

Department of Homeland Security

Immigration and Customs Enforcement: Office of Enforcement and Removal Operations

Condition of Confinement Inspection Worksheet*(This document must be attached to each G-324A Detention Review Form)****This Form is to be used for Inspections of Facilities used over 72 Hours*****Performance-Based National Detention Standards 2008 Inspection Worksheet
for Over 72 Hour Facilities****REVIEW TEAM USE: (Edits Permitted, ALL FIELDS REQUIRED)**

Facility Information			
Facility Name: Pike County Correctional Facility		Review Purpose: Annual	
Facility Type: IGSA Intergovernmental Service Agreement (IGSA), ICE Service Processing Center (SPC), ICE Contract Detention Facility (CDF)			
Address:	175 Pike County Boulevard		
City: Lords Valley	State: PA	Zip: 18428	
County:	Pike		
CEO Name:	(b)(6);(b)(7)(C)	CEO Title: Warden	
Review Information (Use following format for dates: mm/dd/yyyy)			
Start Date: 1/5/2016	End Date: 1/7/2016	Review Type: Headquarters	
Lead Name:	(b)(6);(b)(7)(C)	Lead Title: LCI	
Review Document Issue Summary (See Document Check Section to Review/Update)			
Error(s) Found:	0	Items Not Rated:	0

ICE HQ USE ONLY: (DO NOT EDIT*)

Form Name: G324A_PBNDS	Form Key: 6	Form Date: 10/31/2012	
Form Type: PBNDS	Form Review Type: Annual	Form Over/Under 72 Status: 072	

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

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G-324A (Coded 10122010) Detention Review Worksheet - Rev: 10/31/2012 - Form Key 6

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INTRODUCTION TO THE G324A OVER 72 HOUR FACILITY DETENTION REVIEW WORKSHEETS

The Performance-Based National Detention Standards (PBNDS 2008) were designed to better address the needs of ICE's detainee population while maintaining a safe and secure detention environment for staff and detainees. The revised PBNDS 2008 builds on the requirements of NDS to more clearly delineate the results or outcomes to be accomplished by adherence to their requirements. The PBNDS 2008 prescribe both the expected outcomes of each detention standard and the expected practices required to achieve them. During development four new standards were added to include standards on Searches of Detainees, Sexual Abuse and Assault Prevention and Intervention, News Media Interviews and Tours, and Staff Training, while the two National Detention Standards regarding Special Management Units standards were condensed into one standard in PBNDS 2008.

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 performance-based 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 PBNDS represent what is to be done to accomplish the Expected Outcomes that will meet the Purpose and Scope of the detention standard.

WORKSHEET OVERVIEW

Detention Review Worksheets are used to assess facility compliance with ICE detention standards. This set of worksheets is derived from the policies and procedures set forth in the PBNDS 2008. The G324A is for use with facilities that house detainees for over 72 hours.

Various line items in the worksheets have been designated as "Priority." Priority components replace mandatory components in earlier PBNDS 2008 worksheets, and represent those PBNDS requirements that ICE deems of critical importance for ensuring adequate conditions of confinement and the safety and security of detainees and staff at all ICE authorized detention facilities.

WORKSHEET COMPLETION

Reviewers are required to complete each item within each section of the G324A Detention Review Worksheets. Worksheets are in a uniform format with three columns, with PBNDS purpose and scope stated at the top of the worksheet. Column one contains the relevant standard line item. Column two contains a dropdown menu for each row where a rating can be assigned to a given line item. In addition to rating options for "Meets Standard" and "Does Not Meet Standard," there is an option for the review team to select "N/A." The "N/A" rating should be used only rarely and where applicable. In addition, the remarks section for each line item should be filled out in as much detail as possible. If the review team fails to assign a rating to a given line item, the default rating and thus the assigned rating on the worksheet will show as "Not Rated."

There is also a summary remarks and rating section at the end of each standard that must be completed by the assigned reviewer. The remarks should be filled out with sufficient detail to assist the Review Authority in accurately assessing overall facility compliance to the PBNDS.

Section I: SAFETY

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

PART 1 – 1. EMERGENCY PLANS (Key: A)

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

Components	Rating	Remarks (1000 Char Max)
1. Staff are trained to identify signs of detainee unrest.	Meets Standard	Staff members receive pre-service and annual training in identifying signs of detainee unrest.
2. All staff receive training in the emergency plans during their orientation training as well as during their annual training.	Meets Standard	Policy requires emergency plans training be provided to all staff during pre-service and annual training.
3. <u>PRIORITY:</u> The facility shall have in place contingency plans for responding to emergencies, including a locally approved and annually updated evacuation plan.	Meets Standard	Contingency emergency plans are in place to respond to a wide array of emergency situations. The locally approved evacuation plan is updated annually by the local county emergency manager. Plans were last updated 11/18/2015.
4. The facility conducts emergency exercises to test specific emergency plans to assess their effectiveness.	Meets Standard	Emergency exercises are conducted quarterly to test specific emergency plans.
5. <i>(SPCs/CDFs) Each SPC and CDF shall develop contingency plans with local, State, and Federal law enforcement agencies and formalize those agreements with Memoranda of Understanding (MOUs). The facility administrator shall review and approve contingency plans at least annually.</i>	Meets Standard	This IGSA facility has developed contingency plans with applicable agencies as listed in this component. These plans are formalized agreements with Memoranda of Understanding and are reviewed annually by the OIC.
6. Every plan that is being developed or is final must include a statement prohibiting unauthorized disclosure.	Meets Standard	Emergency plans contain a statement prohibiting unauthorized disclosure.
7. The facility shall establish written policy and procedures addressing, at a minimum: chain of command, command post/center, staff recall, staff assembly, emergency response components, use of force, video recording, records and logs, utility shutoff, employee conduct and responsibility, public relations, facility security, etc.	Meets Standard	Emergency plans address each topic referenced in this component.
8. <i>(SPCs/CDFs) The facility shall set up a primary command post outside the secure perimeter that is equipped as per the Emergency Plan standard.</i>	Meets Standard	The primary command post is located outside the secure perimeter in the administration conference room and is equipped in accordance with the Emergency Plans standard.
9. At least one video camera shall be maintained in the Control Center for use in emergency situations.	Meets Standard	

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10. Emergency plans include emergency medical treatment for staff and detainees during and after an incident.	Meets Standard	
11. The FSA shall make contingency plans for providing meals to detainees and staff during an emergency, including access to community resources, which the FSA shall negotiate during the planning phase.	Meets Standard	
12. The plan shall include post-emergency procedures.	Meets Standard	
13. Written procedures cover: Work/Food Strike Fire Environmental Hazard Detainee Transportation System Emergency ICE-wide Lockdown Staff Work Stoppage Disturbances Escapes Bomb Threats Adverse Weather Internal Searches Facility Evacuation Detainee Transportation System Plan Hostages (Internal) Civil Disturbances	Meets Standard	Written emergency procedures address each listed item listed in this component.

PART 1 – 1. EMERGENCY PLANS – Reviewer Summary

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

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

Having contingency emergency plans in place to quickly and effectively respond to emergency situations and to minimize their severity ensures a safe environment for detainees and staff. In evaluating this standard, the assistant OIC was interviewed and policy and emergency plans were reviewed. The emergency plans are comprehensive and set forth procedures to respond to most emergency situations. Cooperative contingency plans are in place with applicable agencies. Emergency exercises are conducted quarterly.

Emergency plans are implemented per the standard. The facility OIC is responsible for developing and implementing emergency contingency plans. All plans comply with standards for confidentiality, accountability, review and revision. Each plan includes procedures for rendering emergency assistance to other facilities in the form of supplies, transportation, and temporary housing, etc. In development of plans, the expertise of all department heads was solicited, and they were made aware of their responsibility to be fully ready to exercise that responsibility under the plan. An accurate inventory of equipment identified for use during implementation of the plan is maintained and reviewed at least monthly to ensure its accuracy.

Emergency plans are updated as often as necessary and forwarded to the county emergency manager for approval. Annual reviews of plans are conducted with participation from every department head. Annual reviews and approval of the plan are recorded on the master copy of the Contingency Plan File, even if the review resulted in no changes.

The OIC determines where copies of the various plans are to be stored, and in what quantity. A master copy of the plan is

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maintained outside the secure perimeter, along with an itemized list of plans and where they can be found. There is a checkout system that accounts for all plans at all times, with safeguards against detainee access. A confidential copy of the emergency plans is located in the office of the county emergency manager.

General requirements for emergency plans implementation include policy and procedure for alternative means of reaching the facility for emergency staff if the main approach becomes dangerous or inaccessible; how and when staff notify nearby residents of the situation, including type of emergency, actions being taken, evacuation routes if applicable, and special precautions; and types of radio equipment to be utilized during the emergency, and where battery charging stations are to be located.

Overall Rating: Meets Standard

Reviewer Name (Printed) (b)(6);(b)(7)(C)

Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

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

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

Components	Rating	Remarks (1000 Char Max)
1. Environmental health and safety conditions shall be maintained at a level that meets recognized standards of safety and hygiene, including those from the: <p style="margin-left: 40px;">American Correctional Association, Occupational Safety and Health Administration, Environmental Protection Agency, Food and Drug Administration, National Fire Protection Association's Life Safety Code, and National Center for Disease Control and Prevention.</p>	Meets Standard	Environmental health and safety conditions are maintained at a level consistent with the standards of the six organizations listed in this component.
2. A housekeeping plan will be developed for detainee living areas noted in the standards. The facility appears clean and well maintained.	Meets Standard	The facility has an established cleaning, housekeeping and inspection plan. The facility is clean and well maintained.
3. The facility has a system for storing, issuing, and maintaining inventories of hazardous materials	Meets Standard	Policy and procedures establish a system for storing, issuing and maintaining inventories of hazardous materials.
4. The Maintenance Supervisor shall compile: <p style="margin-left: 40px;">An up to date master index of all hazardous substances in the facility and their locations; A master file of MSDSs; and A comprehensive, up-to-date list of emergency phone numbers (fire department, poison control center, etc.).</p>	Meets Standard	The warehouse and maintenance supervisors maintain MSDS master files. The files were up to date with an index listing all hazardous materials at the facility including the items listed in this component.
5. All personnel using flammable, toxic, and/or caustic substances follow prescribed safety procedures.	Meets Standard	Personal protective equipment is maintained for use as needed. All spills are reported immediately to a supervisor.
6. The MSDS are readily accessible to staff and detainees in the work areas.	Meets Standard	
7. Hazardous materials are always issued under proper supervision.	Meets Standard	Automated dispensers are used to dispense full strength chemicals. Quantities of chemicals used in the housing units are limited and their issuance and use is monitored by employees. Cleaning chemicals used in the housing units are diluted prior to use.

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8. All toxic and caustic materials stored in their original containers in a secure area.	Meets Standard	Cleaning chemicals are securely stored and inventoried. Undiluted cleaning chemicals are stored in their original containers. Secondary containers issued for cleaning purposes are appropriately labeled.
9. Excess flammables, combustibles, and toxic liquids are disposed of properly in accordance with MSDS.	Meets Standard	
10. The facility program will be supervised by a person who has been trained in accordance with OSHA standards.	Meets Standard	
11. <u>PRIORITY:</u> A qualified departmental staff member shall conduct weekly fire and safety inspections.	Meets Standard	Qualified departmental personnel conduct weekly fire and safety inspections. Copies of these reports are sent to the fire safety lieutenant for review and any corrective action. The fire safety lieutenant is qualified, having completed training provided by the Pennsylvania Department of Corrections and a local fire department. Training certificates are on file.
12. Facility maintenance (safety) staff shall conduct monthly inspections.	Meets Standard	
13. The facility maintains files of inspection reports, including corrective actions taken.	Meets Standard	All inspection reports are maintained in a folder in the fire safety office.
14. <u>PRIORITY:</u> The facility has an approved fire prevention, control, and evacuation plan.	Meets Standard	The facility has a fire prevention, control and evacuation plan that was approved by the Pike County Emergency Manager on 11/18/2015.
15. The plan requires: Monthly fire inspections. Fire protection equipment strategically located throughout the facility. Public posting of emergency plan with accessible building/room floor plans. Exit signs and directional arrows. An area-specific exit diagram conspicuously posted in the diagrammed area.	Meets Standard	The fire plan includes all of the requirements of this component.
16. Fire drills are conducted and documented quarterly in all facility locations including the administrative area.	Meets Standard	

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17. PRIORITY: The facility administrator shall ensure licensed pest-control professionals perform monthly inspections to identify and eradicate rodents, insects and vermin, including a preventative spraying program for indigenous insects.	Meets Standard	Pest control services are currently being provided monthly through a contract with Liberty Pest Control, a licensed pest control company. Preventative spraying occurs as needed.
18. At least annually, a state laboratory shall test samples of drinking and wastewater to ensure compliance with applicable Standards.	Meets Standard	Testing of drinking and wastewater is performed annually by Prosser Laboratories.
19. Emergency power generators are tested as required by emergency plans and manufacturer's recommendations.	Meets Standard	Testing of emergency generators is conducted as required by the emergency plans and manufacturer's recommendations. Generator services are provided by Cummins Power Systems, a licensed company.
20. (Medical Operations) Written procedures, to include an exposure-control plan in the event of a needle stick, regulate the handling and disposal of used needles and other sharp objects.	Meets Standard	Comprehensive policy outlines the exposure control plan, which includes provisions for needle sticks and the handling and disposal of needles and other sharp objects.
21. (Medical Operations) Standard cleaning practices include: Using specified equipment; cleansers; disinfectants and detergents. An established schedule of cleaning and follow-up inspections.	Meets Standard	Standard cleaning practices incorporate the items listed in this component.
22. (Medical Operations) Spill kits are readily available.	Meets Standard	
23. (Medical Operations) A licensed medical waste contractor disposes of infectious/bio-hazardous waste.	Meets Standard	The facility has a contract with Stericycle for infectious/bio-hazardous waste disposal.
24. (Medical Operations) Staff are trained to prevent contact with blood and other body fluids and written procedures are followed.	Meets Standard	Staff receives training regarding blood-borne pathogens during initial training and annual training thereafter. Written procedures are followed.
25. (Medical Operations) The Health Services Administrator conducts medical-facility inspections daily.	Meets Standard	Inspections are conducted and documented.

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26. A qualified staff member shall: conduct special investigations and comprehensive surveys of environmental health conditions, and provide advisory, consultative, inspection, and training services regarding environmental health conditions.	Meets Standard	The health services administrator (HSA) and the fire safety lieutenant conduct environmental health and safety inspections and special investigations as needed. The HSA provides advisory, consultative and training services regarding environmental health conditions.
27. The assigned staff member is responsible for developing and implementing policies, procedures, and guidelines for the environmental health program.	Meets Standard	The HSA, along with the fire safety lieutenant, is responsible for developing and implementing the facility's policies, procedures and guidelines for the environmental health and safety program.

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

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

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

The facility provides a safe environment for detainees through comprehensive fire prevention practices and the control of hazardous materials. The facility has a fire alarm and detection system that includes an automatic sprinkler system for fire suppression that meets all local and national fire safety codes. The fire alarm system was inspected on 12/17/2015 by Vector Security Inc., the suppression system on 11/04/2015 by NECO Fire and Safety, and sprinkler systems on 05/06/2015 by Beach Lake Sprinkler.

The fire safety lieutenant and the medical staff are responsible for developing and implementing environmental health and safety policies, procedures and guidelines for the environmental health program. Environmental health and safety policy protects detainees, personnel, contractors and volunteers from injury and illness by ensuring high standards of cleanliness and sanitation through daily cleaning practices. Non-toxic cleaning supplies are utilized for all cleaning purposes as recommended by the manufacturer. Garbage and refuse is collected and removed as necessary to maintain sanitary conditions and to avoid creating a health hazard. The methods for handling and disposing of refuse meet all regulatory requirements.

Medical cleaning procedures include daily infirmary cleaning, blood and body fluid clean-up and the use of disinfectants. Infectious waste is clearly labeled and doubled-bagged. The red bags are impermeable and specifically for bio-hazardous waste storage. Universal precautions are followed by all personnel when handling untreated infectious waste. All items that pose a security risk, such as sharp instruments, syringes, needles and scissors are inventoried at the beginning and ending of each shift by designated medical personnel.

Protective equipment is available as required and any hazards or spills are immediately reported to a supervisor. Eyewash stations were observed in designated areas throughout the facility and staff members and detainees have been instructed in their use. Hazardous and flammable materials are maintained in the maintenance department and the warehouse in approved cabinets in accordance with requirements of the standard. The maintenance area is outside the secure perimeter of the facility and was not inspected. The warehouse supervisor compiles a master index of all hazardous substances in the facility including locations and a master file of all MSDSs. The master index includes a comprehensive, up-to-date list of emergency phone numbers with a copy provided to the local emergency management control center. All hazardous substances are diluted and issued by staff members in the smallest increments and only employees handle these substances. All chemical storage areas within the secure perimeter are within required standards and contained accurate inventories. Automated dispensers are used to distribute or dilute full strength chemicals. All chemicals, solvents and other hazardous

materials were labeled and in the original containers or approved miscellaneous containers as specified by OSHA regulations.

The facility has one barbershop. The floor was smooth, nonabsorbent and easily cleaned. The walls and ceiling were in good repair and painted in a light color. There is hot and cold running water and sanitation regulations are followed by the contracted outside barber. The facility had all the equipment necessary for maintaining sanitary procedures for hair care including all the tools being cleaned and effectively disinfected to prevent the transfer of infection associated with scalp diseases.

During the evaluation of this standard, policy and the standard were reviewed, employees were interviewed and MSDS master and storage site files were inspected. The facility has a working system to control its hazardous materials and safely address any emergency that may arise. An inspection of the housing units, medical unit, and the facility overall reflected a positive environment, clean conditions, and no issues being noted with the conditions of confinement or quality of life. Various detainee interviews were conducted including with those with limited English proficiency. Detainees stated they were satisfied with the sanitation conditions and the activities and programs that were available to them.

Overall Rating: Meets Standard

Reviewer Name (Printed): (b)(6);(b)(7)(C)

Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

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

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

Standard N/A

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

Components	Rating	Remarks (1000 Char Max)
1. The Facility Administrator shall develop and implement written policy, procedures and guidelines for the transportation of detainees.	Meets Standard	Written policy outlines procedures and guidelines for the transportation of detainees.
2. Documentation indicating annual inspection of vehicles and annual inspection in accordance with state statutes is available for review.	Meets Standard	Documentation of vehicle annual inspections is maintained on file in the purchasing office.
3. To be assigned to a bus transporting detainees, an officer must have successfully completed the ICE/ERO bus-driver-training program or a comparable approved training program and all local state requirements for a Commercial Driver's License (CDL).	N/A	The facility does not operate vehicles requiring a Commercial Driver's License (CDL).
4. Supervisors maintain records for each vehicle operator. This includes certificate of completion from bus training program, most current physical exam used to obtain the CDL, and a copy of the CDL.	Meets Standard	The assistant OIC maintains records of each vehicle operator. The facility does not operate vehicles requiring a CDL.
5. Maximum driving time (time on the road), for CDL operators, is governed by USDOT.	Meets Standard	
6. The transporting officer inspects the vehicle before the start of each detail.	Meets Standard	All transportation vehicles are inspected prior to each detail.
7. Positive identification of all detainees being transported is confirmed.	Meets Standard	
8. The facility ensures that the number of detainees transported does not exceed the vehicle manufacturer's occupancy level.	Meets Standard	The number of detainees transported does not exceed the rated capacity of the vehicle.
9. Policies and procedures are in place addressing the use of restraining equipment on transportation vehicles.	Meets Standard	Policy and post orders address the use of restraining equipment on transportation vehicles.
10. Meals are provided during long distance transfers. The meals meet the minimum dietary standards, as identified by dieticians utilized by ICE.	Meets Standard	
11. The facility administrator shall establish the procedures and schedule for sanitizing facility vehicles.	Meets Standard	Procedures are in place for sanitizing facility vehicles.
12. Personal property of a detainee transferring to another facility: Is inventoried. Is inspected. Accompanies the detainee.	Meets Standard	A detainee being transferred has his/her personal property inventoried and inspected. The property accompanies the detainee upon transfer.

PART 1 – 3. TRANSPORTATION (BY LAND) – Reviewer Summary*(Use following format for dates: mm/dd/yyyy)***Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

To prevent harm to the general public, detainees and staff, vehicles are properly equipped, maintained and operated. Detainees are transported in a secure, safe and humane manner, under supervision of trained and experienced staff. In evaluating this standard, the lieutenant was interviewed and policy, driver logs and vehicle maintenance records were reviewed. Transportation vehicles inspected were clean and well maintained.

The assistant OIC has overall responsibility for all aspects of vehicle operations.

All officers transporting detainees are required to wear their prescribed uniforms unless other attire is authorized by the OIC. Officers assigned to vehicle operations have direct contact with the general public and are required to conduct themselves with the utmost professionalism and in a manner that reflects positively on the facility.

Prior to any detainee being removed from the facility, a properly completed and authorized transfer order for the movement must be obtained. All detainee files and other required documentation accompany the detainee being transferred. The transporting officers schedule their driving time so the detainee arrives at the designated destination on schedule. The facility has a post written guideline for tracing procedures to locate an overdue vehicle. Written procedures are in place for transportation officers to follow when transporting females and in an in route emergency.

Strict procedures are outlined for confirming identification of detainees boarding a transportation vehicle.

When the transport vehicle is in motion, all personnel remain seated and detainees are not allowed to have access to any personal property, except for normally allowed property to be kept in the detainee's possession.

All transport vehicles are equipped with a functioning (b)(7)(E) Officers are required to secure the vehicle before leaving it unattended.

Overall Rating: Meets Standard

Reviewer Name (Printed): (b)(6);(b)(7)(C) **Completion Date:** 1/7/2016

Reviewer Signature (for printed form submission):

Section II: SECURITY

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

PART 2 – 4. ADMISSION AND RELEASE (Key: D)

This Detention Standard protects the community, detainees, staff, volunteers, and contractors by ensuring secure and orderly operations when detainees are admitted to or released from a facility.

Components	Rating	Remarks (1000 Char Max)
1. The facility has implemented written policies and procedures for the intake and reception of newly arrived detainees and provided them with information about facility policies, rules and procedures.	Meets Standard	Policy addresses intake proceedings and requirements. A site-specific handbook is provided to each new arrival during intake processing. The handbook addresses the rules, policies, programs and activities.
2. At intake, detainees are searched, and their personal property and valuables checked for contraband, inventoried, receipted, and stored.	Meets Standard	Detainees are pat searched at intake. Their valuables are inventoried, checked for contraband, receipted and stored.
3. Each detainee's identification documents are secured in the detainee's A-file.	Meets Standard	
4. A medical screening will be conducted to protect the health of the detainee and others in the facility, and the detainee shall be given an opportunity to shower and be issued clean clothing, bedding, towels, and personal hygiene items.	Meets Standard	Initial detainee medical screenings are conducted by medical personnel as part of the intake process. Detainees are afforded the opportunity to shower prior to changing into an issued jumpsuit. Clean clothing, bedding, towels, linens and gender specific hygiene items are issued during the intake process.
5. Staff shall not routinely require a detainee to remove clothing or require a detainee to expose private parts of his or her body to search for contraband.	Does Not Meet Standard	During the admissions process, intake personnel routinely require a detainee to remove clothing to thoroughly search for contraband during the admissions process. This practice was confirmed by checking the detention files of twenty detainees; including files of sixteen low security detainees. All twenty detainee detention files had documentation showing supervisory approval to conduct an unclothed search to search for contraband.
6. Staff shall issue those clothing and bedding items that are appropriate for the facility environment and local weather conditions.	Meets Standard	

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7. Staff shall use the documentation accompanying each new arrival for identification and classification purposes. If the classification staff is not ICE/ERO employees ICE/ERO shall provide the information needed for classification. Under no circumstances may non-ICE/ERO personnel have access to the detainees A-File.	Meets Standard	
8. An Order to Detain or Release the detainee (Form I-203 or I-203a), bearing the appropriate ICE/ERO Authorizing Official signature, must accompany each newly arriving detainee.	Meets Standard	A signed I-203 form accompanies each detainee admitted to the facility.
9. <u>PRIORITY:</u> Facilities shall have a method to provide ICE/ERO detainees an orientation to the facility as soon as practicable, in a language or manner that detainees can understand.	Meets Standard	Detainees are issued the facility handbook, which is available in thirteen languages, during the admission process. While awaiting classification, detainees view the orientation video which is provided in English and Spanish.
10. The facility shall issue to each newly admitted detainee a copy of the ICE National Detainee Handbook and local supplement that fully describes all policies, procedures, and rules in effect at the facility.	Meets Standard	Detainees are given copies of the local handbook and the ICE National Detainee Handbook during the admissions process. The local handbook details the policies, rules and procedures in effect.
11. All releases are coordinated with ICE.	Meets Standard	All detainee releases are coordinated and authorized by ICE.
12. Staff complete paperwork/forms for release as required.	Meets Standard	
13. The facility returns each detainee's property upon release, and each detainee receives a receipt for personal property secured by the facility.	Meets Standard	All detainee property is returned to detainees during the release process. Inventory receipts are provided to detainees for their stored property.
14. <u>PRIORITY:</u> The facility has a system to maintain accurate records and documentation for admission, orientation, and release.	Meets Standard	The facility maintains both a hard copy detention file and an electronic file for each detainee.
15. ICE staff enter all information pertaining to release, removal, or transfer of all detainees into the Enforce Alien Detention Module (EADM) within 8 hours of action.	Meets Standard	
16. All orientation material shall be provided in English, Spanish, and other language(s) as determined by the Field Office Director.	Meets Standard	

PART 2 – 4. ADMISSION AND RELEASE – Reviewer Summary

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

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

The facility has written policy and procedure related to the admissions process, which includes intake and admission forms and screening forms.

Staff members are provided with adequate training on the admissions process at the facility. Detainees are afforded the opportunity to shower in the booking area.

Upon arrival at the facility, detainees are pat searched, must clear a hand held metal detector, a BOSS chair and are strip searched. Strip searches during admission are done routinely and do not require reasonable suspicion. Strip searches are documented and a copy placed in the detainee's detention file. Search efforts focus on commonly used hiding and smuggling places, such as pockets, waistbands, seams, collars, zipper areas, cuffs, and shoe exteriors and interiors, including under the inner soles. Staff also inspects all open containers, and inventory and store factory-sealed durable goods in accordance with facility procedures.

The orientation procedures and video at this IGSA have been approved by the ICE field office. The OIC has also screened and approved the orientation video.

Evaluation of the standard included a review of policy and local handbook references to admission and release; observation of the booking area; a review of several archived detention files; and interviews with booking officers and supervisors.

Overall Rating: Meets Standard

Reviewer Name (Printed) (b)(6);(b)(7)(C)

Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

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

This Detention Standard protects the detainees, staff, contractors, volunteers, and the community from harm, and contributes to orderly facility operations, by requiring a formal classification process for managing and separating detainees that is based on verifiable and documented data.

Components	Rating	Remarks (1000 Char Max)
<p>1. PRIORITY: SPC and CDF facilities use the required Objective Classification System. IGSA's use an objective classification system or similar system for classifying detainees.</p> <p>Staff shall use facts and other objective, credible evidence documented in detainee's A-file, criminal history checks, or work-folder during the classification process.</p> <p>The classification process includes reassessment/reclassification.</p>	Meets Standard	At this IGSA, detainees are classified using the Risk Classification Assessment (RCA) provided by ICE. Detainees may request reclassification sixty days after the initial classification. Reassessment/reclassification is done any time there is a change of status for the detainee. Facility personnel do not have access to A-files.
<p>2. The facility classification system includes: Classifying detainees upon arrival.</p> <p>Separating individuals who cannot be classified upon arrival from the general population.</p> <p>The first-line supervisor or designated classification specialist reviews every classification decision.</p>	Meets Standard	The classification system requires that all detainees be classified upon admission and prior to their initial general population housing unit assignments. Unclassified detainees are housed separate from classified detainees until such time as the classification process can be completed. All completed classification instruments/decisions are reviewed by a designated classification supervisor.
<p>3. The intake/processing officer reviews work-folders, A-files, etc., to identify and classify each new arrival.</p>	Meets Standard	The processing officers review the RCA provided by ICE to identify each new arrival. There are no work folders or A-files at the facility.
<p>4. 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.</p>	Meets Standard	In this IGSA, detainees are issued color coded uniforms to reflect classification levels.
<p>5. PRIORITY: Housing assignments are based on classification-level. Level 1 detainees may not be commingled with Level 3 detainees in housing, recreation and feeding.</p>	Meets Standard	Housing assignments are based on classification levels. Prior to activating a housing assignment, classification scores are double-checked to ensure a low security level detainee is not placed into a housing unit with high security level detainees.

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6. PRIORITY: Level 1 detainees may not have felony convictions that included an act of physical violence, and may not be housed with any Level 2 detainee with a history of assaultive or combative behavior.	Meets Standard	Policy dictates that detainees with a felony conviction or a history of physical violence will not be housed or comingled with those having a lesser classification.
7. Detainee work assignments are based upon classification designations.	Meets Standard	
8. The classification process includes reassessment/reclassification. The first reassessment is to be completed 60 days to 90 days after the initial assessment.	Meets Standard	
9. <i>(SPCs/CDFs) Subsequent classification reassessments are completed at 90 day to 120 day intervals. Special reassessments are completed within 24 hours.</i>	Meets Standard	At this IGSA, classification reassessments are performed any time there is a change in the detainee's status. A detainee may request classification reassessment after sixty days. The average daily stay for ICE detainees is 95 days. Special reassessments are completed within 24 hours.
10. The facility classification system shall include procedures for detainees to appeal their classification levels.	Meets Standard	Detainees may appeal their classification levels by sending a detainee request form to the OIC, the classification supervisor and/or the local ICE supervisor.
11. The Detainee Handbook or equivalent for IGSA's explains the classification levels, with the conditions and restrictions applicable to each.	Meets Standard	The classification levels, with the conditions and restrictions applicable to each, are described in the local site specific handbook.

PART 2 – 5. CLASSIFICATION SYSTEM – Reviewer Summary

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

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

Detainees are classified in accordance with the standard. A facility staff member responds to a detainee request for reclassification within 72 hours. The classification staff gives relevant considerations to institutional disciplinary history, documented violent episodes and incidents, medical information, and a history of victimization while in detention in determining classification. The completed classification paperwork is filed in both the A-File and the detention file. Detainees are offered recreational and other activities according to their classification. Detainees have an initial assessment to include health screening within twelve hours of arrival at the facility.

Medium custody detainees do not have a behavior pattern or history of violent assaults whether convicted or not. Medium custody detainees have not been convicted of assault on a correctional officer while in custody nor have a previous institutional record suggesting a pattern of assaults while in custody. High custody detainees are considered a high-risk category and are housed in maximum security housing. They are always monitored and escorted. Reclassification of a detainee to high custody based on documented behavior, including threats to the facility, other detainees or personnel is approved by the classification officer within 72 hours.

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ICE is notified when a reclassification that includes a reduction in custody level occurs.

To evaluate the standard the inspector reviewed policy and local handbook sections detailing the classification process, and interviewed the classification officer.

Overall Rating: Meets Standard

Reviewer Name (Printed): (b)(6);(b)(7)(C)

Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

PART 2 – 6. CONTRABAND (Key: F)

This Detention Standard protects detainees and staff and enhances facility security and good order by identifying, detecting, controlling, and properly disposing of contraband.

Components	Rating	Remarks (1000 Char Max)
1. PRIORITY: The facility follows a written procedure for disposition and handling contraband to include proper destruction of contraband and return of property not needed as evidence.	Meets Standard	Policy addresses the disposition and handling of contraband, including the proper destruction of contraband and the return of property not needed as evidence.
2. Contraband is retained as evidence for potential disciplinary action or criminal prosecution.	Meets Standard	
3. <i>(SPCs/CDFs) Before confiscating religious items, the Facility Administrator or designated investigator contacts a religious authority.</i>	Meets Standard	A religious authority is contacted before a religious item is confiscated.
4. Facilities with canine units only use them for contraband detection and not in the presence of ICE detainees.	N/A	The facility does not have a canine unit.
5. Detainees receive notification of contraband rules and procedures in the Detainee Handbook.	Meets Standard	

PART 2 – 6. CONTRABAND – Reviewer Summary

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

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

The facility has procedures in place for identifying, detecting, controlling and properly disposing of contraband. In evaluating this standard, the lieutenant was interviewed; and policy and contraband logs were reviewed. No hard contraband was confiscated from a detainee during this inspection period.

A detainee found in possession of hard contraband could face disciplinary action or criminal prosecution.

If authorized excess legal materials are creating a fire hazard, the facility provides an alternative storage area accessible to the detainee.

Staff seizes all hard and soft contraband. As long as the contraband is not illegal under criminal statutes and would not otherwise pose a threat to security, the property is inventoried, receipted to the detainee and, at the detainee's request, mailed to a third party, or stored with the detainee's other personal property.

Contraband that is government property is retained as evidence for possible disciplinary action or criminal prosecution, after which it is returned to the issuing authority.

Overall Rating: Meets Standard

Reviewer Name (Printed) (b)(6);(b)(7)(C)

Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

PART 2 – 7. FACILITY SECURITY AND CONTROL (Key: G)

This Detention Standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and that events that pose a risk of harm are prevented.

Components	Rating	Remarks (1000 Char Max)
1. At least one male and one female staff are on duty where both males and females are housed.	Meets Standard	The staffing pattern ensures that both male and female officers are on duty during each shift.
2. Comprehensive annual staffing analysis determines staffing needs and plans and is reviewed and updated annually.	Meets Standard	The OIC conducts a comprehensive staffing analysis annually.
3. Essential posts and positions are filled with qualified personnel.	Meets Standard	Security personnel assigned to essential posts receive 200 hours of pre-service training and 100 hours of annual training.
4. <i>(SPCs/CDFs) Detainees do not have access to the Control Center.</i>	Meets Standard	In this IGSA facility, policy prohibits detainee access to the central control center.
5. Facility security and safety will be monitored and coordinated by a secure, well-equipped, and continuously staffed control center.	Meets Standard	Security staff assigned to the central control center complete an on-the-job training period with an experienced control center officer. Training includes computer operation, internal traffic control, communication systems operation, key control and count procedures. The control center is secure, well equipped and staffed 24 hours a day.
6. <i>(SPCs/CDFs) The facility administrator shall establish procedures to implement the following Control Center requirements: Communications center; Maintenance of a list of the current home and cellphone number of every officer, administrative/support services staff, Situation Response Teams (SRTs), Hostage Negotiation Teams (HNTs), and law enforcement agencies. Watch calls (officer safety checks) to the Control Center by all staff ordinarily shall occur every half-hour between 6:00 P.M. and 6:00 A.M. Individual facility policy may designate another post to conduct watch calls. Any exception for staff to not make watch calls as described requires approval of the facility administrator.</i>	Meets Standard	In this IGSA facility, the OIC has approved the procedural requirement for officers to conduct and log thirty-minute security checks in all housing units in lieu of watch calls. All other items listed in this component are implemented in control center procedures.
7. The front-entrance officer checks the identification of everyone entering or exiting the facility.	Meets Standard	

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9. All visits are officially recorded in a visitor logbook or electronically recorded.	Meets Standard	Information on all visitors, to include date, name, agency represented, and entrance and exit time, is recorded in a log book.
10. The facility has a secure visitor pass system.	Meets Standard	
11. Information about routine procedures, emergency situations, and unusual incidents will be continually recorded in permanent post logs and shift reports.	Meets Standard	
12. <i>(SPCs/CDFs) Housing unit Post Orders in SPCs and CDFs shall follow the event schedule format, for example, "0515 Lights on" and shall direct the assigned officer to maintain a unit log of pertinent information regarding detainee activity. The shift supervisor shall visit each housing area and initial the log on each shift.</i>	Meets Standard	This IGSA facility's housing unit post orders require that an event schedule be maintained which follows the format outlined in this component. A log is utilized to record detainee activity by living unit staff and is reviewed and initialed by the shift commander during each shift.
13. Security officer posts shall be located in or immediately adjacent to detainee living areas to permit officers to see or hear and respond promptly to emergency situations.	Meets Standard	
14. Detainee movement from one area to another area is controlled by staff.	Meets Standard	
15. <u>PRIORITY</u> : No detainee may ever be given authority over, or be permitted to exert control over, any other detainee.	Meets Standard	Policy prohibits detainees from having authority or being permitted to exert control over any other detainee.
16. The facility administrator, designated assistant facility administrator, security supervisors, and others designated by the facility administrator shall be required to visit all housing units at least weekly to observe living conditions and interact informally with detainees.	Meets Standard	
17. The facility has a comprehensive security inspection policy.	Meets Standard	
18. Documentation of security inspections is kept on file.	Meets Standard	Documentation of security inspections is maintained by the safety lieutenant.
19. Daily procedures include: Perimeter alarm system tests. Physical checks of the perimeter fence. Documenting the results.	Meets Standard	The facility has no perimeter alarm system. Officers are required to make security checks of the facility perimeter on each shift with documentation noted in central control.

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

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

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

The facility has inspection and search policy and procedures in place to protect the community, staff, contractors, volunteers and detainees from harm by ensuring security is maintained. In evaluating this standard, the lieutenant and staff were interviewed, policy and inspection logs were reviewed and central control and housing unit operations were observed. All inspections are required to be documented. Overall appearance and sanitation of the facility were well within acceptable standard guidelines.

No vehicles enter the secure perimeter of the facility.

The special management unit (SMU) has a sally-port that is electronically interlocked so that the inner and outer doors cannot be open simultaneously. Tools being taken into the SMU are inventoried by the special housing officer prior to entering. Tools are identified and checked against the inventory upon departing.

The facility has written policy and procedure for searching housing units. All staff documents cell and area searches in a search log. Staff conducts irregular searches of utility areas at least once each shift.

Overall Rating: Meets Standard

Reviewer Name (Printed) (b)(6);(b)(7)(C)

Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

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

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

Standard N/A

Click the button above (IGSA ONLY) if all ICE detainee Funds, Valuables and Property are handled only by the ICE Field Office or Sub-Office in control of the detainee case. (All Line Items and standard will be rated "N/A")

Components	Rating	Remarks (1000 Char Max)
<p>1. All detention facilities are required to have written policies and procedures to:</p> <p>Account for and safeguard detainee property from time of admission until date of release;</p> <p>Inventory and receipt detainee funds and valuables;</p> <p>Inventory and receipt detainee baggage and personal property (other than funds and valuables);</p> <p>Inventory and audit detainee funds, valuables and personal property;</p> <p>Return funds, valuables and personal property to detainees being transferred or release; and</p> <p>Provide a way for a detainee to report missing or damaged property.</p>	Meets Standard	Policies and procedures address all of the requirements listed in this component.
<p>2. All facilities, at a minimum shall provide:</p> <p>A secured locker for holding large valuables, that can be accessed only by designated supervisor(s); and</p> <p>A baggage and property storage area that is secured when not attended by assigned admissions processing staff.</p>	Meets Standard	
<p>3. The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property.</p>	Meets Standard	The handbook notifies the detainees of policies and procedures concerning funds and personal property; to include items they may retain in their possession.
<p>4. At admission, staff search and inventory detainee property only in the presence of the detainee, unless instructed otherwise by the facility administrator.</p>	Meets Standard	
<p>5. The facility administrator shall establish whether and, how much cash each detainee may have in personal possession while in detention.</p>	Meets Standard	The facility does not permit a detainee to maintain cash in his/her personal possession.
<p>6. Identity documents, such as passports, birth certificates, are held in each detainee's A-file but, upon request, staff shall provide the detainee a copy of a document, certified by an ICE/ERO official to be a true and correct copy.</p>	Meets Standard	Identity documents are maintained in the detainee's A-file by ICE personnel. Certified copies are available by request to ICE officials.

Performance-Based National Detention Standards 2008 Inspection Worksheet for Over 72 Hour Facilities

7. (SPCs /CDFs) Every housing area shall have lockers or other securable space for storing detainees' authorized personal property. The amount of storage space shall correspond to the number of detainees assigned to that housing area.	N/A	At this IGSA, detainees store their personal property in their cells on shelves and individual unsecured tote bags under their beds. The amount of storage space corresponds to the number of detainees assigned to the housing units.
8. Property discrepancies are immediately reported to the Chief of Security or equivalent.	Meets Standard	
9. <u>PRIORITY:</u> Procedure ensures that: Detainee funds and small and large valuables are placed in a secure location; Medical staff determine the disposition of all medicine accompanying an arriving detainee Detainees are able to keep a reasonable amount of personal property in their possession, provided it poses no threat to detainee safety or facility security; and Facilities return funds and valuables to detainees being transferred or released.	Meets Standard	Policy and practice address the four items listed in this component. Based on observation of the processing area and personnel interviews; practice is consistent with policy.
10. (SPCs/CDFs) For recordkeeping and accounting purposes, use of the G-589 Property Receipt form is mandatory to inventory any funds removed from a detainee's possession, and a separate form G-589 is required for each kind of currency and negotiable instrument.	N/A	This IGSA facility uses a local equivalent property receipt form. Separate forms are used for currency, checks and valuable property.
11. (SPCs/CDFs) The supervisory security officer or equivalent shall remove the contents of the drop safe during his or her shift and initial the G-589 accountability log. The supervisor shall: Verify the correctness of all G-589s; Record the amount of cash and describe each item in the supervisors' property log; and Verify the proper disposition of funds and valuables by checking the sealed envelopes in the cash box, the property envelopes in the safe, and the safekeeping of all large valuables in the designated secured locked area.	N/A	At this IGSA facility, the intake supervisor empties the contents of the drop safe and reconciles its contents daily. The G-589 form is not used at the facility; a local equivalent form is used. All currencies and negotiable instruments are itemized on a single property receipt. Verification and safekeeping of large and small valuables in a designated secured area are performed by the intake supervisor. Funds are picked up daily by accounting staff and verified again.
12. The Facility Administrator has established quarterly audits of baggage and non-valuable property.	Meets Standard	Policy indicates that quarterly audits are conducted. Documentation was reviewed supporting these audits.

Performance-Based National Detention Standards 2008 Inspection Worksheet for Over 72 Hour Facilities

13. All facilities shall report and turn over to ICE/ERO all detainee abandoned property.	Meets Standard	Policy and practice require that all abandoned property be immediately forwarded to ICE. Per ICE personnel, abandoned property is destroyed in accordance with ICE procedures.
14. <u>PRIORITY:</u> Facilities have and follow procedures for reporting and investigating incidents of detainee property loss or damage, and for reimbursing detainees for all validated property losses caused by facility negligence. The senior contract officer immediately notifies the designated ICE/ERO officer of all claims and outcomes.	Meets Standard	The facility utilizes a missing property form for handling property claims. The form is forwarded to the lieutenant for investigation and ICE is notified immediately. All appropriate documentation is placed in the detainee's file. A detainee will be reimbursed for property losses due to facility negligence. ICE personnel indicated that there were no concerns with lost property during the past twelve months.

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

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

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

Policies and procedures ensure the secure and safe storage of property. The property storage area is maintained in a clean and orderly manner. Detainees and their property are searched and property is inventoried during the intake process to ensure contraband is not introduced into the facility. During the evaluation of this standard, policy was reviewed and the tracking of incoming detainee's funds was verified. There were no discrepancies noted during the process of tracking the funds. Policy and procedures are adhered to and ensure that funds are safe guarded. The funds and personal property are handled in accordance with the standard.

The handbook informs detainees of policies and procedures concerning funds and personal property. Detainees can purchase items from a commissary. Each detainee is permitted to keep in their possession reasonable quantities of personal property, if the particular items do not pose a threat to the security or good order of the facility.

When a detainee is being released from the facility and becomes aware that he/she is missing property or that their property is damaged, they can file the facility's lost property claim form. The claim is properly investigated by a lieutenant. Policy indicates there is no ceiling on the amount to be reimbursed for a validated claim. The lieutenant notifies ICE of all claims and outcomes.

Evaluation of this standard was based on a review of policies, inspection of logbooks, inspection of the storage area, and interviews with employees and detainees.

Overall Rating: Meets Standard

Reviewer Name (Printed): (b)(6);(b)(7)(C)

Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES (Key: I)

This Detention Standard ensures the safety, security, and comfort of detainees temporarily held in Hold Rooms pending further processing. The maximum aggregate time an individual may be confined in a facility's Hold Room is 12 hours.

Components	Rating	Remarks (1000 Char Max)
1. (SPCs/CDFs) Each Hold Room shall contain sufficient seating for the maximum room-capacity but shall contain no moveable furniture.	Meets Standard	Hold rooms in this IGSA facility contain sufficient seating for the maximum room capacity. No moveable furniture was observed in the hold rooms.
2. (SPCs/CDFs) Each Hold Room shall be equipped with stainless steel, combination lavatory/toilet fixtures with modesty panels, in compliance with the Americans with Disabilities Act of 1990.	Meets Standard	Hold rooms in this IGSA facility are equipped with stainless steel combination lavatory/toilet fixtures with modesty panels, in accordance with the Americans with Disabilities Act of 1990.
3. <u>PRIORITY</u> : Detainees are not held in hold rooms for more than 12 hours.	Meets Standard	Staff reported that detainees are normally processed through the intake area within three hours. A review of intake logs indicated that this is the practice.
4. Male and female detainees are segregated from each other at all times.	Meets Standard	Male and female detainees are segregated from each other upon admission.
5. Unaccompanied minors (under 18) and parent(s) or legal guardians accompanied by minor children shall not be placed in Hold Rooms, unless they have shown or threatened violent behavior, have a history of criminal activity, or have given staff reasonable grounds to expect an escape attempt.	Meets Standard	Unaccompanied minors and parents or legal guardians accompanied by minor children are not admitted to this facility and therefore are not placed in hold rooms.
6. Persons exempt from placement in a Hold Room due to obvious illness, special medical, physical and or psychological needs, or other documented reasons shall be seated in an appropriate area designated by the facility administrator outside the Hold Room, or in separate rooms, under direct supervision and control, barring an emergency.	Meets Standard	
7. To the extent practicable in a hold room situation, detainees with known or readily apparent disabilities, including temporary disabilities, shall be housed in manner that accommodates their mental and/or physical condition(s) and provides for their safety, comfort and security.	Meets Standard	
8. Detainees are provided with basic personal hygiene items such as water, soap, toilet paper, cups for water, feminine hygiene items, diapers and wipes.	Meets Standard	
9. If the hold room is not equipped with toilet facilities, an officer is posted within visual or audible range to allow detainees access to such on a regular basis.	Meets Standard	Hold rooms are equipped with toilet facilities, giving detainees access on a regular basis.

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10. All detainees are given a pat down search for weapons or contraband before being placed in the hold room.	Meets Standard	Detainees are given a pat search and scanned utilizing a BOSS chair prior to being placed in a hold room.
11. Before placing a detainee in a room, an officer shall observe each individual to screen for obvious mental or physical problems.	Meets Standard	All detainees are observed by an officer to screen for obvious mental or physical problems prior to being placed in a hold room.
12. Each detention facility maintains a detention log for each detainee placed in a hold cell.	Meets Standard	A detention log is maintained in the intake area to document each detainee placed in a hold room.
13. Officers provide a meal to any detainee detained in a hold room for more than six hours. Pregnant women have access to snacks, milk or juice.	Meets Standard	
14. Staff shall ensure that sanitation, temperatures and humidity in Hold Rooms are maintained at acceptable and comfortable levels. Pregnant women and others with evident medical needs will have temporary access to temperature appropriate clothing and blankets.	Meets Standard	
15. PRIORITY: Officers closely supervise hold rooms through direct supervision, to ensure: Continuous auditory monitoring, Visual monitoring at irregular intervals at least every 15 minutes, Constant surveillance of any detainee exhibiting signs of hostility, depression, or similar behaviors.	Meets Standard	Hold rooms are directly supervised by officers with continuous auditory monitoring, visual hold room checks at irregular fifteen minute intervals and constant surveillance of any detainee exhibiting signs of hostility, depression or similar behaviors.
16. The maximum occupancy for the hold room will be posted.	Meets Standard	Each hold room has its maximum occupancy posted.
17. When the last detainee has been removed, officers shall ensure the Hold Room is thoroughly cleaned and inspected.	Meets Standard	
18. <i>(SPCs/CDFs) Evacuation procedures shall include posting the evacuation map and advance designation of the officer responsible for removing detainees from the Hold Room(s) in case of fire and/or building evacuation.</i>	Meets Standard	This IGSA facility has a written evacuation plan. The intake officer is responsible for ensuring the removal of detainees from the hold rooms in case of fire and/or building evacuation.

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

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

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

Policy and procedures are in place to ensure the safety, security and comfort of detainees while temporarily held in hold rooms during intake and transfer from the facility. To evaluate this standard, personnel were interviewed, policy and logs were reviewed and the hold room area was toured and inspected.

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Hold rooms are situated within the secure perimeter and are well ventilated and well lighted. All activating switches are located outside the room(s). Each hold room has a floor drain. Hold rooms are escape and tamper-resistant. Each hold room has two-inch thick, detention-grade, 14-gauge steel doors that swing outward, with 14-gauge steel doorframes grouted into the surrounding wall. The solid doors are equipped with security glass that meets or exceeds the impact-resistant standard of glass-clad polycarbonate laminate for convenient visual checks.

Procedures do not allow an officer to enter a hold room unless another officer is outside the door, ready to respond as needed. Staff immediately contacts medical emergency service when a detainee appears to be in need of urgent medical treatment.

Overall Rating: Meets Standard

Reviewer Name (Printed): (b)(6);(b)(7)(C)

Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

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

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

Components	Rating	Remarks (1000 Char Max)
1. All staff shall be trained and held responsible for adhering to proper procedures for the care and handling of keys, including electronic key pads where they are used. Initial training shall be accomplished before staff is issued keys, and key control shall be among the topics covered in subsequent annual training.	Meets Standard	All staff members receive pre-service training in key control and annually thereafter.
2. Each facility administrator shall establish the position of Security Officer, or at a minimum, assign a staff member the collateral security officer. The Security Officer shall have a written position description that includes duties, responsibilities, and chain of command.	Meets Standard	The lieutenant is the designated key control officer. The position has a written position description that includes duties, responsibilities and chain of command.
3. The Security Officer is responsible for all administrative duties, including recordkeeping, concerning keys, locks, and related security equipment.	Meets Standard	The lieutenant has the responsibility for all administrative duties and responsibilities relating to keys, locks and related security equipment.
4. The Security Officer shall train and direct employees in key control, including electronic key pads where they are used.	Meets Standard	
5. The facility maintains inventories of all keys, locks and locking devices. Lock shop inventories include a secure master-key cabinet containing at least one pattern key.	Meets Standard	
6. Facility policies and procedures address the issue of compromised keys, locks, and to ensure safe combination integrity.	Meets Standard	Policies and procedures address the issue of compromised keys and locks. The facility does not have any combination safes.
7. Either deadbolts or deadlocks shall be used in detainee-accessible areas. Grand master-keying systems are not authorized. A master-keying system may be used only in housing units where detainees have individual room keys.	Meets Standard	Deadbolts or deadlocks are used in detainee-accessible areas. A grand master keying system is prohibited at this facility. Detainees do not have individual room keys.
8. The Security Officer shall implement a preventive maintenance program. The Security Officer shall maintain all preventive maintenance records.	Meets Standard	
9. The Security Officer shall implement procedures for identifying every key ring and every key on each key ring, and for preventing keys from being removed from key rings, once issued.	Meets Standard	All key rings and each key on each ring are identified. A soldered ring is used to prevent keys from being removed.
10. Emergency keys shall be on hand for every area to or from which entry or exit might be necessary in an emergency.	Meets Standard	

Performance-Based National Detention Standards 2008 Inspection Worksheet for Over 72 Hour Facilities

11. The facility has a written policy and implementation procedures to ensure key accountability. Facilities shall use standard system for the issuance and accountability of key rings.	Meets Standard	Keys are accounted for once each shift. Issuance of keys is through a chit system.
12. The facility administrator shall establish rules and procedures for authorizing use of restricted keys.	Meets Standard	The OIC has established strict procedures for the issuance of restricted keys.
13. Pharmacy keys shall be strictly controlled.	Meets Standard	
14. Keys to ICE and EOIR (Executive Office for Immigration Review) office and courtroom areas shall similarly be restricted and controlled. If a key is authorized for emergency withdrawal, a copy of the Restricted Key form is to be provided to ICE.	Meets Standard	
15. Officers shall store all their weapons in individual lockers before entering the facility. The facility administrator shall develop and implement site-specific procedures for controlling gun-locker access.	Meets Standard	All gun lockers are located in the secure (b)(7)(E)

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

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

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

The key control system is efficient, accountable and well maintained. In evaluating this standard, the lieutenant and county maintenance employees were interviewed, key control policy was reviewed and key and lock control operation was observed. Accountability of keys is carried out on each shift.

A county maintenance employee has completed an approved locksmith training program.

The operational key boxes are located in the control center and are large enough to accommodate all facility key rings, including keys in use. The placement of the key boxes in the control center is not visible to detainees or visitors. Key rings are issued through the use of a chit system for accountability of the key rings. No key or key ring is issued on a 24-hour basis without written authorization from the OIC. Key changes are only made after written approval from the OIC. Only the key control officer may add or remove a key from a ring. The splitting of key rings into separate rings is not allowed.

Overall Rating: Meets Standard

Reviewer Name (Printed) (b)(6);(b)(7)(C) **Completion Date:** 1/7/2016

Reviewer Signature (for printed form submission):

PART 2 – 11. POPULATION COUNTS (Key: K)

This Detention Standard protects the community from harm and enhances facility security, safety, and good order by requiring that each facility have an ongoing, effective system of population counts and detainee accountability.

Components	Rating	Remarks (1000 Char Max)
1. Staff conduct a formal count at least once each 8 hours (no less than three counts per day). At least one of these counts shall be a face to photo count.	Meets Standard	Formal counts are conducted eight times daily. A face-to-photo count is conducted during the 3:00 p.m. count.
2. Each officer shall make irregular but frequent checks to verify the presence of all detainees in his or her charge.	Meets Standard	
3. The facility Control Center shall maintain a master count.	Meets Standard	The master count is maintained in the shift commander's office.
4. The control officer (or other designated position) maintains an "out-count" record of all detainees temporarily out of the facility.	Meets Standard	An "out count" record of detainees temporarily out of the facility is maintained in the intake area.
5. An emergency count shall be conducted when there is reason to believe a detainee is missing, or after a major disturbance has occurred.	Meets Standard	Policy requires an emergency count be conducted when there is reason to believe a detainee is missing or after a major disturbance.

PART 2 – 11. POPULATION COUNTS – Reviewer Summary

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

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

Formal counts are conducted to ensure accountability for all detainees, protect the community, and enhance facility security, safety and good order. In evaluating this standard, the count policy was reviewed and the 3:00 p.m. count was observed from the shift commander's office, food service area and the housing units. Count was conducted as prescribed by policy. During counts, officers make positive identification of living, breathing flesh and not just a human shape before counting a detainee as present.

Count procedures are strictly followed by officers. If the accuracy of a count is in doubt officers conduct a recount. Officers never rely on a roll call in performing the count. Unaccompanied officers never perform a count in open areas such as food service. One officer conducts the count while a second officer observes. Once the first count is completed the officers switch positions and count again. Officers performing the count have primary responsibility for the count accuracy. Officers remain in the count area until the count clears. Detainees do not participate in the count nor the preparation or documentation of the count process. No detainee movement is allowed during the count process. All detainee units/areas were counted simultaneously with all detainees being counted at a specific location. Movement does not resume until the count is verified and cleared. Counting officers report their count and then deliver a signed count slip to the control center. The control center officer records the count in the control center log. If a recount fails to clear, the shift commander orders a face to photo count. Emergency counts are conducted in the same manner as formal counts and all detainees are returned to their housing units during such counts.

Overall Rating: Meets Standard

Reviewer Name (Printed): (b)(6);(b)(7)(C)

Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

PART 2 – 12. POST ORDERS (Key: L)

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

Components	Rating	Remarks (1000 Char Max)
1. The facility administrator shall ensure that: There are written Post Orders for each security post, Copies are available to all employees, Written facility policy and procedures: <ul style="list-style-type: none"> ○ Provide official on-duty time for officers to read the applicable Post Orders when assigned to a post, and ○ Ensure that officers read those applicable Post Orders prior to assuming their posts. 	Meets Standard	The OIC has procedures in place to comply with all items listed in this component.
2. Supervisors shall ensure that officers understand the Post Orders, regardless of whether the assignment is temporary, permanent, or due to an emergency.	Meets Standard	
3. Anyone assigned to an armed post qualifies with the post weapons before assuming post duty.	Meets Standard	
4. Post Orders for armed posts, and for posts that control access to the institution perimeter, clearly state that: Any staff member who is taken hostage is considered to be under duress, and Any order issued by such a person, regardless of his or her position of authority, is to be disregarded.	Meets Standard	Post orders for armed posts and posts that control access to the institution perimeter clearly state that any staff member taken hostage has no authority and any order issued by such a person is to be disregarded.
5. Specific instructions for escape attempts shall be included in the Post Orders for armed posts.	Meets Standard	
6. Post Orders shall be kept current at all times and formally reviewed at least annually and updated as needed.	Meets Standard	Post orders are current, are reviewed annually and are updated as needed.
7. Post Orders and logbooks are confidential and must be kept secure at all times and never left in an area accessible to detainees.	Meets Standard	Policy states that post orders and logbooks are confidential, are to be secured at all times and not be accessible to detainees.
8. The facility administrator authorizes all Post Orders and changes.	Meets Standard	The OIC authorizes all post orders and changes.

PART 2 – 12. POST ORDERS – Reviewer Summary

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

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

Post orders ensure that an officer assigned to a security post knows the procedures, duties and responsibilities of that post. In evaluating this standard, the lieutenant and several housing unit officers were interviewed, and post orders were reviewed. Post orders are available to staff in the office of the assistant OIC, shift commander and staff development and training. The post orders are based on the ICE detention standards, policies and facility practices and state the duty hours for each post. The OIC initials and dates each page of the post orders. There is a written policy providing official time for officers to read post orders upon assuming a new post and procedures ensure that all officers read applicable post orders. All officers and supervisors use the post orders to familiarize themselves with the duties of their posts.

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The assistant OIC determines if the post orders need updating during the period between annual reviews. Prior to annual reviews, supervisors solicit written suggestions for changes or additions from staff, contract staff and other affected personnel. The assistant OIC reviews and comments on all suggested post order changes prior to submitting them for possible inclusion in the post orders. The revised post orders are forwarded to the OIC for approval. The assistant OIC ensures that all post orders are transcribed on a computer and that all back-up disks are properly accounted for and maintained in a secure location.

The post orders for armed and perimeter access posts describe and explain the proper care and safe handling of firearms and the circumstances and conditions when use of a firearm is authorized.

Overall Rating: Meets Standard

Reviewer Name (Printed) (b)(6);(b)(7)(C)

Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

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

This Detention Standard protects detainees and staff and enhances facility security and good order by detecting, controlling, and properly disposing of contraband.

Components	Rating	Remarks (1000 Char Max)
1. PRIORITY: The facility has written policy and procedures governing searches of detainees and housing or work areas. The policies and procedures include the requirement that staff employ the least intrusive method of body search practicable, based on security concerns involved; and conduct searches without unnecessary force and in ways that preserve the dignity of detainees.	Meets Standard	Policy and written procedures govern searches of detainees and all housing, work and common areas. Policy states that searches must be conducted in a manner that preserves the detainee's dignity to the greatest extent possible and must be the least intrusive necessary to satisfy safety and security needs.
2. All staff who do housing or work area searches or body searches shall receive initial training regarding search procedure prior to entering on duty, and annual training in effective techniques thereafter.	Meets Standard	
3. The facility shall establish procedures to ensure all housing units and work areas are searched routinely, but irregularly.	Meets Standard	Both policy and post orders require that housing units and work areas be searched routinely but irregularly.
4. Staff shall maintain written documentation of each housing unit search within the individual housing unit.	Meets Standard	Housing unit searches are documented on a cell search form by the housing unit officer.
5. Work areas shall be searched each workday by shop supervisors, and these inspections shall be supplemented with periodic searches by designated search teams.	Meets Standard	
6. Strip searches are conducted only when there is reasonable belief or suspicion that contraband may be concealed on the person, or a good opportunity for concealment has occurred, and when properly authorized by a supervisor.	Meets Standard	After completion of the admissions process, strip searches require reasonable suspicion that the detainee is in possession of contraband. The strip search must be authorized by a supervisor.
7. PRIORITY: Strip searches are performed by an officer of the same gender as the detainee.	Meets Standard	Strip searches must be performed by an officer of the same gender as the detainee.
8. Body cavity searches are conducted by designated health personnel only when authorized by the facility administrator (or acting administrator) on the basis of reasonable belief or suspicion that contraband may be concealed in or on the detainee's person.	Meets Standard	Reasonable suspicion that contraband may be concealed in or on the detainee's person is required for a body cavity search. The search must be authorized by the OIC and must be performed by a qualified medical professional at an off-site medical facility.

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9. "Dry cells" are used for contraband detection only when there is reasonable belief of concealment, with proper authorization, and in accordance with required procedures.	Meets Standard	
10. The chief of security shall have post orders for closely observing a detainee in dry cell status.	Meets Standard	

PART 2 – 13. SEARCHES OF DETAINEES – Reviewer Summary

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

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

There are procedures in place to conduct housing unit and work area searches which are primarily designed to detect contraband, prevent escapes, maintain sanitary standards, and eliminate fire and safety hazards. The procedures also include basic correctional services during lockdowns, such as delivery of food services, toilet access, medication delivery, and other vital services.

Detainees are pat searched on a routine or random basis to control contraband without a threshold level of suspicion. The search includes a search of the detainee's clothing and personal effects. The post orders for staff assigned to monitor detainees that are in close observation are clear and concise and contain all the items outlined in this standard.

The evaluation of this standard included a review of written procedures, post orders, observation of the intake area and housing units and completed search documentation. The security procedures in place ensure the safe and orderly operation of the facility.

Overall Rating: Meets Standard

Reviewer Name (Printed): (b)(6);(b)(7)(C)

Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

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

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

Components	Rating	Remarks (1000 Char Max)
<p>1. PRIORITY: The facility has a Sexual Abuse and Assault Prevention and Intervention Program that includes, at a minimum:</p> <p>Measures to prevent sexual abuse and sexual assault;</p> <p>Policy and procedures for required chain-of-command reporting to the highest facility official and the ICE Field Office Director;</p> <p>Measures for prompt and effective intervention to address the safety and treatment needs of detainee victims if an assault occurs; and</p> <p>Investigation of incidents of sexual assault, and discipline of assailants.</p>	Meets Standard	There is a Sexual Abuse and Assault Prevention and Intervention Program which addresses these four points.
<p>2. (SPCs/CDFs) <i>The written policy and procedure has been approved by the Field Office Director.</i></p>	Meets Standard	At this IGSA facility, the written policy and procedure has been approved by the Field Office Director.
<p>3. PRIORITY: All staff are trained, during orientation and in annual refresher training, in the prevention and intervention areas required by the Detention Standard.</p>	Meets Standard	All personnel are trained initially and annually in the prevention and intervention areas required by the standard, as documented in training and personnel records.
<p>4. PRIORITY: Detainees are informed about the program in facility orientation and the detainee handbook (or equivalent).</p>	Meets Standard	Detainees are informed about the program by medical staff during initial evaluation, as outlined in the detainee handbook and as posted in the housing areas, in English and Spanish. Detainees are required to sign for receipt of the information.
<p>5. The Sexual Assault Awareness Notice is posted on all housing unit bulletin boards.</p>	Meets Standard	The Sexual Assault Awareness Notice is posted in all housing units, in English and Spanish.
<p>6. (SPCs/CDFs) <i>The Sexual Assault Awareness Information brochure is available for detainees.</i></p>	Meets Standard	At this IGSA facility, the Sexual Assault Awareness Information brochure is posted in all housing units, in English and Spanish.

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7. PRIORITY: Detainees are screened upon arrival for "high risk" sexual assaultive and sexual victimization potential and housed and counseled accordingly. Detainees who are likely to become victims will be placed in the least restrictive housing that is available and appropriate.	Meets Standard	Detainees are screened as part of the medical intake process for "high risk" sexual assaultive/victimization potential. Detainees are counseled and housed per the results of the screen. Potential victims are placed in the least restrictive and appropriate housing.
8. PRIORITY: There is prompt and effective intervention when any detainee is sexually abused or assaulted and policy and procedures for required chain-of-command reporting.	Meets Standard	Policy and procedures require prompt and effective intervention such as offering immediate protection and referral for medical assessment as well as chain-of-command reporting (facility to ICE to appropriate outside law enforcement) when a detainee is sexually abused or assaulted
9. When there is an alleged sexual assault, staff conduct a thorough investigation, gather and maintain evidence, and make referrals to appropriate law enforcement agencies for possible prosecution.	Meets Standard	When there is an alleged sexual assault, policy requires staff to investigate, gather evidence, and make appropriate referrals, e.g., to Pennsylvania State Police (PSP).
10. PRIORITY: When there is an alleged or proven sexual assault, the required notifications to ICE, facility management, and the appropriate law enforcement agency are promptly made.	Meets Standard	Alleged or proven sexual assault incidents require prompt notifications to ICE, facility management, and appropriate law enforcement agencies, such as the PSP.
11. Victims of sexual abuse or assault are referred to specialized community resources for treatment and gathering of evidence.	Meets Standard	Sexual abuse/assault victims are referred to Wayne Memorial Hospital for forensic evaluation and treatment by a sexual assault forensic examiner (SAFE) or a sexual assault nurse examiner (SANE).
12. All records associated with claims of sexual abuse or assault is maintained, and such incidents are specifically logged and tracked by a designated staff coordinator.	Meets Standard	Policy requires that all records of sexual abuse or assault are maintained and incidents are logged and tracked by the designated staff coordinator.
13. Tracking statistics and reports are readily available for review by the inspectors.	Meets Standard	Tracking statistics and reports are readily available for review.

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

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

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

Employees, volunteers, and contract personnel are trained on the SAAP program initially and annually. Training includes: definition and examples of prohibited and illegal behavior; agency prohibitions on retaliation against detainees and staff who report sexual abuse; an understanding that sexual abuse or assault is never an acceptable consequence of detention; recognition of situations where sexual abuse or assault may occur; recognition of the physical, behavioral, and emotional signs of sexual abuse or assault and ways to prevent such occurrences; the investigation process and how to ensure that evidence is not destroyed; prevention, recognition, and appropriate response to allegations or suspicions of sexual assault involving detainees with mental or physical disabilities; understanding of how to report knowledge or suspicion of sexual abuse or assault and make intervention referrals to the facility's program; and understanding of documentation and referral procedures of all allegations or suspicion of sexual assault.

The orientation program, detainee handbook, and medical staff notify and inform detainees about the SAAP program and include: prevention and intervention; definitions and examples; explanation of how to report sexual abuse or assault and the investigation process; self-protection; prohibition against retaliation; and treatment and counseling. There is an option to report the allegation to a designated staff member other than an immediate point-of-contact line officer.

Detainees with a history of sexual assault are identified, monitored, and counseled. Detainees at "high risk" for committing sexual assault are assessed by a mental health or other qualified professional and treated as appropriate. Detainees at risk for sexual victimization are identified, monitored and counseled; and assessed by a mental health or other qualified professional. At-risk detainees are placed in the least restrictive housing that is available and appropriate.

Staff takes seriously all statements from detainees claiming to be victims of sexual assaults. Detainees are offered immediate protection from the assailant and referred for a medical examination. Information concerning the identity of a detainee victim reporting a sexual assault, and the facts of the report itself, are limited to those with a need to know.

When a detainee is the perpetrator, the incident is referred to the PSP and to ICE. When an employee, contractor, or volunteer is the perpetrator, notifications are made to the OIC, ICE, and the FOD.

The OIC arranges for the detainee victim to undergo a forensic medical examination at Wayne Memorial Hospital. All results are provided to ICE. Testing for sexually transmitted diseases is performed, as appropriate, and referral for counseling may be made. The OIC is notified when the victim is transferred.

All case records associated with claims of sexual abuse are maintained in accordance with the detention standards. General files and investigative files are maintained chronologically in a secure location. A listing of the names of sexual assault victims and assailants along with the dates and locations of all sexual assault incidents is maintained on a computerized incident reporting system.

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

There were two allegations of sexual assault in this facility in the past year. One allegation involved a non-ICE detainee. That allegation was unfounded. The other allegation involved an ICE detainee. The detainee alleged he was inappropriately touched during a pat down search. An investigation commenced and all materials including a videotape were sent to the Pennsylvania State Police (PSP). The PSP concluded there was no evidence of a crime. That allegation was unfounded.

Evaluation of the standard was based on review of facility policies and procedures, training documentation, personnel records, detainee handbooks, postings, and staff coordinator files; and on staff interviews.

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Overall Rating: Meets Standard		
Reviewer Name (Printed)	(b)(6);(b)(7)(C)	Completion Date: 1/7/2016
Reviewer Signature (for printed form submission):		

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

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

Components	Rating	Remarks (1000 Char Max)
1. Written policy and procedures are in place for special management units, including Administrative Segregation and Disciplinary Segregation, as well as documenting the reason(s) for placement and periodic reviews.	Meets Standard	Policy and procedures are in place for operation of the special management unit (SMU), including administrative and disciplinary segregation. Policy requires staff to document reasons for placement of a detainee in the SMU and requirements for periodic reviews.
2. The number of detainees confined to each cell or room does not exceed the capacity for which it was designed.	Meets Standard	
3. Cells and rooms are well ventilated, adequately lit, appropriately heated and maintained in a sanitary condition at all times.	Meets Standard	A tour of the SMU revealed an atmosphere and environment consistent with the items listed in this component.
4. Each facility shall issue guidelines concerning the privileges detainees may have in both Administrative and Disciplinary status.	Meets Standard	Policy establishes guidelines for privileges detainees are eligible for while in administrative or disciplinary segregation.
5. <u>PRIORITY</u> : Detainees in SMUs are personally observed at least every 30 minutes in an irregular schedule and more often when warranted.	Meets Standard	Detainees are observed every thirty minutes at irregular intervals and more often if warranted. Observations are documented in a log book.
6. <u>PRIORITY</u> : 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. A detainee is placed in Administrative Segregation only for non-punitive reasons, when necessary to ensure the safety of detainees or others, the protection of property, or the security or good order of the facility.	Meets Standard	Policy and procedure are in place for each item listed in this component.

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7. The facility administrator or designee shall complete the Administrative Segregation Order (Form I-885 or equivalent), detailing the reasons for placing a detainee in Administrative Segregation, before his or her actual placement.	Meets Standard	A temporary administrative segregation form detailing reasons for placement is completed before a detainee is placed in administrative segregation by the shift commander, unless the detainee's continued presence in general population presents an immediate risk to the security and good order of the facility.
8. A copy of the decision and justification for each review is given to the detainee, unless, in exceptional circumstances, this provision would jeopardize security. The detainee is given an opportunity to appeal a review decision to a higher authority within the facility.	Meets Standard	Detainees are provided a copy of the decision and justification of reviews. Detainees may appeal a review to the OIC.
9. A detainee will be placed in Disciplinary Segregation only after a finding by a Disciplinary Hearing Panel that the detainee is guilty of a prohibited act or rule violation classified at a "Greatest," "High," or "High-Moderate" level, as defined in the Detention Standard on Disciplinary System.	Meets Standard	Policy addresses the requirements listed in this component.
10. A written order shall be completed and signed by the chair of the IDP (or disciplinary hearing officer) before a detainee is placed into Disciplinary Segregation. A copy of the order shall be given to the detainee within 24 hours, unless delivery would jeopardize the safety, security, or the orderly operation of the facility or the safety of another detainee.	Meets Standard	Policy addresses the items listed in this component.
11. Upon a detainee's release from the SMU, the releasing officer attaches the entire housing unit record to the Administrative Segregation Order or Disciplinary Segregation Order and forwards it to the Supervisor for inclusion in the detainee's detention file.	Meets Standard	

<p>12. PRIORITY: There are implemented written procedures for the regular review of all detainees in Administrative Segregation.</p> <p>A supervisor conducts a review within 72 hours of the detainee's placement in Administrative Segregation to determine whether segregation is still warranted. The review includes an interview with the detainee, and a written record is made of the decision and the justification.</p> <p>If a detainee is segregated for the detainee's protection, but not at the detainee's request, continued detention requires the authorizing signature of the facility administrator or assistant facility administrator.</p> <p>When a detainee has spent seven days in Administrative Segregation, and every week thereafter for the first 60 days and at least every 30 days thereafter, a supervisor conducts a similar review, including an interview with the detainee, and documents the decision and justification.</p>	<p>Meets Standard</p>	<p>Policy and procedure address each area listed in this component.</p>
<p>13. 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.</p>	<p>Meets Standard</p>	<p>A permanent log is maintained in each segregation housing unit. A review of the logs found pertinent current information as required in this component.</p>
<p>14. (SPCs/CDFs) <i>A separate log is maintained in the SMU that all persons visiting the unit must sign and record:</i></p> <p><i>The time and date of the visit, and</i></p> <p><i>Any unusual activity or behavior of an individual detainee, with a follow-up memorandum sent through the facility administrator to the detainee's file.</i></p>	<p>N/A</p>	<p>In this IGSA facility, a separate log is not maintained to record dates, times and signatures of visitors to the SMU.</p>
<p>15. A Special Management Housing Unit Record is maintained on each detainee in an SMU.</p>	<p>Meets Standard</p>	
<p>16. 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.</p>	<p>Meets Standard</p>	<p>Policy requires a health care professional be notified immediately when a detainee is placed in the SMU.</p>
<p>17. PRIORITY: A health care provider visits every detainee in an SMU at least once daily, and detainees are provided any medications prescribed for them.</p> <p>Detainees will have access to regularly scheduled sick call regardless of housing assignment.</p> <p>Any action taken is documented in a separate logbook, and the medical visit is recorded on the detainee's SMU Housing Record (Form I-888).</p>	<p>Meets Standard</p>	<p>Policy addresses each item listed in this component.</p>

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18. Detainees in SMUs may shave and shower three times weekly and receive other basic services (laundry, hair care, barbering, clothing, bedding, linen) on the same basis as the general population.	Meets Standard	Detainees in the SMU receive all of the services listed in this component. An opportunity to shower is offered three times a week. Detainees have the opportunity to shave daily.
19. Detainees in Administrative Segregation are provided opportunities to spend time outside their cells (over and above the required recreation periods), for such activities as socializing, watching TV, and playing board games and may be assigned to work details (for example, as orderlies in the SMU).	Meets Standard	Staff reported that detainees are allowed to spend time outside their cells over and above normal recreation periods.
20. The shift supervisor sees each segregated detainee daily, including weekends and holidays.	Meets Standard	Policy requires that the shift commander visit detainees face-to-face in the SMU each day, including weekends and holidays.
21. The facility administrator (or designee) visits each SMU daily.	Meets Standard	
22. Detainees in SMUs are provided three nutritionally adequate meals per day, ordinarily from the general population menu.	Meets Standard	
23. Only for documented medical or mental health reasons are detainees denied such items as clothing, mattress, bedding, linens, or a pillow. If a detainee is so disturbed that he or she is likely to destroy clothing or bedding or create a disturbance risking harm to self or others, the medical department is notified immediately and a regimen of treatment and control instituted by the medical officer.	Meets Standard	In the event a detainee is denied items such as a mattress, bedding, linens or pillow due to his/her mental state, health care providers are notified immediately and a treatment plan is determined and instituted.
24. Detainees in an SMU may write and receive letters the same as the general population.	Meets Standard	
25. Detainees in an SMU ordinarily retain visiting privileges.	Meets Standard	
26. Adequate documentation is generated for any restricted or disallowed general visits for a detainee in an SMU who violated visiting rules or whose behavior indicated the detainee would be a threat to the security or good order of the visiting room in the past year.	Meets Standard	Policy states any restriction or denial of visiting for a detainee in the SMU is documented and approved by the OIC. There have been no visit restrictions or denials during this inspection period.
27. Under no circumstances is a detainee permitted to participate in general visitation while in restraints.	Meets Standard	
28. <i>(SPCs/CDFs) Detainees in protective custody and violent and disruptive detainees are not permitted to use the visitation room during normal visitation hours.</i>	Meets Standard	In this IGSA facility, protective custody and violent and disruptive detainees are not allowed to use the visitation room during normal visitation hours. There have been no visit restrictions or denials during this inspection period.

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29. (SPCs/CDFs) Violent and disruptive detainees are limited to non-contact visits and, in extreme cases, not permitted to visit.	Meets Standard	In this IGSA facility, all social visits are non-contact.
30. Ordinarily, detainees in SMUs are not denied legal visitation.	Meets Standard	
31. Detainees in SMUs are allowed visits by members of the clergy, upon request; unless it is determined a visit presents a risk to safety, security, or orderly operations.	Meets Standard	
32. Detainees in SMUs have access to reading materials, including religious materials. <i>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.</i>	Meets Standard	In this IGSA facility, the assistant OIC stated that the recreation specialist provides reading materials to detainees, including religious materials.
33. Detainees in SMUs have access to legal materials, in accordance with the Detention Standard on Law Libraries and Legal Material. Detainees are permitted to retain a reasonable amount of personal legal material in the SMU, provided it does not create a safety, security and/or sanitation hazard. Detainee requests for access to legal material in their personal property are accommodated as soon as possible and always within 24 hours of a detainee's request.	Meets Standard	All items listed in this component are addressed in policy.
34. 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/ERO is notified every time law library access is denied.	Meets Standard	Procedures are in place that address all items listed in this component. In the event a detainee is denied law library access, ICE/ERO is notified. No detainee has been denied law library access during this inspection period.
35. Recreation for detainees in the SMU is separate from the general population.	Meets Standard	
36. 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.	Meets Standard	
37. Detainees in the SMU are offered at least one hour of recreation per day, scheduled at a reasonable time, at least five days per week. Where cover is not provided to mitigate inclement weather, detainees are provided weather-appropriate equipment and attire.	Meets Standard	Detainees are offered at least one hour of recreation a day, five days per week. During inclement weather, appropriate attire is issued to ICE detainees.

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38. The recreation privilege is denied or suspended only if it would unreasonably endanger safety or security. When a detainee in an SMU is deprived of recreation (or any usual authorized items or activity), a report of the action is forwarded to the facility administrator.	Meets Standard	Policy states that recreation privileges may be denied or suspended for safety and security concerns. Such action requires a report be submitted to the OIC. Staff stated that no recreation privilege denial or suspension has occurred during this inspection period.
39. The case of a detainee denied recreation privileges is reviewed at least once each week, as part of the reviews required for all detainees in SMU status. The reviewer documents whether the detainee continues to pose a threat to self, others, or facility security and, if so, why.	Meets Standard	
40. Denial of recreation privileges for more than 15 days requires the concurrence of the facility administrator and the health authority. The facility notifies ICE/ERO when a detainee is denied recreation privileges for more than 15 days.	Meets Standard	There has been no denial of recreation privileges for more than fifteen days during this inspection period. In the event an ICE detainee had his/her recreation privileges denied for more than fifteen days, ICE/ERO would be notified.
41. Ordinarily, detainees in Administrative Segregation have telephone access similar to detainees in the general population, in a manner consistent with the special security and safety requirements of an SMU. Detainees in Disciplinary Segregation may be restricted from using telephones to make general calls as part of the disciplinary process; however, ordinarily, they are permitted to make direct and/or free and legal calls as described in the Detention Standard on Telephone Access, except for compelling and documented reasons of safety, security, and good order.	Meets Standard	Detainees in administrative segregation are allowed the same telephone access as the general population. Detainees in disciplinary segregation are allowed legal telephone calls and emergency calls as approved by the shift commander.
42. 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.	Meets Standard	Policy allows detainees in administrative segregation to appeal the conclusions and recommendations of any review to the OIC.
43. If a detainee has been in Administrative Segregation for more than 30 days and objects to this status, the facility administrator reviews the case to determine whether that status should continue, taking into account the views of the detainee. A written record is made of the decision and the justification. A similar review is done every 30 days thereafter.	Meets Standard	
44. When a detainee has been held in Administrative Segregation for more than 30 days, the facility administrator notifies the Field Office Director.	Meets Standard	

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<p>45. A permanent log is maintained in each SMU to record all activities concerning SMU detainees (meals served, recreation, visitors, etc.).</p> <p><i>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.</i></p>	<p align="center">Meets Standard</p>	<p>In this IGSA facility, a permanent SMU logbook and the detainee's segregation housing record is utilized to document the information listed in this component.</p>
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PART 2 – 15. SPECIAL MANAGEMENT UNITS – Reviewer Summary

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

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

The special management units protect detainees, staff, contractors, volunteers and the community from harm by segregating certain detainees from the general population. In evaluating this standard, staff members were interviewed, policy and documentation was reviewed and the special management units were toured.

Interviews with detainees in the SMU indicated that they are treated with respect and in a decent and humane manner by staff.

Written policy and procedures are in place to control and secure the SMU entrances, contraband, tools and food carts. Permanent housing logs are maintained to record specific data on detainees upon admission to and release from the unit and for supervisory staff to record their visits to the unit.

Detainees in disciplinary segregation have more stringent personal property restrictions and control than those in administrative segregation.

Detainees housed in the SMU have the same law library access as the general population.

Detainees are provided translation services or interpretation services while in the SMU to assist with their understanding of conditions of confinement as well as their rights and responsibilities.

Detainees are provided appropriate accommodations and professional assistance such as medical, therapeutic or mental health treatment for special needs.

A maximum sanction of sixty days is imposed for violations related to a single prohibited incident. After the first thirty days, and every thirty days thereafter, the OIC sends a written justification to the FOD. Written procedures are in place requiring a review of a detainee in disciplinary segregation every seven days. The review includes an interview with the detainee, documentation of the review and a written copy of the decision and basis for the findings.

Overall Rating: Meets Standard

Reviewer Name (Printed): (b)(6);(b)(7)(C)

Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

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

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

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

Components	Rating	Remarks (1000 Char Max)
1. PRIORITY: ICE/ERO detainees shall have frequent informal access to and interaction with key facility staff members, in a language they can understand. Facility staff shall conduct scheduled visits to address detainees' personal concerns and monitor living conditions.	Meets Standard	Detainees have frequent informal access to and interaction with ICE and facility personnel in languages they understand. ICE and facility personnel make both scheduled and frequent unannounced visits to all detainee housing units in order to monitor overall living conditions and to listen and respond to detainee concerns.
2. Each facility shall develop a method to document the unannounced visits by ICE/ERO staff.	Meets Standard	All visits by ICE/ERO personnel are documented in the unit logbook.
3. <i>In SPCs, CDFs, and IGSAs with On-Site ICE/ERO Presence: The facility administrator or Supervisory Detention and Deportation Officer (SDDO) shall develop written schedules of weekly visits and ensure they are posted in detainee living and other appropriate areas. Each facility shall have specific procedures for documenting each visit.</i>	Meets Standard	This IGSA does not have an on-site ICE presence; however ICE offices are located within walking distance of the facility. Schedules of weekly visits are posted on the housing unit bulletin boards. Visits are documented in the housing unit logbooks and on facility liaison checklists completed by ICE personnel.

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<p>5. PRIORITY: Detainees may submit written questions, requests, or concerns to ICE/ERO staff, using the detainee request form, a local IGSA form, or a sheet of paper.</p> <p>Each facility administrator shall:</p> <ul style="list-style-type: none"> • Ensure that adequate supplies of detainee request forms, envelopes, and writing implements are available. • Have written procedures to promptly route and deliver detainee requests to the appropriate ICE/ERO officials by authorized personnel (not detainees) without reading, altering, or delaying. • Ensure that the standard operating procedures accommodate detainees with special assistance needs based on, for example, disability, illiteracy, or limited use of English. • Ensure that each facility provides a secure drop box for ICE detainees to correspond directly with ICE management, and that only ICE personnel have access to the drop box. 	<p>Meets Standard</p>	<p>Detainee request forms are available in all housing units. All of the elements of this component are addressed in facility and ICE policy and/or practice.</p>
<p>6. <i>In SPCs and CDFs and in IGSAs with ICE/ERO on-site presence: The staff member receiving the request shall normally respond in person or in writing as soon as possible and practicable, but no longer than within 72 hours of receipt.</i></p>	<p>Meets Standard</p>	<p>This IGSA does not have an assigned on-site ICE presence. Detainee request forms are responded to within 72 hours of receipt.</p>
<p>7. In IGSA facilities without ICE/ERO on-site presence, each detainee request shall be forwarded to the ICE/ERO office of jurisdiction within two business days.</p>	<p>Meets Standard</p>	
<p>8. All requests to ICE/ERO staff shall be recorded in a logbook (or electronic logbook) specifically designed for that purpose. At a minimum, the log shall record:</p> <ul style="list-style-type: none"> • Date of receipt; • Detainee's name; • Detainee's A-number; • Detainee's nationality; • Name of the staff member who logged the request; • Date the request, with staff response and action, was returned to the detainee; and • Any other pertinent site-specific information. <p>In IGSAs, the date the request was forwarded to ICE/ERO and the date it was returned shall also be recorded.</p>	<p>Meets Standard</p>	
<p>9. As required by the ICE/ERO Detention Standard on Detainee Handbook, each facility's handbook (or supplement) shall advise detainees of the procedures to submit written questions, requests, or concerns to ICE/ERO staff, as well as the availability of assistance to prepare such requests.</p>	<p>Meets Standard</p>	

10. The facility administrator shall ensure that OIG Hotline posters are posted at appropriate common areas (recreation areas, dining areas, processing areas, etc.) to include each housing area in SPC/CDFs.	Meets Standard	At this IGSA, OIG Hotline posters are displayed in common areas and each housing unit.
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PART 2 – 16. STAFF-DETAINEE COMMUNICATION – Reviewer Summary*(Use following format for dates: mm/dd/yyyy)***Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

Staff-detainee communication is conducted in accordance with the standard. ICE staff provides general information to detainees pertaining to the immigration court process. If detainees request, their written request can be delivered in a sealed envelope with the name and title of the ICE official to whom it should be forwarded. Detainees are informed that they can obtain assistance from other detainees or facility staff in preparing a request form.

ICE officers test all detainee phones at least weekly to verify serviceability. ICE makes random calls to pre-programmed numbers for attorney and consulate services, interview a sampling of detainees regarding telephone services, and check the TTY or other reasonable accommodation ensuring they are working and available for hearing-impaired detainees. ICE/ERO staff documents each serviceability test and maintains them by month. OIG contact information posters are located in the housing units.

In evaluating the standard, ICE and facility personnel and detainees were interviewed. ICE and facility officer logbooks were also examined.

Overall Rating: Meets Standard**Reviewer Name (Printed)** (b)(6);(b)(7)(C)**Completion Date:** 1/7/2016**Reviewer Signature (for printed form submission):**

PART 2 – 17. TOOL CONTROL (Key: Q)

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

Components	Rating	Remarks (1000 Char Max)
1. The use of tools, keys, medical equipment and culinary equipment is controlled.	Meets Standard	The use of tools, keys, medical equipment and culinary equipment is controlled through inventories in each department.
2. PRIORITY: There is an individual who is responsible for developing a tool control procedure and an inspection system to insure accountability.	Meets Standard	Policy states that the OIC has overall responsibility for developing tool control procedures and inspection system to insure accountability.
3. PRIORITY: Each facility administrator shall develop and implement a written tool control and storage system to include a tool classification system, and there are policies and procedures in place to ensure that all tools are properly marked and readily identifiable.	Meets Standard	Policy states that the director of building services, under the direction of the roving lieutenant and assistant OIC, is responsible for development and implementation of the tool control and storage system.
4. The facility has developed and implemented a tool classification system.	Meets Standard	All tools are classified as restricted.
5. Tool inventories are required for: Facility Maintenance Department Medical Department Food Service Department Electronics Shop Recreation Department Armory	Meets Standard	The facility does not have an electronics shop or recreation department. The armory is located outside the secure perimeter. All other listed areas have tool inventories in place.
6. Tool Inventories are conspicuously posted on all tool boards, tool boxes and tool kits.	Meets Standard	
7. <i>(SPCs/CDFs) The new tools shall be issued only after the Tool Control Officer has marked and inventoried them. Inventories that include any portable power tools shall provide brand name, model, size, description, and inventory control/AMIS number.</i>	Meets Standard	In this IGSA facility, the director of building services transports all new tools to the maintenance shop for proper etching prior to placement on and into the tool inventory.
8. The facility administrator shall schedule, and establish procedures for, the quarterly inventorying of all tools.	Meets Standard	
9. <i>(SPCs/CDFs) Tool inventories shall be numbered and posted conspicuously on all corresponding shadow boards, toolboxes, and tool kits. While all posted inventories must be accurate, only the Master Tool Inventory Sheet in the office of the chief of security requires the certifiers' signatures.</i>	N/A	In this IGSA facility, tool inventories are posted on tool boards, toolboxes and tool kits. No numbered tool inventories were observed. The assistant OIC maintains a signed and dated master tool inventory sheet.

Performance-Based National Detention Standards 2008 Inspection Worksheet for Over 72 Hour Facilities

10. The facility administrator shall develop and implement procedures governing lost tools.	Meets Standard	
11. <i>(SPCs/CDFs) When a restricted or non-restricted tool is missing or lost, staff shall notify the chief of security in writing as soon as possible.</i> <i>When the tool is a restricted (Class "R") tool, staff shall inform the shift supervisor orally immediately upon discovering the loss. Any detainee(s) who may have had access to the tool shall be held at the work location pending completion of a thorough search.</i> <i>The facility administrator shall implement quarterly evaluations of lost/missing tool files.</i>	N/A	In this IGSA facility, the shift commander is notified verbally immediately and in writing prior to end of the shift when a tool is discovered missing or lost. Tools are not issued to detainees. Quarterly evaluations are not conducted of all lost/missing tool files. No lost/missing tools have been reported during this inspection period.
12. All visitors, including repair and maintenance workers who are not ICE/ERO or facility employees, shall submit to an inspection and inventory of all tools, tool boxes, and equipment that could be used as weapons before entering and leaving the facility. The contractor shall maintain a copy of the tool inventory with them while inside the facility.	Meets Standard	

PART 2-17. TOOL CONTROL – Reviewer Summary

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

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

The control of all tools protects detainees, staff, contractors and volunteers from harm and contributes to orderly facility operations. In evaluating this standard, the director of building services and the roving lieutenant were interviewed, policy was reviewed and tool inventories checked. The tool classification system classifies tools as restricted. Inventory control and storage of tools in all departments followed facility policy and guidelines.

Staff removes all restricted tools from work areas at the end of each workday for safekeeping in a secure tool room. At the end of each workday, all acetylene tanks are secured outside the secured perimeter.

The OIC has established written procedures for marking tools, making them identifiable, and a tool-storage system that ensures accountability. Commonly used, mounted tools are stored so that a tool's disappearance will not escape attention. Tools not adaptable to shadow boards are kept in a locked tool room. Individual tool boxes used on a daily basis are secured with a hasp and padlock, with an inventory sheet in the box. The director of building services maintains copies of all such inventory sheets. All new tools are received at a site-specific location according to a procedure approved by the OIC. The new tools are not issued until the director of building services has marked and inventoried them. Tools such as band saw blades, files and all restricted tools are immediately placed in secure storage by the director of building services.

Inventory-maintenance at each work location is the responsibility of the detail supervisor and department head. The staff member assigned a toolbox is accountable for the control of assigned tools on a daily basis. Any tool permanently removed from service is turned over to the director of building services for recordkeeping and safe disposal. All broken and worn out tools are surveyed and destroyed in accordance with the written procedures established by the OIC. All contractor tools are inventoried upon their admission and release.

The facility has procedures in place for the issuance of tools, security and control of restricted tools and control of ladders, extension cords and ropes.

Overall Rating: Meets Standard

Reviewer Name (Printed): (b)(6);(b)(7)(C)

Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

PART 2 – 18. USE OF FORCE AND RESTRAINTS {Key: R}

This Detention Standard authorizes staff to use necessary physical force, after all reasonable efforts to otherwise resolve a situation have failed, and only for protection of self, detainees, or others, for prevention of escape or serious property damage, or to maintain the security and orderly operation of the facility.

Components	Rating	Remarks (1000 Char Max)
1. PRIORITY: Staff use physical force only as a last resort after all reasonable efforts to otherwise resolve a situation have failed, and use only the degree of force necessary to gain control of the situation, employing confrontation avoidance techniques and the use-of-force continuum.	Meets Standard	Policy and procedures address each requirement of this component.
2. Staff: Does not use force as punishment. Attempts to gain the detainee's voluntary cooperation before resorting to force. Uses only as much force as necessary to control the detainee. Uses restraints only when other non-confrontational means, including verbal persuasion, have failed or are impractical.	Meets Standard	Policy and procedures address the items listed in this component.
3. PRIORITY: 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 including chemical agents, approved for use.	Meets Standard	All security personnel receive training in each area listed in this component.
4. PRIORITY: Staff will consult with medical staff prior to a calculated use of force regarding the following: Use of (b)(6);(b)(7) non-lethal weapons. Pregnant detainees. Detainees with wounds or cuts. Detainees with special medical or mental health needs.	Meets Standard	Security staff consults with health care providers prior to a calculated use of force regarding the items listed in this component.
5. Special precautions are taken when restraining pregnant detainees. Medical personnel are consulted.	Meets Standard	Policy requires medical personnel be consulted when restraining pregnant detainees.
6. Intermediate force weapons, when not in use, are stored in areas where access is limited to authorized personnel and to which detainees have no access.	Meets Standard	
7. 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, staff must try to resolve the situation without resorting to force.	Meets Standard	

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8. The facility subscribes to the prescribed confrontation avoidance procedures. The ranking detention official, health professionals, and others confer before every calculated use of force.	Meets Standard	
9. 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.	Meets Standard	All security personnel are trained in the use of force team technique during pre-service training and annually thereafter.
10. Staff members are trained in the performance of the use-of-force team technique.	Meets Standard	Officers receive use-of-force team technique training annually.
11. <u>PRIORITY:</u> All use of force incidents are documented and reviewed. All use of force incidents are properly audio-visually 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.	Meets Standard	All use of force incidents are documented and reviewed by senior staff. Policy addresses all areas listed in this component.
12. Staff shall store and maintain audio-visual recording equipment under the same conditions as "restricted" tools.	Meets Standard	Audio-visual equipment is listed on the equipment inventory and stored in the control center. Batteries for equipment are checked on each shift.
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."	Meets Standard	The facility utilizes a restraint (b)(7)(F) of four/five point bed restraints. Policy addresses all applicable items listed in this component.
14. In immediate use of force situations, officers contact medical staff once the detainee is under control.	Meets Standard	
15. The shift supervisor monitors the detainee's position/condition every two hours. He/she allows the detainee to use the restroom at these times under safeguards.	Meets Standard	Procedure requires the shift commander to monitor the detainee in the (b)(7)(E) every fifteen minutes.

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16. All detainee checks are logged.	Meets Standard	The detainee check log is filed with the use of force report when completed.
17. When any detainee is restrained for more than eight hours, the facility administrator shall telephonically notify the Assistant Field Office Director and provide updates every eight hours until the restraints are removed.	Meets Standard	
18. It is standard practice to review any use of force and the non-routine application of restraints.	Meets Standard	Non-routine application of restraints is classified by the facility as a use of force. All uses of force are reviewed by senior staff.
19. <i>In SPCs, the use of force form is used. In other facilities (IGSAs / CDFs) this form or its equivalent is used.</i>	Meets Standard	This IGSA facility uses a local use of force form.

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

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

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

The use of force is authorized after all reasonable efforts to otherwise resolve a situation have failed, and only for the protection of self, detainees or others, for the prevention of property damage or to maintain the security and orderly operation of the facility. In evaluating this standard, the assistant OIC was interviewed and policy and reports were reviewed. During this inspection period, there were five uses of force involving ICE detainees. Of those instances, three involved immediate uses of force and two were calculated uses of force. A review of the videos and use of force reports indicated that force was applied within guidelines of the standard. The medical evaluations were timely and no staff members were injured. (b)(6);(b)(7)(C) is authorized for use by supervisory staff.

Staff are trained and required to use only the level of force necessary and reasonable to gain control of a detainee; however, depending on circumstances, staff may escalate or de-escalate through the use-of-force continuum. All new officers are trained during their first year of employment and annually thereafter. Acts and techniques such as neck restraints; using batons to apply choke holds; intentional baton strikes to head, groin, solar plexus, kidneys; and striking a detainee for failure to obey an order are prohibited.

Officers are authorized to use immediate use of force when a detainee's behavior constitutes a serious and immediate threat to self, staff, another detainee, property or security and orderly operation of the facility. The supervisor inspects the areas of blood or other body-fluid spillage after a use-of-force incident. Only ICE approved restraint equipment is authorized to restrain detainees, and officers use ambulatory restraints where possible. When ambulatory restraints are insufficient to protect and restrain detainees, officers apply progressive restraints. When a detainee is restrained in a restraint chair, a health professional tests the detainee's breathing, other vital signs and other physical and verbal responses. Qualified health personnel are required to visit the detainee at least every fifteen minutes and document the medical checks. All incidents involving the use-of-force are documented, including chemical agents and intermediate force weapons. Use-of-force incident documentation is maintained by the assistant OIC.

Overall Rating: Meets Standard

Reviewer Name (Printed): (b)(6);(b)(7)(C)

Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

Section III: ORDER

Disciplinary System

PART 3 – 19. DISCIPLINARY SYSTEM (Key: S)

This Detention Standard promotes a safe and orderly living environment for detainees by expecting detainees to comply with facility rules and regulations and imposing disciplinary sanctions to control the behavior of those who do not.

Components	Rating	Remarks (1000 Char Max)
1. PRIORITY: The facility has a written disciplinary system using progressive levels of reviews and appeals. Written disciplinary policy and procedures shall clearly define detainee rights and responsibilities. The policy, procedures, and rules shall be reviewed at least annually.	Meets Standard	The facility has a written disciplinary policy using progressive levels of reviews and appeals. The disciplinary system includes all areas listed in this component and is reviewed annually.
2. Detainees will receive translation or interpretation services throughout the investigative, disciplinary, and appeal process, including accommodation for the hearing impaired. The facility shall not hold a detainee accountable for his or her conduct if a medical authority finds him or her mentally incompetent.	Meets Standard	
3. PRIORITY: Time in disciplinary segregation or withholding of privileges imposed for disciplinary violations do not generally exceed 60 days per violation. Staff do not impose or allow imposition of the following sanctions: corporal punishment; deprivation of food services (to include use of Nutraloaf or "food loaf"); deprivation of clothing, bedding, or items of personal hygiene; deprivation of correspondence privileges; deprivation of legal access and legal materials; or deprivation of physical exercise, unless such activity creates a documented unsafe condition.	Meets Standard	All requirements listed in this component are addressed in policy.
4. PRIORITY: The facility supplemental handbook issued to each detainee upon admittance, shall provide notice of the facility's rules of conduct and prohibited acts, the sanctions imposed for violations of the rules, the disciplinary severity scale, the disciplinary process and the procedure for appealing disciplinary findings.	Meets Standard	The facility's detainee handbook includes all areas listed in this component.
5. Copies of the rules of conduct, rights, and disciplinary sanctions shall be provided to all detainees and posted in English, Spanish, and/or other languages spoken by significant numbers of detainees, as follows: Disciplinary Severity Scale Prohibited Acts Sanctions	Meets Standard	Items listed in this component are posted, in Spanish and English, in detainee housing units and are included in the detainee handbook.
6. All facilities shall have graduated scales of offenses and disciplinary consequences as provided in this section.	Meets Standard	

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7. PRIORITY: Incident reports are investigated within 24 hours of the incident by an officer who had no involvement in the incident. Low or moderate infractions are adjudicated by a Unit Disciplinary Committee (UDC). Unresolved cases and cases involving serious charges are forwarded by the UDC to the Institution Disciplinary Panel (IDP) for adjudication.	Meets Standard	Policy addresses areas listed in this component.
8. A staff representative is available if requested for a detainee facing an IDP disciplinary hearing.	Meets Standard	
9. The facility permits hearing postponements or continuances when conditions warrant such a continuance. Reasons are documented.	Meets Standard	Postponement or continuance of a hearing is permitted for extenuating circumstances. Reasons for the delay are documented. No request for postponement has occurred during this inspection period.
10. Written procedures govern the handling of confidential-source information. Procedures include criteria for recognizing "substantial evidence."	Meets Standard	
11. All forms relevant to the incident, investigation, committee/panel reports, etc., are completed and distributed as required.	Meets Standard	All relevant forms are completed and distributed and become part of the permanent record.

PART 3 – 19. DISCIPLINARY SYSTEM – Reviewer Summary

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

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

Compliance with facility rules and regulations, and imposing disciplinary sanctions to control the behavior of those who do not, promotes a safe and orderly living environment for detainees. In evaluating this standard, the lieutenant was interviewed and policy and disciplinary reports were reviewed. The facility has a progressive disciplinary policy. All detainees are made aware of the facility rules and regulations through orientation and posted copies of rules, regulations and sanctions.

Incident records are not placed or retained in the detainee's file if he/she is found not guilty at any stage of the disciplinary process, even if they are retained elsewhere for statistical or historical purposes. Disciplinary action is not capricious or retaliatory nor based on race, religion, national origin, sex, sexual orientation, disability, or political beliefs.

The shift commander reviews all incident reports before going off duty. The investigating officer has supervisory rank. Only the disciplinary panel places a detainee in disciplinary segregation. Detainees being held in segregation pending a discipline hearing are not held longer than 72 hours, barring an emergency. The entire discipline record is forwarded to the facility administrator, who may (a) concur; (b) terminate the proceedings; or (c) impose more lenient sanctions. Time served in segregation pending the outcome of the proceedings is not credited to the number of days to be spent in the segregation unit.

Overall Rating: Meets Standard

Reviewer Name (Printed): (b)(6);(b)(7)(C)

Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

Section IV: CARE

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

PART 4 – 20. FOOD SERVICE (Key: T)

This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.

Components	Rating	Remarks (1000 Char Max)
<p>1. PRIORITY: The food service program shall be under the direct supervision of an experienced food service administrator (FSA) who is responsible for:</p> <ul style="list-style-type: none"> Planning, controlling, directing, managing, and evaluating food service; Managing budget resources; Establishing standards of sanitation, safety and security; Developing nutritionally adequate menus and evaluating detainee acceptance of them; Developing specifications for the procurement of food, equipment, and supplies; and Establishing a training program that ensures operational efficiency and a high quality food service program. 	Meets Standard	The food service department is under the supervision of a professionally trained food service director (FSD) with sixteen years experience and is ServSafe certified. The FSD is responsible for all of the requirements of this component.
<p>2. The knife cabinet must be equipped with an approved locking device. Knives must be physically secured to workstations for use outside a secure cutting room. Any detainee using a knife outside a secure area must receive direct staff supervision.</p>	Meets Standard	The knife cabinet is located inside the FSD's office and has an approved locking device. All knives are secured to work stations when in use. Staff members maintain direct supervision of the ICE detainee workers using knives.
<p>3. Special procedures govern the handling of food items that pose a security threat.</p>	Meets Standard	Food items the facility feels pose a security threat are locked in a secure room in the FSD's office.
<p>4. The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date.</p>	Meets Standard	Detainee job descriptions are reviewed and updated annually by the FSD.
<p>5. During orientation and training session(s), the cook supervisor or equivalent explains and demonstrates:</p> <ul style="list-style-type: none"> Safe work practices and methods. Safety features of individual products/ pieces of equipment. Training covers the safe handling of hazardous material[s] the detainee are likely to encounter in their work. 	Meets Standard	The food service department's orientation training instructs ICE detainee workers in each of the items listed in this component.
<p>6. The cook supervisor documents all training.</p>	Meets Standard	

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7. Detainees assigned to the food service department shall have a neat and clean appearance.	Meets Standard	ICE detainees working in food service were observed to be dressed in clean, suitable uniforms. Their appearance was consistent with the requirements of the standard.
8. Detainees are served three meals every day, at least two of which are hot meals. No more than 14 hours elapse between the last meal served and the first meal of the following day.	Meets Standard	Three meals are served daily to the detainees; at least two of the meals are hot. Times between meals do not exceed fourteen hours.
9. Meals shall always be prepared, delivered, and served under staff supervision.	Meets Standard	
10. <u>PRIORITY:</u> Before and during the display, service and transportation of food, sanitary guidelines are observed, with hot foods maintained at a temperature of at least 140 F degrees (120 degrees in food trays) and foods that require refrigeration maintained at 41 F degrees or below.	Meets Standard	Observation of food preparation during the inspection confirmed sanitary guidelines were followed. Food temperatures observed during the inspection were maintained within the prescribed safe range.
11. Servers must wear food grade plastic gloves and hair nets whenever there is direct contact with a food or beverage. Serving food without use of utensils is strictly prohibited.	Meets Standard	Detainees were observed wearing the proper gloves and hair coverings during the preparation of the lunch meal on 01/05/2016. Proper utensils were used for all food items served.
12. Utensils shall be sanitized as often as necessary to prevent cross-contamination and other food-handling hazards during food preparation and service.	Meets Standard	
13. If the facility does not have enough equipment to maintain the minimum or maximum temperature required for food safety, the affected items (for example, salad bar staples such as lettuce, meat, eggs, cheese) must be removed and discarded after two hours at room temperature.	N/A	The facility has the appropriate equipment to maintain proper food temperatures throughout the serving process.
14. Food shall be delivered from one place to another in covered containers.	Meets Standard	Once plated, food is delivered to the housing units in insulated covered trays under direct supervision.
15. If food carts are delivered to housing units by detainees, they must be locked unless they are under constant supervision of staff. All food safety procedures (sanitation, safe-handling, storage, etc.) apply without exception to food in transit.	Meets Standard	Satellite feeding is used at this facility. The food carts are escorted by staff members to the detainee living areas. The food carts are also under constant supervision via video. All food safety procedures apply to food delivered to these areas.

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16. PRIORITY: 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.	Meets Standard	All menus have been certified to meet the U.S. RDA. All menus are reviewed and certified semi-annually by a registered dietitian. Any revisions to the menus require re-certification by the dietitian. A registered dietitian conducts an annual nutritional analysis to ensure the master menu meets U.S. RDAs. The last analysis occurred on 11/04/2015.
17. The FSA has established procedures to ensure that items on the master-cycle menu are prepared and presented according to approved recipes.	Meets Standard	
18. The FSA or designee has the authority to change menu items if necessary, documenting each substitution, along with its justification, with a copy to the FSA. Menu substitutions will be in accordance with dietician approved substitution guidelines.	Meets Standard	Menu items may be changed by food service staff and the FSD when necessary. The change and its justification are documented and a copy forwarded to the FSD and the shift supervisor. All substitutions are in accordance with dietitian approved substitution guidelines.
19. Food service staff and detainee workers involved in cooking shall ensure that potentially hazardous foods are cooked at the required safe temperatures, as listed in the Detention Standard on Food service.	Does Not Meet Standard	Review of the current log documenting food temperatures confirmed that the foods are prepared within safe temperature guidelines; however, several individual logs reviewed within the past year were missing documented temperatures.
20. Facilities are required to provide detainees requesting a religious diet a reasonable and equitable opportunity to observe their religious dietary practice by offering a Common Fare Menu. Detainees whose religious beliefs require the adherence to particular religious dietary laws are referred to the Chaplain or FSA.	Meets Standard	A common fare program is used to accommodate detainees whose religious dietary requirements cannot be met on the main menu. The assistant OIC is the approving authority for placing detainees on the common fare program. During this inspection, there were 23 detainees participating in the program.
21. <i>(SPCs/CDFs) Once a religious diet has been approved, the FSA shall issue, in duplicate, a special-diet identification card.</i>	N/A	Special diet identification cards are not used at this IGSA facility. The food service department maintains a religious diet list to identify participating detainees.

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22. The common fare menu shall be based on a 14 day cycle. The menus must be certified as exceeding minimum daily nutritional requirements. Hot entrees shall be offered at least three times a week.	Meets Standard	The facility maintains an approved common fare menu that adheres to the approved nutritional analysis and the requirements listed in this component. The current common fare menu cycle is 28 days. Hot entrees are offered a minimum of three times per week.
23. The chaplain, in consultation with local religious leaders if necessary, shall develop the ceremonial meal schedule for the following calendar year and provide it to the facility administrator.	Meets Standard	
24. The Common Fare Program shall accommodate detainees abstaining from particular foods or fasting for religious purposes at prescribed times of the year, such as Ramadan, Passover, and Lent.	Meets Standard	The food service department maintains a common fare program to accommodate religious beliefs. It honors the tenets of Muslim, Jewish and other faith groups. During the inspection, there were 23 detainees participating in the common fare program.
25. Detainees with certain conditions – chronic or temporary; medical, dental, and/or psychological – shall be prescribed special diets as appropriate.	Meets Standard	The medical department provides a listing of detainees requiring medical diets. Documentation was reviewed supporting special diets. There were seventeen detainees receiving medical diets during the inspection.
26. The sanitary standards, including proper temperature maintenance, are required in the food service department also apply to satellite meals, from preparation to actual delivery.	Meets Standard	Sanitation standards and food temperatures were checked during the lunch meal on 01/05/2016, prior to the meal being delivered to the housing units. Sanitation standards and food temperatures meet the requirements of the standard. Once plated, food trays are immediately transferred via the satellite program to the housing units.
27. Food for satellite meals must be prepared and held at the proper temperatures until served. Satellite tray meals must be delivered and served within two hours of food being plated.	Meets Standard	

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28. In segregation units, food rations shall not be reduced or changed or otherwise used as a disciplinary tool.	Meets Standard	Food rations are not reduced or used as a disciplinary tool. Policy allows for the use of a food loaf at the OIC's discretion for inmates but not for ICE detainees. ICE detainees housed in the segregation units receive the same food as the general population.
29. Sack meals shall be provided for detainees being transported from the facility, and detainees arriving or departing between scheduled meal hours, and detainees in the SMU, as provided in the standard. Sack meals shall be of the same nutritional quality as other meals prepared by the food service.	Meets Standard	
30. The food service staff instruct detainee volunteers on: Personal cleanliness and hygiene; Sanitary techniques for preparing, storing, and serving food, and; The sanitary operation, care, and maintenance of equipment.	Meets Standard	Food service personnel instruct detainees assigned to the kitchen in each of the items listed in this component. Documentation was reviewed verifying this training.
31. All food service personnel, including staff and detainees, shall receive a pre-employment medical examination. The Cook Foreman or detention staff assigned to food service shall inspect all detainee food service workers on a daily basis at the start of each work period. Detainees who exhibit signs of illness, skin disease, diarrhea (admitted or suspected), or infected cuts or boils shall be removed from the work assignment and immediately referred to Health Services for determination of duty fitness.	Meets Standard	All food service personnel receive pre-employment physicals and clearances prior to working. ICE detainees are cleared by the medical department to work in the kitchen prior to being assigned to the job. Food service employees visually inspect each detainee's health status prior to beginning work. Those who may become ill while working in the department are referred to and treated by medical personnel. They are reexamined and medically cleared prior to returning to work.
32. The food service department complies with food safety and sanitation requirements as prescribed by the governing health inspection authority, applicable laws and contract provisions.	Meets Standard	The Commonwealth of Pennsylvania Department of Corrections inspects the food service department annually. The last inspection was conducted on 11/04/ 2015.
33. All facilities shall meet environmental standards for safety and sanitation.	Meets Standard	

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34. The FSA shall develop a schedule for the routine cleaning of equipment consistent with the information obtained from manufacturers or local distributors, the National Sanitation Foundation International (NSF) standards or equivalent standards of other agencies about the operation, cleaning, and care of equipment.	Meets Standard	The food service cleaning schedule is posted in the department. It is consistent with food service industry standards.
35. Spray or immersion dishwashers or devices – including automatic dispensers for detergents, wetting agents, and liquid sanitizer – shall be maintained in good repair. Utensils and equipment placed in the machine must be exposed to all cycles.	Meets Standard	Equipment in the department was in good repair and operated properly. Utensils and equipment are exposed to all cycles in the dish machine. Temperature checks are conducted after each meal as required by the standard.
36. Adequate, sanitary, properly equipped, and conveniently located toilet facilities shall be provided for all food service staff and detainee workers.	Meets Standard	Clean toilet facilities are provided to both staff and detainees.
37. The FSA is responsible for pest control in the food service department. Air curtains or comparable devices shall be used on outside doors where food is prepared, stored, or served to protect against insects and other rodents.	Meets Standard	A licensed pest control contractor, Liberty Pest Control, provides pest control services on a monthly and as needed basis. There are no external doors in the food service department that would require air curtains.
38. The facility shall implement written procedures requiring administrative, medical, and/or dietary personnel to conduct the weekly inspections of all food service areas, including dining, storage, equipment, and food-preparation areas.	Meets Standard	Weekly documented inspections are conducted by the FSD of all food service areas including dining, storage, equipment and food preparation areas. Monthly inspections are conducted by the medical department.
39. <u>PRIORITY:</u> Staff shall check refrigerator and water temperatures daily and record the results. The FSA or designee will verify and document requirements of food and equipment temperatures. The FSA or CS shall inspect food service areas at least weekly. An independent, external inspector shall conduct annual inspections to ensure that the food service facilities and equipment meet governmental health and safety codes.	Meets Standard	Food service personnel document refrigeration, freezer and dishwasher temperatures daily. Weekly inspections are conducted by the FSD or assistant food service director (AFSD). Food service facilities and equipment meet established governmental health and safety codes, as confirmed by the inspection conducted by the Commonwealth of Pennsylvania Department of Corrections.
40. The FSA shall develop a cleaning schedule for each food service area and post it for easy reference.	Meets Standard	
41. Each FSA shall establish procedures for storing, receiving, and inventorying food.	Meets Standard	

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42. Store all products at least six inches from the floor and sufficiently far from walls to facilitate pest-control measures.	Meets Standard	Storage areas are maintained to ensure that all goods are stored at least six inches off the floor. Pallets and racks are placed sufficiently away from walls to allow for pest control measures to be conducted.
43. Perishables shall be stored at 35-40 F degrees to prevent spoilage and other bacterial action, and maintain frozen foods at or below zero degrees.	Meets Standard	Refrigeration and freezer temperatures are documented daily and the log revealed that they are within industry standards.
44. Inventory levels are established, monitored and periodically adjusted to correct excesses or shortages.	Meets Standard	The FSD is responsible for monitoring inventory levels and making the appropriate adjustments to correct excesses and/or shortages. A "first in, first out" (FIFO) system is utilized to control inventory.

PART 4 – 20. FOOD SERVICE – Reviewer Summary

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

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

The food service department, which is operated by the county, is providing detainees with a nutritionally balanced diet that has been approved by a registered dietitian. To ensure that all cook foremen have working knowledge of all food service posts within the department, the FSD trains the staff in all areas of the food service operation. The training officer in conjunction with the FSD has devised and provides appropriate training to all food service personnel in detainee custodial issues and training in the ICE detention standards.

Food service employees conduct daily shakedowns and officers conduct monthly shakedowns. Detainees are not allowed to leave the food service area for accountability reasons. Adequate and conveniently located toilet facilities are provided for all food service staff and detainee workers. Detainees are counted in the food service area by correctional officers.

The FSD considers the ethnic diversity of the facility's detainee population when developing menu cycles. There is an established meal schedule for detainee food service workers. Detainee workers receive the same fare as other detainees. Cook supervisors do not allow detainees to prepare "special" dishes or condiments for their own (or other detainees') consumption. The FSD also ensures that detainee workers do not eat between meals.

Meals are served in as unregimented manner as possible. The facility does not have a dining room for ICE detainees and only utilizes satellite feeding in the housing units. Observation of food preparation during the inspection confirmed sanitary guidelines were followed. Food temperatures observed during the inspection were maintained within the prescribed safe range. Additionally, documentation reflected three out of the 52 weekly inspections by the FSD or AFSD were not conducted in a timely manner.

The FSD and the administrative office staff maintain a record of actual costs of both edible and non-edible items and have estimated quarterly costs for the common fare program.

The areas underneath sprinkler deflectors have at least an eighteen inch clearance.

Moist cloths for wiping food spills on kitchenware and food-contact surfaces on equipment are clean, rinsed frequently and soaked in approved sanitizing solution between uses. The sanitizing solution is at the appropriate ppm level. A sink with at

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least three compartments is used for manually washing, rinsing, and sanitizing utensils and equipment. Chemicals used for sanitizing are dispensed at the appropriate ppm level and proper temperature.

During the evaluation of this standard, policy was reviewed, employees were interviewed, documentation was reviewed, food service areas were inspected, temperatures were checked and the food preparation process was observed. The food service program is designed to provide detainees with a nutritionally balanced diet that is prepared and presented in accordance with food service standards. During the inspection, food service operations were found to be clean and organized. The facility has trained staff members on the detention standards and maintains a consistent operation, with documentation to support the food service function. Food items are prepared to be nutritionally adequate and are presented in a manner designed to be visually appealing.

Overall Rating: Meets Standard

Reviewer Name (Printed) (b)(6);(b)(7)(C)

Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

PART 4 – 21. HUNGER STRIKES (Key: U)

This Detention Standard protects detainees' health and well-being by monitoring, counseling and, when appropriate, treating any detainee who is on a hunger strike.

Components	Rating	Remarks (1000 Char Max)
1. All staff receive initial and annual training on recognizing the signs of a hunger striker and on the procedures for referral for medical assessment. Medical staff receive training in hunger-strike evaluation and treatment and remain up-to-date on these techniques.	Meets Standard	All personnel receive initial and annual training on recognizing the signs of and referral of hunger strikes, as evidenced in training and personnel records. Medical personnel receive training in evaluation of and treatment of hunger strikes and remain up-to-date in these techniques.
2. Procedures for identifying and referring to medical staff a detainee suspected or announced to be on a hunger strike shall include obtaining from qualified medical personnel an assessment of whether the detainee's action is reasoned and deliberate or the manifestation of a mental illness.	Meets Standard	Hunger strike procedures include obtaining a mental status exam, and if indicated, obtaining a mental health evaluation.
3. PRIORITY: Facility immediately reports via the chain of command a hunger strike to ICE/ERO.	Meets Standard	The facility immediately reports a hunger striker to ICE.
4. PRIORITY: Staff shall consider any detainee observed to have not eaten for 72 hours to be on a hunger strike, and shall refer him or her to the clinical medical authority for evaluation and management.	Meets Standard	Personnel refer any detainee who has not eaten for nine consecutive meals to medical staff for evaluation and management.
5. During the initial evaluation of a detainee on a hunger strike, medical staff shall: Measure and record height and weight; Measure and record vital signs; Perform urinalysis; Conduct psychological/psychiatric evaluation; Examine general physical condition; and If clinically indicated, proceed with other necessary studies. Medical staff record the weight and vital signs and repeat other procedures as medically indicated of a hunger-striking detainee at least once every 24 hours. Medical staff shall record all examination results in the detainee's medical file.	Meets Standard	Medical staff's initial evaluation of a hunger striker includes all of the listed items. In addition, medical personnel record the weight and vital signs, and other indicated procedures, at least every 24 hours. All results are documented in the medical record.

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6. All physical and mental examinations, treatments, and other medical procedures require the documented informed consent of the detainee.	Meets Standard	General informed consent is obtained from the detainee on admission. A Hunger Strike Consent is obtained from the hunger striking detainee. Additional informed consent is sought for more specific, invasive procedures.
7. A signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment. If the detainee will not cooperate by signing, staff shall note this on the "Refusal of Treatment" form. Any detainee refusing medical treatment will be monitored by medical staff to evaluate whether the hunger strike poses a risk to the detainee's life or permanent health.	Meets Standard	A signed refusal of treatment form is sought when a detainee refuses medical treatment. Staff members sign the form if the detainee will not. Medical personnel continue to monitor the detainee for risk to his/her life or health.
8. After the hunger strike, medical staff shall provide appropriate medical and mental health follow-up care. Only the clinical medical authority may order a detainee's release from hunger strike treatment and shall document that order in the detainee's medical record. A notation will be made in the detention file when the detainee has ended the hunger strike.	Meets Standard	After a hunger strike, appropriate medical and mental health follow-up care is provided. Per the HSA, the physician orders an end to hunger strike treatment, as noted in the medical record. A note is also made in the detention file.
9. After consultation with the clinical medical authority, the facility administrator may require staff to measure and record food and water intake and output until terminated by the clinical medical authority. An IHSC Hunger Strike Form or equivalent must be used.	Meets Standard	Food and fluid intake are documented on a hunger strike food/drink intake log, (IGSA equivalent) until the hunger strike is terminated.
10. Unless otherwise directed by the medical authority, staff physically deliver three meals per day to the detainee's room, regardless of the detainee's response to a verbally offered meal and document those meal offers.	Meets Standard	Three meals per day are delivered to the detainee's room and documented on the hunger strike food/drink intake log.
11. Provide an adequate supply of drinking water or other beverages.	Meets Standard	An adequate supply of drinking water and other beverages is provided.
12. Remove from the detainee's room all food items not authorized by the clinical medical authority.	Meets Standard	All food items, including commissary/vending machine items, are removed from the detainee's room.

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<p>13. Before involuntary medical treatment is administered, staff shall make reasonable efforts to educate and encourage him or her to accept treatment voluntarily. Involuntary medical treatment shall be administered in accordance with established guidelines and applicable laws and only after the clinical medical authority determines the detainee's life or health is at risk.</p>	<p align="center">Meets Standard</p>	<p>Personnel make reasonable efforts to educate and encourage the hunger striker to accept voluntary treatment, before involuntary treatment is administered. Involuntary treatment is administered only when it has been determined the detainee's life or health is at risk, and in accordance with established guidelines and laws.</p>
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PART 4 – 21. HUNGER STRIKES – Reviewer Summary

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

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

Medical personnel monitor the health of a detainee on a hunger strike. If the detainee is engaging in a hunger strike due to a mental condition, or is incapable of giving informed consent due to age or illness, appropriate medical/administrative action is taken in the best interest of the detainee. The clinical medical authority, or designee, may modify or augment standard procedures when medically indicated. If medically necessary, the detainee may be transferred to a community hospital or a detention facility appropriately equipped for treatment.

During the hunger strike, and while on measurement of food and liquid intake and output, the detainee does not purchase commissary/vending machine food.

When the detainee refuses to accept treatment, medical personnel explain to the detainee medical risks associated with the refusal of treatment and document their treatment efforts in the detainee's medical record. The clinical medical authority may recommend involuntary treatment when clinical assessment and available laboratory results indicate the detainee's weakening condition threatens the life or long term health of the detainee. At this IGSA facility, the facility administrator notifies ICE that the detainee is refusing treatment. Under no circumstances does an IGSA facility administer involuntary medical treatment without authorization from ICE.

There was one ICE detainee hunger strike since the last inspection. A male detainee refused nine consecutive meals and was placed on hunger strike status. Once he was placed on hunger strike status, he resumed eating and drinking. As documented in his medical record, policies and procedures were followed.

Policy and procedures outline guidelines for the management of hunger strikes to assist in protecting the health and well-being of hunger striking detainees. Evaluation of the standard was based on review of policy, procedures, training documentation, curriculum and forms, and staff interviews.

Overall Rating: Meets Standard

Reviewer Name (Printed) (b)(6);(b)(7)(C)

Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

PART 4 – 22. MEDICAL CARE (Key: V)

This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.

Components	Rating	Remarks (1000 Char Max)
<p>1. Every facility shall directly or contractually provide its detainee population:</p> <p>Initial medical, mental health, and dental screening, Primary medical and dental care, Emergency care, Specialty health care, Timely responses, Mental health care, and Hospitalization as needed within the local community.</p>	Meets Standard	PrimeCare Medical, Inc. directly and contractually provides timely initial medical, mental health, and dental screenings, primary medical, mental health and dental care, specialty and emergency care and inpatient hospitalizations.
<p>2. A designated administrative health authority shall have overall responsibility for health care services pursuant to a written agreement, contract, or job description. The administrative health authority is a physician, health services administrator, or health agency. When the administrative health authority is other than a physician, final clinical judgment shall rest with the facility's designated clinical medical authority. In no event should clinical decisions be made by non-clinicians.</p>	Meets Standard	Pursuant to a written job description, the designated administrative health authority is the health services administrator (HSA). Clinical decisions are not made by non-clinicians and the clinical medical authority (physician) makes final clinical judgments.
<p>3. <u>PRIORITY:</u> All facilities shall provide a medical staff and sufficient support personnel to meet these Standards. A staffing plan, which is reviewed at least annually by the administrative health authority, identifies the positions needed to perform the required services.</p>	Meets Standard	The annually reviewed medical staffing plan includes an HSA, a physician, a mid-level provider, a psychiatrist, a psychologist, a mental health therapist, a dentist, (b)(7) registered nurses, (b)(7) licensed practical nurses, and an administrative assistant. Medical staff is on duty 24 hours per day, seven days per week.
<p>4. <u>PRIORITY:</u> All health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements. Health care personnel only perform duties for which they are credentialed by training, licensure, certification, job descriptions, and/or written standing or direct orders by personnel authorized by law to give such orders.</p>	Meets Standard	All health care licenses, certifications and/or registrations are current. Health care personnel job duties are consistent with training/licensure and job descriptions and written physician orders.

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<p>5. The facility administrator, in collaboration with the clinical medical authority and administrative health authority, negotiates and maintains arrangements with nearby medical facilities or health care providers to provide required health care not available within the facility, as well as identifying custodial officers to transport and remain with detainees for the duration of any off-site treatment or hospital admission.</p>	<p align="center">Meets Standard</p>	<p>The facility negotiates and keeps current arrangements with nearby medical facilities (Wayne Memorial Hospital, Milford Urgent Care) or health care providers to provide required health care not available within the facility. Security officers have been identified to transport and remain with detainees for off-site care.</p>
<p>6. PRIORITY: Each facility shall have written 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.</p> <p>Plans shall include:</p> <ul style="list-style-type: none"> Coordination with public health authorities; Ongoing education for staff and detainees; Control, treatment and prevention strategies; Protection of individual confidentiality; Media relations; Procedures for the identification, surveillance, immunization, follow-up and isolation of patients; Manage infectious diseases and report them to local and/or state health departments in accordance with established guidelines and applicable laws; and Management of bio-hazardous waste and decontamination of medical and dental equipment that complies with applicable laws and Detention Standard on Environmental Health and Safety. 	<p align="center">Meets Standard</p>	<p>The written infectious disease plan includes prevention, education, surveillance, immunizations, treatment, follow-up, medical isolation, and reporting requirements. The plan includes all of the listed items.</p>
<p>7. PRIORITY: All new arrivals shall receive TB screening within 12 hours of intake and using methods in accordance with CDC guidelines for non-minimal risk detention facilities.</p>	<p align="center">Meets Standard</p>	<p>All new ICE arrivals receive TB testing on admission via PPD skin test or chest x-ray, as clinically indicated.</p>
<p>8. Detainees with symptoms suggestive of TB shall be placed in a functional airborne infection isolation room with negative pressure ventilation and promptly evaluated for TB disease. Suspected and confirmed active TB patients shall be placed in a functional airborne infection isolation room with negative pressure ventilation (on- or off-site) until determined by a qualified provider to be noninfectious in accordance with CDC guidelines for non-minimal risk detention facilities.</p>	<p align="center">Meets Standard</p>	<p>Detainees with symptoms suggestive of TB or with confirmed active TB are placed in functional negative pressure isolation rooms for evaluation and treatment. There are three negative pressure isolation rooms located adjacent to the HSU.</p>

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<p>9. For all confirmed and suspected active tuberculosis cases, designated medical staff shall report:</p> <p style="padding-left: 40px;">All cases to local and/or state health departments within one working day of meeting reporting criteria and in accordance with established guidelines and applicable laws.</p> <p style="padding-left: 40px;">All cases to the ICE HQ Epidemiology Unit within one working day.</p> <p style="padding-left: 40px;">Any movement of TB patients, including hospitalizations, facility transfers, releases, or removals/deportations to the local and/or state health department and the ICE HQ Epidemiology Unit.</p>	<p align="center">Meets Standard</p>	<p>Medical personnel report tuberculosis cases as required and as outlined in the component.</p>
<p>10. <u>PRIORITY:</u> Designated medical staff shall report to the ICE Epidemiology Unit all cases of nationally notifiable infectious diseases as per the CDC guidelines, including, but not limited to: TB, varicella (herpes zoster [shingles], chicken pox), and recent exposures of varicella among non-immune contacts.</p>	<p align="center">Meets Standard</p>	<p>Medical personnel report notifiable infectious diseases to the ICE Epidemiology Unit as required, via the IHSC coordinator in the Philadelphia field office.</p>
<p>11. Facilities must develop a plan to ensure the highest degree of confidentiality regarding HIV status and medical condition.</p>	<p align="center">Meets Standard</p>	<p>Confidentiality of HIV status is included in the infectious disease plan.</p>
<p>12. When current symptoms are suggestive of HIV infection, clinical evaluation shall determine the medical need for isolation.</p>	<p align="center">Meets Standard</p>	<p>Clinical evaluation of HIV infection determines medical isolation.</p>
<p>13. Each facility shall establish a plan to address exposure to blood-borne pathogens, including reporting.</p>	<p align="center">Meets Standard</p>	<p>There is an exposure control plan.</p>
<p>14. The facility shall provide each detainee, upon admittance, a copy of the detainee handbook and local supplement, in which procedures for access to health care services are explained; access to health care services, sick call and a medical grievance process shall be included in the orientation curriculum for newly admitted detainees.</p>	<p align="center">Meets Standard</p>	<p>As part of orientation, detainees receive the national detainee handbook and local supplement which outlines access to health care, the sick call process and the medical grievance process, in English and Spanish.</p>
<p>15. <u>PRIORITY:</u> Medical, dental, and mental health interviews, examinations, and procedures shall be conducted in settings that respect detainee's privacy.</p>	<p align="center">Meets Standard</p>	<p>Health care encounters are conducted in settings that respect the detainee's privacy, as observed.</p>
<p>16. A holding/waiting area shall be located at the entrance to the medical facility that is under the direct supervision of custodial officers. A detainee toilet and drinking fountain shall be accessible from the holding/waiting area.</p>	<p align="center">Meets Standard</p>	<p>There is a waiting area at the entrance to the HSU. It is under the direct supervision of security staff when detainees are in the waiting area. Detainees may access a toilet and drinking water.</p>

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17. Medical records shall be kept separate from detainee detention records and stored in a securely locked area within the medical unit.	Meets Standard	Electronic medical records are password protected and their use is restricted to medical personnel. Medical and detention records are not combined.
<p>18. If there is a specific area, separate from other housing areas, where detainees are admitted for health observation and care under the supervision and direction of health care personnel, the following minimum standards shall be met:</p> <p>Clearly defined scope of care services available;</p> <p>Physician on call or available 24 hours per day;</p> <p>Health care personnel are on duty 24 hours per day when patients are present;</p> <p>All patients within sight or sound of a staff member;</p> <p>Housing record that is a separate and distinct section of the complete medical record; and</p> <p>Compliance with all established guidelines and applicable laws.</p> <p>Facilities are expected to provide detainees in medical housing access to other services such as telephone, legal access and materials consistent with their medical condition.</p>	N/A	While there is no infirmary, there is a three-cell, six-bunk medical housing unit adjacent to the health services unit. These cells may also serve as respiratory isolation cells, as each has negative pressure capability.
19. <u>PRIORITY</u> : Each facility shall have written policy and procedures for the management of pharmaceuticals that include procurement, inventory, prescription, dispensing, and secure storage and disposal of all prescription and nonprescription medicines.	Meets Standard	There is a written policy and procedure for the management of pharmaceuticals which includes procurement, inventory, prescription, dispensing, and storage and disposal.
20. The facility administrator and administrative health authority shall jointly approve any non-prescription medications that are available to detainees outside of health services and they shall jointly review the list annually.	Meets Standard	The OIC and HSA jointly and annually review and approve the list of non-prescription medications available to detainees in the commissary.

<p>21. PRIORITY: Initial medical, dental, and mental health screening shall be done within 12 hours of arrival by a health care provider or a detention officer specially trained to perform this function.</p> <p>The screening shall inquire into the following:</p> <ul style="list-style-type: none"> Any past history of serious infectious or communicable illness, and any treatment or symptoms; Current illness and health problems, including communicable diseases; Pain assessment; Current and past medication; Allergies; Past surgical procedures; Symptoms of active TB or previous TB treatment; Dental problems; Use of alcohol and other drugs; Possibility of pregnancy; Other health programs designated by the responsible clinical medical authority; Observation of behavior, including state of consciousness, mental status, appearance, conduct, tremor, sweating; Observation and interview items related to the detainee's potential suicide risk and possible mental disabilities, including mental illness; History of suicide attempts or current suicidal/homicidal ideation or intent; Observation of body deformities and other physical abnormalities; Questions and an assessment regarding past or recent sexual victimization. 	<p>Meets Standard</p>	<p>Medical, dental, and mental health screening is performed by nursing personnel as part of the intake process, within the 12 hour requirement, and includes all of the bulleted items.</p>
<p>22. If screening is performed by a detention officer, the facility shall maintain documentation of the officer's special training, and the officer shall have available for reference the training syllabus, to include education on patient confidentiality of disclosed information.</p>	<p>N/A</p>	<p>Only medical staff performs health care screenings.</p>
<p>23. PRIORITY: If at any time during the screening process there is an indication of need, or request for, mental health services, the health authority must be notified within 24 hours. The clinical medical authority will ensure a full mental health evaluation if indicated.</p>	<p>Meets Standard</p>	<p>Per policy, the HSA is notified within 24 hours if there is an indication of need or request for mental health services, and a referral to mental health staff is made for a full mental health evaluation, if indicated.</p>

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24. All facilities shall have policies and procedures to ensure the initial health screening and assessment is documented.	Meets Standard	There are policies and procedures requiring the documentation of initial health screenings and assessments.
25. <u>PRIORITY:</u> Upon completion, the in-processing health screening form shall be forwarded to the facility medical staff for appropriate action. The clinical medical authority shall be responsible for review of all health screening forms within 24 hours or next business day to assess the priority for treatment (for example, Urgent, Today, or Routine).	Meets Standard	The in-processing health screening is performed by nursing personnel, thus medical personnel are aware of urgent or emergent needs and can assess the priority for treatment. In addition, as documented in medical records, the physician reviews all health assessment forms.
26. <u>PRIORITY:</u> Non-English speaking detainees and detainees who are deaf or hard of hearing will be provided interpretation or translation services or other assistance as needed for medical care activities. Language assistance may be provided by another staff member competent in the language or by a professional service, such as a telephone translation service.	Meets Standard	Non-English speaking detainees and detainees who are deaf or hard of hearing are provided interpretation or translation services or other assistance. Language assistance is provided by another staff member or a translation service.
27. The clinical medical authority shall establish guidelines for evaluation and treatment of new arrivals who require detoxification.	Meets Standard	The physician has established guidelines for the evaluation and treatment of new arrivals that require detoxification. Detainees undergoing severe detoxification would be sent to the hospital.
28. <u>PRIORITY:</u> Each facility's health care provider shall conduct a health appraisal including a physical examination on each detainee within 14 days of the detainee's arrival unless more immediate attention is required due to an acute or identifiable chronic condition, in accordance with the most recent ACA Adult Local Detention Facility standards for Health Appraisals. If there is documentation of one within the previous 90 days, the facility health care provider upon review may determine that a new appraisal is not required.	Meets Standard	As documented in 20 medical records, physical examinations are conducted well within 14 days of admission, with the average being performed seven days from admission.
29. Detainees will be provided same sex chaperones as appropriate or as requested.	Meets Standard	Same sex chaperones are provided as appropriate or as requested.

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<p>30. PRIORITY: The facility performs mental health intake screening, as well as mental health evaluations based on screening results, medical documentation, or subsequent observations, that include prior history of mental health treatment, medications, drug use, suicidal tendencies, and abuse, observations of current physical and intellectual condition, and recommendations for any appropriate medical or custodial treatment.</p> <p>Detainees are appropriately referred to a mental health provider for diagnosis, treatment, and/or intervention, and transferred to licensed mental health facilities where detainee mental health needs exceed the capabilities of the facility.</p>	<p align="center">Meets Standard</p>	<p>As documented in medical records, medical personnel perform mental health intake screenings and follow up mental health evaluations as clinically indicated. Referrals to mental health professionals are made both for on-site and off-site care.</p>
<p>31. PRIORITY: Any detainee referred for mental health treatment shall receive a comprehensive evaluation by a licensed mental health provider as clinically necessary, but no later than 14 days of the referral.</p> <p>The provider shall develop an overall treatment/management plan that may include transfer to a mental health facility if the detainee's mental illness or developmental disability needs exceed the treatment capability of the facility.</p>	<p align="center">Meets Standard</p>	<p>As documented in medical records, comprehensive mental health evaluations are provided within fourteen days of the referral. The licensed mental health provider develops a treatment plan, which may include transfer to an outside facility, as clinically indicated.</p>
<p>32. The clinical medical authority may place in medical isolation a detainee who is at high risk for violent behavior because of a mental health condition. The clinical medical authority must provide for reassessment on a daily basis the need for continued medical isolation for the health and safety of the detainee.</p>	<p align="center">Meets Standard</p>	<p>The clinical medical authority may place a detainee who is at high risk for violent behavior in medical isolation. The need for continued isolation must be reassessed daily.</p>
<p>33. PRIORITY: The facility shall have written procedures for restraints for medical or mental health purposes that specify:</p> <ul style="list-style-type: none"> The conditions under which restraints may be applied; The types of restraints to be used; The proper use, application, and monitoring of restraints; Requirements for documentation, including efforts to use less restrictive alternatives; and After-incident review. 	<p align="center">Meets Standard</p>	<p>There are written procedures for the use of medical or mental health restraints which address these five points. Medical/mental health restraints have not been used in the past year.</p>

<p>34. PRIORITY: Involuntary administration of psychotropic medications to detainees shall comply with established guidelines and applicable laws and only pursuant to the specific, written and detailed authorization of a physician. When psychotropic medication is involuntarily administered, it is required that the administrative health authority contact ERO Management, who shall contact respective DHS/ICE Chief Counsel.</p> <p>The authorizing physician shall:</p> <ul style="list-style-type: none"> Review the medical record of the detainee and conduct a medical examination; Specify the reasons for and duration of therapy and whether the detainee has been asked if he or she would consent to such medication; Specify the medication to be administered, the dosage, and the possible side effects of the medication; 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. 	<p>N/A</p>	<p>Per the HSA, involuntary administration of psychotropic medications is not used at this facility.</p>
<p>35. A detainee that is in ICE custody for over a year shall receive health examinations on an annual basis. Detainees shall have access to age and gender appropriate exams annually, including rescreening for tuberculosis.</p>	<p>Meets Standard</p>	<p>Age and gender appropriate health examinations and TB rescreening are available annually, as documented in medical records.</p>
<p>36. An initial dental screening exam shall be performed within 14 days of the detainee's arrival.</p> <p>Emergency dental treatment shall be provided for immediate relief of pain, trauma and acute oral infection.</p> <p>Routine dental treatment may be provided to detainees in ICE custody for whom dental treatment is inaccessible for prolonged periods because of detention for over six (6) months.</p>	<p>Meets Standard</p>	<p>As documented in medical records, initial dental screening exams are performed within fourteen days of admission. Routine and emergency dental treatment is offered.</p>

<p>37. PRIORITY: Each facility shall have a sick call procedure that allows detainees the unrestricted opportunity to freely request health care services (including mental health and dental services) provided by a physician or other qualified medical staff in a clinical setting.</p> <p>This procedure shall include:</p> <ul style="list-style-type: none"> Clearly written policies and procedures; Sick call process will be communicated in writing and verbally to detainees during their orientation; Regularly scheduled "sick call" times will be established and communicated to detainees; All facilities must have an established procedure in place to ensure that all sick call requests are received and triaged by appropriate medical personnel within 48 hours after the detainee submits the request. In an urgent situation, the housing unit officer shall notify medical personnel immediately. <p>All detainees, including those in Special Management Units, regardless of classification, shall have access to sick call.</p>	<p>Meets Standard</p>	<p>There are policies and procedures regarding the sick call process. All detainees, including those in the special management unit, are able to freely request services; detainees are informed of the process in English and Spanish during initial orientation both verbally and in writing and in the handbook; there are regularly scheduled sick call times; requests are triaged within 24 hours; and urgent situations are handled immediately.</p>
<p>38. If the procedure uses a written request slip, they shall be provided in English and the most common languages spoken by the detainee population of that facility. Non-English speaking detainees and detainees who are deaf or hard of hearing will be provided interpretation/translation services as needed or other assistance as needed to complete a request slip.</p>	<p>Meets Standard</p>	<p>Written request slips are provided in English and Spanish. Translation and interpretation services are available.</p>
<p>39. PRIORITY: Each facility shall have a written emergency services plan for the delivery of 24-hour emergency health care.</p> <p>A plan shall be prepared in consultation with the facility's clinical medical authority or the administrative health authority. The plan will include the following:</p> <ul style="list-style-type: none"> An on-call physician, dentist, and mental health professional, or designee, that are available 24 hours per day; A list of telephone numbers for local ambulances and hospital services available to all staff; An automatic external defibrillator (AED) will be maintained for use at each facility and accessible to staff; All detention staff shall receive cardio pulmonary resuscitation (CPR, AED) , and emergency first aid training annually; Security procedures that ensure the immediate transfer of detainees for emergency medical care. 	<p>Meets Standard</p>	<p>The written emergency medical services plan for the delivery of 24-hour emergency health care, prepared in consultation with the HSA and the physician, includes all of the bulleted items.</p>

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40. Medical personnel shall review the request slips and determine when the detainee will be seen. All facilities shall maintain a permanent record of all sick call requests.	Meets Standard	Medical providers triage sick call request slips and schedule the sick call visit. Sick call request slips are scanned into the electronic medical record.
<p>41. <u>PRIORITY:</u> Training is provided to all detention and health care personnel at least annually by a responsible medical authority in cooperation with the facility administrator, and includes:</p> <ul style="list-style-type: none"> Responding to health-related situations within four (4) minutes; Recognizing of signs of potential health emergencies and the required responses; Administering first aid and cardiopulmonary resuscitation (CPR); Obtaining emergency medical assistance through the facility plan and its required procedures; Recognizing signs and symptoms of mental illness, suicide risk, retardation, and chemical dependency; The facility's established plan and procedures for providing emergency medical care including, when required, the safe and secure transfer of detainees for appropriate hospital or other medical services, including by ambulance when indicated. 	Meets Standard	All personnel receive annual training in the bulleted items, per personnel and training records, curricula, and staff interviews.
42. The designated health authority and facility administrator shall determine the contents, number, location(s), use protocols, and procedures for monthly inspections of first aid kits.	Meets Standard	The HSA and OIC manage the first aid kits.
43. Distribution of medication shall be in accordance with specific instructions and procedures established by the administrative health authority. Written records of all medication given to detainees shall be maintained. Detainees may not deliver or administer medications to other detainees.	Meets Standard	Medication distribution is performed by nursing staff, as ordered by the physician, and documented on the electronic medication administration record. Detainees do not deliver or administer medications.
<p>44. If medication must be delivered at a specific time when medical staff is not on duty, it may only be distributed by detention officers who have received proper training by the administrative health authority.</p> <p>The facility shall maintain documentation of the training given any officer required to distribute medication, and the officer shall have available for reference the training syllabus or other guide or protocol provided by the health authority.</p>	N/A	Medical providers are on duty 24 hours per day, seven days per week.
45. The health authority shall provide detainees health education and wellness information.	Meets Standard	The HSA provides detainees health education and wellness information regarding nutrition, personal hygiene, dental hygiene, and infectious diseases.

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46. The health administrative authority for each facility must have a plan to notify ICE for any detainee with special needs. The written notification must become part of the detainee's health record file.	Meets Standard	The HSA makes written notification to ICE of any detainee with special needs via a special needs form, which is then scanned into the medical record.
47. <u>PRIORITY:</u> When a detainee requires close medical supervision, including chronic and convalescent care, a written treatment plan that includes access to health care and other personnel regarding care and supervision, shall be developed and approved by the appropriate physician, dentist, or mental health practitioner, in consultation with the patient, with periodic review. The written treatment plan will conform to NCCHC and TJC requirements.	Meets Standard	As documented in medical records, written treatment plans for chronic and convalescent care that conforms to NCCHC and TJC requirements, are provider written and approved, in consultation with the detainee, and reviewed periodically.
48. <u>PRIORITY:</u> Female detainees shall have access to pregnancy testing and pregnancy management services that include routine prenatal care, addiction management, comprehensive counseling and assistance, nutrition, and postpartum follow-up.	Meets Standard	Female detainees have access to pregnancy services as required in the component.
49. Detainees shall have access to age- and gender-appropriate examinations.	Meets Standard	Detainees have access to age and gender appropriate examinations.
50. The facility administrative health authority must ensure that a plan is developed that provides for continuity of medical care in the event of a change in detention placement or status. Upon transfer to another facility or release, the medical provider shall ensure that all relevant medical records and at least 7 days (or, in the case of TB medications, 15 days) supply of medication shall accompany the detainee.	Does Not Meet Standard	Per the HSA, and as documented in medical records, transfer or discharge plans are made as appropriate and relevant medical records and are sent with the detainee. However, only a three-day supply of medication, or in the case of an unusual medication, the on-hand supply of medication, is sent with the detainee. During the inspection, policy was rewritten to require that a seven-day supply of medication be sent with detainee.
51. <u>PRIORITY:</u> Documented informed consent, consistent with standards of the jurisdiction, is obtained from a detainee before medical treatment is administered. If a detainee refuses consent to treatment, medical staff explain the medical risks if treatment is declined and document their efforts in the detainee's medical record.	Meets Standard	General informed consent is obtained from the detainee as part of the admission process, in English or Spanish. Specific medical informed consent is required for invasive and other treatments. Should a detainee refuse consent, medical staff explains the risks and documents that effort in the medical record.

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<p>52. If a detainee refuses treatment and the clinical medical authority determines that the treatment is necessary, ICE/ERO shall be consulted in determining whether involuntary treatment shall be pursued.</p> <p>Involuntary treatment is a decision made only by medical staff under strict legal restrictions. Prior to any contemplated action involving involuntary medical treatment, DHS/ICE respective Chief Counsel will be consulted.</p>	<p align="center">Meets Standard</p>	<p>Should a detainee refuse necessary treatment, ICE is consulted.</p>
<p>53. PRIORITY: The administrative health authority shall maintain a complete health record on each detainee that is:</p> <p>Organized uniformly in accordance with recognized medical records standards;</p> <p>Available to all practitioners and used by them for health care documentation;</p> <p>Properly maintained and safeguarded in a securely locked area within the medical unit separately from other detention records.</p>	<p align="center">Meets Standard</p>	<p>An electronic medical record is maintained for each detainee that is organized, available to all medical practitioners, password protected, and kept separately from detention records.</p>
<p>54. All medical providers shall protect the privacy of detainees' medical information in accordance with established guidelines and applicable laws. These protections apply, not only to records maintained on paper, but also to electronic records where they are used. Staff training must emphasize the need for confidentiality and procedures must be in place to limit access to health records to only authorized individuals and only when necessary.</p>	<p align="center">Meets Standard</p>	<p>Medical providers are trained to protect the privacy of medical information, including written and electronic records. Health record access is limited to authorized personnel only.</p>
<p>55. The administrative health authority shall provide the facility administrator and designated staff information that is necessary:</p> <p>To preserve the health and safety of the detainee, other detainees, staff, or any other person.</p> <p>For administrative and detention decisions such as housing, voluntary work assignments, security, and transport.</p> <p>For management purposes such as audits and inspections.</p>	<p align="center">Meets Standard</p>	<p>The HSA provides health information to the OIC and designated staff members that is necessary as delineated in the listed items.</p>
<p>56. Copies of health records shall be released by the administrative health authority directly to a detainee or their designee, at no cost to the detainee, upon receipt by the administrative health authority of a written authorization from the detainee that complies with the Health Insurance Portability and Accountability Act (HIPAA).</p>	<p align="center">Meets Standard</p>	<p>The HSA releases copies of health records to the detainee, free of cost, upon receipt of written authorization from the detainee. The Release of Health Information form complies with HIPAA.</p>

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<p>57. Detainees who indicate they wish to obtain copies of their medical records shall be provided with the appropriate request form. ICE/ERO, or the facility administrator, shall provide non-English speaking detainees and detainees who are deaf or hard of hearing with interpretation or translation services or other assistance as needed to make the written request and assist in transmitting the request to the facility administrative health authority.</p>	<p align="center">Meets Standard</p>	<p>Detainees are provided with medical record request forms. Translation, interpretation, and other services are offered to the detainee as needed.</p>
<p>58. PRIORITY: Medical staff shall notify the facility administrator in writing, when they determine that a detainee's medical or psychiatric condition requires:</p> <p style="padding-left: 40px;">Clearance by the medical staff prior to release or transfer, or</p> <p style="padding-left: 40px;">Medical escort during removal, deportation, or transfer.</p>	<p align="center">Meets Standard</p>	<p>The HSA notifies the OIC in writing when a detainee's health condition requires medical clearance prior to release or medical escort during removal/deportation/transfer.</p>
<p>59. PRIORITY: The administrative health authority shall be given advance notice prior to the release, transfer, or removal of a detainee, so that medical staff may determine and provide for any medical needs associated with the transfer or release.</p> <p>A summary of the detainee's medical care (transfer summary) shall be marked "CONFIDENTIAL MEDICAL RECORDS" and shall accompany the detainee who is being transferred.</p> <p>A transfer summary must include:</p> <p style="padding-left: 40px;">TB clearance, including PPD and Chest x-ray results, with the test dates;</p> <p style="padding-left: 40px;">Current mental and physical health status, including all significant health issues;</p> <p style="padding-left: 40px;">Current medications, with specific instructions for medications that must be administered en route; and</p> <p style="padding-left: 40px;">The name and contact information of the transferring medical facility.</p>	<p align="center">Meets Standard</p>	<p>The HSA reports she is given advance notice prior to the removal of a detainee. As observed, a transfer summary which includes the bulleted items is sent with the detainee. The envelope is labelled medical confidential.</p>
<p>60. Detainees will not participate in medical, pharmaceutical or cosmetic research while under the care of ICE detention facilities. This does not preclude the use of approved clinical trials that may be warranted for a specific inmate's diagnosis or treatment when recommended and approved by the clinical medical director. Such measures require documented informed consent.</p>	<p align="center">Meets Standard</p>	<p>Detainees do not participate in any medical, pharmaceutical or cosmetic research. Currently there are no detainees in approved clinical trials.</p>

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61. PRIORITY: The administrative health authority shall implement a system of internal review and quality assurance that includes data analysis, a multidisciplinary committee with regular monitoring of health service outcomes, and assessment of ongoing education and training needs.	Meets Standard	The HSA has implemented a system of internal review and quality assurance that includes the required components. Current studies include: intake screen monitoring, detoxification, MRSA compliance, TB testing, and health assessments.
62. The administrative health authority shall implement an intra-organizational, external peer review program for all independently licensed medical professionals. Reviews are conducted at least every two years.	Meets Standard	The HSA has implemented an annual external peer review program.

PART 4 – 22. MEDICAL CARE – Reviewer Summary

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

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

TB treatment is administered using DOT. Treatment for latent TB infection is not initiated unless active TB disease is ruled-out. Medical staff coordinates with the ICE Epidemiology Program and the local and/or state health departments to facilitate an international referral and continuity of therapy. Medical staff collaborates with local and/or state health departments on TB and other communicable disease contact investigations.

The facility has written policy and procedures for the management of pharmaceuticals that include: a formulary; a method for obtaining non-formulary medications; prescription practices; procurement, receipt, distribution, storage, dispensing, administration and disposal of medications; secure storage and disposal and perpetual inventory of all controlled substances (DEA Schedule II-V), syringes and needles; medicine administration error reports; and staff training. Pharmaceuticals are stored in a secure area with a secure perimeter; access limited to authorized medical staff; solid walls from floor to ceiling and a solid ceiling; a solid core entrance door with a high security lock; and a secure medication storage area.

Mental health evaluations and screenings include: reason for referral; history of any mental health treatment or evaluation; history of illicit drug/alcohol use or abuse or treatment for such; history of suicide attempts; current suicidal/homicidal ideation or intent; current use of medications; estimate of current intellectual function; prior history of physical, sexual or emotional abuse; pertinent physical condition; and recommended treatment.

Detention staff immediately notifies medical personnel when questioning the need for emergency care.

Durable medical equipment is provided as clinically indicated. Exercise areas are available to meet exercise and physical therapy requirements of individual detainee treatment plans.

The written authorization for the release of health information is retained in the health record. Requests for examinations by independent medical service providers are submitted to ICE.

During the inspection, twenty ICE detainee (nineteen male, one female) medical records were reviewed. In all twenty records reviewed, nursing personnel performed medical and mental health screenings as part of the intake process. Documentation of TB testing, as clinically indicated, was evident and timely, as was consent to treatment. Physical examinations were performed by the trained registered nurse well within the fourteen day requirement, with the average being performed on day seven. Evidence of treatment plans for chronic disease diagnoses was present. Sick call was evident and timely, with detainees being seen within one to two days of sick slip submission. The HSU is compact and well equipped and detainees receive routine, chronic, urgent and emergent care for medical, dental and mental health services on site or at local medical providers. The HSU space includes a waiting area, an office, an exam room, a dental suite/exam room, a medication room, officer's station, and an adjacent intake screening area. Counts of controlled substances, needles, syringes, and other sharp tools were conducted and accurate. There is no medical co-payment fee. The facility is accredited by the National

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Commission on Correctional Health Care.

During interview, four detainees complained of health issues which they felt were not being adequately addressed. Upon review it was found that medical staff members were aware of the noted issues and plans were made for medical staff to re-address treatment plans with the individual detainees. Nursing and detainee interactions were observed and found to be professional, pleasant, fair and consistent. ICE detainees were able to describe access to care and medical intake procedures.

Evaluation of the standard was based on review of policy, procedure and practice; review of documentation in medical, personnel, and training records and curricula, postings and handbooks; observations and counts; and staff and detainee interviews.

Overall Rating: Meets Standard

Reviewer Name (Printed) (b)(6);(b)(7)(C)

Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

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

This Detention Standard ensures that each detainee is able to maintain acceptable personal hygiene practices through the provision of adequate bathing facilities and the issuance and exchange of clean clothing, bedding, linens, towels, and personal hygiene items.

Components	Rating	Remarks (1000 Char Max)
1. Each detention facility shall have a written policy and procedures for the regular issuance and exchange of clothing, bedding, linens, towels, and personal hygiene items.	Meets Standard	Written policy outlines procedures for issuance and exchange of clothing, bedding, linens, towels, and personal hygiene items.
2. Clothing that is worn out, indelibly stained, or bears offensive or otherwise unauthorized markings should be discarded and replaced as soon as practicable.	Meets Standard	Worn, stained, or marked clothing is discarded and replaced. Worn underclothing was observed during the inspection. The worn underclothing was the property of individual detainees and could not be discarded without their authorization.
3. All new detainees shall be issued clean, indoor/outdoor temperature-appropriate, size appropriate, presentable clothing during in-processing at no cost to the detainee.	Meets Standard	New detainees are issued clean, temperature and size appropriate, presentable clothing, at no cost, during the intake process. They are issued: six t-shirts; six pairs of underwear, socks and bras (for females); one pair of shower sandals and sneakers; two uniform shirts and pants; and one pair of gym shorts.
4. Each detainee assigned to a special work area shall be clothed in accordance with the requirements of the job and, when appropriate, provided protective clothing and equipment.	Meets Standard	
5. Staff shall provide male and female detainees personal hygiene items appropriate for their gender and shall replenish supplies as needed. The distribution of hygiene items shall not be used as reward or punishment.	Meets Standard	Detainees are provided gender appropriate hygiene items (toothbrush/paste, deodorant, shampoo, comb, lotion, soap), which are replenished as needed, and which are not used as reward or punishment.
6. Razors must be strictly controlled. Disposable razors will be provided to detainees on a daily basis. Razors will be issued and collected daily by staff.	Meets Standard	Razors are controlled by security staff. Disposable razors are issued and collected daily by staff. Detainees in the SMU utilize a rechargeable electric razor which is disinfected between each use.

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7. Female detainees shall be issued and may retain feminine hygiene items as needed.	Meets Standard	
8. Detainees shall be provided an adequate number of toilets 24 hours per day that can be used without staff assistance when detainees are confined to their cells or sleeping areas.	Meets Standard	There are an adequate number of toilets that can be used independently 24 hours per day.
9. An adequate number of washbasins with temperature controlled hot and cold running water 24 hours per day.	Meets Standard	There are an adequate number of washbasins with temperature controlled hot and cold running water that can be used independently 24 hours per day.
10. Operable showers that are thermostatically controlled to temperatures between 100 and 120 degrees Fahrenheit, to ensure safety and promote hygienic practices.	Meets Standard	Detainees are provided operable showers that are thermostatically controlled to temperatures between 105-116 degrees Fahrenheit, as logged.
11. Detainees with disabilities shall be provided the facilities and support needed for self-care and personal hygiene in a reasonably private environment in which the individual can maintain dignity.	Meets Standard	
12. PRIORITY: Detainees shall be provided with clean clothing, linen and towels on the following basis: A daily change of socks and undergarments. An additional exchange of undergarments shall be made available to detainees if necessary for health or sanitation reasons. At least twice weekly exchange of outer garments (with a maximum of 72 hours between changes). An additional exchange of outer garments shall be made available to detainees if necessary for health or sanitation reasons. At least weekly exchange of sheets, towels, and pillowcases. More frequent exchanges of outer garments may be appropriate, especially in hot and humid climates.	Meets Standard	Detainees are provided with clean clothing, linen and towels as outlined in the bulleted points. More frequent exchanges of outer garments are available.

PART 4 – 23. PERSONAL HYGIENE – Reviewer Summary

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

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

The supply of clothing, bedding, linen, towels, and personal hygiene items exceeds the minimum required for the number of detainees to prevent delay in replacing the items. Detainees are not permitted to share disposable razors. Cosmetics are prohibited, as are electric rollers, curling irons, hair dryers, and similar appliances. Detainees are provided with a reasonably private environment in accordance with safety and security needs.

Detainees are able to maintain good personal hygiene practices. They are clean and appropriately dressed. In interview, some detainees complained of stained/dingy underclothing. Upon review, it was found that the stained/dingy underclothing was the personal property of the detainees, who declined to discard the clothing. Bathing and toilet facilities are sufficient in number, clean and in good working condition. Evaluation of the standard was based on review of policy and procedures, logs, observations, and staff and detainee interviews.

Overall Rating: Meets Standard

Reviewer Name (Printed): (b)(6);(b)(7)(C)

Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION (Key: X)

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

Components	Rating	Remarks (1000 Char Max)
<p>1. PRIORITY: The facility has a written suicide prevention and intervention program that is reviewed and approved by the clinical health authority, approved and signed by the administrative health authority and Facility Administrator and reviewed annually.</p> <p>At a minimum, the Program shall include procedures to address suicidal detainees. Key components of this program include:</p> <ul style="list-style-type: none"> Staff training, Identification, Referral, Evaluation, Treatment, Housing, Monitoring, Communication, Intervention, Notification and reporting, Review, and Debriefing. 	Meets Standard	The written suicide prevention and intervention program is reviewed and approved as required. The program includes the twelve bulleted items.
<p>2. Every new staff member receives suicide-prevention training. Suicide-prevention training occurs during the employee orientation and annual training.</p>	Meets Standard	All staff members receive initial and quarterly training on suicide prevention, as documented in training and personnel records, and per staff interview.
<p>3. If a detainee is identified as being suicidal, the detainee is removed from general population, placed on suicide precautions, and is referred immediately to qualified medical staff.</p>	Meets Standard	Per policy, detainees at risk are referred immediately to health care staff and placed on suicide precautions in a watch cell in the intake unit.

Performance-Based National Detention Standards 2008 Inspection Worksheet for Over 72 Hour Facilities

<p>4. PRIORITY: All facility staff who interact with and/or are responsible for detainees are trained at least annually on the facility's Suicide Prevention and Intervention Program, to include:</p> <ul style="list-style-type: none"> Identifying the warning signs and symptoms of impending suicidal behavior, Demographic, cultural, and precipitating factors of suicidal behavior, Responding to suicidal and depressed detainees, Communication between correctional and health care personnel, Referral procedures, Housing observation and suicide-watch level procedures, and Follow-up monitoring of detainees who have attempted suicide. 	<p align="center">Meets Standard</p>	<p>All staff members are trained annually on the suicide prevention and intervention program which includes: identification of warning signs and symptoms; precipitating factors; appropriate response; communication amongst staff; referral process; housing and watch levels; and follow-up.</p>
<p>5. PRIORITY: Detainees who are identified as being "at risk" for suicide shall immediately be referred to the mental health provider or other appropriately trained medical staff member for evaluation. Appropriately trained and qualified medical staff shall evaluate the detainee within 24 hours of the referral, and re-evaluate any detainee placed on suicide watch on a daily basis. All evaluation is documented in the detainee's medical record. Only the mental health professional, clinical medical authority, or designee may terminate a suicide watch after a current suicide risk assessment is completed.</p>	<p align="center">Meets Standard</p>	<p>At risk detainees are immediately referred to appropriately trained medical staff for evaluation. The evaluation is performed within 24 hours of the referral. Per policy, detainees on suicide watch are re-evaluated daily and all evaluations are documented in the medical record. Only the mental health professional or clinical medical authority may terminate a suicide watch after a current suicide risk assessment is completed.</p>
<p>6. Evaluation by a mental health provider of detainees who are identified as being "at risk" for suicide will be documented in the medical record and include:</p> <ul style="list-style-type: none"> Relevant history, Environmental factors, Lethality of suicide plan, Psychological factors, A determination of level of suicide risk, Level of supervision needed, Referral/transfer for inpatient care (if needed), Instructions to medical staff for care, and Reassessment time frames. 	<p align="center">Meets Standard</p>	<p>Policy requires and medical records provide documentation that the mental health provider evaluation of at risk detainees includes all of the bulleted items.</p>

Performance-Based National Detention Standards 2008 Inspection Worksheet for Over 72 Hour Facilities

<p>7. Detainees who are placed on suicide watch are to be re-evaluated by appropriately trained and qualified medical staff on a daily basis and this re-evaluation is documented in the detainee's medical record. Only the mental health professional, clinical medical authority, or designee may terminate a suicide watch after a current suicide risk assessment is completed. A detainee may not be returned to the general population until this assessment has been completed.</p>	<p>Meets Standard</p>	<p>Per policy, detainees on suicide watch are re-evaluated daily by appropriate medical staff and the evaluation is documented in the medical record. Only the mental health professional or clinical medical authority may terminate a suicide watch after a suicide risk assessment is completed. Detainees are not returned to general population until the risk assessment has been completed.</p>
<p>8. PRIORITY: Suicidal detainees should be housed in a room that has been made as suicide resistant as possible. Security staff shall ensure that the area for suicide observation is initially inspected so that there are no objects that pose a threat to the detainee's safety.</p>	<p>Meets Standard</p>	<p>This component was found deficient during the last inspection because the suicide watch cell contained objects that could be used in a suicide attempt: a concrete slab bunk with metal bars and an accessible wall-hung light fixture, both of which could be used in a hanging attempt. The suicide watch cell now contains a metal bunk and the light fixture has been moved to a higher location. The room has been made as suicide resistant as possible. Security staff inspects the cell before each use.</p>
<p>9. When standard-issue clothing presents a security or medical risk, the detainee is to be provided an alternative garment that promotes detainee and staff safety, while preventing the humiliation and degradation of the detainee. The clinical medical authority or designee will determine appropriate clothing.</p>	<p>Meets Standard</p>	<p>The detainee is given a tear-resistant safety gown, when clinically appropriate.</p>
<p>10. Suicidal detainees will be monitored by assigned security officers who maintain constant one-to-one visual observation, 24 hours a day, until the detainee is released from suicide watch. The assigned security officer makes a notation every 15 minutes on the behavioral observation checklist.</p>	<p>Does Not Meet Standard</p>	<p>Detainees who are actively suicidal undergo constant one-to-one observation by security staff. This observation is documented every ten minutes on the suicide watch log form. Detainees who remain suicidal, and who are at a medium to high risk, may be stepped-down to a Level One observation suicide watch, which entails a staggered (not constant) watch, not to exceed fifteen minutes. This is a repeat deficiency.</p>

Performance-Based National Detention Standards 2008 Inspection Worksheet for Over 72 Hour Facilities

11. Following a suicide attempt, security staff shall initiate and continue appropriate life-saving measures until relieved by arriving medical personnel.	Meets Standard	Following a suicide attempt, all staff initiates and continues appropriate life-saving measures.
12. In the event of a suicide attempt or a completed suicide, all appropriate ICE and IHSC officials shall be notified through the chain of command. The victim's family and appropriate outside authorities, as appropriate, shall also be immediately notified. Medical staff shall complete an Incident Report Form within 24 hours.	Meets Standard	ICE officials are notified of an attempted or completed suicide. The victim's family and others are notified by ICE. Medical personnel complete an incident report form within 24 hours.
13. Every completed suicide and serious suicide attempt shall be subject to a mortality review process. A critical incident debriefing shall be provided to all affected staff and detainees.	Meets Standard	Every serious suicide attempt or completed suicide is subject to a mortality review. Critical incident debriefing is provided to staff and detainees.

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

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

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

The treatment plan for the suicidal detainee addresses the environmental, historical, and psychological factors that contribute to the detainee's suicidal ideation. The plan is documented in the medical record and includes: strategies and interventions to be followed if suicidal ideation reoccurs; strategies for improved functioning; and regular follow-up appointments based on level of acuity. All detainees discharged from suicide watch are re-assessed by a qualified medical staff member at intervals consistent with the level of acuity.

Upon change of custody to ICE, ICE staff inquires about any known prior suicidal behaviors and if any are identified, ICE ensures detainee safety pending medical provider evaluation.

Suicide prevention and intervention policy and procedures are comprehensive, as is training. There have been no suicides or serious suicide attempts in the past year. Thus, there were no medical records to review for compliance with all the requirements of the standard. Evaluation of the standard was based on review of policy and procedures, observation of the watch cells and blank log forms, and staff interviews.

Overall Rating: Meets Standard

Reviewer Name (Printed) (b)(6);(b)(7)(C)

Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

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

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

Standard N/A

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

Components	Rating	Remarks (1000 Char Max)
1. Detainees, who are chronically or terminally ill, are transferred to an appropriate off-site medical facility, if necessary. Immediately notify the facility administrator and/or ICE/ERO Field Office Director (FOD) of the detainee's condition by phone or in person and document the detainee's condition in a memorandum to the facility administrator that briefly describes the illness and prognosis.	Meets Standard	The facility does not normally accept detainees who are terminally ill. Should a detainee become terminally ill while at the facility, the detainee would be transferred to a more appropriate medical facility. Required notifications and reports are made.
2. The FOD or designee shall immediately notify (or make reasonable efforts to notify) the detainee's next-of-kin of the medical condition and status, the detainee's location, and the visiting hours and rules at that location, in a language or manner which they can understand.	Meets Standard	ICE staff notifies the next of kin of a detainee's medical condition and status, location and visiting requirements, in a way the family can understand.
3. When the detainee is at an off-site facility, that facility is expected to assist the detainee in completing an Advance Directive and/or Living Will. All facilities shall use the State Advance Directive form (in which the facility is located) for implementing Living Wills and Advance Directives.	Meets Standard	Detainees housed in an off-site medical facility would receive assistance in completing advance directives and/or a living will. The Commonwealth of Pennsylvania advance directive forms are available for use by detainees.
4. When the terms of the advanced directive must be implemented, the medical professional overseeing the detainee's care will contact the ICE/ERO FOD or designee and the respective ICE Chief Counsel.	Meets Standard	The facility medical professional notifies ICE, who in turn notifies ICE chief counsel, when the terms of the advance directive are to be implemented.
5. Each facility holding detainees shall establish written policy and procedures governing DNR orders in accordance with the laws of the state in which the facility is located.	Meets Standard	The written DNR policies, procedures and guidelines are in accordance with Pennsylvania state law.
6. Health care will continue to be provided consistent with the DNR order.	Meets Standard	Health care is continued consistent with the DNR order.
7. The detainee's medical file shall include documentation validating the DNR order.	Meets Standard	Policy requires documentation in the medical record validating the DNR order.
8. The facility shall follow written procedures for notifying attending medical staff of the DNR order.	Meets Standard	Written procedures outline notification procedures for attending staff of the DNR order.

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9. The facility has written procedures to address the issues of organ donation by detainees.	Meets Standard	Per the HSA and the SDDO, detainees requesting organ donation would be referred to ICE.
10. Each facility shall have written policy and procedures that are followed to notify ICE/ERO officials, next-of-kin, and consulate officials of a detainee's death while in custody.	Meets Standard	Written policy and procedures require the facility to notify ICE who in turn notifies next of kin and other interested parties.
11. The facility has a policy and procedure to address the death of a detainee while in transport.	Meets Standard	Policy establishes procedures addressing death of a detainee while in transport.
12. The body must be transferred to the local coroner or medical examiner in the jurisdiction where the death occurred.	Meets Standard	The body is transferred to the Pike County coroner.
13. The Chaplain shall telephone the person named as the next-of-kin in the United States to communicate the circumstances surrounding the death.	Meets Standard	There have been no ICE detainee deaths in the past year. Reportedly, the chaplain may telephone the next-of-kin of a deceased detainee.
14. Within seven calendar days of the date of notification (in writing or in person), the family shall have the opportunity to claim the remains.	Meets Standard	There have been no ICE detainee deaths in the past year. Per the SDDO, the family has seven calendar days to claim the detainee's remains.
15. If family members cannot be located or decline orally or in writing to claim the remains, ICE/ERO shall notify the consulate.	Meets Standard	There have been no ICE detainee deaths in the past year. Per the SDDO, if family members are unable to claim the remains, ICE notifies the consulate. The consulate may claim the remains.
16. The facility administrator shall specify policy and procedures regarding responsibility for proper distribution of the death certificate.	Meets Standard	Reportedly, the OIC specifies responsibility for proper distribution of the death certificate to the coroner and to ICE.
17. The facility's written procedures shall address, at a minimum: Contacting the local coroner or medical examiner, in accordance with established guidelines and applicable laws; Scheduling the autopsy; Identifying the person who will perform the autopsy; Obtaining the official death certificate; and Transporting the body to the coroner or medical examiner's office.	Meets Standard	By written policy, the Pike County coroner is contacted for all deaths. The coroner is the decision maker for the bulleted items.

Performance-Based National Detention Standards 2008 Inspection Worksheet for Over 72 Hour Facilities

18. Medical staff shall arrange for the approved autopsy to be performed by the local coroner or medical examiner in accordance with established guidelines and applicable laws.	Meets Standard	By law, the coroner is notified of all deaths. The coroner determines performance of autopsy.
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PART 4 – 25. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH – Reviewer Summary

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

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

When a detainee is hospitalized, ICE provides family members and others as much opportunity for visitation as possible, while staff maintain safety and security measures. The OIC notifies ICE, who in turn makes further notifications, with respect to a serious illness or death of a detainee with pending immigration proceedings.

After a death, ICE assists the family by transporting the remains to a location in the U.S. when the family cannot afford the costs. If neither the family nor the consulate claims the remains, ICE schedules an indigent's burial, after contacting the Department of Veterans Affairs to determine burial benefit eligibility. The chaplain may advise the OIC about religious considerations. ICE does not authorize cremation or donation of the remains for medical research.

Procedures for closing the case of a deceased detainee include: sending the detainee's fingerprint card to the FBI, stamped "deceased" and identifying place of death; placing the death certificate (original or certified copy) in the A-file; placing a copy of the gravesite title in the A-file (for indigent burial only); and closing any electronic files on the detainee.

There have been no ICE detainee deaths in the past year. Therefore, this inspector was unable to determine if the facility fully complies with the requirements of the standard.

Policy and procedures address terminal illness, advance directives, organ donation, DNR orders and reporting requirements. Evaluation of the standard was based on review of policy, procedure and documents; and facility and ICE staff interviews.

Overall Rating: Meets Standard

Reviewer Name (Printed) (b)(6);(b)(7)(C)	Completion Date: 1/7/2016
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Reviewer Signature (for printed form submission):

Section V: ACTIVITIES

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

PART 5 – 26. CORRESPONDENCE AND OTHER MAIL (Key: Z)

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

Components	Rating	Remarks (1000 Char Max)
1. Each facility shall have written policy and procedures concerning detainee correspondence and other mail.	Meets Standard	Policy and the local handbook outline the rules and regulations governing detainee correspondence and other mail.
2. PRIORITY: A detainee is considered "indigent" if he or she has less than \$15.00 in his or her account. Indigent detainees will be permitted to mail a reasonable amount of mail each week at government expense, as determined by the Facility Administrator, including the following: At least five pieces of special correspondence or Legal Mail. Three pieces of general correspondence. Packages as deemed necessary by ICE.	Meets Standard	ICE detainees are considered indigent if they have less than \$15.00 in their commissary account. All the elements listed in this component are satisfied through policy and practice.
3. The facility shall notify detainees of its rules on correspondence and other mail through the Detainee Handbook, or supplement, provided to each detainee upon admittance.	Meets Standard	The rules on correspondence and other mail are outlined in the facility handbook. The handbook is provided to each detainee upon arrival.
4. The facility shall provide key information to detainees in languages spoken by any significant portion of the facility's detainee population.	Meets Standard	Key information is provided in English and Spanish, the languages spoken by the majority of detainees. Other language translation is available through the Interpreter Services Language Line.
5. PRIORITY: Detainee correspondence and other mail shall be delivered to the detainee and to the postal service on regular schedules. Incoming correspondence shall be distributed to detainees within 24 hours (one business day) of receipt by the facility. Outgoing correspondence shall be delivered to the postal service no later than the day after it is received by facility staff or placed by the detainee in a designated mail depository, excluding weekends and holidays.	Meets Standard	Incoming and outgoing mail service is provided each weekday within the timelines established by this component.
6. All facilities shall implement procedures for the inspection of all incoming general correspondence and other mail (including packages and publications) for contraband.	Meets Standard	Incoming general correspondence is opened and checked for contraband prior to delivery to the detainee.

Performance-Based National Detention Standards 2008 Inspection Worksheet for Over 72 Hour Facilities

7. All facilities shall implement procedures for inspecting special correspondence and legal mail for contraband in the presence of the detainee. Detainees shall sign a logbook upon receipt of special correspondence and/or legal mail to verify that the special correspondence or legal mail was opened in their presence.	Meets Standard	Policy and post orders require that special correspondence and legal mail be opened in the detainee's presence. The detainee signs a Privileged Mail form indicating that the mail was opened in his/her presence.
8. Outgoing special correspondence and legal mail shall not be opened, inspected, or read.	Meets Standard	The facility does not open, read or inspect outgoing special correspondence and legal mail.
9. All facilities shall implement policies and procedures addressing acceptable and non-acceptable mail.	Meets Standard	
10. When an officer finds an item that must be removed from a detainee's mail, he or she shall make a written record.	Meets Standard	
11. Prohibited items discovered in the mail shall be handled as follows: A receipt shall be issued to the detainee for all cash, which shall be safeguarded and credited to the detainee's account in accordance with the Detention Standard on Funds and Personal Property. Identity documents, such as passports, birth certificates, etc., shall be placed in the detainee's A-file. Upon request, the detainee shall be provided with a copy of the document, certified by an ICE/ERO officer to be a true and correct copy.	Meets Standard	
12. The facility shall provide a postage allowance at government expense to all detainees, if the facility does not have a system for detainees to purchase stamps.	N/A	Stamps may be purchased from the commissary.
13. The facility shall provide writing paper, envelopes, and pencils at no cost to ICE detainees.	Meets Standard	
14. All facilities shall have written policy and procedures regarding mail privileges for detainees housed in a Special Management Unit.	Meets Standard	Detainees in the special management unit have the same mail privileges as detainees in general population.

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

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

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

The facility has written policy and procedures concerning detainee correspondence and other mail. The rules for correspondence and other mail, which are provided to detainees in the local handbook, address all information required by the standard. The correspondence rules are also posted in the housing units. The quantity of correspondence a detainee may send or receive at his own expense is not limited. Incoming priority mail, overnight mail, certified mail and deliveries from a private package service are recorded in a logbook.

Packages and publications are subject to certain restrictions. Detainees are not permitted to send or receive packages without the prior approval of the OIC. Detainees must pay postage for packages, unless deemed necessary by the OIC, which includes oversized or overweight mail. Inspection of the mail is for the purpose of detecting contraband and to maintain

Performance-Based National Detention Standards 2008 Inspection Worksheet for Over 72 Hour Facilities

security. Incoming special correspondence is not read. Outgoing general correspondence is inspected if it is addressed to another detainee or there is reason to believe that it may present a threat to the facility or others. Rejected mail is considered contraband and is handled in accordance with the contraband standard. Detainees may appeal rejection of correspondence through the detainee grievance system. Upon approval of the OIC, soft contraband is returned to the sender. The mailroom officer insures that the records of the discovery and disposition of contraband are accurate and current. Correspondence to/from the news media is considered special correspondence if properly identified as such. Detainees may not receive compensation or anything of value for correspondence with the media and may not act as a reporter or publish under a byline.

The facility provides assistance to any detainee without legal representation who requests certain services in connection with a legal matter (notary public, certified mail, etc.) if the detainee has no family member, friend, or community organization able to provide assistance. When timely communication through the mail is not possible, a reasonable amount of communication by means of a facsimile device between the detainee and designated legal representative is permitted.

The evaluation of this standard included review of policy; observation of the mailroom and logs; and interviews with staff.

Overall Rating: Meets Standard

Reviewer Name (Printed) (b)(6);(b)(7)(C)

Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

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

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

Standard N/A

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

Components	Rating	Remarks (1000 Char Max)
1. On a case-by-case basis, and with approval of the respective Field Office Director, the facility administrator may allow a detainee, under ICE/ERO staff escort: To visit a critically ill member of his or her immediate family. To attend an immediate-family member's funeral.	N/A	
2. The facility notifies ICE of all detainee requests for non-medical escorts. Each recommendation addresses the individual's suitability for travel, e.g., the kind of supervision required. The Field Office Director is the approving official for all non-medical escorted trips.	N/A	
3. Escorts shall ensure that detainees with physical disabilities are provided reasonable accommodations in accordance with security and safety concerns.	N/A	

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

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

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

All escorted trips for non-medical emergencies are handled by ICE personnel.

Overall Rating: N/A

Reviewer Name (Printed) (b)(6):(b)(7)(C)

Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

PART 5 – 28. MARRIAGE REQUESTS (Key: AB)

This Detention Standard ensures that each marriage request from an ICE/DRO detainee receives a case-by-case review and based on internal guidelines for approval of such requests.

Components	Rating	Remarks (1000 Char Max)
1. All facilities shall have in place policy and procedures to enable eligible ICE/ERO detainees to marry.	Meets Standard	Policy and procedures outline the marriage process.
2. A detainee, or his or her legal representative, may submit the request for permission to marry to the facility administrator or Field Office Director in writing.	Meets Standard	The intended spouse or his/her attorney must submit a letter that includes the legal eligibility, history of the relationship and confirms the desire to marry.
3. The Field Office Director or Facility Administrator considers detainee marriage requests on a case-by-case basis.	Meets Standard	
4. The facility administrator or designated Field Office staff shall notify the detainee in a timely manner of a time and place for the ceremony.	Meets Standard	Policy requires that all marriage requests be forwarded to the ICE field office for a case-by-case review. If the marriage request is approved, the detainee will be transported to the local magistrate for the ceremony.
5. Once the marriage has taken place, the facility administrator shall forward original copies of all documentation to the detainee's A-file and maintain copies in the facility's detention File.	Meets Standard	Per ICE employees, documentation is forwarded and placed in the detainee's A-file.

PART 5 – 28. MARRIAGE REQUESTS – Reviewer Summary

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

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

Detainees are informed about the marriage request procedures through the local handbook and the National Detainee Handbook. ICE notifies the detainee in writing of the reasons for the denial within thirty days from the date of request. Detainees may seek legal assistance throughout the marriage application process. Guidelines for denying a detainee's marriage request include the following: the detainee is not legally eligible to be married; the detainee is not mentally competent, as determined by a qualified medical practitioner; the intended spouse has not affirmed, in writing, his/her intent to marry the detainee; the marriage would present a threat to the security or orderly operation of the facility; or there are compelling government interests for denying the request. A detainee may file an appeal to the FOD if the request is denied.

When a request is approved, the following guidelines are followed: the detainee, legal representative or other individual acting on the detainee's behalf make all the marriage arrangements, including, but not limited to blood tests, obtaining marriage license, and retaining an official to perform the marriage ceremony. ICE personnel do not participate in making marriage arrangements nor serve as witnesses in the ceremony. The marriage does not interrupt nor stay any hearing, transfer to another facility or removal from the United States and transfers do not occur solely to prevent a marriage. Arrangements made are consistent with the security and orderly operation of the facility according to the following stipulations: the ceremony will take place in the non-contact visiting room; all expenses relating to the marriage shall be borne by the detainee or person acting on the detainee's behalf; and the ceremony shall be private with no media publicity and only individuals essential for the marriage ceremony may attend. ICE will transport the detainee to the local magistrate for the ceremony. The FOD may revoke approval of a marriage request for good cause and notifies the detainee in writing. The detainee may file an appeal in such instances.

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Per ICE personnel, five marriage requests have been submitted and approved within the past twelve months. To evaluate this standard, ICE and facility personnel were interviewed and policy and the handbook were reviewed.

Overall Rating: Meets Standard

Reviewer Name (Printed) (b)(6);(b)(7)(C)

Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

PART 5 – 29. RECREATION (Key: AC)

This Detention Standard ensures that each detainee has access to recreational and exercise programs and activities, within the constraints of safety, security, and good order.

Components	Rating	Remarks (1000 Char Max)
1. The facility provides an indoor recreation program.	Meets Standard	
2. The facility provides an outdoor recreation program.	Meets Standard	
3. PRIORITY: If outdoor recreation is available at the facility, each detainee shall have access for at least one hour daily, at a reasonable time of day, weather permitting. Detainees shall have access to clothing appropriate for weather conditions. If only indoor recreation is available, detainees shall have access for at least one hour each day to a large recreation room with exercise equipment and access to natural sunlight. All detainees participating in outdoor recreation shall have access to drinking water and toilet facilities.	Meets Standard	Recreation and leisure programs for detainees include both indoor and outdoor activities. Detainees are permitted outdoor access a minimum of one hour per day. Access to drinking water and toilet facilities is provided. Appropriate clothing is available for changing weather conditions.
4. If a detainee is housed for more than 45 days in a facility that provides neither indoor nor outdoor recreation, he or she may be eligible for a voluntary transfer to a facility that does provide recreation. Likewise, if a detainee is housed for more than six months in a facility that provides only indoor recreation, he or she may be eligible for a voluntary transfer to a facility that also provides outdoor recreation.	N/A	Both indoor and outdoor recreation is provided for the detainees on a daily basis.
5. PRIORITY: All facilities shall have an individual responsible for the development and oversight of the recreation program. In SPCs/CDFs, a recreational specialist (for facilities with more than 350 detainees) assesses the needs and interests of the detainees.	Meets Standard	A recreation specialist is responsible for recreation program activities offered at this facility. Recreational programs are diverse and are based on the needs and interests of the detainees.
6. All facilities shall provide recreational opportunities for detainees with disabilities.	Meets Standard	
7. Exercise areas shall offer a variety of equipment. Weight training, if offered, must be limited to fixed equipment. Free weights are prohibited.	Meets Standard	Outdoor activities include handball and walking. Free weights are prohibited.
8. Cardiovascular exercise shall be available to detainees for whom outdoor recreation is unavailable.	N/A	Outdoor recreational activities are offered on a daily basis.
9. PRIORITY: Dayrooms in general population housing units shall offer board games, television, and other sedentary activities.	Meets Standard	Television and board games to include cards, checkers, and chess are available to detainees in the housing unit dayrooms. Officers supervise dayroom activities and provide recreational materials daily.

Performance-Based National Detention Standards 2008 Inspection Worksheet for Over 72 Hour Facilities

10. Recreational activities shall be based on the facility's size and location. With the facility administrator's approval, recreational activities may include limited-contact sports, such as soccer, basketball, volleyball, and table games, and may extend to intramural competitions among units. Detention personnel shall supervise dayroom activities, distributing games and other recreation materials daily.	Meets Standard	Recreational activities are limited to cardiovascular exercise, basketball, ping pong, handball, and dip bars. There are no intramural activities offered at the facility. Officers supervise all recreational activities.
11. Recreation areas shall be under continuous supervision by staff equipped with radios or other communication devices to maintain contact with the Control Center.	Meets Standard	
12. <u>PRIORITY</u> : Recreation for detainees housed in the SMU shall be separate from the general population. Detainees in the SMU shall be offered at least one hour of recreation per day, outside their cells and scheduled at a reasonable time, at least five days per week. Where cover is not provided to mitigate inclement weather, detainees shall be provided weather-appropriate equipment and attire.	Meets Standard	Detainees housed in the special management units (SMU) are allowed at least one hour a day five days a week outside their cells. SMU recreation is separate from the general population and weather-appropriate clothing is provided during inclement weather.
13. When a detainee in an SMU is deprived of recreation (or any usual authorized items or activity), a written report of the action is forwarded to the facility administrator. Denial of recreation must be evaluated daily by a shift supervisor.	Meets Standard	If a detainee is denied recreation privileges, the OIC would be immediately notified and the detainee's status will be reviewed daily by a supervisor. No recreation has been denied during the past year.
14. When recreation privileges are suspended, the disciplinary panel or facility administrator shall provide the detainee written notification, the reason for the suspension, any conditions that must be met before restoration of privileges, and the duration of the suspension provided the requisite conditions are met for its restoration.	Meets Standard	Administrative and disciplinary segregation detainees would receive written notification covering the elements of this component from the OIC if their recreation privileges are suspended. The notification would include the reasons for the suspension, any conditions that must be met before restoration of privileges and the duration of the suspension. There have been no such denials during the inspection period.
15. The case of a detainee denied recreation privileges shall be reviewed at least once each week as part of the reviews required for all detainees in SMU status.	Meets Standard	

Performance-Based National Detention Standards 2008 Inspection Worksheet for Over 72 Hour Facilities

16. Denial of recreation privileges for more than 15 days requires the concurrence of the facility administrator and a health care professional.	Meets Standard	Policy requires the concurrence of the OIC and the health services administrator when a detainee's recreation privileges are denied for more than seven days. Records and staff interviews indicated there have been no denials of recreation privileges during the inspection period.
17. The facility shall notify the ICE/ERO Field Office in writing when a detainee's denied recreation privileges exceeds 15 days.	Meets Standard	Policy requires that written notification be given to ICE when a detainee's recreation privileges have been denied for more than seven days. There have been no such revocations during the inspection period.

PART 5 - 29. RECREATION – Reviewer Summary

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

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

The recreation program is overseen by the assistant OIC who ensures that the program is operated in an orderly, safe and secure manner.

Indoor recreation exercise areas provide the appropriate square footage for detainees to comfortably participate in recreation. The indoor recreation areas have at least sixteen-foot ceilings.

Per policy, detainees are not required to forgo basic law library privileges for recreation privileges. Officers search the recreation areas before and after each use to detect altered or damaged equipment, hidden contraband, and security breaches. All recreational issued supplies are checked for damage and general condition by officers.

The OIC has established policy and procedures for television viewing in housing units dayrooms. All television viewing schedules are subject to the program committee's approval.

Volunteers and detainee workers are used in the recreation/education programs. There are approximately 27 volunteers who participate in these activities. All volunteers must attend an orientation program and have a criminal history check prior to entering the facility. The evaluation was based on review of policy and procedures; staff and detainee interviews; and on-site observation.

Overall Rating: Meets Standard

Reviewer Name (Printed) (b)(6);(b)(7)(C)

Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

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

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

Components	Rating	Remarks (1000 Char Max)
1. PRIORITY: Detainees have opportunities to engage in practices of their religious faiths (including observance of important holy days, observance of special diets, and use of personal religious property) consistent with safety, security, and the orderly operation of the facility. Attendance at all religious activities is voluntary.	Meets Standard	Religious services are provided in multiple faiths and include the observance of holy days, special diets and the use of religious property. Attendance is voluntary.
2. Religious activities shall be open to the entire detainee population, without discrimination based on a detainee's race, ethnicity, religion, national origin, gender, sexual orientation, or disability. The facility chaplain shall endeavor to provide opportunities for religious practice in major languages spoken by the residents. Accommodations will be provided to residents who are deaf or hard of hearing to provide them access to the service should they wish to participate.	Meets Standard	Religious activities are open to the entire population, without restriction. Religious services are available in English and Spanish. Depending on individual need, appropriate accommodations are made for hearing-impaired detainees.
3. Facility records shall reflect the limitation or discontinuance of a religious practice along with the reason for such limitation or discontinuance.	N/A	There have been no limitations or discontinuances of a religious practice in the past twelve months.
4. PRIORITY: A facility religious services coordinator manages and coordinates religious activities for detainees, which are augmented and enhanced by community clergy, contractors, volunteers, and groups that provide individual and group assembly religious services and counseling that the facility religious services coordinator cannot personally deliver.	Meets Standard	The assistant OIC provides oversight for religious programming. Fifty-three volunteers provide a variety of religious services for the detainee population.
5. The chaplain or other religious coordinator shall have physical access to all areas of the facility to minister to detainees and staff.	Meets Standard	
6. All facilities shall designate space for religious activities.	Meets Standard	Religious programs and services are held in the multi-purpose rooms. These areas provide adequate space and accommodate the needs of all detainee religious groups in a fair manner.
7. When recruiting citizen volunteers, the chaplain and other staff shall be cognizant of the need for representation from all cultural and socioeconomic parts of the community.	Meets Standard	

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8. Detainees who are members of faiths not represented by clergy may conduct their own services, provided they do not interfere with facility operations.	Meets Standard	
9. If requested by a detainee, the chaplain or designee shall facilitate arrangements for pastoral visits by a clergy person or representative of the detainee's faith.	Meets Standard	The assistant OIC will facilitate pastoral visits by clergy or another representative of the detainee's faith when requested by the detainee.
10. Detainees may make a request for the introduction of a new component to the Religious Services program (schedule, meeting time and space, religious items and attire) to the chaplain. The chaplain shall ask the detainee to provide additional information to use in deciding whether to include the practice.	Meets Standard	The assistant OIC, in consultation with the volunteer clergy members, will research these requests and arrange for them as long as there is no threat to the safety and security of the facility.
11. Each facility shall have written policy and procedures to facilitate detainee observance of important holy days, consistent with maintaining safety, security and orderly operations, and the chaplain shall work with detainees to accommodate proper observances.	Meets Standard	Detainee observance of important holy days, consistent with the safety and security of the facility, is being allowed. The assistant OIC works with the detainees to accommodate proper observances.
12. Each facility administrator shall allow detainees access to personal religious property, as is consistent with safety, security and orderly operation of the facility.	Meets Standard	Detainees are permitted to keep bibles, Korans and other approved religious items in their possession.
13. When a detainee's religion requires special food services, daily or during certain holy days or periods that involve fasting, restricted diets, etc., staff shall make all reasonable efforts to accommodate those requirements (for example, modifying menus to exclude certain foods or food combinations, or providing meals at unusual hours).	Meets Standard	The facility recognizes holy day observances, such as Ramadan, Passover and Lent, by providing special meals, honoring fasting requirements, facilitating religious services and allowing for activity restrictions consistent with the beliefs of a recognized religion.
14. The chaplain shall develop the religious fast schedule for the calendar year and provide it to the facility administrator or designee.	Meets Standard	

PART 5 – 30. RELIGIOUS PRACTICES – Reviewer Summary

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

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

The religious program provides detainees the opportunity to participate in their respective religious faiths. The program also recognizes holy days and offers special meals. Religious services are conducted in the multi-purpose rooms. The assistant OIC works with 53 local religious volunteers and other community clergy in scheduling and coordinating the religious program activities.

The facility does not disparage the religious beliefs of a detainee, nor coerce or harass a detainee to change religious affiliation. ICE does not require a detainee to profess a religious belief. Detainees may designate any or no religious preference during in processing. With a written request to the assistant OIC, a detainee can request to change this designation every ninety days, and the change will be effected in a timely fashion.

In the interest of maintaining the security of the facility and to prevent abuse or disrespect by detainees of religious practices or observances, changes in declarations of religious preferences are monitored. When a determination of a request to allow a detainee to participate in specific religious activities is under consideration, the information contained both on the initial classification and the detainee's religious designation is considered.

Detainees showing "No Preference" can be restricted from participation in those activities deemed appropriate for members only. During the booking process, officers enter the religious designation. When a request for change of religious preference is approved, the assistant OIC is responsible for making the necessary change in the detention file.

There is no dedicated chapel for religious activities. Religious services are held in the multi-purpose areas. These areas are sufficient to accommodate the needs of all religious groups in the detainee population fairly and equitably. The religious service areas are maintained in a neutral fashion suitable for use by various faith groups. The facility provides limited storage space for items used in religious programs. Staff restroom facilities are available for staff and volunteers.

Current program schedules are posted on all housing unit bulletin boards and the corridor walls. When scheduling approved religious activities, both the availability of staff supervision and the need to allot time and space equitably among the different groups is considered.

The particular needs of women and special-needs detainees can be addressed via a request for spiritual counselors or advisers for religious needs other than those of a specific faith tradition. The facility secures representatives of faith groups in the community to provide specific religious services that are not otherwise provided.

Decisions regarding the expansion of the religious services program are subject to the facility's parameters for maintaining a safe and secure facility and availability of staff for supervision. All volunteers are subject to background and criminal history checks, credential verification and must attend an orientation program before entering the secure portion of the facility. Volunteers are escorted while inside the facility.

Pastoral visits take place in the non-contact video visiting rooms during regular visiting hours. The assistant OIC who oversees the religious program does not have any qualifications of clinical pastoral education or equivalent specialized training. Several religious volunteers from the community do have minimum qualifications of clinical pastoral education or the equivalent and/or endorsements by an appropriate religious-certifying body.

Detainees in the SMU are allowed to participate in religious practices, consistent with the safety, security, and orderly operation of the facility.

The evaluation of the standard was based on observation of the religious programs and schedules; staff and detainee interviews; and review of policy and procedures.

Overall Rating: Meets Standard

Reviewer Name (Printed) (b)(6);(b)(7)(C)

Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

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

This Detention Standard ensures that detainees may maintain ties with their families and others in the community by providing them reasonable and equitable access to telephone services.

Components	Rating	Remarks (1000 Char Max)
1. To ensure sufficient access, each facility shall provide at least one operable telephone for every 25 detainees.	Meets Standard	Telephones are provided in the detainee housing units at a ratio of approximately one telephone per eleven detainees.
2. <u>PRIORITY</u> : Each facility shall ensure that detainees have access to reasonably priced telephone services. Contracts for such services shall comply with all applicable state and federal regulations and be based on rates and surcharges commensurate with those charged to the general public. Any variations shall reflect actual costs associated with the provision of services in a detention setting.	Meets Standard	The charge for a local area call is \$4.68 for a thirty minute call. International calls cost \$25.20 for a thirty minute call. Telephone charges for the general public were not available for comparison.
3. Each facility shall maintain detainee telephones in proper working order. Designated facility staff shall inspect the telephones daily, promptly report out-of-order telephones to the repair service and ensure that required repairs are completed quickly. This information will be logged.	Meets Standard	The facility maintains detainee telephones in proper working order. The housing unit officer checks the telephones on every shift. The ICE officer checks the telephones every week. During the inspection, all telephones were operational. Telephone repair logs are maintained.
4. Facility staff is responsible for ensuring on a daily basis that telephone systems are operational. Any problems identified must immediately be logged and reported to the appropriate facility and ICE staff personnel.	Meets Standard	
5. Each facility shall have a written policy on the monitoring of detainee telephone calls. If telephone calls are monitored, the facility shall include a recorded message on its phone system stating that all telephone calls are subject to monitoring. At each monitored telephone, place a notice that states that detainee calls are subject to monitoring. A detainee's call to a court, a legal representative, OIG, or CRCL, or for the purposes of obtaining legal representation, may not be electronically monitored.	Meets Standard	Written policy governs the monitoring of detainee telephone calls. Notice of monitoring is in the facility handbook and is posted on the wall next to the telephones. A recorded message advises that calls may be monitored each time a call is placed. Legal and special access calls are not monitored.
6. Each facility shall provide telephone access rules in writing to each detainee upon admission, and also shall post these rules where detainees may easily see them in a language they can understand. Updated telephone and consulate lists shall be posted in the detainee housing units. Translation and interpretation services shall be provided as needed.	Meets Standard	Telephone access rules are in the handbook and posted in the housing units. Information is available in English and Spanish. Current telephone and consulate contact information is posted in each housing unit. A language line service is available as needed.

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7. Each facility administrator shall establish and oversee rules and procedures that provide detainees reasonable and equitable access to telephones during established facility "waking hours."	Meets Standard	
8. Detainees are afforded a reasonable degree of privacy for legal phone calls.	Meets Standard	
9. A procedure exists to assist a detainee who is having trouble placing a confidential call.	Meets Standard	Housing unit officers will assist detainees having trouble placing a confidential telephone call.
10. The facility provides the detainees with the ability to make non-collect (special access) calls.	Meets Standard	Special access numbers are programmed into the telephone system.
11. Even if telephone service is generally limited to collect calls, each facility shall permit detainees to make direct or free calls to the offices and individuals listed below. Updated lists need to be posted in the detainee housing units.	Meets Standard	
12. If detainees are required to complete request forms to make direct or free calls, facility staff must assist them as needed, especially illiterate or non-English speaking detainees.	Meets Standard	Detainees do not have to complete a request form to make direct or free calls.
13. <u>PRIORITY:</u> All detainees are able to call their consulate, the DHS Office of the Inspector General, and any organization on the ICE/ERO-provided list of free legal service providers at no charge to the detainee or receiving party. The FOD will ensure that all information is kept current and provided to each facility. Updated contact lists are posted in the detainee housing units. Indigent detainees are afforded the same telephone access and privileges as detainees in the general population. The indigent detainee may also request a free call to immediate family or others in personal or family emergencies or for a compelling need (to be interpreted liberally).	Meets Standard	Detainees may call their consulates and all other entities and organizations referred to in the component at no charge to the detainee or the receiving party. Current contact information is posted in each housing unit. ICE officers check the lists during each visit (at least weekly) to ensure they remain current. Indigent detainees are afforded the same telephone access as other detainees. They are also assisted in calling family or others in an emergency at no cost to either party.
14. A facility may neither restrict the number of calls a detainee places to his/her legal representatives nor limit the duration of such calls by rule or automatic cut-off, unless necessary for security purposes or to maintain orderly and fair access to telephones.	Meets Standard	

Performance-Based National Detention Standards 2008 Inspection Worksheet for Over 72 Hour Facilities

15. The facility has a system for taking and delivering emergency detainee telephone messages.	Meets Standard	The detainee handbook addresses outgoing emergency calls. Incoming emergency calls are handled by the on-duty supervisor. Messages are delivered without delay and detainees are given the opportunity to return calls immediately if warranted.
16. The facility shall take and deliver telephone messages to detainees as promptly as possible. When facility staff receive an emergency telephone call for a detainee, the caller's name and telephone number will be obtained and given to the detainee as soon as possible. The detainee shall be permitted to return the emergency call as soon as reasonably possible within the constraints of security and safety. The facility shall enable indigent detainees to make a free return emergency call.	Meets Standard	
17. The facility shall provide a TTY device or Accessible Telephone (telephones equipped with volume control and telephones that are hearing-aid compatible for detainees who are deaf or hard of hearing). Detainees who are hard of hearing will be provided access to the TTY on the same terms as hearing detainees. Accommodations shall also be made for detainees with speech disabilities.	Meets Standard	Accommodations are made for detainees who are hard of hearing and/or have a speech disability. A TTY device is available and provided to detainees with special needs upon request.
18. Detainees in Disciplinary Segregation may be restricted from using telephones to make general calls as part of the disciplinary process. Even in Disciplinary Segregation, however, detainees shall have some access for special purposes.	Meets Standard	
19. Generally, detainees in administrative segregation should receive the same privileges that are available to detainees in the general population, subject to any safety and security considerations that may exist.	Meets Standard	Detainees held in administrative segregation have similar telephone privileges as those in the general population. Access to legal calls and the other entities referred to in the component is not restricted.
20. Upon a detainee's request, facility staff shall make special arrangements to permit the detainee to speak by telephone with an immediate family member detained in another facility.	Meets Standard	

PART 5 – 31. TELEPHONE ACCESS – Reviewer Summary

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

Performance-Based National Detention Standards 2008 Inspection Worksheet for Over 72 Hour Facilities

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

Telephone access is handled in accordance with this standard. ICE/ERO staff test phones for detainees at least weekly to verify serviceability. They also make random calls to pre-programmed numbers for attorney and consulate services; interview a sampling of detainees regarding telephone services and review written detainee complaints regarding telephones.

Evaluation of this standard included reviewing policy, procedures, and the local handbook; interviewing staff; and making a telephone call to the OIG hot line from a housing unit telephone.

Overall Rating: Meets Standard

Reviewer Name (Printed) (b)(6);(b)(7)(C)

Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

PART 5 – 32. VISITATION (Key: AF)

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

Components	Rating	Remarks (1000 Char Max)
1. There is a written visitation procedure, schedule, and hours for general visitation.	Meets Standard	Visitation procedures, hours and schedules are addressed in the detainee handbook. They are also posted in the entrance lobby.
2. Each facility administrator shall decide whether to permit contact visits, as is appropriate for the facility's physical plant and detainee population.	Meets Standard	General visits are non-contact. Legal visits may be contact upon request.
3. A facility administrator may temporarily restrict visiting when necessary to ensure the security and good order of the facility. Each restriction or denial of visits shall be documented in writing, including the duration of and reasons for the restriction.	Meets Standard	Policy dictates that the OIC may restrict detainee visitation for a specified period of time for reasons of security or to preserve good order. All such restrictions must be documented and the cause and duration of the restriction referenced.
4. Each facility shall: Make the schedule and procedures available to the public, both in written form and telephonically. Post that information in the visitor waiting area in English, Spanish, and other major languages spoken in the facility.	Meets Standard	
5. <u>PRIORITY:</u> General visitation is permitted during set hours on Saturdays, Sundays, and holidays, and, to the extent practicable, the facility accommodates the scheduling needs of visitors for whom weekends and holidays pose a hardship. The number of visitors a detainee receives and the length of visits are limited only by reasonable constraints of space, scheduling, staff availability, safety, security, and good order. The minimum duration for a visit is 30 minutes.	Meets Standard	General visitation is scheduled from 8:30 a.m. to 10:30 p.m. Wednesday through Sunday and from 6:45 p.m. to 10:30 p.m. Monday and Tuesday. Detainees are allowed a minimum of one 30 minute visit per week.
6. Each facility shall maintain a log of all general visitors, and a separate log of legal visitors.	Meets Standard	Separate written logs are maintained of all general visitors and legal visitors.
7. If the facility establishes and maintains a dress code for visitors, it shall be made available to the public.	Meets Standard	The dress code for visitors is posted on the agency website and in the lobby.
8. The facility's visiting areas shall be appropriately furnished and arranged, and as comfortable and pleasant as practicable.	Meets Standard	
9. The facility's written rules shall specify time limits for visits. The minimum time limit is 30 minutes.	Meets Standard	

Performance-Based National Detention Standards 2008 Inspection Worksheet for Over 72 Hour Facilities

10. At facilities where there is no provision for visits by minors, ICE arranges for visits by children and stepchildren, on request, within the first 30 days.	N/A	Minors are permitted to visit when accompanied by an adult visitor.
11. Written procedures shall detail the limits and conditions of contact visits in facilities permitting them.	N/A	All general visits are non-contact.
12. Anytime a visit is denied, to either a general population detainee or SMU detainee, the denial is documented.	Meets Standard	Denials are documented. There have been no denials of visitation during the previous twelve months.
13. While in administrative or disciplinary segregation status, a detainee ordinarily retains visiting privileges.	Meets Standard	
14. PRIORITY: Legal visitation is available seven (7) days a week, including holidays. Legal visitation hours provide for a minimum of eight (8) hours per day on regular business days, and a minimum of four (4) hours per day on weekends and holidays.	Meets Standard	Legal visitation is permitted between the hours of 8:00 a.m. and 10:45 p.m. seven days a week. Visits may be permitted at other times if requested.
15. Private consultation rooms are available for attorney meetings. There is a mechanism for the detainee and his/her representative to exchange documents.	Meets Standard	
16. Legal representatives and assistants are subject to a non-intrusive search such as a pat-down search of the person or a search of the person's belongings – at any time for the purpose of ascertaining the presence of contraband.	Meets Standard	Legal representatives and their assistants must pass through a metal detector and have their belongings searched prior to being admitted.
17. The current list of pro bono legal organizations is posted in the detainee housing areas and other appropriate areas.	Meets Standard	The current list of pro bono legal organizations is posted in the detainee housing units.
18. All requests by NGOs and other organizations to send representatives to visit detainees must be submitted in advance and in writing to the ICE/ERO facility administrator or ICE/ERO Field Office supervising the contract, state or local facility. The written request must state the number of visitors, exact reason for the visit and issues to be discussed.	Meets Standard	
19. Facility visitation procedures shall cover law enforcement officials requesting interviews with detainees. Facilities will notify and seek approval from ICE ERO of any proposed law enforcement officer visit with a detainee.	Meets Standard	Interviews of detainees by law enforcement officials must be approved by ICE prior to the visit.
20. Former ICE/ERO detainees, individuals with criminal records and individuals in deportation proceedings shall not be automatically excluded from visiting. Individuals in any of these categories must so notify the facility administrator before registering for visitation privileges.	Meets Standard	Individuals listed in this component must have approval from ICE before visiting.

PART 5 – 32. VISITATION – Reviewer Summary

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

Performance-Based National Detention Standards 2008 Inspection Worksheet for Over 72 Hour Facilities

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

Visitation is provided in accordance with this standard. The facility maintains a separate visitors' log for social, legal and professional visits. The log contains the name and alien-registration number (A-number) of the detainee visited, the visitor's name and address, the visitor's immigration status, the visitor's relationship to the detainee and the date, time in and time out. The facility has written procedures regarding incoming property and money for detainees during visitation. Staff verifies each adult visitor's identity before admitting him or her to the facility. Interpreters are allowed to accompany legal representatives. Messengers (who are not legal representatives or legal assistants) are permitted to deliver documents to and from the facility, but not to visit detainees. Legal representatives must present a state bar card and proper identification such as a driver's license. The logs include the reason(s) for denying access. There have been no denials of visits during the previous twelve months.

Written procedures provide for legal representatives and assistants to contact ICE in advance of a visit to determine where a particular individual is detained. The procedures also include guidelines for pre-representation meetings.

Procedures are in place that liberally allow the opportunity for consultation visitation for detainees subject to expedited removal in accordance with this standard. These visits are conducted in person or by telephone similar to legal visits. Detainees are permitted to receive visits by representatives of community service organizations, including civic, religious, cultural, therapeutic, and other groups. All visitors are required to comply with visitation rules.

Established procedures govern whether and, if so, under what circumstances animals may accompany human visitors onto or into facility property.

During the evaluation of this standard, procedures and the handbook were reviewed; legal visiting rooms were inspected; social visiting areas were observed; and employees and detainees were interviewed.

Overall Rating: Meets Standard

Reviewer Name (Printed) (b)(6);(b)(7)(C)

Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

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

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

Standard N/A

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

Components	Rating	Remarks (1000 Char Max)
1. Detainees who are physically and mentally able to work shall be provided the opportunity to participate in any voluntary work program.	Meets Standard	Policy, procedures and the detainee handbook outline the detainee volunteer work program. Detainees who are physically and mentally able may participate.
2. The detainee's classification level shall determine the type of work assignment for which he/she is eligible. Level 3 detainees shall not be given work opportunities outside their housing units/living areas.	Meets Standard	A detainee's classification level is used to determine his placement in the work program. High custody detainees are not given work opportunities outside of their housing units.
3. ICE detainees may not work outside the secure perimeter of local jails and facilities used under Intergovernmental Service Agreements.	Meets Standard	ICE detainees at this IGSA facility do not participate on details outside of the secure perimeter.
4. The facility administrator shall develop site-specific rules for selecting work detail volunteers in a facility procedure that will include a voluntary work program agreement.	Meets Standard	Policy establishes the voluntary work program and the rules and procedures for its implementation and documentation.
5. Detainees shall not be denied voluntary work opportunities on the basis of such factors as a detainee's race, religion, national origin, gender, sexual orientation or disability.	Meets Standard	
6. While medical or mental health restrictions may prevent some physically or mentally challenged detainees from working, those with less severe disabilities shall have the opportunity to participate in the voluntary work program in appropriate work assignments.	Meets Standard	Policy and procedures support the inclusion of detainees with physical and/or mental disabilities in the work program as appropriate work assignments are identified.
7. Detainees who participate in the volunteer work program are required to work according to a fixed schedule.	Meets Standard	Detainees work a fixed schedule and are not permitted to work more than eight hours a day or forty hours a week.
8. Detainees shall receive monetary compensation for work completed in accordance with the facility's standard policy.	Meets Standard	Detainee workers are paid \$1.00 per day.

Performance-Based National Detention Standards 2008 Inspection Worksheet for Over 72 Hour Facilities

9. The facility administrator shall establish procedures for informing detainee volunteers about on-the-job responsibilities and reporting procedures.	Meets Standard	Initial job orientation training is conducted for each detainee selected to participate in the voluntary work program. This training details all job responsibilities.
10. When a detainee is removed from a work detail, staff place the written justification for the action in the detainee's detention file.	Meets Standard	If a detainee is removed from the work program, written justification is placed in his/her detention file. Detainees may file a grievance if they believe they were improperly removed.
11. All detention facilities shall comply with all applicable health and safety regulations and standards, to include training.	Meets Standard	
12. The facility administrator shall ensure that all department heads, in collaboration with the facility's safety/training officer, develop and institute appropriate training for all detainee workers.	Meets Standard	Appropriate training programs are in place for detainees employed in facility work assignments.
13. Upon a detainee's assignment to a job or detail, the supervisor shall provide thorough instructions regarding safe work methods and, if relevant, hazardous materials.	Meets Standard	Documented training on safe work practices and hazardous materials is provided upon a detainee's assignment to a work detail.
14. The facility shall provide detainees with safety equipment that meets OSHA and other standards associated with the task performed.	Meets Standard	
15. The facility administrator shall implement procedures for immediately and appropriately responding to on-the-job injuries, including immediate notification of ICE/ERO.	Meets Standard	Per policy, the medical department and ICE officials are notified immediately if a detainee sustains an injury while participating in the work program.

PART 5 – 33. VOLUNTARY WORK PROGRAM – Reviewer Summary

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

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

The voluntary work program offers detainees the opportunity to work and earn money by participating. The detainee is required to sign a voluntary work program agreement before commencing each new assignment. Completed agreements are filed in the detainee's detention file. A detainee can work in only one work detail per day. If a detainee believes that there was insufficient justification to reject their placement in the program, they may file a grievance. The program coordinator will consult medical personnel to ascertain the detainee's suitability for a given project.

The facility has a system that ensures that detainees receive the pay owed them prior to the detainee being released or transferred. Detainees can be removed from work assignments for various reasons that include unsatisfactory performance, physical inability to do the work, prevention of injury and removal sanctions imposed by the Institution Disciplinary Panel. Detainees may file a grievance to the FOD or the OIC if they believe they were unfairly removed from their work assignment.

The facility allows ICE detainees to work within the constraints of their security level. They receive appropriate training as required prior to starting their assignments. Policy and practice address all areas required by the detention standard.

Performance-Based National Detention Standards 2008 Inspection Worksheet for Over 72 Hour Facilities

Evaluation of this standard was based on observations, review of policy and documentation of detainee worker training, and interviews with staff members and detainees.

Overall Rating: Meets Standard

Reviewer Name (Printed) (b)(6);(b)(7)(C)

Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

Section VI: JUSTICE

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

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

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

Components	Rating	Remarks (1000 Char Max)
1. PRIORITY: Upon admission to a facility, as part of the orientation program, each detainee shall be provided a copy of the ICE National Detainee Handbook and that facility's local supplement to the handbook.	Meets Standard	Upon admission, each detainee receives a copy of the ICE National Detainee Handbook and a site specific handbook. Each handbook is available in English, Spanish and thirteen other languages. A review of ten detainee files and interviews with several detainees revealed that detainees are receiving both the ICE National Detainee Handbook and the site-specific handbook during the admissions process.
2. The facility administrator shall ensure that the local supplement is translated into Spanish and any other language spoken by significant numbers of detainees in that facility.	Meets Standard	
3. Staff shall require each detainee to verify, by signature, receipt of the handbook and maintain that acknowledgement in the detainee's detention file.	Meets Standard	A review of ten files indicated that detainees sign a receipt for the handbooks. A copy of the receipt is placed in the detainee's detention file.
4. If a detainee cannot read or does not understand the language of the handbook, the facility administrator shall arrange for the orientation materials to be read to the detainee, provide the material using audio or video tapes in a language the detainee does understand, or provide a translator.	Meets Standard	The handbook supplements a facility specific orientation video in both English and Spanish languages. A language line is utilized for interpretation as needed.
5. The facility administrator shall provide a copy of the ICE National Detainee Handbook and the local supplement to every staff member who has contact with detainees, and cover its contents in initial and annual staff training.	Meets Standard	
6. The facility administrator shall appoint a committee to review the local supplement annually and recommend changes. While the handbook does not have to be immediately revised and reprinted to incorporate every change, the facility administrator shall establish procedures for immediately communicating such changes to staff and detainees.	Meets Standard	Designated personnel conduct an annual review of the handbook. The latest revision was completed in September 2015. Changes in procedures are posted immediately on the housing unit bulletin boards. Handbook changes and revisions are distributed electronically to all employees.

Performance-Based National Detention Standards 2008 Inspection Worksheet for Over 72 Hour Facilities

7. The detainee handbook (local supplement) address the following issues: Personal Items permitted to be retained by the detainee. Initial issue of clothes, bedding and personal hygiene items. How to access care.	Meets Standard	The handbook addresses the items listed in this component.
8. The detainee handbook (local supplement) states in clear language basic detainee responsibilities.	Meets Standard	Detainee responsibilities are clearly outlined in the detainee handbook.
9. The handbook (local supplement) clearly outlines the methods for classification of detainees, explains each level, and explains the classification appeals process.	Meets Standard	The handbook explains classifications methods, levels and the appeals process.
10. The handbook (local supplement) states when a medical examination will be conducted.	Meets Standard	The site specific handbook states that a medical examination will be conducted within fourteen days of arrival.
11. The handbook (local supplement) describes the facility, housing units, dayrooms, In-dorm activities and special management units.	Meets Standard	
12. The handbook (local supplement) describes official count times and count procedures, meal times, feeding procedures, procedures for medical or religious diets, smoking policy, clothing exchange schedules and if authorized, clothes washing and drying procedures and expected personal hygiene practices.	Meets Standard	The handbook addresses each of the items in this component. This is a non-smoking facility.
13. The handbook (local supplement) describes times and procedures for obtaining disposable razors and explains that detainees attending court will be afforded the opportunity to shave first.	Meets Standard	The handbook describes the razor policy. Detainees have access to disposable razors every day. Detainees attending court are afforded the opportunity to shave first.
14. The handbook (local supplement) describes barber hours and hair cutting restrictions.	Meets Standard	
15. The handbook (local supplement) describes; the telephone policy, debit card procedures, direct and frees calls; locations of telephones; policy when telephone demand is high; and policy and procedures for emergency phone calls.	Meets Standard	All elements of this component are outlined in the detainee handbook.
16. The handbook (local supplement) addresses religious programming.	Meets Standard	
17. The handbook (local supplement) states times and procedures for commissary or vending machine usage (where available).	Meets Standard	Commissary procedures are outlined in the handbook. There are no vending machines available for detainee use.
18. The handbook (local supplement) describes the detainee voluntary work program.	Meets Standard	

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19. The handbook (local supplement) describes the library location and hours of operation and law library procedures and schedules.	Meets Standard	The site specific handbook describes the library and law library procedures, schedules and hours of operation.
20. The handbook (local supplement) describes: attorney and regular visitation hours, policies, and procedures, location of the list of pro bono legal organizations; group legal rights presentations schedule and sign up procedures.	Meets Standard	A list of pro bono legal organizations is available in the housing units. All information required by this component is addressed in the handbook.
21. The handbook (local supplement) provides local ICE contact information.	Meets Standard	
22. The handbook (local supplement) describes the facility contraband policy.	Meets Standard	
23. The handbook (local supplement) describes the facility visiting hours and schedule and visiting rules and regulations.	Meets Standard	Visiting hours, schedules, and rules and regulations are provided in the handbook.
24. The handbook (local supplement) describes the correspondence policy and procedures.	Meets Standard	The correspondence policy and procedures are outlined in the handbook.
25. The handbook (local supplement) describes the detainee disciplinary policy and procedures, including: Prohibited acts and severity scale sanctions. Time limits in the Disciplinary Process. Summary of Disciplinary Process.	Meets Standard	The handbook describes the disciplinary policy and procedures, including all of the elements in this component.
26. The grievance section of the handbook (local supplement) explains all steps in the grievance process, including informal (if used) and formal grievance procedures.	Meets Standard	The handbook explains all of the items listed in this component, including the procedure for filing a complaint of officer misconduct.
27. The handbook (local supplement) describes the medical sick call procedures for general population and segregation.	Meets Standard	Sick call procedures for all housing areas are outlined in the handbook. Detainees are required to submit a sick call slip as part of the protocol.
28. The handbook (local supplement) describes the facility recreation policy.	Meets Standard	
29. The handbook (local supplement) describes the detainee dress code for daily living; and work assignments and the meaning of color-coded uniforms.	Meets Standard	
30. The handbook (local supplement) specifies the rights and responsibilities of all detainees.	Meets Standard	Detainee rights and responsibilities are defined in the handbook.

PART 6 - 34. DETAINEE HANDBOOK – Reviewer Summary

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

Performance-Based National Detention Standards 2008 Inspection Worksheet for Over 72 Hour Facilities

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

Detainees are issued the local handbook and the National Detainee Handbook upon admission. The site specific handbook is free from derogatory or insensitive statements about detainee religion or culture. The site specific handbook, written in English, Spanish and thirteen other languages, is comprehensive and accurately describes the facility's rules, programs, procedures and requirements for detainees during their detention. Detainees are required to sign for the site specific handbook and a copy of the receipt is maintained in the detention file.

The facility's handbook and the ICE National Detainee Handbook inform the detainee in detail as to how to report allegations of abuse and civil rights violations, along with violations of officer misconduct, directly to ICE/ERO headquarters or the DHS OIG. Policy and practice address all areas required by the detention standard.

During the evaluation of this standard, policy and the standard were reviewed, employees were interviewed, and the detainee handbook and other documentation were reviewed.

Overall Rating: Meets Standard

Reviewer Name (Printed) (b)(6);(b)(7)(C)

Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

PART 6 – 35. GRIEVANCE SYSTEM (Key: AI)

This Detention Standard protects detainees' rights and ensures they are treated fairly by providing a procedure by which they may file formal grievances and receive timely responses.

Components	Rating	Remarks (1000 Char Max)
<p>1. PRIORITY: Each facility shall have written policy and procedures for a detainee grievance system that:</p> <ul style="list-style-type: none"> Establishes a procedure for any detainee to file a formal grievance; Establishes a procedure to track or log all formal grievances; Establishes reasonable time limits for: <ul style="list-style-type: none"> ○ Processing, investigating, and responding to grievances, including medical grievances; ○ Convening a grievance committee (or actions of a single designated grievance officer) to review formal complaints; and ○ Providing written responses to detainees who filed formal grievances, including the basis for the decision. Ensures a procedure in which all medical grievances are received by the administrative health authority within 24 hours or the next business day; Establishes a special procedure for time-sensitive, emergency grievances; Ensures each grievance receives supervisory review; Provides at least one level of appeal; Includes guarantees against reprisal; and Ensures information, advice, and directions are provided to detainees in a language or manner they can understand, or that interpretation/translation services are utilized. Illiterate, disabled, or non-English speaking detainees shall be provided additional assistance, upon request. 	Meets Standard	Written policy and procedures address all of the elements listed in this component. Detainees are provided information regarding the grievance system via the facility handbook and the National Detainee Handbook.
<p>2. Written procedures require that detainees are informed about the facility's informal and formal grievance system.</p>	Meets Standard	An informal and formal grievance process is outlined in policy and procedure. The grievance system is also explained in the detainee handbook.
<p>3. The grievance section of the handbook explains all steps in the grievance process.</p>	Meets Standard	A review of the current handbook indicated that the grievance process and the appeal procedures are explained; including the procedure to grieve against staff.

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4. Written procedures provide for the informal resolution of oral grievances.	Meets Standard	Written procedures outlined in the detainee handbook describe the informal grievance process. Informal resolution of oral grievances is encouraged. Detainees are allowed five days to make their grievances known to a staff member.
5. The facility administrator, or designee, shall allow a detainee to submit a formal, written grievance to a single designated grievance officer or the facility's grievance committee and shall be given the opportunity to obtain preparation assistance from another detainee or facility staff. Formal written grievances regarding medical care shall be submitted directly to medical personnel designated to receive and respond to medical grievances at the facility.	Meets Standard	All detainees have access to the grievance procedure through the grievance coordinator and may seek help when needed from other detainees or staff. The medical department receives and responds to all medical grievances.
6. Each facility shall implement written procedures for identifying and handling a time-sensitive emergency grievance that involves an immediate threat to a detainee's health, safety or welfare.	Meets Standard	Written policy addresses the identification and handling of emergency grievances. All personnel are trained on grievances. Per interviews of staff members, personnel know how to identify and handle emergency grievances.
7. All staff will be trained to appropriately respond to emergency grievances in an expeditious matter.	Meets Standard	
8. The facility's established grievance system protocol must provide for at least one level of appeal but may establish more than one. In all instances detainees must receive written decisions about their appeals within reasonable and specified time limits.	Meets Standard	
9. <u>PRIORITY:</u> Each facility shall devise a method for documenting detainee grievances, at a minimum, a Detainee Grievance Log. The documentation shall include the date of the grievance, nature of the grievance in detail, and the date the grievance was resolved. A copy of the grievance disposition shall be placed in the detainee's detention file and provided to the detainee. Medical grievances are maintained in the detainee's medical file.	Meets Standard	Review of the paper grievance log confirmed that it includes the documentation listed in this component. A copy of the grievance disposition is given to the detainee and one is placed in the detainee's detention or medical file, as applicable.
10. <u>PRIORITY:</u> Staff must forward all detainee grievances containing allegations of staff misconduct to a supervisor or higher-level official in the chain of command. While such grievances are to be processed through the facility's established grievance system, CDFs and IGSA facilities must also forward a copy of any grievances alleging staff misconduct to ICE/ERO.	Meets Standard	Policy requires staff to notify a supervisor immediately of any allegations of staff misconduct. ICE receives a written copy of the grievance.

11. Staff shall not harass, discipline, punish, or otherwise retaliate against a detainee who files a complaint or grievance or who contacts the Inspector General or the Office for Civil Rights and Civil Liberties.	Meets Standard	Policy and the handbook specify that staff shall not harass or punish detainees for filing a grievance.
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PART 6 – 35. GRIEVANCE SYSTEM – Reviewer Summary*(Use following format for dates: mm/dd/yyyy)***Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

There have been 36 grievances filed by ICE detainees in the past twelve months of which twelve were medical grievances. Medical grievances are immediately forwarded to medical personnel for resolution. The logs and grievance reports were compared and found to be accurate. The grievance program establishes the grievance process, protects detainee rights and ensures that detainees are treated fairly.

The grievance program is outlined in the detainee handbook. Informal grievances, formal grievances and appeals are handled in a timely manner and are well documented.

The facility has policy and procedures to address patterns of abuse of the grievance system; however, there has been no detainee abuse of the grievance system within the past twelve months. Employees attempt to resolve all informal oral grievances at the lowest level. If a grievance is resolved at the informal level, the grievance resolution is documented and placed in the detainee's detention file.

The detainee grievance log is subject to regular inspection by the local ICE office and ICE headquarters staff to evaluate compliance with the grievance standard and the associated grievances procedures; assessing the reasonableness of the final decisions; and to possibly generate data showing trends in the types of grievances, time frames for resolution and outcomes at the facility. The facility's grievance policy and procedures are reviewed during ICE/ERO initiated inspections.

This evaluation was based on review of policies and procedures, staff and detainee interviews and review of the grievance log. Detainees stated during interviews that employees address their concerns in a professional and respectful manner.

Overall Rating: Meets Standard**Reviewer Name (Printed)** (b)(6);(b)(7)(C)**Completion Date:** 1/7/2016**Reviewer Signature (for printed form submission):**

PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL (Key: AJ)

This Detention Standard protects detainees' rights by ensuring their access to courts, counsel, and legal materials.

Components	Rating	Remarks (1000 Char Max)
1. Each facility shall provide a properly equipped law library in a designated, well-lit room that is reasonably isolated from noisy areas and large enough to provide reasonable access to all detainees who request its use. It shall be furnished with a sufficient number of tables and chairs to facilitate detainees' legal research and writing.	Meets Standard	There is a law library work station located in each housing unit. The area is well lighted, reasonably quiet and furnished with an adequate amount of table space and chairs.
2. <u>PRIORITY</u> : Each detainee shall be permitted to use the law library for a minimum of five hours per week and may not be forced to forego his or her minimal recreation time to use the law library, consistent with the security needs of the institution and the detainee.	Meets Standard	Detainees are permitted to use the law library work station during any out of cell time.
3. <u>PRIORITY</u> : The law library shall provide an adequate number of computers with printers, access to one or more photocopiers and sufficient writing implements, paper, and related office supplies to enable detainees to prepare documents for legal proceedings. Typewriters, carbon paper, and correction tape may be substituted for computers and printers only if approved by ICE/ERO. Each facility administrator shall designate an employee to inspect the equipment at least weekly and ensure it is in good working order and to stock sufficient supplies.	Meets Standard	There are three computers with LexisNexis software installed and an associated printer in each general population housing unit. The segregation housing units each have one computer with LexisNexis installed and a printer. This is sufficient for the number of detainees that wish to use the law library area at any one time. Sufficient writing implements and paper are available. The assigned computer/records sergeant is responsible for ensuring that equipment is operational and supplies are replenished.
4. Detainees are provided with the means to save legal work in a private electronic format for future use.	Meets Standard	Detainees may save their legal work on a flash drive.
5. The facility subscribes to updating services where applicable and legal materials requiring updates are current.	Meets Standard	LexisNexis, updated in January 2016, is installed on the library computers and kept current.
6. Each facility administrator shall designate a facility law library coordinator to be responsible for updating legal materials, inspecting them weekly, maintaining them in good condition and replacing them promptly as needed.	Meets Standard	
7. <u>PRIORITY</u> : The law library contains all materials listed in the "Law Libraries and Legal Materials" Standard, Attachment A. As an alternative to obtaining and maintaining the paper-based publications in Attachment A, a facility may substitute the Lexis/Nexis publications on CD ROM. Any materials listed in Attachment A which are not loaded onto the Lexis/Nexis CD ROM must be maintained in paper form.	Meets Standard	The library's computer has a current and functioning LexisNexis program. The installed LexisNexis application includes the materials referenced in this component.

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8. The facility administrator must certify to the respective Field Office Director – and the Field Office Director must verify – that the facility provides detainees sufficient: Operable computers that are capable of running the Lexis/Nexis CEROM, Operable printers, Supplies for both, and Instructions for detainees on the basic use of the system.	Meets Standard	
9. Outside persons and organizations may submit published or unpublished legal material for inclusion in a facility's law library. If the material is in a language other than English, an English translation must be provided. Outside published material is forwarded and reviewed by the ICE prior to inclusion.	Meets Standard	
10. Detainees who require legal material not available in the law library may make a written request to the facility law library coordinator, who shall inform the Field Office of the request as soon as possible.	Meets Standard	Detainees may request legal material not available in the law library from a visiting ICE officer. If approved, the requests are addressed in a timely manner.
11. The facility shall ensure that detainees can obtain photocopies of legal material when such copies are reasonable and necessary for a legal proceeding involving the detainee.	Meets Standard	Detainees may obtain copies of legal materials upon request.
12. The facility permits detainees to assist other detainees, voluntarily and free of charge, in researching and preparing legal documents.	Meets Standard	Policy and the local handbook state that detainees may assist one another in researching or preparing legal documents. The assistance must be voluntary and free of charge.
13. Unrepresented illiterate or non-English speaking detainees who wish to pursue a legal claim related to their immigration proceedings or detention, and who indicate difficulty with the legal materials, must be provided with more than access to a set of English-language law books. To the extent practicable and consistent with the good order and security of the facility, all efforts will be made to assist disabled persons in using the law library.	Meets Standard	
14. The facility shall permit a detainee to retain all personal legal material upon admittance to the general population or Administrative Segregation or Disciplinary Segregation units, unless this would create a safety, security, or sanitation hazard. Stored legal materials are accessible within 24 hours of a written request.	Meets Standard	

Performance-Based National Detention Standards 2008 Inspection Worksheet for Over 72 Hour Facilities

15. Detainees housed in Administrative Segregation and Disciplinary Segregation units have the same law library access as the general population, unless compelling security concerns require limitations.	Meets Standard	Detainees in administrative and disciplinary segregation are permitted the same law library access as those in the general population, unless there is a threat to safety. Policy dictates that any denial or restriction of detainee law library access must be documented. No such restrictions or denials have occurred during the past twelve months.
16. Denial of access to the law library must be: <p align="center">Supported by compelling security concerns, For the shortest period required for security, Fully documented in the Special Management Unit housing logbook, and The reason should be documented and placed in the detention file.</p> The facility shall notify the Field Office every time access is denied and send a copy of the proper documentation.	Meets Standard	Policy states that all restrictions or denials of detainee law library access must be documented as required by this component. The basis for the action must be justifiable and the restriction must be for a limited period of time and periodically reviewed. Copies of the documentation must be sent to the ICE field office and placed in the detainee's detention file. There have been no such restrictions or denials in the past twelve months.
17. The facility shall provide assistance to any unrepresented detainee who requests a notary public, certified mail, or other such services to pursue a legal matter, if the detainee is unable do so through a family member, friend, or community organization.	Meets Standard	Staff will assist a detainee needing a document notarized, sending an item via certified mail or with other such services in pursuit of a legal matter.
18. Staff shall not permit a detainee to be subjected to reprisals, retaliation, or penalties because of a decision to seek judicial or administrative relief or investigation of any matter.	Meets Standard	Policy specifically prohibits negative actions towards detainees pursuing their legal options.

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

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

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

Law library and legal materials are handled in accordance with this standard. The facility has procedures in place that effectively prevent detainees from damaging, destroying or removing equipment, materials or supplies from the law library. Staff accommodates detainee requests for additional law library time to the extent that is consistent with the orderly and secure operation of the facility; with special priority given to such requests from a detainee who is facing a court deadline. The facility provides indigent detainees with free envelopes and stamps for mail related to a legal matter, including correspondence to a legal representative, a potential legal representative or any court. Requests to send international mail are honored as is reasonable. The detainee handbook outlines the rules and procedures governing access to legal materials and the procedures are also posted in the law library along with a list of the law library's holdings.

Detainees have access to computers in their housing units and are permitted to store information on a flash drive. Detainees held in special housing have the same law library privileges as those held in the general population.

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Evaluation of this standard included review of policy; observation of the law library and the special management units; and interviews with detainees, ICE and facility staff members.

Overall Rating: Meets Standard

Reviewer Name (Printed) (b)(6);(b)(7)(C)

Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

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

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

Standard N/A

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

Components	Rating	Remarks (1000 Char Max)
1. If upon notification by the Field Office Director that a group presentation on legal rights has been approved, the facility administrator shall telephone the listed contact person to arrange a mutually acceptable date and time for the presentation according to the standard.	N/A	
2. PRIORITY: At least 48 hours before a scheduled presentation, facility staff shall in each housing unit prominently display the informational posters provided by the presenter, and provide a sign-up sheet for detainees who plan to attend. The facility shall ensure that presentations are open to all detainees, regardless of the presenter's intended audience, except when a particular detainee's attendance would pose a security risk. If a detainee in segregation cannot attend for this reason, facility staff shall make alternative arrangements, if the detainee or the presenter so request.	N/A	
3. One or more legal assistants may help with a presentation.	N/A	
4. The presenters ordinarily will have at least one hour for the presentation and additional time for a question-and-answer session ICE/ERO and/or facility staff may observe and monitor presentations, assisted by interpreters as necessary. ICE/ERO and facility personnel will not interrupt a presentation, except for security purposes or if the allotted time has expired.	N/A	
5. If approved in advance by ICE/ERO, presenters may distribute brief written materials that inform detainees of U.S. immigration law and procedure. The request for approval of a presentation must list any published or unpublished materials proposed for distribution, and the requestor must provide a copy of any unpublished material, with a cover page.	N/A	
6. Following a group presentation, the facility shall permit presenters to meet with small groups of detainees to discuss their cases as long as meetings do not interfere with facility security and orderly operations.	N/A	

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<p>7. The facility may discontinue or temporarily suspend group presentations by any or all presenters, if they:</p> <p>Pose an unreasonable security risk;</p> <p>Interfere substantially with the facility's orderly operation;</p> <p>Deviate materially from approved presentation material, procedures or presenters; or if</p> <p>The facility is operating under emergency conditions.</p>	N/A	
<p>8. <u>PRIORITY:</u> If ICE/ERO approves an electronic presentation submitted by qualified individuals or organizations, the facility shall provide regularly scheduled and announced opportunities for detainees in the general population to view or listen to the electronic presentation(s).</p> <p>Each facility shall present only ICE/ERO-approved electronic presentations on detainee legal rights.</p>	N/A	
<p>9. The facility shall maintain electronically-formatted presentations and equipment in good condition.</p>	N/A	

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

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

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

There have been no legal rights group presentations in the past twelve months.

Overall Rating: N/A

Reviewer Name (Printed): (b)(6);(b)(7)(C)

Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

Section VII: ADMINISTRATION & MANAGEMENT

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

PART 7 – 38. DETENTION FILES (Key: AL)

This Detention Standard contributes to efficient and responsible facility management by maintaining for each detainee booked into a facility for more than 24 hours a file of all significant information about that person.

Components	Rating	Remarks (1000 Char Max)
1. For every new arrival whose stay will exceed 24 hours, a designated officer shall create a detainee detention file.	Meets Standard	Per policy, a detention file is created for each new arrival during the admissions process.
2. The detainee detention file contains either originals or copies of documentation and forms generated during the admissions process.	Meets Standard	Detention files contain documents and forms pertinent to each detainee generated during the admissions process, except for medical information.
3. The detention files are located and maintained in a secured area.	Meets Standard	The detention files are maintained in a secure room behind two locked doors and are accessed only by authorized personnel.
4. Each detention file remains active during the detainee's stay. When the detainee is released from the facility, staff add copies of completed release documents, the original closed-out receipts for property and valuables, the original I-385 or equivalent and other documentation.	Meets Standard	
5. At a minimum, a logbook entry recording the file's removal from the cabinet shall include: The detainee's name and A-File number; Date and time removed; Reason for removal; Signature of person removing the file, including title and department; Date and time returned; and Signature of person returning the file.	Meets Standard	Files are logged out and in by records office staff. All requirements of this component are contained in the logbook and the logbook is up to date.
6. Electronic record-keeping systems and data are protected from unauthorized access.	Meets Standard	

PART 7 – 38. DETENTION FILES – Reviewer Summary

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

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

Detention files are handled in accordance with this standard. Procedures are in place to ensure that intake officers always have necessary supplies and that equipment is maintained in good working order, including photocopier(s) and paper. The equipment has the capacity to handle the volume of work generated. The officer closing the detention files makes a notation that the file is closed and ready for archiving. The closed file is not transferred with the detainee to another facility. Detention files are handled in accordance with the provisions of the Privacy Act and records are only released following those guidelines.

The evaluation of this standard was based on the observation of the intake area where the detention files are maintained, interviews with facility and ICE personnel and a review of archived detention files.

Overall Rating: Meets Standard

Reviewer Name (Printed) (b)(6);(b)(7)(C)

Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

PART 7 – 39. NEWS MEDIA INTERVIEWS AND TOURS (Key: AM)

This Detention Standard ensures that the public and the media are informed of events within the facility's areas of responsibility through interviews and tours.

Components	Rating	Remarks (1000 Char Max)
1. Interviews by reporters, other news media representatives, academics and parties not included in other visitation categories in the Detention Standard on Visitation shall be permitted access to facilities only by special arrangement and with prior approval of the respective ICE/ERO Field Office Director.	Meets Standard	The field office must approve all news media interviews.
2. News media organizations shall abide by the policies and procedures of the facility being visited or toured. Media representatives must obtain advance permission from the facility administrator and FOD before taking photographs in or of any facility. The facility administrator shall advise both media representatives and detainees that use of any detainee's name, identifiable photo, or recorded voice requires his or her prior permission.	Meets Standard	All news media representatives must receive advance permission from the OIC, ICE and the detainee prior to interviewing a detainee, taking photographs or making electronic recordings. Media personnel must abide by facility policy.
3. Media representatives shall obtain a signed release from the detainee before photographing or recording his or her voice. The original of the form is to be filed in the detainee's A-file with a copy in the facility's Detention File.	Meets Standard	
4. When the alien is the center of a controversy or of a special interest or high profile case, the Field Office Director shall consult with the Headquarters Deputy Assistant Director, Detention Management Division, before deciding whether to allow the interview.	Meets Standard	Per ICE personnel, headquarters officials will be consulted regarding any issues concerning the case of a high profile detainee.
5. A press pool may be established when the Field Office Director and facility administrator determine that the volume of interview requests warrants such action. The facility administrator shall notify all media representatives with pending or requested interviews, tours, or visits that, effective immediately and until further notice, all media representatives must comply with the press pool guidelines established by the Field Office Director.	Meets Standard	

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

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

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

News media interviews and tours are handled in accordance with this standard. The facility has procedures in place that provide a location conducive to the interviewing activity, consistent with security and good order. There are written policy and procedures that ensure that a media request does not delay or otherwise interfere with the admission in-processing or departure of a detainee.

During the evaluation of this standard, policy and procedures were reviewed; and an ICE officer interviewed.

Performance-Based National Detention Standards 2008 Inspection Worksheet for Over 72 Hour Facilities

Overall Rating: Meets Standard		
Reviewer Name (Printed):	(b)(6);(b)(7)(C)	Completion Date: 1/7/2016
Reviewer Signature (for printed form submission):		

PART 7 – 40. STAFF TRAINING (Key: AN)

This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.

Components	Rating	Remarks (1000 Char Max)
1. The facility conducts appropriate orientation, initial training, and annual training for all staff, contractors, and volunteers with appropriate assessment measures.	Meets Standard	All employees, contractors and volunteers must participate in initial orientation and annual refresher training sessions.
2. The amount and content of training is consistent with the duties and function of each individual and the degree of direct supervision that individual receives.	Meets Standard	Personnel are trained in accordance with their job duties and functions within the scope of facility operations.
3. At least one qualified individual with specialized training for the position coordinates and oversees the staff development and training program. At a minimum, full-time training personnel complete a 40-hour training-for-trainers course.	Meets Standard	The training officer was recently promoted to his position and is scheduled for a training-for-trainers course in January 2016. A lieutenant supervising the training program has successfully completed a forty-hour training-for-trainers course.
4. Training is governed and guided by a training plan that is reviewed and approved annually by the facility administrator.	Meets Standard	The training curriculum is reviewed annually and approved by the OIC.
5. Training shall be conducted by trainers certified in the subject matter.	Meets Standard	
6. Each trainee shall be required to pass a written or practical examination to ensure the subject matter has been mastered.	Meets Standard	The training curriculum requires that each attendee demonstrate competency by passing written examinations covering the coursework.
7. The formal training received by each trainee shall be fully documented in permanent training records.	Meets Standard	Training files are maintained by the training officer and are established for each employee.

<p>8. Each new employee, contractor, and volunteer is provided an orientation prior to assuming duties. While tailored specifically for staff, contractors, and volunteers, the orientation programs include, at a minimum:</p> <ul style="list-style-type: none"> ICE/ERO National Detention Standards Working conditions Cultural diversity for understanding staff and detainees Requirements of special-needs detainees Code of ethics Personnel policy manual Employees' rights and responsibilities Drug-free workplace Health-related emergencies Signs of suicide risk, suicide precautions, prevention, and intervention Hunger strikes Use of force Key and lock control 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 Hostage situations and staff conduct if taken hostage Program overview. 	<p>Meets Standard</p>	
<p>9. Clerical/support employees who have minimal detainee contact receive the facility initial training and training specific to their job duties.</p>	<p>Meets Standard</p>	<p>Clerical/support employees complete an initial training specific to their job duties prior to beginning work.</p>

<p>10. Professional and support employees (including contractors) who have regular or daily detainee contact will receive training on the following subjects, at a minimum:</p> <ul style="list-style-type: none"> ICE/ERO National Detention Standards update Security procedures and regulations Code of Ethics Health-related emergencies Drug-free workplace Supervision of detainees Signs of hunger strike Signs of suicide risk, suicide precautions, prevention, and intervention Use-of-force regulations and tactics Hostage situations and staff conduct if taken hostage Report writing Detainee rules and regulations Key and lock control Rights and responsibilities of detainees Safety procedures Emergency plan and procedures Interpersonal relations Social and cultural lifestyles of the detainee population Cultural diversity for understanding staff and detainees Communication skills Cardiopulmonary resuscitation (CPR)/First aid Counseling techniques Sexual harassment and sexual misconduct awareness 	<p>Meets Standard</p>	<p>A review of the training curriculum and training files indicated that the training addresses all the elements in this component.</p>
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<p>11. Full-time health care employees receive at least 40 hours of formal orientation before undertaking their assignments. In addition to the training areas above, the health-care employee orientation program includes instruction in the following:</p> <ul style="list-style-type: none"> ICE/ERO National Detention Standards update The purpose, goals, policies, and procedures for the facility and parent agency security and contraband regulations Key and lock control; appropriate conduct with detainees Medical grievance procedures and protocols Emergency medical procedures Requirements of special-needs detainees Code of ethics Drug-free workplace Responsibilities and rights of employees Standard precautions Occupational exposure Personal protective equipment Bio-hazardous waste disposal Overview of the detention operations Hostage situations and staff conduct if taken hostage 	<p>Meets Standard</p>	<p>All full-time health care employees receive a minimum of forty hours of training that includes all of the listed items in this component. Documentation and interviews support that the training was occurring.</p>
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Performance-Based National Detention Standards 2008 Inspection Worksheet for Over 72 Hour Facilities

<p>13. Security personnel (including contractors) will receive training on the following subjects, at a minimum:</p> <ul style="list-style-type: none"> ICE/ERO National Detention Standards update Security procedures and regulations Supervision of detainees Searches of detainees, housing units, and work areas Signs of suicide risk, suicide precautions, prevention, and intervention Indicators of hunger strike Code of Ethics Health-related emergencies Drug-free workplace Self-defense techniques Use-of-force regulations and tactics Hostage situations and staff conduct if taken hostage Report writing Detainee rules and regulations Key and lock control Rights and responsibilities of detainees Safety procedures Emergency plans and procedures Interpersonal relations Social/cultural lifestyles of the detainee population Cultural diversity for detainees and staff Communication skills Cardiopulmonary resuscitation (CPR) and first aid Counseling techniques Sexual abuse and assault awareness 	<p align="center">Meets Standard</p>	<p>All security personnel are provided training prior to assuming their duties. Security contractors are not used at this facility. The training includes all of the items listed in this component.</p>
<p>14. Situation Response Teams (SRTs) receive:</p> <ul style="list-style-type: none"> Specialized training before undertaking their assignments. 	<p align="center">N/A</p>	<p>The facility does not have a situation response team.</p>
<p>15. Facility management and supervisory staff receive Management and Supervisory training.</p>	<p align="center">Meets Standard</p>	

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16. PRIORITY: Personnel authorized to use firearms receive training that covers their use, safety, and care and constraints on their use – before being assigned to a post involving their possible use. All personnel authorized to use firearms demonstrate competency in their use at least annually.	Meets Standard	All personnel authorized to use firearms receive training in the use, safety and care of firearms and on constraints on their use prior to being assigned to an armed post. Personnel authorized to use firearms are required to demonstrate competency in their use semi-annually.
17. PRIORITY: Personnel authorized to use chemical agents receive training in the use of chemical agents and in the treatment of individuals exposed to a chemical agent before being assigned to a post involving their possible use.	Meets Standard	All employees authorized to use chemical agents receive initial training in the use of chemical agents and in the decontamination of individuals exposed to a chemical agent prior to being assigned to a post involving their possible use.

PART 7 – 40. STAFF TRAINING – Reviewer Summary

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

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

The facility maintains a comprehensive training plan that ensures personnel are properly trained and competent in their assigned duties. Training records document the training that is provided.

Before assuming duties, each new employee is provided appropriate orientation as required. Correctional staff must complete a five week training orientation program. All employees receive annual training as required. The amount and content of the training is consistent with the duties and function of each individual. Per the assistant OIC and training officer, the firearms instructor provides a list to the OIC identifying any employee who has not been recertified in firearms proficiency. Those individuals are immediately removed from being assigned to any armed post and are not allowed to be issued a weapon. Policy and practice address all areas required by the detention standard.

The evaluation of this standard was based on a review of policies and procedures, lesson plans, and rosters; onsite observations; employee interviews; and a review of personnel training records.

Overall Rating: Meets Standard

Reviewer Name (Printed)

(b)(6);(b)(7)(C)

Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

PART 7 - 41. TRANSFER OF DETAINEES (Key: AO)

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

Components	Rating	Remarks (1000 Char Max)
<p>1. Facility policy mandates that:</p> <p>Times and transfer plans are never discussed with the detainee prior to transfer.</p> <p>The detainee is not notified of the transfer until immediately prior to departing the facility.</p> <p>The detainee is not permitted to make any phone calls or have contact with any detainee in the general population.</p>	Meets Standard	Policy establishes procedures addressing each of the items listed in the component.
2. A detainee may not be removed from any facility without a Form I-203 or I-203A or equivalent authorizing the removal of the detainee the facility.	Meets Standard	I-203 forms authorize all detainee removals.
3. The facility health care provider shall be notified sufficiently in advance of the transfer that medical staff may determine and provide for any associated medical needs.	Meets Standard	
<p>4. The sending facility's medical staff shall prepare a Transfer Summary that must accompany the transferee. Either the USM 553 Form or a facility-specific form may be used, provided it shows:</p> <p>TB clearance, including PPD and Chest x-ray results, with the test dates;</p> <p>Current mental and physical health status, including all significant health issues;</p> <p>Current medications, with specific instructions for medications that must be administered en route; and</p> <p>The name and contact information of the transferring medical official.</p>	Meets Standard	Medical personnel prepare a transfer summary that includes all of the listed information.
5. Transportation staff may not transport a detainee without the required Transfer Summary, which is essential for detainee safety while in transit.	Meets Standard	Transferring detainees are accompanied by a transfer summary.
<p>6. Medical staff shall notify the facility administrator when they determine that a detainee's medical or psychiatric condition requires:</p> <p>Clearance by the medical staff prior to transfer, or</p> <p>Medical escort during transfer.</p>	Meets Standard	Medical personnel make these notifications telephonically, with follow-up email communication.

Performance-Based National Detention Standards 2008 Inspection Worksheet for Over 72 Hour Facilities

<p>7. PRIORITY: Prior to transfer, medical personnel shall provide the transporting officers instructions and, if applicable, medication(s) for the detainee's care in transit.</p> <p>Detainees shall be transferred with, at a minimum, 7 days worth of prescription medications (TB medications, a 15 days supply) to ensure continuity of care throughout the transfer and subsequent intake process.</p> <p>Medications shall be:</p> <ul style="list-style-type: none"> Placed in a property envelope with the detainee's name and A-number on it, Accompany the transfer, and If unused, be turned over to an officer at the receiving Field Office. 	<p align="center">Meets Standard</p>	<p>All the elements of this component are satisfied through policy and/or practice.</p>
<p>8. Before transfer, the sending facility shall return all funds and small valuables to the detainee and close out all forms G-589 (or local IGSA funds and valuables receipts) in accordance with the Detention Standard on Funds and Personal Property.</p>	<p align="center">Meets Standard</p>	<p>Personal property, valuables and funds are returned to detainees prior to their transfer from the facility. Transfers are conducted in accordance the items referenced in the component.</p>
<p>9. Within 24 hours of arrival at the final transfer destination all detainees should be given the opportunity to make a phone call. Any indigent detainee shall be permitted a single domestic phone call at the Governments expense, ordinarily using a PCS Emergency Card or equivalent.</p>	<p align="center">Meets Standard</p>	

PART 7 - 41. TRANSFER OF DETAINEES – Reviewer Summary

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

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

Transfers are approved and facilitated with consideration for the safety and security of the staff, detainees and the public. Policy and procedures address notifications, detainee records and the protection of detainee funds and property. ICE officers informed the inspector that the local field office that indigent detainees are transferred to will authorize a single domestic phone call at the government's expense upon arrival at their final destination. Non-indigent detainees have access to make calls at their own expense pursuant to the Telephone Access standard.

To evaluate this standard, policies relevant to detainee transfers were reviewed; ICE and facility personnel were interviewed; and ICE detainee transfer forms were examined.

Overall Rating: Meets Standard

Reviewer Name (Printed): (b)(6);(b)(7)(C)

Completion Date: 1/7/2016

Reviewer Signature (for printed form submission):

DOCUMENT CHECK

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

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

Review Document Issue Summary		Ratings check complete.			
Check Document:	Run Check	Error(s) Found:	0	Items Not Rated:	0
Errors: <div style="border: 1px solid black; padding: 5px; min-height: 150px;"> No Errors Found </div>					
Items Not Rated: <div style="border: 1px solid black; padding: 5px; min-height: 300px;"> All Items Rated </div>					

Run Indicator: ☒