ive																		
Security procedures and regulations																			
Supervision of detainees																			
 Searches of detainees, housing units, and wareas 	ork																		
 Signs of suicide risk, precaution, prevention a intervention. 	and																		
Code of Ethics																			
Health-related emergencies																			
Drug-free workplace																			
Suicide precautions																			
Self-defense techniques				Staff training records indicated security personnel receive all training required in this component.															
Use-of-force regulations and tactics																			
Report writing																			
Detainee rules and regulations																			
Key control																			
Rights and responsibilities of detainees																			
Safety procedures																			
 Emergency plans and procedures 																			
 Interpersonal relations 																			i
Social/cultural lifestyles of the detainee populat	ion																		
Cultural diversity/understanding staff & detained	ees																		
Communication skills																			
Cardiopulmonary resuscitation (CPR)/first aid																			
Counseling techniques																			
 Sexual abuse/assault awareness 																			
 National Detention Standards. 																			
11. Situation Response Teams (SRTs) receive:				Situation Response Team (SRT)															
 Specialized training before undertaking the assignments. 	neir			Members attend a 40 hour SRT Academy and receive monthly training thereafter.															
12. Facility management and supervisory staff receive				All management and supervisory															
Management and Supervisory training				staff attend Sandberg Front Line Leadership Training.															
13. (MANDATORY) Personnel authorized to use firear receive training that covers their use, safety, and cand constraints on their use before being assign to a post involving their possible use.	are 🖂			New employees receive training covering firearm safety and care and constraints on their use. Annual training is received thereafter.															

Components	Meets Standard	Does Not Meet Standard	N/A	Remarks
14. (MANDATORY) All personnel authorized to use firearms demonstrate competency in their use at least annually.	\boxtimes			A review of training records indicates staff authorized to use firearms must qualify annually and hit 21 out of 30 targets.
15. (MANDATORY) Personnel authorized to use chemical agents receive training in the use of chemical agents and in the treatment of individuals exposed to a chemical agent before being assigned to a post involving their possible use.	\boxtimes			Personnel authorized to use chemical agents receive this required 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			
17. New staff are required to acknowledge in writing that they have reviewed and understand the facility's drugfree workplace program, and a copy of the signed acknowledgement is maintained in that person's personnel file.	\boxtimes			
 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. 	\boxtimes			A review of training records indicates this training is conducted during employee orientation training and annually thereafter.
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.				

requiring that they reserve initial and origining remedies 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:	\boxtimes			This mandatory training is provided by medical staff for newly hired employees and annually thereafter.		
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. 						
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. 						

requiring that they receive initial and ongoing refresher training.					
Components	Meets Standard	Does Not Meet Standard	V/N	Remarks	
 22. (MANDATORY) All staff in frequent contact with detainees are trained at least annually on the facility's Suicide Prevention and Intervention Program, to include: Identifying the warning signs and symptoms of impending suicidal behavior, Demographic, cultural, and precipitating factors of suicidal behavior, Responding to suicidal and depressed detainees, Communication between correctional and health care personnel, Referral procedures, Housing observation and suicide-watch level procedures, and Follow-up monitoring of detainees who have attempted suicide. 				A review of lesson plans and training records demonstrates this mandatory training is conducted as required.	
23. All staff are trained during orientation and annually to recognize the signs of a hunger strike and on the procedures for referral for medical assessment.	\boxtimes				
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.				A review of lesson plans and training records documents that this training is conducted as required.	
 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 lesson plans and training records documents that this training is conducted as required. Pressure Point Control Techniques Training is completed for all newly hired staff and annually thereafter.	

PART 7 – 40. STAFF TRAINING					
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.					
Components	Meets Standard	Does Not Meet Standard	Y/N	Remarks	
26. Employees are encouraged to continue their education and professional development through incentives such as salary enhancement, reimbursement of costs, and administrative leave.	\boxtimes			Staff is encouraged to continue their education. Reimbursement for American Correctional Association Training is available for staff following completion of the training. Shift changes can be requested by staff who wish to further their education.	
PART 7 – 40. STAFF TRAINING					

The facility has developed standard operating procedures to ensure staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training. The Training Manager who provides oversight for the training program was interviewed during the evaluation of this standard. The facility recently implemented lesson plans; procedures and documentation to assure volunteers are competent in their assigned duties by requiring they receive initial and ongoing refresher training. This component was found non-compliant during the last review. During the evaluation of this standard, staff was interviewed, training plans reviewed and training records examined. The facility practices, procedures and policy indicate that the elements of this standard are incorporated into the daily operation of the facility

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PART 7 - 41. TRANSFER OF DETAINEES

This Detention Standard ensures that transfers of detainees from one facility to another are professionally and responsibly managed in regard to notifications, detainee records, safety and security, and protection of detainee funds and personal property.

	Components	Meets Standard	Does Not Meet Standard	A/N	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	\boxtimes			When a detainee is represented by legal counsel and a G-28 has been filed, the detainee's Deportation Officer notifies the legal counsel within a day of the transfer. The notification is noted in the A-file
2.	noted within ENFORCE. Notification includes the reason for the transfer and the location of the new facility,	\boxtimes			and within ENFORCE.
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			Detainees and attorneys of record are informed that it is their responsibility to notify family members of detainee transfers.
5.	 Facility policy mandates that: Times and transfer plans are never discussed with the detainee prior to transfer. The detainee is not notified of the transfer until immediately prior to departing the facility. The detainee is not permitted to make any phone calls or have contact with any detainee in the general population. 	\boxtimes			
6.	The detainee is provided with a completed Detainee Transfer Notification Form.	\boxtimes			Detainees being transferred are given a completed Detainee Transfer Form.
7.	Form G-391 or equivalent authorizing the removal of a detainee from a facility is used.	\boxtimes			A form G-391 authorizing the removal of a detainee from a facility is used.
8.	 For medical transfers: The Division of Immigration Health Services (DIHS) Medical Director or designee approves the transfer. Medical transfers are coordinated through the local ICE/DRO office. A medical transfer summary is completed and accompanies the detainee. Detainee is issued a minimum of 7 days worth of prescription medications. 				

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	Y/N	Remarks		
 Detainees are transferred with a completed transfer summary sheet in a sealed envelope with the detainee's name and A-number and the envelope is marked Medical Confidential. 	\boxtimes			Detainees are transferred with a completed transfer summary sheet in a sealed envelope with the detainee's name and A- number and marked "Medical Confidential".		
10. For medical transfers, transporting officers receive instructions regarding medical issues.	\boxtimes					
11. Detainee's funds, valuables and property are returned and transferred with the detainee to his or her new location.	\boxtimes			Detainee's funds, valuables and property are transferred with them to their 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.	\boxtimes			All newly arriving detainees are allowed to make a telephone call within 12 hours of arrival.		
14. Meals are provided when transfers occur during normally schedule meal times.	\boxtimes			Detainees are provided meals when transfers occur during normally scheduled meal times.		
15. An A-File or work folder accompanies the detainee when transferred to a different Field Office or sub- office.	\boxtimes			A-Files accompany detainees when transferred to a different Field Office or sub-office when available.		
16. A-Files are forwarded to the receiving office via overnight mail no later than one business day following the transfer.	\boxtimes			A-Files are forwarded to the receiving office via overnight delivery no later than one business day following the transfer if the A-File is not available on the day of transfer.		

The inspector reviewed facility policy, interviewed facility staff and an ICE Supervisory Immigration Enforcement Agent in review of this standard. The facility intake/release area was toured and a group of detainees transferring out of the facility was observed. Detainees are transferred from this facility in a professional manner with high regard for notifications, detainee records, safety and security, and protection of detainee funds and property.

PART 7 - 41. TRANSFER OF DETAINEES

□ N/A

Repeat Finding

■ Does Not Meet Standard

(b)(6), (b)(7)(c) / 04/26/2012 Reviewer's Signature / Date

Meets Standard