

**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 2011 Inspection Worksheet  
for Over 72 Hour Facilities****REVIEW TEAM USE: (Edits Permitted, ALL FIELDS REQUIRED)**

<b>Facility Information</b>			
Facility Name: Pine Prairie Correctional Center		Review Purpose: Annual	
Facility Type: IGSA Intergovernmental Service Agreement (IGSA), ICE Service Processing Center (SPC), ICE Contract Detention Facility (CDF)			
Address:	1133 Hampton Dupre Road		
City: Pine Prairie	State: LA	Zip: 70576	
County:	Evangeline		
CEO Name:	(b)(6);(b)(7)(C)	CEO Title: Warden	
<b>Review Information</b> (Use following format for dates: mm/dd/yyyy)			
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Error(s) Found:	0	Items Not Rated:	0

**ICE HQ USE ONLY: (DO NOT EDIT\*)**

Form Name: G324A_PBNDS	Form Key: 8	Form Date: 11/14/2012	
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\*If Edits are required, contact ICE HQ for an updated form.

**FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)**

G-324A (Coded 10122010) Detention Review Worksheet - Rev: 11/14/2012 - Form Key 8

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## ***INTRODUCTION TO THE G324A OVER 72 HOUR FACILITY DETENTION REVIEW WORKSHEETS***

The revised Performance-Based National Detention Standards (PBNDS 2011) 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 standards build on the requirements of PBNDS 2008 to improve medical and mental health services, increase access to legal services and religious opportunities, improve communication with detainees with limited English proficiency, improve the process for reporting and responding to complaints, and increase recreation and visitation. The PBNDS 2011 follows the overall structure and organization of the PBNDS 2008, but adds one additional standard to Section 4 on Women's Medical Care, and applies certain italicized requirements to dedicated inter-governmental service agreement (IGSA) facilities, in addition to service processing centers (SPCs) and contract detention facilities (CDFs).

### **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 2011. 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)**

**STANDARD 1.1. EMERGENCY PLANS** (Key: A)

This detention standard ensures a safe environment for detainees and employees by establishing contingency plans to quickly and effectively respond to emergency situations and to minimize their severity.

Components	Rating	Remarks (1000 Char Max)
1. Staff are trained to identify signs of detainee unrest.	Meets Standard	Officers receive initial orientation and annual training in identifying and reporting signs of detainee unrest.
2. All staff receive training in emergency preparedness during their initial orientation, and training on the facility's emergency plans at least annually.	Meets Standard	Training in emergency preparedness is provided to all employees during initial orientation 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	Emergency plans are in place to respond to a wide array of emergency situations. The evacuation plan was approved on 03/18/2016 by the Louisiana State Fire Marshal and is reviewed and updated annually or as required.
4. Contingency plans shall include procedures for handling special needs detainees during an emergency or evacuation.	Meets Standard	
5. The facility administrator shall notify facility staff in a timely manner when changes are made to the emergency plan.	Meets Standard	
6. <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	At this IGSA, a review of documentation confirmed that contingency plans have been developed with local, state and federal law enforcement agencies. Up-to-date MOUs are maintained and included in the plans. The OIC reviews and approves contingency plans at least annually. The plans were last reviewed on 03/28/2016.
7. Every plan that is being developed or is final must include a statement prohibiting unauthorized disclosure.	Meets Standard	
8. 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	The emergency plans address each of the topics referenced in this component.
9. <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	At this IGSA, the command post is located outside the secure perimeter. It is equipped in accordance with the emergency

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		plan standard.
10. At least one video camera shall be maintained in the Control Center for use in emergency situations.	Meets Standard	Two video cameras are assigned to the restrictive housing unit (RHU) and one is assigned to central control center for use in emergencies.
11. Emergency plans include emergency medical treatment for staff and detainees during and after an incident.	Meets Standard	Emergency plans cover the provision of medical treatment for personnel and detainees during and after an incident.
12. 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	
13. The plan shall include post-emergency procedures.	Meets Standard	
14. 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 If needed, other site-specific plans	Meets Standard	A review of documentation confirmed that written procedures have been developed for each of the contingencies required by this component.

<b>STANDARD 1.1. EMERGENCY PLANS – Reviewer Summary</b> <i>(Use following format for dates: mm/dd/yyyy)</i>
<p><b>Overall Remarks:</b> <i>(Record significant facts, observations, other sources used, etc.)(5000 Character Max)</i></p> <p>A review of documentation, interviews with personnel and onsite observations confirmed that the facility ensures a safe environment for detainees and personnel by having contingency plans in place to effectively respond to any emergency situation and to minimize its severity. Personnel interviewed were knowledgeable of the emergency plans and their individual responsibilities.</p> <p>The facility takes preventive action by monitoring the climate through the alertness of personnel. All personnel are trained to watch for signs of tension among the detainee population, such as a spike in the number of detainee requests and incident reports; sullen, restless and short tempered behavior; or detainees avoiding contact with staff members. Interviews with personnel confirmed that they understand that quick, decisive action can prevent the start or spread of a disturbance.</p>



The OIC is responsible for developing and implementing these plans when an emergency situation occurs. Reviews of plans are conducted annually, with participation from every department. Annual reviews and approval of the plans are recorded on the master copy of the emergency plan file, even if the review resulted in no changes. Three master copies of the emergency plans are maintained by the OIC, central control center and the emergency command post. All plans are confidential and all personnel are prohibited from discussing any aspect of the plans within hearing distance of a detainee, visitor or anyone else not authorized to access the plans.

General requirements for emergency plans implementation include policy and procedure for alternative means of reaching the facility for emergency personnel if the main approach becomes dangerous or inaccessible; how and when staff notify nearby residents/businesses of the situation, including type of emergency, actions being taken, evacuation routes if applicable, and special precautions; 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:** 4/21/2016

**Reviewer Signature (for printed form submission):**

**STANDARD 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: American Correctional Association, Occupational Safety and Health Administration, Environmental Protection Agency, Food and Drug Administration, National Fire Protection Association's Life Safety Code, and National Center for Disease Control and Prevention.	Meets Standard	The facility is constructed and maintained to meet applicable codes contained in the component. The Louisiana State Fire Marshal's Office inspection reports were reviewed during the inspection.
2. A housekeeping plan will be developed for detainee living areas noted in the standards. The facility appears clean and well maintained.	Meets Standard	
3. The facility has a system for storing, issuing, and maintaining inventories of hazardous materials.	Meets Standard	Policy and procedures outline a means for the storage, issuing and maintaining inventories of hazardous materials.
4. The Maintenance Supervisor or facility administrator designee shall compile: 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.).	Meets Standard	Master copies of Material Safety Data Sheets (MSDSs) are maintained in the safety office and maintenance department. The documentation includes the three 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 available for use with hazardous materials. Policy requires that hazards and spills be reported to the safety office.
6. The MSDS are readily accessible to staff and detainees in the work areas.	Meets Standard	Copies of MSDS are maintained in work and housing areas where hazardous materials are stored. They are accessible to detainees and personnel if needed.
7. Hazardous materials are always issued under proper supervision.	Meets Standard	
8. All toxic and caustic materials stored in their original containers in a secure area.	Meets Standard	

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9. Excess flammables, combustibles, and toxic liquids are disposed of properly in accordance with MSDS.	Meets Standard	Flammable, combustible and toxic liquids are stored outside the secure perimeter of the facility and disposed of in accordance with MSDS instructions.
10. The facility program will be supervised by a person who has been trained in accordance with OSHA standards.	Meets Standard	The facility has an assigned safety officer who has attended an approved safety officer training program consistent with the OSHA standards.
11. <u>PRIORITY</u> : A qualified departmental staff member shall conduct weekly fire and safety inspections.	Meets Standard	The safety officer conducts weekly fire and safety inspections.
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	
14. <u>PRIORITY</u> : The facility has an approved fire prevention, control, and evacuation plan.	Meets Standard	The fire prevention, control and evacuation plan was approved by the Louisiana State Fire Marshal's Office on 03/18/2016.
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 prevention, control and evacuation plan includes the elements listed in this component.
16. Fire drills are conducted and documented quarterly in all facility locations including the administrative area.	Meets Standard	During the inspection period, comprehensive fire drills of all areas were completed quarterly.
17. <u>PRIORITY</u> : 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 is performed monthly through a contract service with J&J Exterminating, Crowley, LA. It includes monthly inspections to identify and eradicate rodents, insects and vermin. The service includes a preventative spraying program for indigenous insects.

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18. At least annually, a state laboratory shall test samples of drinking and wastewater to ensure compliance with applicable Standards.	Meets Standard	Water and wastewater is tested annually by a Louisiana Department of Public Health laboratory. The most recent water test results available were from 12/14/2015.
19. Emergency power generators are tested as required by emergency plans and manufacturer's recommendations.	Meets Standard	Facility maintenance personnel conduct weekly testing of the emergency power systems. Periodic inspections and service are conducted by Mid-South Cummins, Lake Charles, LA.
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 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	Established cleaning and inspection schedules are maintained, including use of cleaners and disinfectants.
22. (Medical Operations) Spill kits are readily available.	Meets Standard	Spill kits are maintained in the maintenance and medical departments, making them readily available.
23. (Medical Operations) A licensed medical waste contractor disposes of infectious/bio-hazardous waste.	Meets Standard	Medical waste is disposed of through a contract with Stericycle, Inc., Kenner, LA.
24. (Medical Operations) Staff are trained to prevent contact with blood and other body fluids and written procedures are followed.	Meets Standard	Prevention of contact with blood and body fluid training is provided to personnel annually.
25. (Medical Operations) The Health Services Administrator conducts medical-facility inspections daily.	Meets Standard	The health services administrator conducts medical facility inspections. Inspections include conditions of walls/floors, equipment and surfaces.
26. The facility administrator designee 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 safety officer and health services administrator are responsible for conducting investigations and surveys of environmental health concerns or conditions.

**Performance-Based National Detention Standards 2011 Inspection Worksheet for Over 72 Hour Facilities**

27. The facility administrator designee for environmental health is responsible for developing and implementing policies, procedures, and guidelines for the environmental health program.	Meets Standard	The safety officer and health services administrator are responsible for developing and implementing policies and procedures that outline the environmental health and safety program.
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**STANDARD 1.2. ENVIRONMENTAL HEALTH AND SAFETY – Reviewer Summary**

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

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

The facility has created an environmental health and safety policy and procedure to protect detainees, personnel, contractors and volunteers from injury and illness by maintaining high facility standards of cleanliness and sanitation. It includes safe work practices, the control of hazardous substances and a comprehensive fire prevention, control and evacuation plan. The facility is clean and maintained by personnel having knowledge of facility operations and emergency plans. Comprehensive environmental health and safety, emergency and fire plans are in place, and personnel are instructed and trained on response. 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 health services administrator and safety officer are responsible for developing and implementing environmental health and safety policies, procedures and guidelines for the environmental health program that evaluates and eliminates or controls as necessary, sources of injuries and modes of transmission of diseases and poor sanitation. 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. Cleaning supplies are utilized for all cleaning purposes and manufacturer recommendations and directions are followed. Garbage and refuse are 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 regulatory requirements.

Medical cleaning procedures include daily infirmary cleaning, isolation cleaning, blood and body fluid clean-up and the use of disinfectants. Infectious waste is clearly labeled and doubled-bagged. Standard precautions are followed by personnel when handling untreated infectious waste. Items that pose a security risk, such as sharp instruments, syringes, needles and scissors, are inventoried every shift by designated medical personnel.

A review of training files indicated that individuals who use hazardous substances are trained and knowledgeable of prescribed precautions. Protective equipment is available as required and 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 outside the secure perimeter. The safety officer compiles a master index of all hazardous substances in the facility including locations and a master file of all MSDS. The master index includes a comprehensive, up-to-date list of emergency phone numbers. Hazardous substances are diluted and issued by staff members in the smallest increments and only employees handle these substances. Chemical storage area inventories were accurate. Automated dispensers are used to distribute or dilute full strength chemicals.

The facility has a barbershop located in a dedicated room that is not used for any other purpose. The floors are smooth, nonabsorbent and easily cleaned. The walls and ceiling are in good repair and painted in a light color. The lavatory had both hot and cold running water and sanitation regulations were conspicuously posted on the walls. The barbershop had all the facilities necessary for maintaining sanitary procedures for hair care.

During the evaluation of this standard, policy and the standard were reviewed; employees and detainees were interviewed; and MSDS master and storage site files were inspected. The facility has a system to control hazardous materials safely. Visual observation of the facility reflected clean, safe and orderly conditions.

**Overall Rating:** Meets Standard

<b>Reviewer Name (Printed)</b>	(b)(6);(b)(7)(C)	<b>Completion Date:</b> 4/21/2016
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Reviewer Signature (for printed form submission):

**STANDARD 1.3. TRANSPORTATION (BY LAND)** (Key: C)

This detention standard prevents harm to the general public, detainees, and staff by ensuring that vehicles used for transporting detainees 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	The OIC has established a written policy which contains 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 all annual vehicle inspections is kept on file in the transportation manager's 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).	Meets Standard	
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 transportation manager maintains records for each vehicle operator. These records contain each of documents required by this component.
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 and at the end of each detail and documentation of the inspection is maintained in the transportation manager's office.
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	
9. Policies and procedures are in place addressing the use of restraining equipment on transportation vehicles.	Meets Standard	
10. Vehicles used for transporting detainees include equipment appropriate and necessary for transporting detainees with disabilities and special needs.	Meets Standard	In the event it becomes necessary to transport a detainee with disabilities and/or special needs, a specially equipped van would be provided by another ICE facility.

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11. Meals are provided during long distance transfers. The meals meet the minimum dietary standards, as identified by dietitians utilized by ICE.	Meets Standard	
12. The facility administrator shall establish the procedures and schedule for sanitizing facility vehicles.	Meets Standard	
13. Personal property of a detainee transferring to another facility: Is inventoried. Is inspected. Accompanies the detainee.	Meets Standard	Policy and practice address the three items listed in this component.
14. Except in emergency situations, a single transportation staff member may not transport a single detainee of the opposite gender. Minors shall be separated from unrelated adults at all times during transport and seated in an area of the vehicle near officers and under their close supervision.	Meets Standard	Policy and practice address each of the issues noted in this component. Minors are not housed or transported by this facility.

**STANDARD 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)*

Review of policy and procedures and interview with the transportation manager confirmed that the facility ensures that vehicles used for transporting detainees are properly equipped, maintained and operated. Documentation confirmed that detainees are transported in a secure safe and humane manner under the supervision of trained personnel with the required qualifications.

The transportation manager has overall responsibility for all aspects of vehicle operations. All written materials provided to detainees are translated into Spanish. A certified language interpreter service is available for use by personnel to interpret for detainees speaking any language. Supervisory personnel confirmed that staff interpreters are used when necessary.

Policy requires transport officers to secure a vehicle before leaving it unattended, including removing keys from the ignition immediately upon parking the vehicle. Officers are instructed to avoid parking in a spot where the vehicle may attract undue attention or be vulnerable to vandalism or sabotage. If a parking area with adequate security cannot be located, transport officers are instructed to contact the central control center and local law enforcement agencies for advice or permission to use one of their parking areas.

All officers transporting ICE detainees are required to wear their prescribed uniforms unless other attire is authorized by the OIC. Every transporting officer is issued and instructed to wear a protective vest while participating in the transportation of detainees. Officers ensure that when vehicles are equipped with seatbelts, detainees are properly secured before the transport begins.

Policy requires that the intake officer check records and ascertain if the detainee has a criminal history, is dangerous or has an escape record. Any information of an adverse nature shall be clearly indicated on the G-391 and the escorting officers shall be advised to take the necessary precautions.

Policy requires that officers ask each detainee whether he has in his possession all funds, valuables and other personal property listed on the detainee's property inventory form. If a detainee answers "yes," he may board the vehicle.

Policy requires an armed officer be posted whenever detainees enter or exit a vehicle outside a secure area. A complete set of keys for every lock located in or on the vehicle travels with the vehicle at all times, in a secure place known to every transporting officer. An armed officer may not enter the secure area of the vehicle. If he/she must enter that area, the



Performance-Based National Detention Standards 2011 Inspection Worksheet for Over 72 Hour Facilities

officer shall first leave the weapon(s) with another officer for safekeeping or, if the vehicle is equipped with weapons lockers, in a locker.

Policy requires assigned transportation staff to search a detainee of the opposite sex only in extraordinary circumstances and only when a same gender officer is not available. When transporting detainees of the opposite gender, an assigned transportation staff member calls in their time of departure and odometer reading; and then does so again upon arrival to account for their time.

**Overall Rating:** Meets Standard

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

**Completion Date:** 4/21/2016

**Reviewer Signature (for printed form submission):**

## ***Section II: SECURITY***

**Admission and Release  
Custody 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**

**STANDARD 2.1. 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 in-process screening, assessment, documentation and orientation requirements for newly arrived detainees.
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 upon arrival. Property is searched and inventoried and placed in storage. Detainees receive receipts for property and funds.
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	Medical screenings are performed by medical staff. Screenings are conducted to protect the health of the detainees and others in the facility. Prior to the detainee being placed in the general population, the detainee is given the opportunity to shower and is issued clean clothing, bedding, towels and personal hygiene items.
5. The facility shall comply with applicable federal laws to provide reasonable accommodations for detainees with disabilities and special needs.	Meets Standard	The facility is equipped per the Americans with Disabilities Act. Reasonable accommodations are provided as appropriate.
6. 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.	Meets Standard	
7. Staff shall issue those clothing and bedding items that are appropriate for the facility environment and local weather conditions.	Meets Standard	
8. 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	ICE provides criminal histories and other information to the facility staff for classification purposes. A-files are not accessible by non-ICE personnel.
9. 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	Form I-203 accompanies every arriving detainee.

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10. <b>PRIORITY:</b> 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. Following the orientation, staff shall conduct a question-and-answer session.	Meets Standard	During the admissions process, a classification officer provides detainees with an orientation to the facility. The orientation includes a review of policies, procedures and the detainee handbook. The orientation is provided in English and Spanish. Translation assistance is provided to a detainee who cannot understand either English or Spanish. While awaiting classification, detainees view the orientation video which is provided in English and Spanish.
11. 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. The handbook and supplement shall be in English and Spanish.	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.
12. All releases are coordinated with ICE.	Meets Standard	
13. Staff complete paperwork/forms for release as required.	Meets Standard	
14. The facility returns each detainee's property upon release, and each detainee receives a receipt for personal property secured by the facility.	Meets Standard	
15. <b>PRIORITY:</b> The facility has a system to maintain accurate records and documentation for admission, orientation, and release.	Meets Standard	Detention files are created and maintained for each detainee, documenting their stay, including admission, orientation, and release.
16. <b>PRIORITY:</b> The time, point and manner of release from a facility shall be consistent with safety considerations and shall take into account special vulnerabilities.  Facilities that are not within a reasonable walking distance of, or that are more than one mile from, public transportation shall transport detainees to local bus/train/subway stations prior to the time the last bus/train leaves such stations for the day. If public transportation is within walking distance of the detention facility, detainees shall be provided with an information sheet that gives directions to and describes the types of transportation services available.	Meets Standard	There is no public transportation within walking distance, but the facility will release detainees to their families or bond agents. All other detainees are provided transportation to the local bus station. Detainees are given an information packet which lists the transportation and other services that are available to them.
17. Facilities must provide transportation for any detainee who is not reasonably able to walk to public transportation due to age, disability, illness, mental health or other vulnerability, or as a result of weather or other environmental conditions at the time of release that may endanger the health or safety of the detainee.	Meets Standard	

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18. Prior to release, the detainee shall be notified of the upcoming release and provided an opportunity to make a free phone call to facilitate release arrangements.	Meets Standard	
19. Detainees will be provided with a list of legal, medical, and social services that are available in the release community, and a list of shelter services available in the immediate area along with directions to each shelter.	Meets Standard	During release processing, detainees receive a written list of legal, medical, and social services that are available in their release community, and a list of shelter services available in the immediate area along with directions to each shelter, if needed. These items are available in both English and Spanish.
20. Detainees will be released with one set of non-institutionalized, weather-appropriate clothing.	Meets Standard	

**STANDARD 2.1. 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)*

Detainees are pat searched upon intake. Policy requires that if reasonable suspicion warrants a strip search to detect contraband, prior written approval of the OIC must be obtained. The search takes place in an area that affords a reasonable degree of privacy and is conducted by an officer of the same gender as the detainee. All strip searches are documented. Before strip searching a detainee an officer will first attempt to resolve his/her suspicions through less intrusive means. Whenever possible, medical personnel are present to observe the strip search of a transgender detainee. Staff members are provided with adequate training on the admissions process. Policy requires detainees to change clothing and shower in a private room without being visually observed by staff. A staff member of the same gender is present immediately outside the change room to maintain security and be able to respond when necessary. Detainees are provided one free, three minute telephone call during processing to announce their arrival.

Review of policy, handbook content and orientation materials; and interviews with processing personnel, command staff and ICE revealed detainees, staff, volunteers the community and contractors are protected through an orderly and documented system of admission and release. The facility adheres to applicable federal laws for providing reasonable accommodations for detainees with disabilities and/or special needs. This inspector was unable to observe the admissions process because the transport vehicles arrived after normal work hours. The release process was observed on the second day of the inspection and was conducted in accordance with the standard.

**Overall Rating:** Meets Standard

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

**Completion Date:** 4/21/2016

**Reviewer Signature (for printed form submission):**

**STANDARD 2.2. CUSTODY CLASSIFICATION SYSTEM** (Key: E)

This detention standard protects 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 based on verifiable and documented data.

Components	Rating	Remarks (1000 Char Max)
1. <b>PRIORITY:</b> Each facility shall develop and implement a system for classifying detainees in accordance with This detention standard. Facilities may rely on the ICE Custody Classification Worksheet, adopt the ICE custody classification recommendation generated by an ICE Field Office when one is provided, or use a similar locally established classification system (subject to ICE/ERO approval), as long as the classification criteria are objective and uniformly applied, and all procedures meet ICE/ERO requirements.	Meets Standard	A local classification system is used that incorporates the provisions of the ICE system. This objective system is approved by ICE and is uniformly applied to all detainees.
2. Staff shall reference facts and other objective, credible evidence documented in the detainee's A-file, ICE automated records systems, criminal history checks, work-folders, or other objective sources of information during the classification process.  The classification process includes reassessment/reclassification.	Meets Standard	
3. <i>(SPCs/CDFs/DIGSAs) The custody classification recommendation generated by an ICE Field Office, when one is provided, or the point total from the ICE Custody Classification Worksheet, will determine the classification level of each detainee.</i>	Meets Standard	This IGSA facility does not receive a recommended classification level from ICE. ICE does provide information needed by the facility to classify each detainee. The facility utilizes this information to complete the local objective classification system and the point total determines the classification level of each detainee.
4. The facility classification system includes: Classifying detainees upon arrival.  Separating individuals who cannot be classified upon arrival from the general population.  The first-line supervisor or classification supervisor reviews every classification decision.	Meets Standard	
5. Special consideration shall be given to any factor that would raise the risk of vulnerability, victimization or assault. Detainees who may be at risk of victimization or assault include, but are not limited to, persons who are transgendered, elderly, pregnant, physically disabled, suffering from a serious medical or mental illness, and victims of torture, trafficking, abuse, or other crimes of violence.	Meets Standard	

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6. At facilities where applicable, detainees are assigned color-coded uniforms, wristbands, or other means of custody identification to reflect classification levels. In IGSA's a similar system is utilized for each level of classification.	Meets Standard	At this IGSA, detainee uniforms are color-coded based on classification level.
7. <u>PRIORITY:</u> Housing assignments are based on classification-level. Low custody detainees may not be commingled with high custody.	Meets Standard	Housing assignments are based on classification levels. Low custody detainees are not commingled with high custody detainees.
8. <u>PRIORITY:</u> Low custody detainees may not have convictions that included an act of physical violence, or any history of assaultive behavior, and may not be housed with any medium custody detainee with a history of assaultive or combative behavior.	Meets Standard	Low custody detainees may not have convictions or a history of physical violence or any assaultive behavior, and may not be housed with medium custody detainees with a history of assaultive or combative behavior.
9. Detainee work assignments are based upon classification designations.	Meets Standard	
10. The classification process includes reassessment/reclassification. The first reassessment is to be completed 60 days to 90 days after the initial assessment.	Meets Standard	The first classification reassessment/reclassification is completed 60 days after the initial assessment.
11. Subsequent classification reassessments are completed at 90 day to 120 day intervals. Special reassessments are completed within 24 hours before a detainee leaves the Special Management Unit, and at any other time when additional, relevant information becomes known.	Meets Standard	
12. The facility classification system shall include procedures for detainees to appeal their classification levels. Classification decisions, along with information on the appeal process, should be provided to the detainee in a language or manner understood by the detainee.	Meets Standard	Detainees may appeal their classification designation via the grievance process. Responses are provided in a language understood by the detainee.
13. The Detainee Handbook explains the classification levels, with the conditions and restrictions applicable to each, and the procedures by which a detainee may appeal his or her classification.	Meets Standard	The classification and appeals process is explained in the facility handbook.

**STANDARD 2.2. 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)*

The classification system ensures that detainees are placed and remain in the appropriate category and physically separated from detainees with non-compatible classification levels. Medium custody detainees have no recent convictions for any offense listed under the highest section of the severity of offense guideline and no pattern or history of violent assaults, whether convicted or not. High custody detainees are considered a high-risk category and are assigned to high security housing. High custody detainees are always monitored and escorted. All personnel assigned to classification duties are adequately trained.

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Detainees are processed for housing assignments within twelve hours of arrival at the facility. If the process takes longer, documentation is maintained as to what delayed the process and the detainee is housed separately from the general population.

During the evaluation of this standard, classification documents and forms I-213/203 were examined, policy and the handbook were reviewed, and employees were interviewed.

**Overall Rating:** Meets Standard

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

**Completion Date:** 4/21/2016

**Reviewer Signature (for printed form submission):**



**STANDARD 2.3. 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. <b>PRIORITY:</b> The facility follows a written procedure for handling contraband, including the detection, seizure of contraband, disputed ownership, detainee or government property defined as contraband, and the preservation, inventory, and storage of contraband as evidence of a crime.	Meets Standard	Policy and procedures address each of the requirements of this component.
2. Contraband is retained as evidence for potential disciplinary action or criminal prosecution.	Meets Standard	
3. Before confiscating religious items, the Facility Administrator or designated investigator contacts a religious authority.	Meets Standard	Policy requires that the OIC consult with a religious authority prior to confiscating religious items.
4. Facilities with canine units only use them for contraband detection and not in the presence of ICE detainees.	N/A	This facility does not have a canine unit.
5. Detainees receive notification of contraband rules and procedures in the Detainee Handbook.	Meets Standard	All detainees receive a copy of the National Detainee Handbook and the local supplement. Both handbooks contain the contraband rules and procedures.

**STANDARD 2.3. 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 a contraband control plan which protects detainees and personnel and enhances facility security and good order by identifying, detecting and properly disposing of contraband.

A detainee found in possession of hard contraband could face disciplinary action or criminal prosecution. Narcotics and other controlled substances not dispensed or approved by the medical department are defined to be hard contraband, and medication dispensed or approved by the medical department is hard contraband if found in the possession of a detainee for whom it was not prescribed, or if not used as prescribed.

The OIC determines when personal property items are excessive. Excess property is properly disposed of in accordance with policy, after providing the detainee with written notice of the intent to destroy the property and how to prevent that outcome. When the OIC determines an item of contraband is to be destroyed, documentation is prepared describing the item to be destroyed and why. If authorized excess legal materials are creating a fire hazard, the facility provides an alternative storage area accessible to the detainee.

Personnel seize all hard and soft contraband. In disciplinary contraband cases, the OIC defers the decision to destroy property until the disciplinary case is resolved and appeals satisfied. At least two employees document in writing that they witnessed the destruction of detainee contraband property and place a copy of the property disposal record in the detainee's detention file. 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. During the inspection period, hard contraband that included homemade weapons, unauthorized medication and cell phones were confiscated, inventoried and stored with a documented chain of custody and processed as contraband. Contraband is processed in accordance with the requirements of the

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standard.

Evaluation of this standard was based on review of policy, post orders and contraband seizure and disposition logs; and interviews with the chief of security and personnel.

**Overall Rating:** Meets Standard

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

**Completion Date:** 4/21/2016

**Reviewer Signature (for printed form submission):**

**STANDARD 2.4. 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 events which pose risk of harm are prevented.

Components	Rating	Remarks (1000 Char Max)
1. At least one male and one female staff member are on duty at all times where both males and females are housed.	Meets Standard	More than one male and more than one female employee are on duty at all times. This facility does not house female detainees.
2. Comprehensive annual staffing analysis determines staffing needs and plans and is reviewed and updated annually.	Meets Standard	
3. Essential posts and positions are filled with qualified personnel.	Meets Standard	All personnel are trained and qualified in security and correctional techniques prior to being assigned to essential security posts.
4. <i>(SPCs/CDFs/DIGSAs) Detainees do not have access to the Control Center.</i>	Meets Standard	At this IGSA, policy prohibits detainees from having access to any control center.
5. Facility security and safety will be monitored and coordinated by a secure, well-equipped, and continuously staffed control center.	Meets Standard	The central control center is continuously staffed seven days a week and is well equipped and capable of monitoring the security and safety of the facility.
6. <i>(SPCs/CDFs/DIGSAs) The facility administrator shall establish procedures to implement the following Control Center requirements: Round-the clock communications; Maintenance of a list of the current home and cellphone number of every staff member assigned to the facility, including administrative/support services staff, Situation Response Teams (SRTs), Hostage Negotiation Teams (HNTs), and applicable 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	At this IGSA facility, the central control center is a 24-hour communications center and maintains a list of contact numbers for all personnel, including response teams, and applicable law enforcement agencies. Watch calls are conducted and documented every thirty minutes from 6:00 p.m. to 6:00 a.m. each day.
7. The front-entrance officer checks the identification of everyone entering or exiting the facility.	Meets Standard	Based on policy and practice, the front entrance officer checks the identification of everyone entering or exiting the facility. In addition, all personnel and visitors pass through a metal detector and their property is scanned.

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8. All visits are officially recorded in a visitor logbook.	Meets Standard	All visitors are recorded in the visitor logbook maintained by the front entrance officer. The log was reviewed and found to be current and maintained in accordance with policy.
9. The facility has a secure visitor pass system.	Meets Standard	A color coded visitor pass system is utilized. The visitor must prominently display the pass on an outer garment while in the facility.
10. Information about routine procedures, emergency situations, and unusual incidents will be continually recorded in permanent post logs and shift reports.	Meets Standard	
11. <i>(SPCs/CDFs/DIGSAs) 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 at least once per tour.</i>	Meets Standard	The housing unit post orders at this IGSA were reviewed and found to provide direction to officers to maintain a log of all pertinent information regarding detainee activity. The shift supervisor visits each housing unit each shift and signs the log. An event schedule is not included in the post orders but is posted in each housing unit.
12. 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	Housing units have enclosed control centers adjacent to the detainee living areas that are continuously staffed. Officers are assigned to move between the housing units, which allow the officers to see, hear and respond promptly to emergency situations.
13. Detainee movement from one area to another area is controlled by staff.	Meets Standard	
14. <b>PRIORITY:</b> No detainee may ever be given authority over, or be permitted to exert control over, any other detainee.	Meets Standard	Policy and training emphasizes that no detainee is permitted to have control over any other detainee. It is also described in the handbook.

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15. 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	The OIC and other managers tour the living and activity areas at least weekly. The tours are unannounced to encourage informal contact between management personnel and detainees and to allow management personnel to informally observe living and working conditions. All tours are documented.
16. The facility has a comprehensive security inspection policy.	Meets Standard	
17. Documentation of security inspections is kept on file.	Meets Standard	
18. Daily procedures include: Perimeter alarm system tests. Physical checks of the perimeter fence. Documenting the results.	Meets Standard	Per policy and as verified by documentation, physical checks of the perimeter fence and the fence alarm are conducted on each shift.

**STANDARD 2.4. FACILITY SECURITY AND CONTROL – Reviewer Summary**

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

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

The facility has a comprehensive security and control program. The program protects the community, personnel, detainees, visitors and contractors from harm by ensuring that security is maintained and events which could pose risk of harm are prevented.

The perimeter is enclosed by two, ten foot chain link fences with motion detectors and razor wire strategically placed on each fence including the top. The perimeter check includes the fence, fence alarm, all gates and locks. Perimeter checks are conducted and documented on each shift. There is an officer assigned to make continuous rounds on the perimeter 24 hours a day, seven days a week.

All employees are issued official identification cards which must be carried when on duty. To account for employees entering/leaving the premises, the facility uses an electronic identification system, daily rosters and log books. The OIC has established procedures to track the arrival and departure of contract employees.

The central control center, in conjunction with the rover security officer, coordinates all vehicular traffic entering and leaving the facility. Prior to permitting entry, the perimeter officer checks the driver's license of the driver and the registration of the vehicle entering the facility. The rover security officer logs the following information on every vehicle: date; driver's name; firm represented; gate number; time in; time out and any comments. The rover security officer searches the vehicle before it enters or exits the secure area of the facility. All drivers making deliveries must submit to questioning about items considered contraband. Policy and post orders include all procedures required by the rover security officer.

The SMU has a sally port that is always operated so that the inner and outer doors cannot be open simultaneously. The unit control center controls all doors with the exception of the individual cells which are controlled manually by the assigned officer. Tools being taken into the SMU are inventoried by the SMU officer prior to entering. Tools are identified and checked against the inventory upon departing. Food carts are escorted by personnel to all housing units.

Ten detainees in the general population were interviewed and none voiced any concerns regarding their treatment at the facility. All stated they felt safe in the general population and had good access to officers and to medical personnel. The tone of the general population units was relaxed as was the interaction between the officers and detainees.

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The facility has written policy and procedure for searching housing units. All searches are conducted, documented, reviewed and filed appropriately. Personnel conduct irregular searches of common/utility areas at least once each shift.

Evaluation of this standard was based on review of policy, post orders, inspection reports and log books; and interviews with the chief of security, supervisors and personnel.

**Overall Rating:** Meets Standard

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

**Completion Date:** 4/21/2016

**Reviewer Signature (for printed form submission):**

**STANDARD 2.5. FUNDS AND PERSONAL PROPERTY** (Key: H)

This detention standard ensures that detainees' personal property, including funds, valuables, baggage and other personal property, is safeguarded and controlled, 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> <ul style="list-style-type: none"> <li>Account for and safeguard detainee property from time of admission until date of release;</li> <li>Inventory and receipt detainee funds and valuables;</li> <li>Inventory and receipt detainee baggage and personal property (other than funds and valuables);</li> <li>Inventory and audit detainee funds, valuables and personal property;</li> <li>Return funds, valuables and personal property to detainees being transferred or release; and</li> <li>Provide a way for a detainee to report missing or damaged property.</li> </ul>	Meets Standard	Written policies and procedures provide the safeguards and controls necessary to protect detainee funds and property. These policies and procedures address the elements listed in this component.
<p>2. All facilities, at a minimum shall provide:</p> <ul style="list-style-type: none"> <li>A secured locker for holding large valuables, that can be accessed only by designated supervisor(s); and</li> <li>A baggage and property storage area that is secured when not attended by assigned admissions processing staff.</li> </ul>	Meets Standard	Detainee property is searched, separated and stored in a secure property room. It is accessible only by designated intake supervisors and processing personnel.
<p>3. The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property.</p>	Meets Standard	The detainee handbook outlines policies and procedures concerning the storage and maintenance of personal property.
<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	Detainee property is searched in the presence of the detainee during the intake process. Exceptions require the approval of the OIC.
<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 uses an electronic system for detainees to access funds for purchases. Detainees are not allowed to maintain cash on their person.

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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.	Meets Standard	Identity documents are maintained in the detainee's A-file. Upon request, ICE staff provides the detainee a copy of a document.
7. 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.	Meets Standard	Detainees assigned to the facility have storage lockers to hold authorized personal property. The facility allows detainees to purchase locking devices to secure the lockers. Local policy provides indigent detainees with locking devices upon request.
8. <i>(SPCs/CDFs/DIGSAs) Property discrepancies are immediately reported to the Chief of Security or equivalent.</i>	Meets Standard	Policy and procedure outline that personnel are to notify the shift supervisor who notifies the chief of security of property discrepancies.
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 procedure outline that detainee funds and valuables are maintained in secure locations. Medical personnel secure detainee medication during the intake process and arrange disposition. Detainees are allowed to maintain personal property authorized by the facility. Funds and property are returned when a detainee is transferred or released.
10. 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.	Meets Standard	Policy and procedure outline the use of a local equivalent G-589 property receipt form. Separate forms are used for each type currency, checks and valuable property.
11. <i>(SPCs/CDFs/DIGSAs) 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 or equivalents;  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.</i>	Meets Standard	The supervisory security officer removes the contents of the individual drop safes at the conclusion of each shift. The correctness of all equivalent G-589s is verified and logged for placement on detainee accounts.



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12. (SPCs/CDFs/DIGSAs) The Facility Administrator has established quarterly audits of baggage and non-valuable property.	Meets Standard	Processing personnel conduct comprehensive quarterly audits of the detainee property room.
13. All facilities shall report and turn over to ICE/ERO all detainee abandoned property.	Meets Standard	
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 Lost/Damage/Stolen/ Property Claim Form for handling property claims. An on-site ICE officer is notified of any property claims and outcomes.

**STANDARD 2.5. FUNDS AND PERSONAL PROPERTY – Reviewer Summary**

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

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

The facility has established a policy and procedure to ensure detainee funds and personal property is safeguarded and controlled. Officers secure and verify detainee funds, valuables and personal property. Property left at the facility is secured in a locked container; detainees are notified by mail they may pick up the property or the facility will mail to them at the facility's expense.

The baggage and property storage area is maintained in a clean and orderly manner and inspected as often as necessary to protect detainee property. Standard operating procedures include obtaining a forwarding address from every detainee for use in the event that personal property is lost or forgotten in the facility after the detainee's release, transfer or removal.

Upon request, ICE staff members will provide the detainee with a copy of identification documents, certified by an ICE official to be true and correct. Detainees are permitted to keep in his possession reasonable quantities of small religious items, religious reading material and correspondence, legal documents, prescription glasses, dentures, personal address book, wedding ring or any other policy approved items.

Removal and inventory of detainee funds is conducted by at least two officers in the presence of the detainee. The intake officer records each form local equivalent G-589 issued and enters the initials and any corresponding identifiers of receipting officers in the logbook. United States currency, checks, money orders and other negotiable items are sealed and placed in a drop safe, under intake personnel supervision. The funds are emptied by the security supervisor at the end of each shift and the log is verified for placement on detainee accounts. For small valuables and jewelry, the local equivalent G-589 is used to describe in general terms each item of value. These items are entered into the logbook and then placed in a safe. Large valuables that do not fit into property bags will be placed in a designated storage area, accessible only to designated personnel.

All detainee luggage and facility containers used for storing detainee personal property are secured in a tamper resistant manner and are only opened in the presence of the detainee. The equivalent form I-77 is also used for each separate item of baggage or container. Personal property inventory forms contain date and time of admission; detainee's complete name and A-number; description, quantity and disposition of articles; general condition of the property and signatures of both the officer completing the inventory and the detainee.

When a detainee is being released or transferred, staff compare signatures on equivalent form I-77 receipts and match cash funds, negotiable instruments and valuables against property descriptions on the local equivalent G-589 forms. After the property check, the property is returned to the detainee. Funds are returned to the detainee in cash, via a kiosk located in the intake department.

A detainee being transferred, released or removed from the country with a property claim is allowed to initiate a lost or

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stolen property claim before leaving the facility. Disposition of the property claim is sent to the detainee's forwarding address.

**Overall Rating:** Meets Standard

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

**Completion Date:** 4/21/2016

**Reviewer Signature (for printed form submission):**

**STANDARD 2.6. HOLD ROOMS IN DETENTION FACILITIES** (Key: I)

This detention standard ensures the safety, security, and comfort of detainees temporarily held in hold rooms while awaiting further processing. An individual may not be confined in a facility's hold room for more than 12 hours.

Components	Rating	Remarks (1000 Char Max)
1. <i>(SPCs/CDFs/DIGSAs constructed after 1999) Each Hold Room shall contain sufficient seating for the maximum room-capacity but shall contain no moveable furniture.</i>	Meets Standard	At this IGSA, the two hold rooms were constructed in 1999. Both hold rooms contain sufficient seating for the maximum room capacity. No moveable furniture is authorized or was observed in the hold rooms.
2. <i>(SPCs/CDFs/DIGSAs constructed after 1999) 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.</i>	N/A	At this IGSA, the two hold rooms were constructed in 1999. The first hold room has a maximum occupancy of fourteen. It is equipped with separate stainless steel sink, toilet and shower. There is no modesty panel. The second hold room has a maximum occupancy of seven and has no plumbing.
3. Each hold room shall be well-ventilated and well-lit. Detainees shall have access to potable water in hold rooms.	Meets Standard	
4. PRIORITY: Detainees are not held in hold rooms for more than 12 hours.	Meets Standard	A review of documentation and personnel interviews indicated detainees are not held in the two hold rooms for longer than twelve hours.
5. Male and females detainees are segregated from each other at all times.	Meets Standard	Female detainees are not housed at this facility therefore they are segregated from males at all times.
6. 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	Minors are not housed at this facility therefore they are never placed in hold rooms.
7. 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	Detainees who are exempt from placement in a hold room due to illness, special medical, physical or psychological needs or other reasons are not placed in hold rooms. They are either seated outside the hold rooms under direct officer observation or moved to the medical unit.

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8. 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	Accommodations are made for detainees with mental or physical conditions as needed to address their safety, comfort and security concerns.
9. 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	
10. 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	
11. All detainees are given a pat down search for weapons or contraband before being placed in the hold room.	Meets Standard	
12. Before placing a detainee in a room, an officer shall observe each individual to screen for obvious mental or physical problems.	Meets Standard	Officers and medical professionals screen detainees for obvious mental or physical problems before they are placed in a hold room.
13. Each detention facility maintains a detention log for each detainee placed in a hold cell.	Meets Standard	
14. 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	Meals are provided to any detainee held in a hold room for more than six hours. Pregnant detainees are not held or housed at this facility.
15. 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	Officers ensure the temperatures and humidity in the hold rooms are maintained at comfortable levels. Detainees with evident medical needs are either immediately moved to the medical unit or are provided access to temperature appropriate clothing or blankets. Pregnant detainees are not held at this facility.
16. <b>PRIORITY:</b> 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	There is continuous visual and auditory monitoring of the hold rooms. Constant surveillance of any detainee exhibiting signs of hostility, depression or similar behavior is maintained. Any unusual behavior or complaints are reported to a supervisor and documented in a fifteen-minute log.
17. The maximum occupancy for the hold room will be posted.	Meets Standard	Observations confirmed that the maximum occupancy for both hold rooms is posted.

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19. When the last detainee has been removed, officers shall ensure the Hold Room is thoroughly cleaned and inspected.	Meets Standard	
20. (SPCs/CDFs/DIGSAs) 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.	Meets Standard	At this IGSA, the evacuation plan is posted in the hold room area. Assigned personnel are responsible for removing detainees from the hold rooms in case of fire and/or building evacuation.

**STANDARD 2.6. 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)*

This facility ensures the safety, security and comfort of detainees temporarily held in the hold rooms while waiting further processing. The two hold rooms are used for detention of individuals waiting for processing into or out of the facility. The hold rooms were observed to be clean and well maintained, with appropriate monitoring and documentation being completed.

The first hold room has a maximum occupancy of fourteen. It is equipped with a sink, toilet, and shower. There is no modesty panel. The second hold room has a maximum occupancy of seven and has no plumbing. In the event additional space is needed, a general population housing unit is utilized for any intake overflow detainees. The housing unit has all the necessary amenities including a television.

Both hold rooms are situated within the secure perimeter. Both hold rooms are well ventilated and well lighted. All activating switches are located outside the rooms. Bunks, cots, beds and other sleeping apparatuses were not observed in the hold rooms. The larger hold room has a floor drain and is escape and tamper resistant. The smaller hold room has no plumbing or floor drain but is escape and tamper resistant. Procedures do not allow an officer to enter a hold room unless another officer is outside the door, ready to respond if needed. Personnel immediately contact medical staff when a detainee appears to be in need of medical treatment.

Intake personnel inspect all parcels, suitcases, bags, bundles, boxes and other property before accepting any item of property. Officers do not carry firearms, pepper spray or any other non-deadly force devices into a hold room. Detainees are not permitted to use tobacco products in a hold room or any other portion of the facility.

Evaluation of this standard was based on observation of the hold rooms, personnel interviews and review of policy and logs.

**Overall Rating:** Meets Standard

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

**Completion Date:** 4/21/2016

**Reviewer Signature (for printed form submission):**

**STANDARD 2.7. 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 personnel are trained and held responsible for the proper care and handling of keys. Key control training is provided during initial training and annually thereafter. There are no electronic key pads.
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 key control officer is assigned the duties of key and lock control. Policy outlines the description of duties and responsibilities and the chain of command for the position.
3. <i>(SPCs/CDFs) The Security Officer is responsible for all administrative duties, including recordkeeping, concerning keys, locks, and related security equipment.</i>	Meets Standard	At this IGSA, the key control officer is responsible for all administrative duties, including record keeping concerning 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	Key control training is conducted during initial training, before personnel are issued keys, and each subsequent year thereafter as part of annual training. This training covers all types of locks and keys used in the facility.
5. The facility maintains inventories of all keys, locks and locking devices.	Meets Standard	The key control officer maintains inventories of all keys, lock and locking devices. Inventories for keys and locking devices were reviewed and found to be accurate and up to date.
6. Facility policies and procedures address the issue of compromised keys, locks, and to ensure safe combination integrity.	Meets Standard	
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	Electronically controlled security doors and locks are utilized to gain access to detainee housing units. Detainees do not have individual room keys as all celled and dormitory style housing areas are controlled by the assigned officers. There is no grand master keying system.

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8. The security key control officer shall implement a preventive maintenance program. The security key control officer shall maintain all preventive maintenance records.	Meets Standard	The key control officer follows a monthly preventive maintenance program of checking all locking devices and maintains all records.
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	Key rings were inspected. Each key ring was found to be identifiable; the number of keys is noted; and keys cannot be removed from key rings once issued.
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	Emergency keys are maintained in the central control center and are assigned to each area of the facility. They provide emergency access to all areas in the event of an emergency.
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	There is a written policy and practice to ensure key accountability. The facility uses the Morse KeyWatcher system which ensures a standardized system for the issuance and accountability of key rings.
12. The facility administrator shall establish rules and procedures for authorizing use of restricted keys.	Meets Standard	
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	All keys are issued through the Morse KeyWatcher system which ensures a standardized system for the issuance and accountability of key rings for ICE personnel. Any emergency withdrawal requires appropriate notification and documentation.
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	Policy requires officers to store their weapons in individual lockers before entering the facility. There are specific written procedures for controlling gun-locker access.

**STANDARD 2.7. 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. The Morse KeyWatcher system keyboard is large enough to accommodate all facility key rings, including keys in use and the system provides positive accountability of all keys. The placement of the keyboard in these areas is not visible to detainees or visitors. No key or key ring is issued on a 24-hour basis without written authorization from the OIC. Key ring changes are only made after written approval from the OIC or designee. Only the key control officer may add or remove a key from a ring. The splitting of key rings into separate rings is

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not authorized. There is a trained locksmith on staff.

Detainees are prohibited from handling facility keys. Issued key rings are required to be securely fastened to a belt with an approved device. Attaching key rings to belt loops or holsters is prohibited, as well as referring to key numbers or other key identification method within hearing distance of detainees.

There are four gun lockers located outside of the secure perimeter adjacent to the intake gate in an area that may have non-ICE detainee and/or public access. The keys are maintained and controlled by the rover security officer and the gun lockers are under video monitoring. A log book is maintained by the rover security officer for the accountability for the gun locker keys and use. The standard requires that gun lockers are not in any area that has detainee or public access.

Interviews with the key control officer, chief of security and other personnel; review of documentation; and observations confirmed that policy and procedures are in place to enhance facility safety and security by requiring that keys and locks are properly controlled and maintained. All personnel are trained and held responsible for adhering to proper procedures for the care and handling of keys.

**Overall Rating:** Meets Standard

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

**Completion Date:** 4/21/2016

**Reviewer Signature (for printed form submission):**



**STANDARD 2.8. 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 accountability for detainees.

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	Seven formal counts are conducted every 24 hours with at least one count conducted on each shift. A face-to-photo count is conducted during the 9:00 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	Policy requires all officers to make frequent irregular checks of detainees in their areas to ensure that all detainees are accounted for. A review of logs indicated this practice is being completed.
3. The facility Control Center shall maintain a master count.	Meets Standard	The master count is maintained in the central control center and was observed while count was taking place.
4. The control officer (or other designated position) maintains an "out-count" record of all detainees temporarily out of the facility.	Meets Standard	The central control center maintains the official out-count record of all detainees temporarily out of the facility.
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	

**STANDARD 2.8. 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 1:30 p.m. count on 04/20/2016 was observed from central control center 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 present.

Count procedures are 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 an open area such as a housing unit or in food service. Officers performing the count have primary responsibility for the count accuracy. Officers were observed to make positive identification of a living body before counting him present. 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 permitted 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 to central control center via telephone. The officer receiving the count in central control center, under the direction of a supervisor, records the count in the facility computer system and clears the count. In the event the count fails

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to clear, procedures are in place for conducting a recount and 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:** 4/21/2016

**Reviewer Signature (for printed form submission):**

**STANDARD 2.9. 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"> <li>○ Provide official on-duty time for officers to read the applicable Post Orders when assigned to a post, and</li> <li>○ Ensure that officers read those applicable Post Orders prior to assuming their posts.</li> </ul>	Meets Standard	There are written post orders for all security posts. Each of the items listed in this component is addressed in policy and practice.
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	The only armed post is the transportation officer. Each officer assigned to transportation must qualify with the post weapons before assuming the position.
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 contain a statement that any employee taken hostage is without any authority, regardless of rank and their orders are to be disregarded.
5. Specific instructions for escape attempts shall be included in the Post Orders for armed posts.	Meets Standard	A review of post orders for transportation officers confirmed they include instructions for escape attempts.
6. Post Orders shall be kept current at all times and formally reviewed at least annually and updated as needed.	Meets Standard	A review of post orders indicated they 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	
8. The facility administrator authorizes all Post Orders and changes.	Meets Standard	The OIC authorizes all changes and signs all post orders, signifying his authorization.

**STANDARD 2.9. POST ORDERS – 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)*

Evaluation of this standard was based on review of policies, post orders and officer interviews. Post orders were reviewed at multiple locations throughout the facility and were found to be current and to contain the required updates. The post orders contain all of the information and instruction needed to ensure that each officer assigned to a security post knows the procedures, duties and responsibilities of that post.

Post orders for non-permanent assignments are developed in advance or as soon as possible after the need arise. Officers are required to familiarize themselves with the duties of the positions and remain aware of changes in operation and duties of that post.

The OIC or designee supervises the preparation of all post orders. The post orders are based on ICE detention standards, facility policies/practices and specify the hours of each post. The post orders are issued in a six part classification folder as specified in the standard. The housing unit post orders follow the daily event schedule format.

The armed transportation post orders were reviewed and each describes and explains the proper care and safe handling of firearms and the circumstances and conditions under which the use of firearms is authorized.

The post orders are based on and consistent with the detention standard on Use of Force and Restraints. The chief of security determines whether post orders need updating between regular annual reviews. The employee suggestion box located in the administrative area is utilized daily to allow any staff member, contract personnel or other affected staff members to submit written suggestions for changes or additions to post orders. The chief of security reviews and comments on all suggested changes prior to submitting them to the OIC for review and inclusion in the post orders. All submissions remain in a historical file for two years.

The chief of security maintains the post order master file which is available to all officers and post orders maintained at the various posts are secure from detainee access.

**Overall Rating:** Meets Standard

**Reviewer Name (Printed)**

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

**Completion Date:** 4/21/2016

**Reviewer Signature (for printed form submission):**

**STANDARD 2.10. 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. <b>PRIORITY:</b> 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 addresses procedures for conducting searches of detainees, their property and all areas of the facility. Policy mandates searches are to be conducted in a professional manner, which avoids unnecessary force, embarrassment or indignity to the detainee.
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	Policy and post orders delineate the duties of the various staff that conduct searches throughout the facility. Practice adheres to these directives.
4. Staff shall maintain written documentation of each housing unit search within the individual housing unit.	Meets Standard	Logbooks and forms are used as applicable to document housing unit searches.
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	Work areas are searched daily and the searches are documented. Additional searches are conducted by security staff and these searches are documented in an information memorandum.
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	
7. <b>PRIORITY:</b> Strip searches are performed by an officer of the same gender as the detainee.	Meets Standard	Strip searches are 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. Body cavity searches are performed in an area that affords privacy from other detainees and from facility staff who are not involved in the search.	Meets Standard	

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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	A detainee may be placed in a dry cell when there is reasonable belief that he has ingested contraband or concealed contraband in a body cavity. This can only be authorized by the OIC, or his designee, and implemented in accordance with written procedures.
10. The chief of security shall have post orders for closely observing a detainee in dry cell status.	Meets Standard	

**STANDARD 2.10. 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)*

Pat searches of detainees and metal detector screenings are conducted routinely to control contraband. Strip search documentation must note specific and articulable facts used to determine that reasonable suspicion guidelines were met. Officers attempt to resolve any suspicions through less intrusive means, such as thorough examination of reasonably available documentation, a pat search and/or detainee interview, as required by the standard.

A review of policy; observation of the detainee dry cell; and interviews of command, medical and processing personnel revealed detainees are protected through an established search program that detects, controls and properly disposes of contraband discovered in searches of persons and property.

**Overall Rating:** Meets Standard

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

**Completion Date:** 4/21/2016

**Reviewer Signature (for printed form submission):**

**STANDARD 2.11. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION** (Key: N)

This detention standard requires that facilities that house ICE/ERO detainees act affirmatively 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. <b>PRIORITY:</b> Each facility has written policy and procedures for a Sexual Abuse and Assault Prevention and Intervention Program that includes, at a minimum:</p> <ul style="list-style-type: none"> <li>A zero-tolerance policy for all forms of sexual abuse or assault;</li> <li>Measures taken to prevent sexual abuse or assault, including the designation of specific staff members responsible for staff training and detainee education regarding issues pertaining to sexual assault;</li> <li>Procedures for immediate reporting of any allegation of sexual abuse or assault through the facility's chain-of-command procedure, and to ICE/ERO, including written documentation requirements;</li> <li>Procedures for detainees to report allegations;</li> <li>Measures taken for prompt and effective intervention to address the safety and medical/mental health treatment needs of detainee victims, and to preserve and collect evidence;</li> <li>Procedures for referral of incidents to appropriate investigative agencies (including law enforcement agencies and OPR), and coordination with such entities;</li> <li>Disciplinary sanctions for staff, up to and including termination when staff has violated agency sexual abuse policies; and</li> <li>Data collection and reporting.</li> </ul>	Meets Standard	Policy and procedures for sexual abuse and assault prevention and intervention include all of the bulleted items listed in this component.
<p>2. The facility administrator maintains or attempts to enter into memoranda of understanding (MOU) or other agreements with community service providers or, if local providers are not available, with national organizations that provide legal advocacy and confidential emotional support services for immigrant victims of crime.</p>	Meets Standard	The facility has a memorandum of understanding (MOU) with the St. Landry-Evangeline Sexual Assault Center for external victim advocates and support services for resident detainees.
<p>3. <b>PRIORITY:</b> The facility administrator has designated a Sexual Abuse and Assault Prevention and Intervention Program Coordinator for the facility.</p>	Meets Standard	The OIC has appointed a collateral position for Sexual Abuse and Assault Prevention and Intervention (SAAPI) Program Manager/ Coordinator.

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4. <b>PRIORITY:</b> Training on the facility's Sexual Abuse and Assault Prevention and Intervention Program is included in initial and annual refresher training for employees, volunteers, and contract personnel, and address all training topics required by the Detention Standard. The facility maintains written documentation verifying employee, volunteer, and contractor training.	Meets Standard	As confirmed per review of training files and curriculum, all employees, volunteers and contract personnel receive pre-service and annual in-service training in all of the topics required by the SAAPI detention standard.
5. <b>PRIORITY:</b> Detainees are informed about the facility's Sexual Abuse and Assault Prevention and Intervention Program and zero-tolerance policy for sexual abuse and assault through the orientation program and the detainee handbook. Detainee notification, orientation, and instruction must be in a language or manner that the detainee understands.	Meets Standard	Detainees are informed about the SAAPI program and the zero-tolerance policy regarding sexual abuse and assault through the orientation video, national detainee handbook, local handbook, ICE sexual abuse and assault awareness brochure, and postings throughout the facility and housing units. All information is provided in English and Spanish.
6. The Sexual Assault Awareness Notice, along with the names of the program coordinator and local organizations that can assist detainees who have been victims of sexual assault, is posted on all housing unit bulletin boards. The "Sexual Assault Awareness Information" brochure is distributed to detainees.	Meets Standard	The Sexual Assault Awareness Notice, along with the name of the program coordinator is posted in all housing units and throughout the facility. The names of local organizations that can assist detainees who have been victims of sexual assault are posted on a separate information sheet in English and Spanish. The ICE Sexual Assault Awareness Information brochure is distributed during the intake process. All information is provided and posted in English and Spanish.
7. Detainees are provided the option to report any incident of sexual abuse or assault to any staff member, including a designated staff member other than an immediate point-of-contact line officer (e.g. the program coordinator or a mental health specialist).	Meets Standard	Policy provides for detainees to report any incident of sexual abuse or assault to any staff member.



**Performance-Based National Detention Standards 2011 Inspection Worksheet for Over 72 Hour Facilities**

<p>8. <b>PRIORITY:</b> Detainees are screened upon arrival at the facility for potential vulnerabilities to sexually aggressive behavior or tendencies to act out with sexually aggressive behavior.</p> <p>Detainees identified as being at risk for sexual victimization are monitored and counseled, and placed in the least restrictive housing that is available and appropriate.</p>	<p align="center">Meets Standard</p>	<p>Detainees are screened by classification staff during the intake process, utilizing the PREA Risk Assessment tool, for potential vulnerabilities to sexually aggressive behavior or tendencies to act out with sexually aggressive behavior. Detainees likely to be at risk for sexual victimization are placed in the least restrictive housing available and appropriate. A review of selected records confirmed that the screening is performed on all detainees.</p>
<p>9. A detainee who is subjected to sexual abuse or assault is not returned to general population until proper re-classification, taking into consideration any increased vulnerability of the detainee as a result of the sexual abuse or assault, is completed.</p>	<p align="center">Meets Standard</p>	<p>Per the program coordinator, a detainee who is subjected to sexual abuse or assault is not returned to general population until proper re-classification is completed.</p>
<p>10. <b>PRIORITY:</b> Any detainee who alleges that he/she has been sexually assaulted is offered immediate protection from the assailant and referred for a medical examination and/or clinical assessment for potential negative symptoms.</p>	<p align="center">Meets Standard</p>	<p>Detainees alleging sexual assault victimization are offered immediate protection from his assailant and are immediately referred for a medical assessment for potential negative symptoms. Victims are also transferred to the Acadian Medical Center for sexual assault examinations and treatment and forensic evidence gathering by a sexual assault nurse examiner (SANE) as appropriate.</p>
<p>11. <b>PRIORITY:</b> Staff members who become aware of an alleged assault immediately follow the reporting requirements set forth in the written policies and procedures.</p> <p>When a detainee(s) is alleged to be the perpetrator, the facility administrator ensures that the incident is promptly referred to the appropriate law enforcement agency having jurisdiction for investigation, and reported to the Field Office Director.</p> <p>When an employee, contractor, or volunteer is alleged to be the perpetrator, the facility administrator ensures that the incident is promptly referred to the appropriate law enforcement agency having jurisdiction for investigation, and reported to the Field Office Director. The local government entity or contractor that owns or operates the facility is also notified.</p>	<p align="center">Meets Standard</p>	<p>Written policies establish procedures which include the reporting requirements listed in this component. Referrals to law enforcement and notification to the FOD and others are made as required. Per the program coordinator, the Pine Prairie Police Department or the Evangeline Parish Sheriff's department serves as the facility investigative entity for all SAAPL allegations.</p>

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12. The facility uses a coordinated, multidisciplinary team approach to responding to sexual abuse, which includes a medical practitioner, a mental health practitioner, a security staff member, and an investigator from the assigned investigative entity, as well as representatives from outside entities that provide relevant services and expertise.	Meets Standard	Per policy, the facility uses a coordinated, multidisciplinary sexual abuse response team (SART) approach to responding to sexual abuse. Team membership includes a medical practitioner, a mental health professional, security personnel, and an investigator from the assigned investigative agency and representatives from outside entities that provide relevant services.
13. Care is taken to place a victimized detainee in a supportive environment that represents the least restrictive housing option possible (e.g. protective custody), but victims are not held for longer than five days in any type of administrative segregation except in highly unusual circumstances or at the request of the detainee.	Meets Standard	Per policy, a victimized detainee is placed in a supportive environment that represents the least restrictive housing option possible. Victims are not held for longer than five days in any type of administrative segregation except in unusual circumstances or at the detainee's request.
14. <b>PRIORITY:</b> Staff suspected of perpetrating sexual abuse or assault are removed from all duties requiring detainee contact pending the outcome of an investigation.	Meets Standard	Policy requires that personnel suspected of perpetrating sexual abuse or assault are removed from all duties requiring detainee contact pending the outcome of an investigation.
15. The facility ensures that all investigations into alleged sexual assault are prompt, thorough, objective, fair, and conducted by qualified investigators. Written procedures establish the coordination and sequencing of administrative and criminal investigations to ensure that the latter is not compromised by the former, including the process for conducting internal administrative investigations only after consultation with the assigned criminal investigative entity or after a criminal investigation has concluded.	Meets Standard	Established policy and procedures address all of the requirements listed in this component.
16. Information concerning the identity of a detainee victim reporting sexual assault, and the facts of the report itself, are limited to those who have a need-to-know in order to make decisions concerning the detainee-victim's welfare, and for law enforcement/investigative purposes.	Meets Standard	Access to information on the identity of the victim reporting sexual assault and the facts of the report is limited to those with a need to know for purposes addressed in this component.
17. When possible and feasible, appropriate staff preserve the crime scene, and safeguard information and evidence in coordination with the referral agency and consistent with established evidence-gathering and evidence-processing procedures.	Meets Standard	Written procedures require the preservation and safeguarding of the crime scene and evidence, consistent with established evidence gathering and processing procedures.

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18. At no cost to the detainee, the facility administrator arranges for the victim to undergo a forensic medical examination by external independent and qualified health care personnel. The results of the physical examination and all collected physical evidence are provided to the investigative entity.	Meets Standard	Per policy, the OIC arranges for the victim to undergo a forensic medical examination by external independent and qualified health care personnel at no cost to the detainee. Results of the examination and collected physical evidence are provided to the investigative entity and AFOD.
19. The program coordinator reviews the results of every investigation of sexual abuse or assault to assess and improve prevention and response efforts.	Meets Standard	Per policy, the program coordinator shall review the results of every investigation of sexual abuse or assault to assess and improve prevention and response efforts. The program manager utilizes a PREA After-Action Review Report for documentation of review.
20. Victims are provided emergency medical and mental health services and ongoing care as appropriate, including testing for sexually transmitted diseases and infections, prophylactic treatment, emergency contraception, follow-up examinations for sexually transmitted diseases, and referrals for counseling (including crisis intervention counseling).	Meets Standard	Policy establishes procedures addressing the requirements listed in this component.
21. All case records associated with claims of sexual abuse are maintained in a secure location, consistent with the confidentiality requirements of the Detention Standards on "Medical Care" and "Detention Files."	Meets Standard	Per policy, all case records are maintained and kept secured, consistent with confidentiality requirements. A monthly PREA Incident Tracking Log is utilized. There were two allegations of sexual abuse or assault involving ICE detainees during the inspection period.
22. The program coordinator conducts an annual review of aggregate data regarding sexual abuse or assault incidents at the facility, and presents the findings to the Field Office Director and ICE/ERO HQ for use in determining whether changes are needed to existing policies and practices to further the goal of eliminating sexual abuse.	Meets Standard	Policy and procedures are in place for the program coordinator to complete an annual review of compiled data regarding sexual abuse or assault incidents. Findings from this review are to be presented to The GEO Group Inc. corporate office as well as to the AFOD, the FOD and ICE/ERO HQ for use in recommending changes to existing policies and practices to further the goal of eliminating sexual abuse.

**STANDARD 2.11. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION – Reviewer Summary**

**Performance-Based National Detention Standards 2011 Inspection Worksheet for Over 72 Hour Facilities**

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

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

Approved policies ensure immediate protection to victims, include prevention of retaliation, assure medical and mental health referrals for alleged victims, specify medical employees' responsibility to report allegations or suspicions of sexual assault to facility personnel and specify evidence gathering and forensic medical examination protocols. The program coordinator is assigned responsibility for detainee education regarding issues pertaining to sexual assault. Detainees are provided instructions on how to contact DHS/OIG or ICE to confidentially report sexual abuse or assault.

The Sexual Abuse and Assault Prevention and Intervention (SAAPI) program coordinator assists with the development of written policies and procedures and training protocols and serves as a liaison with other agencies. Employee, contractor and volunteer training include all of the topics listed in the Standard. The facility documents participation in the training sessions. Detainees identified as "high risk" for committing sexual assault are assessed by a mental health or other qualified health care professional and treated if indicated.

Statements from detainees claiming to be victims of sexual assaults are taken seriously and professionally responded to. As clinically indicated, prophylactic treatment and follow-up examinations for sexually transmitted diseases are offered. After the physical examination, a mental health professional evaluates the need for crisis intervention, counseling and long-term follow-up. During the community examination, the victim may choose to have an outside advocate present. When the detainee has been transferred, the OIC is notified.

SAAPI case records include general files and administrative investigative files and are maintained chronologically, in accordance with medical care and detention standards and applicable policies, and retained in accordance with established schedules. The program coordinator maintains a record in the detail that is required by the Standard. Criminal investigative documents or evidence are not stored at the facility.

The facility has a comprehensive sexual abuse/assault prevention and intervention program which includes a zero-tolerance policy for all forms of sexual abuse and assault. All employees receive related training during orientation and annual refresher training. Procedures are in place to prevent sexual assault and abuse on detainees and to provide prompt and effective intervention and treatment for victims. Detainees receive information regarding the program during intake procedures via the orientation video, national detainee handbook, local handbook, ICE sexual abuse and assault awareness brochure, and postings throughout the facility and housing units. All information is provided in English and Spanish. The program includes the screening of new detainees for potential vulnerabilities to sexually aggressive behavior and for a history of sexually aggressive behavior.

There were two allegations of sexual assault or abuse during the inspection period involving ICE detainees. One of those allegations involved improper touching by a female officer during a routine pat down of a detainee, which was found to be unsubstantiated. The remaining allegation was of improper touching of the buttocks of one detainee by another detainee, which was also found to be unsubstantiated. Documentation of facility practice was reviewed to confirm full compliance with the requirements of the standard and policy in the chain-of-command reporting, intervention and investigation.

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. Random interviews with ICE detainees indicated overall understanding of the SAAPI program, including the zero-tolerance policy regarding sexual abuse and assault, all processes for reporting incidents of sexual abuse or assault and confidence in the provision of response to allegations at this facility. Evaluation of this standard was based on review of policy, training documentation and training presentations; interviews with medical staff, the SAAPI coordinator, ICE personnel and ICE detainees; and observation of housing unit postings and intake screening procedures.

**Overall Rating:** Meets Standard

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

**Completion Date:** 04/21/2016

**Reviewer Signature (for printed form submission):**

**STANDARD 2.12. 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	Written policies and procedures are in place for the administrative and disciplinary segregation units. Reasons for placement are documented and reviews are conducted as stipulated by the standard.
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/cooled and maintained in a sanitary condition at all times.  Cells are conducive to maintaining a safe and secure environment for all detainees, with particular emphasis on allowing for full visibility and appropriate observation by staff, and wherever possible on eliminating potential safety hazards such as sharp edges and anchoring devices.	Meets Standard	On-site observations confirmed that cells are well ventilated, adequately lighted, and appropriately heated/cooled and are maintained in a sanitary condition at all times. The officers have full visibility and maintain appropriate observation.
4. Each facility shall issue guidelines concerning the privileges detainees may have in both Administrative and Disciplinary status.	Meets Standard	Policy outlines the privileges that detainees may have in both administrative and 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	Review of logs indicated that detainees are observed at least every fifteen minutes on an irregular schedule and more often if warranted, in accordance with policy.
6. <u>PRIORITY</u> : 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.  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. A copy of the order shall be immediately provided to the detainee in a language or manner the detainee can understand, unless delivery would jeopardize the safe, secure, or orderly operation of the facility.	Meets Standard	Detainees are placed in administrative segregation for non-punitive reasons as listed in this component. A written administrative segregation order details the reasons for placement. The detainee receives a copy of the order in a manner he can understand, unless doing so would jeopardize safety and security.

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<p>7. <b>PRIORITY:</b> A detainee is placed in protective custody status in Administrative Segregation only when there is documentation and supervisory approval that it is warranted and that no reasonable alternatives are available. Use of administrative segregation to protect vulnerable populations shall be restricted to those instances where reasonable efforts have been made to provide appropriate housing and shall be made for the least amount of time practicable, and when no other viable housing options exist, and as a last resort. Detainees who have been placed in administrative segregation for protective custody shall have access to programs, services, visitation, counsel and other services available to the general population to the maximum extent possible.</p>	<p>Meets Standard</p>	<p>Detainees can only be placed in protective custody status in administrative segregation when reasonable alternatives are not satisfactory and when no other viable housing option exists. Detainees in protective custody receive services equal to those offered to the general population.</p>
<p>8. 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.</p>	<p>Meets Standard</p>	<p>Detainees are sanctioned and placed in disciplinary segregation status by the institutional disciplinary panel (IDP) to serve sanctions for major violations.</p>
<p>9. 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 immediately given to the detainee in a language or manner the detainee can understand, unless delivery would jeopardize the safety, security, or the orderly operation of the facility.</p>	<p>Meets Standard</p>	<p>A written order is completed and signed by the IDP before a detainee is placed in disciplinary segregation. A copy of the order is given to the detainee within 24 hours.</p>
<p>10. 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 Chief of Security or equivalent for inclusion in the detainee's detention file.</p>	<p>Meets Standard</p>	<p>A review of detention files confirmed that the SMU housing unit record is handled in accordance with the requirements of this component.</p>

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<p>11. <b>PRIORITY:</b> 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 30 days and at least every 10 days thereafter, a supervisor conducts a similar review, including an interview with the detainee, and documents the decision and justification.</p>	<p align="center">Meets Standard</p>	<p>Written policy requires that, within 72 hours of a detainee's initial placement in administrative segregation, a supervisor will conduct a review to determine if segregation is warranted. This and all subsequent segregation reviews include an interview with the detainee, and the reviews are documented. If the detainee has been segregated for his protection, but not at his request, the OIC is required to review the case to determine whether that status should continue. After a detainee has spent seven days in administrative segregation and every week thereafter, a supervisor conducts a review which includes an interview with the detainee. The decision and justification are documented.</p>
<p>12. A copy of the decision and justification for each segregation status 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.</p>	<p align="center">Meets Standard</p>	
<p>13. A permanent log is maintained in each SMU to record all activities concerning SMU detainees (meals served, recreation, visitors, etc.).</p> <p>The SMU log records the detainee's name, A-number, housing location, date admitted, reasons for admission, status review dates, tentative release date for detainees in Disciplinary Segregation, the authorizing official, and date released. These logs shall also be used by supervisory staff and other officials to record their visits to the unit.</p>	<p align="center">Meets Standard</p>	<p>A permanent log is maintained by SMU officers. The log records all of the information required by this component.</p>
<p>14. A separate log is maintained in the SMU that all persons visiting the unit must sign and record:</p> <p style="padding-left: 40px;">The time and date of the visit, and</p> <p style="padding-left: 40px;">Any unusual activity or behavior of an individual detainee, with a follow-up memorandum sent through the facility administrator to the detainee's file.</p>	<p align="center">Meets Standard</p>	<p>A separate log maintained in the SMU addresses all of the items listed in this component. The log was reviewed and found to be current.</p>

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15. A Special Management Housing Unit Record is maintained on each detainee in an SMU, that records:  Whether the detainee ate, showered, recreated, and took any medication; and  Any additional information, such as whether the detainee has a medical condition, or has exhibited suicidal/assaultive behavior.	Meets Standard	Review of SMU logs indicated that detainee activities and behaviors, including those listed in this component, are documented.
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.	Meets Standard	Policy requires that health care personnel be immediately notified when a detainee is to be admitted to the SMU. Medical personnel must provide an assessment and review as indicated by health care protocols.
17. <u>PRIORITY</u> : Detainees with serious mental illness may not be automatically placed in an SMU on the basis of such mental illness. Every effort shall be made to place detainees with serious mental illness in a setting in or outside of the facility in which appropriate treatment can be provided, rather than an SMU, if separation from the general population is necessary.	Meets Standard	Policy requires that detainees with a mental illness are not automatically placed in the SMU based on that illness. Appropriate placement in another, more suitable setting must be afforded the detainee.
18. <u>PRIORITY</u> : Health care personnel conduct face-to-face medical assessments for every detainee in an SMU at least once daily, and where reason for concern exists, assessments are followed up with a complete evaluation by a qualified medical or mental health professional, and indicated treatment.  Medical visits shall be recorded on the SMU housing record or comparable form, and any action taken shall be documented in a separate logbook.	Meets Standard	Healthcare personnel conduct a face-to-face medical assessment of each detainee in the SMU on each shift. If required, follow-up assessment is made by a qualified medical or mental health provider. All medical visits are recorded on the SMU housing unit record.
19. A detainee's mental health status shall be reviewed and documented at least once every 30 days.	Meets Standard	
20. Detainees in SMUs may shave and shower at least three times weekly and receive other basic services (such as laundry, hair care, barbering, clothing, bedding, and linen) on the same basis as the general population.	Meets Standard	Detainees in the SMU may shower and shave daily and receive other basic services on the same basis as the general population. A review of SMU logs indicated services were delivered as required.
21. 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	Detainees in administrative segregation are allowed to spend a minimum of two hours each day outside their cell and have access to books, crossword puzzles, cards and an Xbox360 entertainment system.



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22. The shift supervisor sees each segregated detainee daily, including weekends and holidays.	Meets Standard	The shift supervisor is required to see each detainee in the SMU daily, including weekends and holidays. Review of the SMU logs indicated these visits are taking place.
23. The facility administrator (or designee) visits each SMU daily.	Meets Standard	
24. Detainees in SMUs are provided three nutritionally adequate meals per day, ordinarily from the general population menu.	Meets Standard	
25. 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	Medical personnel are contacted and must approve any denial of the items listed in this component. There have been no instances of detainees being denied such items during this inspection period.
26. Detainees in an SMU may write and receive letters the same as the general population.	Meets Standard	
27. Detainees in an SMU ordinarily retain visiting privileges.	Meets Standard	
28. 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. Where visits are restricted or disallowed, a report is filed with the facility administrator and ICE/ERO, and made part of the detainee's file.	Meets Standard	Policy requires that any restriction or denial of visiting for any reason be documented and approved by the OIC. ICE would be notified immediately.
29. Under no circumstances is a detainee permitted to participate in general visitation while in restraints.	Meets Standard	
30. Detainees in protective custody and violent and disruptive detainees are not permitted to use the visitation room during normal visitation hours.	Meets Standard	
31. In cases in which a visit would present an unreasonable security risk, visits may be disallowed for a particular violent or disruptive detainee.	Meets Standard	There were no visit denials based on violent or disruptive behavior during the inspection period.
32. Ordinarily, detainees in SMUs are not denied legal visitation.	Meets Standard	During the inspection period, no detainee in the SMU has been denied legal visitation. The OIC would have to approve any such denial for this sanction to be imposed.
33. Detainees in SMUs are allowed visits by members of the clergy or other religious service providers, upon request; unless it is determined a visit presents a risk to safety, security, or orderly operations.	Meets Standard	

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35. Detainees in SMUs have access to reading materials, including religious materials. The Recreation Specialist offers each detainee soft-bound, non-legal books on a rotating basis.	Meets Standard	
36. 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 all 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 stored personal property are accommodated as soon as possible and always within 24 hours of a detainee's request.	Meets Standard	All of the requirements of this component are fully addressed in policy and practice.
37. Any denial of access to the law library is always:  Supported by compelling security concerns,  For the shortest period required for security, and  Fully documented in the SMU housing logbook.  ICE/ERO is notified every time law library access is denied.	Meets Standard	All of the requirements listed in this component are addressed in policy. There were no denials of access to the law library during the inspection period.
38. Recreation for detainees in the SMU is separate from the general population.	Meets Standard	Detainees in segregation recreate in areas designated and reserved exclusively for their use.
39. Detainees in the SMU for administrative reasons are offered at least one hour of recreation per day, outside their cells and scheduled at a reasonable time, at least seven days per week. Detainees in the SMU for disciplinary reasons 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 are provided weather-appropriate equipment and attire.	Meets Standard	Detainees in SMU for administrative reasons are provided at least two hours of daily recreation scheduled at a reasonable time. Detainees in disciplinary segregation are provided at least one hour of recreation daily. Weather appropriate attire is provided in inclement weather.
40. 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	Recreation privileges can only be denied for safety or security concerns. If a detainee is denied recreation or other authorized activity, a report of the action is forwarded to the OIC. There have been no recreation denials during the inspection period.
41. The case of a detainee denied recreation privileges is reviewed as part of the regular 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	During the inspection period, no detainee in the SMU has been denied recreation. Policy requires written justification for this sanction to be imposed. Any such denial would be reviewed during the regular SMU reviews.

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42. Denial of recreation privileges for more than 7 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 7 days.	Meets Standard	Policy and practice require that the OIC and health authority must approve any denial of recreation privileges for more than seven days. There have been no such revocations during the inspection period.
43. 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 SMU have the same telephone access as the detainees in general population. Any denial of these privileges would be for safety and security reasons and would be documented. There have been no telephone restrictions for SMU detainees during the inspection period.
44. 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	
45. 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	
46. When a detainee has been held in Administrative Segregation for more than 30 days, the facility administrator notifies the Field Office Director.	Meets Standard	

**STANDARD 2.12. 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)*

Policy and procedures protect detainees, staff, contractors, volunteers and the community from harm by segregating certain detainees from the general population by placing them in the SMU. There is an administrative segregation section for detainees segregated for administrative reasons and a disciplinary segregation section for detainees segregated for disciplinary reasons.

The SMU contains two separate wings each containing eighteen double occupancy cells. One wing is for administrative placement and the other for disciplinary. Separate policy is in place for both operations that requires placement documentation and periodic reviews. The unit is well ventilated, adequately lighted, appropriately heated/cooled and maintained in a sanitary condition. All cells are equipped with beds that are securely fastened to the floor and a lavatory/sink combination. SMU logs were found to contain the required information and were current. All detainees housed in segregated housing receive a copy of the documentation placing them in segregation status. Detainees in the SMU are visited each shift by medical personnel and are interviewed face-to-face to ascertain their health status. The SMU provides a safe housing environment for detainees who cannot live in the general population or who require segregated status for disciplinary reasons. Detainees are able shower and shave daily. There were three ICE detainees in disciplinary segregation

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status and five on administrative status during the inspection. Four detainees were interviewed and expressed no concerns or complaints pertaining to their detention.

Evaluation of this standard was based on review of policy and logs, interviews with personnel and detainees, and multiple tours of the SMU.

**Overall Rating:** Meets Standard

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

**Completion Date:** 4/21/2016

**Reviewer Signature (for printed form submission):**

**STANDARD 2.13. 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.

This standard also requires the posting of hotline informational posters from the Department of Homeland Security (DHS) Office of the Inspector General (OIG).

Components	Rating	Remarks (1000 Char Max)
1. <u>PRIORITY:</u> 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	ICE officers and senior facility staff visit the housing units at least weekly. Living conditions are monitored and detainee concerns are addressed as needed. A language line facilitates communication with LEP detainees when needed. Many staff members are bilingual.
2. The local supplement to the detainee handbook shall include contact information for the ICE/ERO Field Office and the scheduled hours and days that ICE/ERO staff is available to be contacted by detainees at the facility. The same information shall be posted in the living areas (or "pods") of the facilities. Posted contact information shall be updated quarterly or more frequently as necessary to reflect changes in ICE/ERO personnel.	Does Not Meet Standard	The ICE contact information for the ICE/ERO field office and the scheduled hours and times that ICE staff is available to be contacted is included in the local detainee handbook. This same information is required to be posted in the housing units of the facility but it is not.

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<p>3. <b>PRIORITY:</b> Detainees may submit written questions, requests, grievances or concerns to ICE/ERO staff, using the detainee request form, a local IGSA form, or a sheet of paper.</p> <p>Facilities must also allow any ICE/ERO detainee dissatisfied with the facility's response to file a grievance appeal and communicate directly with ICE/ERO.</p> <p>Each facility administrator shall:</p> <ul style="list-style-type: none"> <li>Ensure that adequate supplies of detainee request forms, envelopes, and writing implements are available.</li> <li>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 such requests.</li> <li>Ensure that the standard operating procedures accommodate detainees with special assistance needs based on, for example, disability, illiteracy, or limited use of English. When language services are needed, the facility should use qualified interpretation services when an employee needs to communicate with a limited English proficient person.</li> <li>Ensure that each facility provides a secure dropbox for ICE detainees to correspond directly with ICE management, and that only ICE personnel have access to the dropbox.</li> </ul>	<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>4. In facilities with ICE/ERO on-site presence: The ICE/ERO staff member receiving the request shall normally respond in person or in writing as soon as possible and practicable, but no longer than within 3 business days of receipt.</p>	<p>Does Not Meet Standard</p>	<p>ICE does not maintain any records of detainee requests or their disposition.</p>
<p>5. In 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>N/A</p>	<p>The facility has on-site ICE presence.</p>

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<p>6. 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> <p style="padding-left: 20px;">Date of receipt;</p> <p style="padding-left: 20px;">Detainee's name;</p> <p style="padding-left: 20px;">Detainee's A-number;</p> <p style="padding-left: 20px;">Detainee's nationality;</p> <p style="padding-left: 20px;">Name of the staff member who logged the request;</p> <p style="padding-left: 20px;">Date the request, with staff response and action, was returned to the detainee;</p> <p style="padding-left: 20px;">Any other pertinent site-specific information, including detention condition complaints;</p> <p style="padding-left: 20px;">Specific reasons why the detainee's request is urgent and requires a faster response; and</p> <p style="padding-left: 20px;">The date the request was forwarded to ICE/ERO and the date it was returned.</p>	<p align="center">Does Not Meet Standard</p>	<p>ICE does not maintain a log of detainee requests to ICE officials.</p>
<p>7. 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 align="center">Meets Standard</p>	<p>The facility handbook addresses procedures on submission of requests to the facility or ICE personnel, and how to request assistance in the preparation of those requests.</p>
<p>8. The facility administrator shall ensure that OIG Hotline posters are posted in every housing unit and in appropriate common areas (recreation areas, dining areas, processing areas, etc.).</p>	<p align="center">Meets Standard</p>	<p>OIG hotline posters are posted in each housing unit and other common areas.</p>

**STANDARD 2.13. 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 personnel provide 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:** 4/21/2016

**Reviewer Signature (for printed form submission):**

**STANDARD 2.14. 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 and medical and culinary equipment is controlled through inventories in the applicable departments.
2. <b>PRIORITY:</b> There is an individual who is responsible for developing a tool control procedure and an inspection system to insure accountability.	Meets Standard	The chief of security is responsible for overall tool control procedures and an inspection system to ensure accountability.
3. <b>PRIORITY:</b> 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	The written tool control and storage system includes a tool classification and identification system as described in this component. Observations confirmed adherence to policy.
4. The facility has developed and implemented a tool classification system.	Meets Standard	All tools are classified as either restricted or non-restricted.
5. Tool inventories are required for: Facility Maintenance Department Medical Department Food Service Department Electronics Shop Recreation Department Armory	Meets Standard	
6. <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	At this IGSA, no tool is issued until it has been marked and added to the appropriate inventory. Portable power tools are inventoried using the brand name, model, size, description and control number.
7. The facility administrator shall schedule, and establish procedures for, the quarterly inventorying of all tools.	Meets Standard	
8. <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>	Meets Standard	At this IGSA, all tool inventories were found to be numbered and posted conspicuously on the corresponding shadow boards, toolboxes and tool kits. The master tool inventory contained the certifiers' signatures.
9. The facility administrator shall develop and implement procedures governing lost tools.	Meets Standard	



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<p>10. (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.</p> <p>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.</p> <p>The facility administrator shall implement quarterly evaluations of lost/missing tool files.</p>	<p align="center">Meets Standard</p>	<p>At this IGSA, policy requires that any lost restricted or non-restricted tool be reported to the shift supervisor and the chief of security. If a restricted tool is lost, personnel are required to inform the shift supervisor orally and in writing. Any detainee who had access to the tool is held at the work location pending completion of a search. Policy requires the OIC to implement quarterly evaluations of lost/missing tools. There have been no lost or missing tools during the inspection period.</p>
<p>11. 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.</p>	<p align="center">Meets Standard</p>	<p>All visitors and vendors/repair workers must submit to an inspection and inventory of all tools and equipment before entering and leaving the facility. The contractor must maintain a copy of the tool inventory while inside the facility.</p>

**STANDARD 2.14. 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 facility controls tools in a manner that protects detainees, employees, contractors and volunteers from harm and contributes to the orderly operation of the facility.

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 an inventory sheet in the box. The tool control officer 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. Tools such as band saw blades, files and all restricted tools are immediately placed in secure storage by the tool control officer.

Inventory-maintenance at each work location is the responsibility of the assigned supervisor. 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 tool control officer for recordkeeping and safe disposal. All broken and worn out tools are surveyed and destroyed in accordance with written procedures established by the OIC. The facility has procedures in place for the issuance of tools, security control of restricted tools and control of ladders, extension cords and ropes.

In evaluating this standard, the tool control officer was interviewed; policy and practice was reviewed; and tool inventories were checked. Inventory control and storage of tools in all departments follow established policy and guidelines.

**Overall Rating:** Meets Standard

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

**Completion Date:** 4/21/2016

**Reviewer Signature (for printed form submission):**

**STANDARD 2.15. USE OF FORCE AND RESTRAINTS** (Key: R)

This detention standard authorizes staff to use necessary and reasonable force after all reasonable efforts to otherwise resolve a situation have failed, for protection of all persons; to minimize injury to self, detainees, staff and others; to prevent escape or serious property damage; or to maintain the security and orderly operation of the facility. Staff should use only the degree of force necessary to gain control of detainees and, under specified conditions, may use physical restraints to gain control of a dangerous detainee.

Components	Rating	Remarks (1000 Char Max)
1. <b>PRIORITY:</b> 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 training require that personnel try to resolve situations whenever possible without resorting to force. If force has to be used, personnel are trained to use only the amount of force necessary on the use-of-force continuum.
2. <b>Staff:</b>  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	The use of force policy addresses the bulleted items listed in this component.
3. <b>PRIORITY:</b> 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 officers receive training in self-defense, confrontation avoidance techniques and the use of force to control detainees. Officers receive specialized training to ensure they are certified in all devices, including chemical agents and the straight baton, approved for use.
4. <b>PRIORITY:</b> Staff will consult with medical staff prior to a calculated use of force regarding the following:  Use of (b)(6);(b)(7)( <input checked="" type="checkbox"/> ) non-lethal weapons.  Pregnant detainees or detainees in post-delivery recuperation.  Detainees with wounds or cuts.  Detainees with special medical or mental health needs.	Meets Standard	The use of force policy and procedures require that medical personnel be consulted prior to a calculated use of force involving any of the applicable items listed in this component. Pregnant and female detainees are not housed at this facility.
5. Special precautions are taken when restraining pregnant detainees, consistent with the Detention Standard on Medical Care (Women).  Medical personnel are consulted.	N/A	Pregnant detainees are not housed at this facility.

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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 isolated location where there is no immediate threat to the detainee or others (e.g., a locked cell, a range), staff must try to resolve the situation without resorting to force.	Meets Standard	
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	Confrontation avoidance procedures are used in all calculated uses of force. Policy requires the supervisor to consult with medical personnel prior to every calculated use of force.
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	
10. Staff members are trained in the performance of the use-of-force team technique.	Meets Standard	
11. <u>PRIORITY:</u> All use of force incidents are documented and reviewed. Staff prepare a use of force form that identifies the detainee(s), staff, and others involved, describes the incident, and documents the location of strikes if intermediate force weapons are used.  All calculated 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	Policies establish procedures addressing all of the elements listed in this component. Each calculated use of force incident is to be videotaped and personnel are required to submit written documentation.
12. Staff shall store and maintain audio-visual recording equipment under the same conditions as "restricted" tools.	Meets Standard	
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	Policy for using four/five point restraints includes procedures that specifically address each of the requirements of this component. The OIC confirmed that four/five point restraints have not been utilized during this inspection period. Any detainee requiring four/five point restraints would be immediately transferred to another ICE facility.

**Performance-Based National Detention Standards 2011 Inspection Worksheet for Over 72 Hour Facilities**

14. In immediate use of force situations, officers contact medical staff once the detainee is under control.	Meets Standard	Per policy and procedure, in immediate use of force situations, officers contact medical personnel once the detainee is under control.
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	
16. All detainee checks are logged.	Meets Standard	Policy requires that all detainee checks be logged.
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	All uses of force and non-routine applications of restraints are reviewed by the chain of command.

**STANDARD 2.15. 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 preservation of property damage or to maintain the security and orderly operation of the facility. In evaluating this standard, supervisors and personnel were interviewed; and policy, videos and reports were reviewed.

Confrontation avoidance is emphasized in policy and in the training curriculum. Any calculated use of force or use of chemical agents requires advanced approval by the OIC or designee and medical personnel.

During this inspection period, there were four uses of force involving ICE detainees. Of those instances, two involved calculated uses of force and two were immediate uses of force.

The two immediate uses of force resulted in no injuries. One of the two calculated uses of force resulted in minor injuries (abrasions, lacerations and redness of skin) to one detainee. The injuries did not require outside medical care. No personnel were injured during the uses of force. Chemical agents were deployed in both calculated uses of force. All staff members and detainees were evaluated and cleared by medical personnel.

All reports and videos reviewed indicated that force was applied within guidelines of the standard. The medical evaluations were timely and thorough. No personnel were injured or required outside medical treatment during the uses of force. (b) is available for use to control detainees, if necessary. Tasers are not authorized for use.

Personnel are trained and required to use the level of force necessary and reasonable to gain control of a detainee; however, depending on circumstances, personnel 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; and intentional baton strikes to head, groin, solar plexus, kidneys or spinal column are prohibited.

**Performance-Based National Detention Standards 2011 Inspection Worksheet for Over 72 Hour Facilities**

Officers are authorized to use immediate force when a detainee's behavior constitutes a serious and immediate threat to self, personnel, another detainee, property or security and orderly operation of the facility. The shift supervisor inspects the areas for blood or other body-fluid spillage after a use-of-force incident. Only approved restraint equipment is authorized to restrain detainees. 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 chief of security.

For all use-of-force incidents (immediate or calculated) and applications of restraints, the facility has an After-Action Review Team consisting of the OIC or designee, the chief of security, ICE and a health service administrator (HSA). The primary purpose of an After-Action Review is to assess the reasonableness of the actions taken and determine whether the force used was proportional to the detainee's actions. All four uses of force were designated that the action taken was reasonable and appropriate.

**Overall Rating:** Meets Standard

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

**Completion Date:** 4/21/2016

**Reviewer Signature (for printed form submission):**

## ***Section III: ORDER***

### **Disciplinary System**

**STANDARD 3.1. DISCIPLINARY SYSTEM** (Key: S)

This detention standard promotes a safe and orderly living environment for detainees by establishing a fair and equitable disciplinary system, requiring detainees to comply with facility rules and regulations, and imposing disciplinary sanctions to those who do not comply.

Components	Rating	Remarks (1000 Char Max)
1. <b>PRIORITY:</b> 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	Policy details a disciplinary system that uses progressive levels of reviews and appeals. Policy and the detainee handbook clearly define detainee rights and responsibilities and are reviewed annually by the OIC.
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	Detainees are afforded translation or interpretation services, including accommodation for the hearing impaired, through the entire disciplinary and appeal process. A detainee will not be held accountable for his conduct if a medical authority finds him mentally incompetent.
3. <b>PRIORITY:</b> Time in disciplinary segregation or withholding of privileges imposed for disciplinary violations do not generally exceed 30 days per violation, except in extraordinary circumstances. 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 indoor or outdoor recreation, unless such activity creates a documented unsafe condition.	Meets Standard	Policy limits the time in disciplinary segregation to no longer than thirty days as a result of a single disciplinary charge except in extraordinary circumstances where up to sixty days can be imposed for the "greatest" offense category. Policy does not permit the imposition of any of the other sanctions noted in this component.
4. A detainee shall be removed from segregation if a health care professional concludes that continued segregation is detrimental to the detainee's medical or mental health.	Meets Standard	

**Performance-Based National Detention Standards 2011 Inspection Worksheet for Over 72 Hour Facilities**

5. <b>PRIORITY:</b> 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 detainee handbook, issued to every detainee in English and Spanish, provides notice of the rules of conduct and prohibited acts, the sanctions imposed for violation of the rules, the disciplinary severity scale, the disciplinary process and the procedure to appeal disciplinary findings. The information is also communicated to all detainees via orientation.
6. 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	The items listed in this component are posted in Spanish and English in the detainee housing units and are included in the detainee handbook.
7. All facilities shall have graduated scales of offenses and disciplinary consequences as provided in this section.	Meets Standard	
8. <b>PRIORITY:</b> 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 requires that incident reports be investigated and adjudicated consistent with the requirements listed in this component.
9. The detainee is advised in writing of his/her right, if applicable, to an initial hearing before the Unit Disciplinary Committee (UDC) within 24 hours of his/her notification of charges. The detainee is provided a copy of the Incident Report and notice of charges at least 24 hours before the start of any disciplinary proceedings.	Meets Standard	The detainee is advised of the initial hearing within 24 hours of his notification of the charges. The detainee is given a copy of the report/notice of charges at least 24 hours prior to the hearing.
10. The investigating officer advises the detainee of his/her right to remain silent at every stage of the disciplinary process, and ensures that he/she has a complete listing of detainee rights.	Meets Standard	
11. <b>PRIORITY:</b> A staff representative is made available upon request for all detainees facing an IDP disciplinary hearing. Detainees also have the option of receiving assistance from another detainee of their selection rather than a staff representative, subject to approval from the facility administrator.	Meets Standard	An employee representative is made available upon request for any detainee facing a disciplinary hearing. Detainees may also receive assistance from another detainee with approval from the OIC or designee.
12. A staff representative is automatically provided for detainees who are illiterate, limited-English proficient, or without means of collecting and presenting essential evidence.	Meets Standard	



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13. The facility permits hearing postponements or continuances when conditions warrant such a continuance. Reasons are documented.	Meets Standard	Hearing postponements are permitted but the reasons must be fully documented.
14. Written procedures govern the handling of confidential-source information. Procedures include criteria for recognizing "substantial evidence."	Meets Standard	Written policy and procedures govern the handling of confidential sources and information. The procedures include criteria for recognizing substantial evidence.
15. 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 detention file.

**STANDARD 3.1. 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)*

The disciplinary system promotes a safe and orderly living environment for detainees by establishing a fair and equitable disciplinary system, requiring detainees to comply with facility rules and regulations, and imposing disciplinary sanctions on those who do not comply. Facility personnel are managing the disciplinary process in a manner which affords detainees their due process rights. Per review of completed disciplinary files, all contained the appropriate completed forms and all were adjudicated in accordance with policy. Per policy, all sanctions on detainees are approved by the OIC and reviewed by the FOD.

The facility has a progressive disciplinary policy. All detainees are made aware of facility rules and regulations through orientation; the handbook, a copy of which every detainee receives during intake; and posted copies of disciplinary rules, regulations and sanctions.

Disciplinary action may not be capricious or retaliatory nor based on race, religion, national origin, sex, sexual orientation, disability, or political beliefs. The shift supervisor reviews all incident reports before going off duty. The investigating officer has supervisory rank. The shift supervisor reviews reports for accuracy and completeness and then signs them. Only the Institution disciplinary panel (IDP) places a detainee in disciplinary segregation. Detainees being held in administrative segregation pending a discipline hearing cannot be held longer than 72 hours, barring an emergency. The entire discipline record is forwarded to the OIC, who may (a) concur; (b) terminate the proceedings; or (c) impose harsher or more lenient sanctions. Time served in administrative segregation pending the outcome of the proceedings may be credited to the number of days to be spent in the segregation unit after an adverse decision is announced. The disciplinary report and accompanying documents are not placed in the file of a detainee who is found not guilty.

Procedures are in place to ensure compliance with facility rules and regulations, to impose disciplinary sanctions to control the behavior of those who do not comply, and to promote a safe and orderly living environment for detainees. In evaluating this standard, the disciplinary lieutenant was interviewed; and policy, the local handbook, and disciplinary reports and files were reviewed.

**Overall Rating:** Meets Standard

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

**Completion Date:** 4/21/2016

**Reviewer Signature (for printed form submission):**

## ***Section IV: CARE***

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

**STANDARD 4.1. 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. <b>PRIORITY:</b> 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"> <li>Planning, controlling, directing, managing, and evaluating food service;</li> <li>Managing budget resources;</li> <li>Establishing standards of sanitation, safety and security;</li> <li>Developing nutritionally adequate menus and evaluating detainee acceptance of them;</li> <li>Developing specifications for the procurement of food, equipment, and supplies; and</li> <li>Establishing a training program that ensures operational efficiency and a high quality food service program.</li> </ul>	Meets Standard	The food service department is operated by The GEO Group Inc. staff. The food service administrator (FSA) and staff members are certified ServSafe food handlers. The FSA determines the duties and the responsibilities of staff members, plans menus, manages the budget, procures food products and maintains personnel and detainee training programs that include the elements contained within the 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>	N/A	The facility does not use knives. Utensils are maintained in a room that is double locked. They receive direct staff supervision during use.
<p>3. Special procedures govern the handling of food items that pose a security threat.</p>	Meets Standard	The facility identifies sugar as a food item that may pose a security threat. It is secured and inventoried separately.
<p>4. The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date.</p>	Meets Standard	The FSA maintains the annual review of detainee job descriptions. The last review was conducted 03/20/2016.
<p>5. During orientation and training session(s), the cook supervisor or equivalent explains and demonstrates:</p> <ul style="list-style-type: none"> <li>Safe work practices and methods.</li> <li>Safety features of individual products/ pieces of equipment.</li> <li>Training covers the safe handling of hazardous material[s] the detainee are likely to encounter in their work.</li> </ul>	Meets Standard	The food service department maintains comprehensive training documentation for each detainee assigned to the department. It includes safe work practices, safety instructions for food service products/equipment and hazardous material training.
<p>6. The cook supervisor documents all training.</p>	Meets Standard	The FSA maintains individual detainee files containing training information.
<p>7. Detainees assigned to the food service department shall have a neat and clean appearance.</p>	Meets Standard	

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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	Detainees are served three hot meals s day. Meal times are 4:30 a.m., 10:30 a.m. and 4:15 p.m.
9. Meals shall always be prepared, delivered, and served under staff supervision.	Meets Standard	
10. <b>PRIORITY:</b> 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	Visual observation of food preparation during the inspection supported the following of sanitary guidelines. Food temperatures were visually observed during the inspection. They 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	Servers were observed using gloves, hair nets and utensils.
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 utilizes insulated serving trays and a food steam line to maintain food temperatures. Ample equipment is available to maintain and serve food products while maintaining industry temperature standards.
14. Food shall be delivered from one place to another in covered containers.	Meets Standard	Insulated food trays are utilized to move food from the food service department to the special management unit (SMU).
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	Food carts are delivered to the SMU under constant supervision of security personnel All other detainees eat in a dedicated dining room.
16. <b>PRIORITY:</b> 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	The GEO Group Inc. maintains a registered dietitian on corporate staff. They conduct the nutritional analysis to ensure the master menu meets Recommended Daily Allowances. The nutritional analysis was visually inspected.
17. The CS or equivalent ensures that items on the master-cycle menu are prepared and presented according to approved recipes.	Meets Standard	The facility utilizes approved recipes for the production of food products.

**Performance-Based National Detention Standards 2011 Inspection Worksheet for Over 72 Hour Facilities**

18. The CS or equivalent 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	The food service department maintains acceptable substitution guidelines, approved by the dietician, which personnel must adhere to when making menu changes. The OIC is notified of any substitutions.
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.	Meets Standard	
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	The religious services coordinator provides the FSA with a list of detainees authorized to receive religious diets. The facility had one ICE detainee receiving a religious diet during the inspection.
21. <i>(SPCs/CDFs) Once a religious diet has been approved, the FSA shall issue, in duplicate, a special-diet identification card.</i>	Meets Standard	This facility is an IGSA. It issues religious/special diet identification cards. An updated list of all religious/special diet detainees are maintained by food service personnel.
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 daily.	Meets Standard	The facility maintains an approved common fare menu that adheres to the Recommended Daily Allowances and requirements established in this component. The common fare menu is a 42-day cycle menu.
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 program maintains a common fare menu to accommodate religious requests. It will support Muslims, Jewish and other religious groups when housed at the facility.
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. During the time of the inspection one ICE detainee was receiving a medical diet.

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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	
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	The facility utilizes a satellite feeding program for the SMU. Meals are served within two hours of plating
28. In segregation units, food rations shall not be reduced or changed or otherwise used as a disciplinary tool.	Meets Standard	
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	Detainee workers are trained on cleanliness, hygiene, preparation and maintenance of equipment. The training is recorded and maintained.
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	Food service personnel and detainee workers receive pre-employment medical examinations prior to beginning their duties. The cook foreman visually inspects detainees' health status prior to beginning work. Detainee workers identified with an illness during assignment to the department are sent to the medical department for treatment and must gain new clearance to return 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 food service department is inspected monthly by facility health and safety personnel. Annual comprehensive inspections are conducted by the Louisiana Department of Health. The last inspection was conducted 12/28/2015.
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 at various locations throughout the department.
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	
36. Adequate, sanitary, properly equipped, and conveniently located toilet facilities shall be provided for all food service staff and detainee workers.	Meets Standard	
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	Pest control is performed monthly through a contract with J&J Exterminating, Crowley, LA. Air curtains or comparable devices are used on outside doors where food products are prepared, stored and served to protect against insects and rodents.
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	
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	The food service personnel document refrigerator/freezer and washer temperatures daily. The documentation is reviewed and maintained by the food service administrator. The department is inspected weekly by the food service administrator. An independent inspection is also conducted annually by the Louisiana Department of Health. The last inspection was conducted 12/28/2015.
40. The FSA shall develop a cleaning schedule for each food service area and post it for easy reference.	Meets Standard	The food service cleaning schedule is posted at various locations throughout the department.
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	Observation of food storage areas confirmed that products are maintained at least six inches above the floor and sufficiently away from walls.
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	
44. Inventory levels are established, monitored and periodically adjusted to correct excesses or shortages.	Meets Standard	

**STANDARD 4.1. FOOD SERVICE – Reviewer Summary**

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

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

The food service department is operated by The GEO Group Inc. During the facility inspection, food service operations were found to be clean and organized. The facility has personnel trained on the detention standards and maintains a consistent operation with documentation to support the food service function. Food items are nutritionally adequate and presented in a manner designed to be visually appealing.

Food service officers conduct daily searches of the department and detainee workers are not allowed to leave other than during shift changes to ensure accountability. Private and secure toilet facilities are provided for food service personnel and detainee workers. Detainees are counted in the food service area during designated count times by officers assigned to food service security.

The FSA considers the ethnic diversity of the facility's detainee population when developing menu cycles. Detainee workers receive the same menu items as the facility population. Meals are served in as unregimented manner as possible. The facility has a detainee dining room and only utilizes satellite feeding for the SMU. The FSA maintains a record of actual costs of both edible and non-edible items and has estimated weekly costs for the common fare program.

The areas underneath sprinkler deflectors have at least an 18-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 maintained at the appropriate concentration level. A sink with at least three labeled compartments is used for manually washing, rinsing, and sanitizing utensils and equipment. Chemicals used for sanitizing are dispensed at the appropriate concentration level and temperature.

**Overall Rating:** Meets Standard

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

**Completion Date:** 4/21/2016

**Reviewer Signature (for printed form submission):**



**STANDARD 4.2. HUNGER STRIKES** (Key: U)

This detention standard protects detainees' health and well-being by monitoring, counseling and providing appropriate treatment to any detainee who is on a hunger strike.

<b>Components</b>	<b>Rating</b>	<b>Remarks (1000 Char Max)</b>
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 orientation and annual refresher training on recognizing the signs of a hunger strike and procedures for referral of the hunger striker to medical personnel for evaluation. Medical personnel receive refresher training on hunger strike evaluation and treatment through professional continuing education and clinical training sessions.
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	Policy includes procedures for identifying and referring hunger strikers to medical personnel. A referral to mental health is initiated to assess whether the detainee's action is reasoned and deliberate or the manifestation of a mental illness.
3. <u>PRIORITY</u> : Facility immediately reports via the chain of command a hunger strike to ICE/ERO.	Meets Standard	Policy requires immediate reporting of detainee hunger strikes to ICE/ERO. Reporting is made through email notification through the chain of command.
4. <u>PRIORITY</u> : 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	Per policy, detainees noted to have not eaten for nine consecutive meals are considered to be on a hunger strike and are referred to medical personnel for evaluation and treatment.

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<p>5. During the initial evaluation of a detainee on a hunger strike, medical staff shall:</p> <ul style="list-style-type: none"> <li>Measure and record height and weight;</li> <li>Measure and record vital signs;</li> <li>Perform urinalysis;</li> <li>Conduct psychological/psychiatric evaluation;</li> <li>Examine general physical condition; and</li> <li>If clinically indicated, proceed with other necessary studies.</li> </ul> <p>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.</p> <p>Medical staff shall record all examination results in the detainee's medical file.</p>	<p align="center">Meets Standard</p>	<p>Guidelines on the initial medical evaluation of a hunger striker include all the bulleted items listed in this component. Weight and vital signs are taken once every 24 hours and documented in the detainee medical record. Other indicated laboratory tests are conducted as ordered by the physician.</p>
<p>6. 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.</p>	<p align="center">Meets Standard</p>	<p>Policy requires the detainee to be informed of all procedures and treatments. If the detainee refuses them, he is asked to sign a refusal form. If the detainee refuses to sign the form, two staff witnesses must note this on the form and then sign and date the form. Any detainee refusing medical treatment will be monitored by medical staff to determine a risk to the detainee's life or permanent health.</p>
<p>7. 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.</p>	<p align="center">Meets Standard</p>	<p>Per policy, only the physician may order a detainee's release from hunger strike treatment. The order is documented in the detainee's medical record. A notation in the detention file is also made when the detainee has ended a hunger strike. Per policy, medical staff will provide medical and mental health follow-up care as indicated.</p>
<p>8. 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.</p>	<p align="center">Meets Standard</p>	<p>The Hunger Strike Form is used to measure and record food and water intake and output during the hunger strike, as directed by the OIC with consultation with the clinical medical authority.</p>

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9. 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	Personnel are required to deliver three meals per day to the detainee's cell and complete applicable documentation, regardless of the detainee's response to verbal offers of a meal.
10. Provide an adequate supply of drinking water or other beverages.	Meets Standard	Policy requires staff members to provide an adequate supply of drinking water and other beverages and to record the hunger striker's fluid intake on the hunger strike form.
11. Remove from the detainee's room all food items not authorized by the clinical medical authority.	Meets Standard	All food items are removed from the hunger striker's cell. Hunger striking detainees are not permitted to order commissary food items.
12. 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.	Meets Standard	A hunger-striking detainee is provided counseling regarding the risks of a hunger strike and is encouraged to accept treatment voluntarily. Counseling is documented in the detainee's medical record. In the event that involuntary medical treatment is required, it will be provided 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.

**STANDARD 4.2. 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)*

During the initial referral, medical personnel document the reasons for placing a detainee in a single occupancy observation room. This decision is reviewed every 72 hours. Medical personnel make the decision concerning appropriate housing placement when food and liquid intake/output is measured.

During the initial medical evaluation and management, medical personnel monitor the health of a detainee on a hunger strike. If a detainee engaging in a hunger strike has been previously diagnosed with a mental health 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. Only qualified medical personnel modify or augment standard treatment protocols.

Detainees refusing to accept treatment are counseled by medical personnel regarding the medical risks associated with refusal of treatment. When clinical assessment and laboratory results indicate the detainee's weakening condition threatens the life or long-term health of the detainee, a physician recommends involuntary treatment. ICE is notified if a detainee is refusing treatment, and informed of any plans or the need for involuntary treatment. ICE would be contacted for any detainee who requires involuntary treatment so that a transfer can be initiated to a more appropriate facility. Medical personnel continue to monitor clinical and laboratory findings as necessary until the detainee's life or health is out of danger.

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and continue to provide medical and mental health follow-up as needed.

Written policy, procedures and practice for the identification and management of hunger strikers are in place. Policy requires completion of a medical examination and mental health evaluation when a detainee has refused food for 72 hours. Policy, procedures and training documentation indicated that facility personnel are appropriately trained on responding to and managing hunger strikers. There have been no hunger strikes at this facility since the placement of the first detainees on 01/06/2016. Because there have been no ICE detainee hunger strikes, no documentation of medical treatment was available for review. Therefore, this inspector was unable to determine if the actual practices of the facility fully comply with the standard. Evaluation of this standard was based on a review of policy, interviews with staff, a review of training records and a review of medical records.

**Overall Rating:** Meets Standard

**Reviewer Name (Printed)**

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

**Completion Date:** 4/21/2016

**Reviewer Signature (for printed form submission):**

**STANDARD 4.3. MEDICAL CARE** (Key: V)

This detention standard ensures that detainees have access to appropriate and necessary medical, dental, and mental health care, including emergency services.

Components	Rating	Remarks (1000 Char Max)
<p>1. Every facility shall directly or contractually provide its detainee population:</p> <ul style="list-style-type: none"> <li>Initial medical, mental health, and dental screening,</li> <li>Medically necessary and appropriate medical, dental and mental health care and pharmaceutical services</li> <li>Comprehensive, routine and preventive health care, as medically indicated</li> <li>Emergency care, Specialty health care,</li> <li>Timely responses, Mental health care,</li> <li>Hospitalization as needed within the local community, and</li> <li>Staff or professional language services necessary for detainees with limited English proficiency during any medical or mental health appointment, sick call, treatment, or consultation</li> </ul>	Meets Standard	<p>All medical services are currently provided to the detainee population by The GEO Group Inc. (GEO) employees and policies. Medical services are transitioning to a contract provider, Correct Care Solutions (CCS). CCS employees and policies will be in effect as of 05/05/2016. The services provided meet all bulleted items of the component. Policy and review of detainee medical records confirmed that practice includes the provision and documentation of an initial health screening prior to the detainee's placement in a housing unit. Timely routine and emergent medical, dental and mental health care are provided on site as well as through service agreements with local community hospitals.</p>
<p>2. A designated health services administrator (HSA) or equivalent in non-IHSC staffed detention facilities shall have overall responsibility for health care services pursuant to a written agreement, contract, or job description. The HSA is a physician or health care professional and shall be identified to detainees. When the HSA 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	<p>The health services administrator (HSA) has overall responsibility for health care at this facility per job description. Final clinical judgment rests with the clinical medical authority/physician. Clinical decisions are not made by non-clinicians.</p>

<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, identifies the positions needed to perform the required services.</p>	<p>Meets Standard</p>	<p>Staffing is sufficient to meet the health services mission, consistent with this standard. Medical services are provided by GEO staff and contract personnel. Medical services are currently transitioning to a contract provider, Correct Care Solutions (CCS). CCS employees and policies will be in effect as of 05/05/2016. Medical coverage is provided 24 hours a day, seven days a week. Medical personnel include the health services administrator (HSA), a contract physician, (b)(7) registered nurses (RN)(b)(7) contract nurse practitioner, (b)(7) licensed practical nurses (LPNs), and (b)(7) medical records technicians. Mental health care is provided by (b)(7) part-time contract medical psychologist through scheduled tele-medicine clinics twenty hours per week and on call services. The physician provides on call services when not at the facility. Dental services are provided through a contract with a local dentist. The staffing plan describes the positions and is reviewed annually by the HSA.</p>
<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>	<p>Meets Standard</p>	<p>Per review of credentialing documentation, health care personnel are appropriately licensed or certified and licenses are verified. Health care personnel only perform duties for which they are credentialed by training, licensure, certification, job description or lawful orders.</p>

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<p>5. The facility administrator, in collaboration with the clinical medical authority and HSA, 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 has written agreements for hospital and specialty care that cannot be provided on site by the health services unit with Acadian Medical Center and Savoy Medical Center. Policy establishes procedures for the transport of detainees to outside emergency or other medical services.</p>
<p>6. <u>PRIORITY:</u> 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"> <li>Coordination with public health authorities;</li> <li>Ongoing education for staff and detainees;</li> <li>Control, treatment and prevention strategies;</li> <li>Protection of individual confidentiality;</li> <li>Media relations;</li> <li>Procedures for the identification, surveillance, immunization, follow-up and isolation of patients;</li> <li>Manage infectious diseases and report them to local and/or state health departments in accordance with established guidelines and applicable laws; and</li> <li>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.</li> </ul>	<p align="center">Meets Standard</p>	<p>Written plans address the management of infectious and communicable diseases. The plans cover all of the bulleted requirements listed in this component.</p>
<p>7. <u>PRIORITY:</u> All new arrivals shall receive TB screening within 12 hours of intake and using methods in accordance with CDC guidelines.</p>	<p align="center">Meets Standard</p>	<p>Intake procedures include symptomatic screening for TB as well as a chest x-ray, as indicated, prior to being placed in general population housing. A review of ICE detainee medical records confirmed this is established practice and is completed within twelve hours of arrival.</p>

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<p>8. Detainees with symptoms suggestive of TB, or with suspected or confirmed active TB disease based on clinical and/or laboratory findings, shall be placed in a functional airborne infection isolation room with negative pressure ventilation and promptly evaluated for TB disease. Patients with suspected active TB shall remain in airborne infection isolation until determined by a qualified provider to be noncontagious in accordance with CDC guidelines.</p>	<p align="center">Meets Standard</p>	<p>Detainees with symptoms suggestive of TB and those suspected or confirmed to have active TB disease are placed in a functional negative pressure isolation room until determined by a qualified provider to be noninfectious in accordance with CDC guidelines. The facility currently has four functional and certified airborne infection isolation rooms with negative pressure ventilation located within the medical department.</p>
<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>All confirmed and suspected active TB cases are reported to local and/or state health departments and the ICE Epidemiology Unit within one working day by the designated infection control nurse. Notification would also be provided for any movement, including hospitalization, facility transfer or release/deportation of the patient.</p>
<p>10. <b>PRIORITY:</b> Designated medical staff shall notify the ICE Epidemiology Unit of any varicella (e.g. herpes zoster [shingles], chicken pox) cases among ICE detainees and of any ICE detainees exposed to active varicella without a history of prior varicella or varicella immunization.</p>	<p align="center">Meets Standard</p>	<p>Per the HSA, reports to the ICE Epidemiology Unit are made of all cases of varicella among ICE detainees and of any detainees exposed to active varicella without a history of prior varicella or varicella immunization.</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>The established plan ensures the highest degree of confidentiality regarding a detainee's HIV status and medical condition.</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>The need to isolate detainees with HIV is determined by clinical evaluation.</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>The facility has a comprehensive exposure control plan that addresses exposure to blood-borne pathogens and reporting requirements.</p>



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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.	Meets Standard	Upon admission, detainees are provided a copy of the National Detainee Handbook and the local handbook which outline access to health care, the sick call process and the medical grievance process, in English and Spanish. A verbal intake education by medical staff is also conducted and signed documentation is maintained in the medical record. The orientation video also addresses the required information.
15. Detainees shall not be used for interpretation services during any medical or mental health service. Interpretation and translation services by other detainees shall only be provided in an emergency medical situation.	Meets Standard	Per the HSA and policy, detainees are not used for interpretation services during any medical or mental health service unless in an emergency medical situation.
16. Facilities shall post signs in medical intake areas in the major languages spoken by the detainee population listing what language assistance is available during any medical or mental health treatment, diagnostic test, or evaluation.	Meets Standard	A tour of the medical intake screening area and all locations for patient care, revealed posted signs listing language assistance available for any medical or mental health treatment, diagnostic test or evaluation. The medical department utilizes Language Line translation services, which were observed during the intake screening process.
17. <u>PRIORITY:</u> Medical, dental, and mental health interviews, examinations, and procedures shall be conducted in settings that respect detainees' privacy.	Meets Standard	Health care interviews, examinations and procedures are conducted in designated exam or interview rooms in a manner that provides privacy for the detainees, as observed.
18. A holding/waiting area shall be located in 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.	Meets Standard	A waiting area located in the medical unit is under constant supervision by an assigned detention officer. Detainees have access to a toilet and drinking water on request.

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<p>19. Medical records shall be kept separate from detainee detention records and stored in a securely locked area within the medical unit.</p>	<p align="center">Meets Standard</p>	<p>Medical records are maintained in a separate locked room within the medical department. Per policy and practice, access to the medical records is restricted to health care personnel and practitioners for the provision of health care. Medical records are kept separate from detention records.</p>
<p>20. 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, consideration shall be given to the detainee's age, gender, medical requirements and custody classification, and the following minimum standards shall be met:</p> <p>Physician at the facility or on call 24 hours per day;</p> <p>Qualified health care personnel on duty 24 hours per day when patients are present;</p> <p>All patients within sight or sound of a staff member;</p> <p>Medical 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>	<p align="center">N/A</p>	<p>Per policy, the facility does not provide infirmary care under the supervision and direction of health care personnel which meets all of the bulleted requirements listed in the component. There are four negative pressure rooms designated for medical observation within the medical department.</p>
<p>21. Prior to placing a mentally ill detainee in medical housing, a determination shall be made by a medical or mental health professional that placement in medical housing is medically necessary.</p>	<p align="center">Meets Standard</p>	<p>Per policy, mentally ill detainees are not placed in the isolation cell in the HSU until evaluated and deemed clinically appropriate by a medical or mental health professional.</p>
<p>22. <u>PRIORITY:</u> Each facility shall have and comply with 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.</p>	<p align="center">Meets Standard</p>	<p>Written policy establishes procedures for the procurement, inventory, prescription, dispensing, secure storage and disposal of all medications.</p>
<p>23. The facility administrator and HSA shall jointly approve any non-prescription medications that are available to detainees outside of health services and they shall jointly review the list annually at a minimum.</p>	<p align="center">Meets Standard</p>	<p>Per the OIC and HSA, non-prescription medications available to detainees outside of health services are jointly approved by the OIC and HSA and reviewed annually.</p>

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<p>24. <b>PRIORITY:</b> 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"> <li>Any past history of serious infectious or communicable illness, and any treatment or symptoms;</li> <li>Current illness and health problems, including communicable diseases;</li> <li>Pain assessment;</li> <li>Current and past medication;</li> <li>Allergies;</li> <li>Past surgical procedures;</li> <li>Symptoms of active TB or previous TB treatment;</li> <li>Dental problems;</li> <li>Use of alcohol and other drugs;</li> <li>Possibility of pregnancy;</li> <li>Other relevant health problems identified by the CMA responsible for screening inquiry;</li> <li>Observation of behavior, including state of consciousness, mental status, appearance, conduct, tremor, sweating;</li> <li>History of suicide attempts or current suicidal/homicidal ideation or intent;</li> <li>Observation of body deformities and other physical abnormalities;</li> <li>A transgender detainee's gender self-identification and history of transition-related care, when a detainee self-identifies as transgender;</li> <li>Past hospitalizations;</li> <li>Chronic illness (including, but not limited to, hypertension and diabetes);</li> <li>Dietary needs; and</li> <li>Any history of physical or sexual victimization and when the incident occurred.</li> </ul>	<p align="center">Meets Standard</p>	<p>Initial medical, dental and mental health screening is performed by nursing personnel during intake. As confirmed per review of ICE detainee medical records and observations, the screening addresses all of the bulleted items listed in this component and is completed within twelve hours of the detainee's arrival.</p>
<p>25. 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 align="center">N/A</p>	<p>All medical and mental health intake screenings are completed by nursing staff.</p>

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26. <b>PRIORITY:</b> Any detainee indicating a known acute or emergent medical condition or demonstrating a clinically significant finding as a result of initial screening shall be evaluated by a qualified, licensed health care provider as quickly as possible, but in no later than two working days.	Meets Standard	Nurses conducting the medical screenings evaluate a detainee with an acute or emergent medical concern. Per the HSA, those detainees identified will be seen by a licensed health care provider as quickly as possible.
27. <b>PRIORITY:</b> If at any time during the screening process there is an indication of need, or request for, mental health services, the HSA must be notified within 24 hours. The clinical medical authority, HSA, or other qualified licensed health care provider shall ensure a full mental health evaluation if indicated. If a detainee discloses a history of sexual victimization or abuse during a medical or mental health intake screening, whether it occurred in an institutional setting or in the community, a referral to a qualified, licensed healthcare provider shall be made immediately.	Meets Standard	Per policy and practice, detainees requesting or having a need for mental health services, as identified during intake mental health screening, are immediately referred for a mental health evaluation and the HSA is notified. The mental health evaluation is completed within 24 hours. Per the HSA, detainees who present a history of sexual victimization or abuse during the intake process are immediately referred to a qualified health care provider.
28. All facilities shall have policies and procedures to ensure the initial health screening and assessment is documented.	Meets Standard	Policies require documentation of the initial health screening and assessment. Completed screenings and assessments become a part of the detainees' medical record. Review of detainee medical records verified this is established practice.
29. <b>PRIORITY:</b> Upon completion of the in-processing health screening form, the detention officer shall immediately notify medical staff when one or more positive responses are documented. Medical staff will then assess the priority for treatment (for example, Urgent, Today, or Routine).	N/A	Health screenings are performed by medical personnel who are able to immediately assess the priority for treatment.
30. <b>PRIORITY:</b> Limited-English proficient 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	Per the HSA, non-English speaking detainees will be provided interpretation or translation by utilizing bilingual staff members or Language Line services. Deaf or hard of hearing detainees will be provided interpretation or translation services as needed. TTY phone service is available for the hearing impaired.
31. The clinical medical authority shall establish guidelines for evaluation and treatment of new arrivals who require detoxification.	Meets Standard	Written guidelines have been established for the evaluation and treatment of detainees who require detoxification.

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<p>32. <b>PRIORITY:</b> Each facility's health care provider shall conduct a comprehensive health assessment, including a physical examination and mental health screening, 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. If such documentation exists of such a health assessment within the previous 90 days, the facility health care provider upon review may determine that a new appraisal is not required. Physical examinations shall be performed by a physician, physician assistant, nurse practitioner, RN (with documented training provided by physician) or other healthcare provider permitted by law.</p>	<p align="center">Meets Standard</p>	<p>Per review of ICE detainee medical records, physical assessments are conducted by the mid-level provider, physician or trained RN within fourteen days of the detainee's arrival. Any physical assessments conducted by an RN are reviewed and signed by the physician. As confirmed per review of documentation, RNs conducting physical examinations have been trained to do so by the physician and a dentist.</p>
<p>33. A detainee's request to see a health care provider of a particular gender is accommodated, whenever possible. Otherwise, detainees are provided same sex chaperones if requested.</p>	<p align="center">Meets Standard</p>	<p>Whenever possible, a detainee requesting evaluation by a health care provider of a specific gender is accommodated. When accommodations cannot be made, same gender chaperones are provided.</p>
<p>34. <b>PRIORITY:</b> Where a detainee has a serious medical or mental health condition or otherwise requires special or close medical care, medical staff complete a Medical/Psychiatric Alert form (IHSC-834) or equivalent, and file the form in the detainee's medical record. Where medical staff furthermore determine the condition to be serious enough to require medical clearance of the detainee prior to transfer or removal, medical staff also place a medical hold on the detainee using the Medical/Psychiatric Alert form (IHSC-834) or equivalent, which serves to prevent ICE from transferring or removing the detainee without the prior clearance of medical staff at the facility. The facility administrator receives notice of all medical/psychiatric alerts or holds, and notifies ICE/ERO of any medical alerts or holds placed on a detainee that is to be transferred.</p>	<p align="center">Meets Standard</p>	<p>Medical record review documented use of medical/psychiatric alert and hold forms in the medical record. The AFOD receives notice of any alerts/holds via email.</p>

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<p>35. <b>PRIORITY:</b> The facility performs mental health intake screening, as well as mental health evaluations based on screening results, the comprehensive health assessment, 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>Nursing staff conduct mental health screenings for all arriving detainees during intake procedures. When indicated by the screening result, a comprehensive mental health evaluation that includes all of the items listed in this component is performed. Referrals and/or transfers are made when clinically indicated. When the detainee's mental health needs exceed the facility's capabilities, the detainees are transported to a licensed mental health facility.</p>
<p>36. <b>PRIORITY:</b> Any detainee referred for mental health treatment shall receive a comprehensive evaluation by a licensed mental health provider as clinically necessary no later than 72 hours after the referral, or sooner if necessary.</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>Per policy, any detainee referred for mental health treatment will receive a comprehensive evaluation by a licensed mental health provider as soon as possible but not later than 72 hours after the referral. A treatment plan will be developed by the provider in conjunction with the detainee. The plan may consider transfer to a mental health facility if the detainee's mental health or disability needs exceed the capabilities of the medical unit.</p>
<p>37. Any detainee prescribed psychiatric medications must be regularly evaluated by a duly-licensed and appropriate medical professional, at least once a month, to ensure proper treatment and dosage.</p>	<p align="center">Meets Standard</p>	<p>Per the HSA, any detainee receiving psychiatric medications is regularly evaluated by a mental health clinician on a monthly basis to ensure proper treatment and dosage.</p>
<p>38. The facility has a mental health staffing component on call to respond to the needs of the detainee population 24 hours a day, seven days a week.</p>	<p align="center">Meets Standard</p>	<p>Per the HSA, a contract medical psychologist is on staff part-time via scheduled tele-medicine clinics twenty hours per week and on call to respond to the needs of the detainee population as needed.</p>

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<p>39. 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>Per policy and the HSA, the clinical medical authority may place a detainee at high risk for violent behavior in isolation because of a mental health condition. Medical personnel conduct daily assessments of the need for continued isolation for the health and safety of the detainee.</p>
<p>40. <b>PRIORITY:</b> The facility shall have written procedures for restraints for medical or mental health purposes that specify:</p> <ul style="list-style-type: none"> <li>The conditions under which restraints may be applied;</li> <li>The types of restraints to be used;</li> <li>The proper use, application, and monitoring of restraints;</li> <li>Requirements for documentation, including efforts to use less restrictive alternatives; and</li> <li>After-incident review.</li> </ul>	<p align="center">Meets Standard</p>	<p>Written procedures for restraints for medical or mental health purposes address all of the bulleted items in this component.</p>
<p>41. <b>PRIORITY:</b> 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. Absent declared medical emergency, before psychotropic medication is involuntarily administered, it is required that the HSA contact ERO Management, who shall contact respective DHS/ICE Chief Counsel.</p> <p>The authorizing physician shall:</p> <ul style="list-style-type: none"> <li>Review the medical record of the detainee and conduct a medical examination;</li> <li>Specify the reasons for and duration of therapy and whether the detainee has been asked if he or she would consent to such medication;</li> <li>Specify the medication to be administered, the dosage, and the possible side effects of the medication;</li> <li>Document that less restrictive intervention options have been exercised without success;</li> <li>Detail how the medication is to be administered;</li> <li>Monitor the detainee for adverse reactions and side effects; and</li> <li>Prepare treatment plans for less restrictive alternatives as soon as possible.</li> </ul>	<p align="center">Meets Standard</p>	<p>Policy and procedures for the involuntary administration of psychotropic medications address all of the bulleted requirements in this component. Any such administration would occur only pursuant to the specific, written and detailed authorization of a physician. The HSA or his/her designee would contact ICE prior to administration of treatment.</p>

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<p>42. A detainee that is in ICE custody for over a year continuously 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 align="center">Meets Standard</p>	<p>Policy requires detainees housed in the facility for over a year to receive an annual physical assessment, TB testing as well appropriate age and gender examinations. Per the HSA, detainees are scheduled for their annual physical eleven months from the date their fourteen day physical is completed. A review of medical records confirmed this procedure.</p>
<p>43. 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. Dental exams and treatment are provided only by licensed dental personnel.</p>	<p align="center">Meets Standard</p>	<p>An initial dental screening examination is performed by a trained RN during physical examinations which are completed within fourteen days of admission. Routine dental care and treatment is available by contract with a local dentist. Emergency dental treatment is provided to relieve pain and acute dental issues. Routine dental treatment is provided to detainees who are in custody for over six months.</p>
<p>44. <b>PRIORITY:</b> 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"> <li>Clearly written policies and procedures;</li> <li>Sick call process will be communicated in writing and verbally to detainees during their orientation;</li> <li>Regularly scheduled "sick call" times will be established and communicated to detainees;</li> <li>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 24 hours after the detainee submits the request. In an urgent situation, the housing unit officer shall notify medical personnel immediately.</li> </ul> <p>All detainees, including those in Special Management Units, regardless of classification, shall have access to sick call.</p>	<p align="center">Meets Standard</p>	<p>The sick call procedures allow detainees the unrestricted opportunity to request health care services, and include all the bulleted items. All detainees, including those in special management units, have access to sick call.</p>



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<p>45. 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. Limited-English proficient 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 align="center">Meets Standard</p>	<p>Policy addresses all requirements of this component. Sick call requests are provided in English and Spanish.</p>
<p>46. Medical personnel shall review the request slips and determine when the detainee will be seen based on acuity of the problem. All facilities shall maintain a permanent record of all sick call requests.</p>	<p align="center">Meets Standard</p>	<p>Per policy and procedure, sick call requests are reviewed and triaged by a nurse daily and the date, time and signature/stamp of the nurse is recorded on the form. All requests are documented on a sick call log which is maintained in the medical records room.</p>
<p>47. <b>PRIORITY:</b> 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 HSA. The plan will include the following:</p> <ul style="list-style-type: none"> <li>An on-call physician, dentist, and mental health professional, or designee, that are available 24 hours per day;</li> <li>A list of telephone numbers for local ambulances and hospital services available to all staff;</li> <li>An automatic external defibrillator (AED) will be maintained for use at each facility and accessible to staff;</li> <li>All detention and medical staff shall receive cardio pulmonary resuscitation (CPR, AED) , and emergency first aid training annually;</li> <li>Security procedures that ensure the immediate transfer of detainees for emergency medical care.</li> </ul>	<p align="center">Meets Standard</p>	<p>The facility has 24-hour medical coverage. Medical personnel provide emergency medical, dental and mental health services. The written plan for the delivery of 24-hour emergency health care includes procedures for summoning and response by medical staff, the provision of emergency treatment on site and ambulance transport to a hospital emergency room if clinically indicated. The physician provides on-call services when not at the facility and his telephone number is available to medical personnel. All facility personnel receive first aid training annually and are certified in CPR and automated external defibrillator (AED) use. An AED is maintained in the medical department. Security procedures for the immediate emergency transport of detainees when clinically indicated are in place.</p>

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<p>48. <b>PRIORITY:</b> 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"> <li>Responding to health-related situations within four (4) minutes;</li> <li>Recognizing of signs of potential health emergencies and the required responses;</li> <li>Administering first aid, AED and cardiopulmonary resuscitation (CPR);</li> <li>Obtaining emergency medical assistance through the facility plan and its required procedures;</li> <li>Recognizing signs and symptoms of mental illness and suicide risk;</li> <li>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.</li> </ul>	<p align="center">Meets Standard</p>	<p>Policy requires employees to respond to health related situations within four minutes. The review of training records and training plans confirmed that all employees receive annual training that addresses all bulleted items of the component.</p>
<p>49. 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.</p>	<p align="center">N/A</p>	<p>Per policy, the facility does not maintain first aid kits within the facility due to the availability of 24 hour medical personnel for response to all emergencies.</p>
<p>50. Distribution of medication (including over the counter) shall be in accordance with specific instructions and procedures established by the HSA in consultation with the CMA. Written records of all medication given to or refused by detainees shall be maintained. Detainees may not deliver or administer medications to other detainees.</p>	<p align="center">Meets Standard</p>	<p>Medications are distributed by medical personnel in accordance with procedures established by the HSA and clinical director. Medication administration records are utilized to document medications given to detainees. Per review of detainee medical records this is established practice. Detainees do not deliver or administer medications to other detainees.</p>
<p>51. If prescribed 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 HSA or designee, where it is permitted by state law to do so.</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>	<p align="center">N/A</p>	<p>Medications are distributed by qualified healthcare personnel only.</p>

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<p>52. Qualified health care personnel shall provide detainees health education and wellness information.</p>	<p align="center">Meets Standard</p>	<p>A health and wellness information packet is provided by medical personnel during the intake screening process and documentation of receipt is placed in the medical record. Additional information is provided continuously in the form of information sheets available to the detainee population in the medical waiting area. Health education and wellness information is provided by qualified medical personnel during each patient encounter.</p>
<p>53. The clinical medical authority for each facility must have a plan to notify ICE in writing of any detainee with special needs. The written notification must become part of the detainee's health record file.</p>	<p align="center">Meets Standard</p>	<p>Utilizing IHSC Form 819, the HSA provides ICE personnel with written notification of any detainee with special needs. The GEO Track system is used to notify facility staff. The completed notification becomes part of the detainee's electronic medical record.</p>
<p>54. Consistent with the IHSC Detainee Covered Services Package, detainees are provided medical prosthetic devices or other impairment aids, such as eyeglasses, hearing aids, or wheelchairs, except when such provisions would impact the security or safety of the facility.</p>	<p align="center">Meets Standard</p>	<p>Per the HSA, detainees are provided medical prosthetic devices or other impairment aids consistent with the IHSC Detainee Covered Services Package, except when such provisions would impact the security or safety of the facility.</p>
<p>55. <b>PRIORITY:</b> 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 qualified licensed health care provider, in consultation with the patient, with periodic review.</p>	<p align="center">Meets Standard</p>	<p>Per policy, detainees who require close medical supervision are enrolled in a chronic care clinic. The detainee is evaluated by the physician, with periodic follow up as needed. A written treatment plan is developed in consultation with the detainee.</p>
<p>56. Transgender detainees who were already receiving hormone therapy when taken into ICE custody shall have continued access. All transgender detainees shall have access to mental health care, and other transgender-related health care and medication based on medical need. Treatment shall follow accepted guidelines regarding medically necessary transition-related care.</p>	<p align="center">Meets Standard</p>	<p>Per policy, transgender detainees who were receiving hormone therapy prior to admission will have continued access. Detainees will have access to mental health care and other transgender-related health care and medication based on medical need. Per the HSA, there are currently no transgender detainees at this facility.</p>

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<p>57. The facility HSA 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.</p> <p>Upon transfer to another facility, the medical provider shall ensure that the detainee's full medical record and at least 7 day (or, in the case of TB medications, 15 day; and HIV/AIDS medications, 30 day) supply of medication shall accompany the detainee. Upon release from ICE custody, the detainee shall receive up to a 30 day supply of medication as ordered by the prescribing authority and a copy of his complete medical record.</p>	<p align="center">Meets Standard</p>	<p>The medical plan addresses continuity of medical care for detainees who have a change in detention status or placement. A full copy of the medical record is transferred with the detainee when there is a change in detention placement or status. When a detainee is transferred, a transfer summary including a list of medications and relevant information is transferred with the detainee. Medication issuance at the time of transfer or release satisfies the requirements of the component.</p>
<p>58. <b>PRIORITY:</b> 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.</p>	<p align="center">Meets Standard</p>	<p>A review of ICE detainee medical records confirmed that detainees sign a consent for treatment form during the initial intake screening. When a detainee refuses to consent, medical personnel are required to document the refusal in the medical record and to explain the risks if treatment is declined.</p>
<p>59. If a detainee refuses treatment and the clinical medical authority or designee 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 non-emergent involuntary medical treatment, DHS / ICE respective Chief Counsel will be consulted.</p>	<p align="center">Meets Standard</p>	<p>Per policy and the HSA, if a detainee refuses a treatment that is medically necessary, ICE will be consulted prior to any contemplated action involving involuntary medical treatment. Involuntary treatment is a decision made only by medical professionals under strict legal restrictions.</p>
<p>60. <b>PRIORITY:</b> The HSA shall maintain a complete health record on each detainee that is:</p> <ul style="list-style-type: none"> <li>Organized uniformly in accordance with appropriate accrediting body standards;</li> <li>Available to all practitioners and used by them for health care documentation;</li> <li>Properly maintained and safeguarded in a securely locked area within the medical unit separately from other detention records.</li> </ul>	<p align="center">Meets Standard</p>	<p>A complete medical record is maintained on each detainee. The records are organized, restricted for use by medical practitioners for health care documentation and meet all requirements of the bulleted items of this component.</p>

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<p>61. All medical providers, as well as detention officers and staff, 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 personnel and detention officers receive training on the Health Insurance Portability and Accountability Act (HIPAA), which addresses the confidentiality of medical records. Access to the medical records is limited to medical personnel.</p>
<p>62. The HSA shall provide the facility administrator and designated staff information that is necessary:</p> <p style="padding-left: 40px;">To preserve the health and safety of the detainee, other detainees, staff, or any other person.</p> <p style="padding-left: 40px;">For administrative and detention decisions such as housing, voluntary work assignments, security, and transport.</p> <p style="padding-left: 40px;">For management purposes such as audits and inspections.</p>	<p align="center">Meets Standard</p>	<p>On a need-to-know basis, medical personnel provide the OIC and other staff with information needed for the reasons listed in this component.</p>
<p>63. Copies of health records shall be released by the HSA directly to a detainee or their designee, at no cost to the detainee, within a reasonable timeframe after receipt by the HSA of a written authorization from the detainee.</p>	<p align="center">Meets Standard</p>	<p>A detainee may request a copy of his medical records by completing an Authorization for Release of Health Information form. Medical records are released directly to a detainee or their designee by the HSA at no cost and within a reasonable time frame.</p>
<p>64. 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 limited-English proficient 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 HSA.</p>	<p align="center">Meets Standard</p>	<p>Detainees are provided copies of their medical records upon completion of a Request for Information form. Translation services via Language Line are provided as needed in making the written request. Detainees who are deaf or hard of hearing will also be provided assistance as needed.</p>
<p>65. <u>PRIORITY</u>: The HSA 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, release, or removal.</p>	<p align="center">Meets Standard</p>	<p>Per the HSA, the medical unit is given advance notice prior to the release, transfer, or removal of a detainee to ensure that the detainee's medical needs associated with the transfer, release, or removal are addressed.</p>

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<p>66. <b>PRIORITY:</b> Upon receiving notification that a detainee is to be transferred, appropriate medical staff at the sending facility notify the facility administrator of any medical/psychiatric alerts or holds that have been assigned to the detainee, as reflected in the detainee's medical records. The facility administrator notifies ICE/ERO of any medical alerts or holds placed on a detainee that is to be transferred. Those detainees who are currently placed in a medical hold status are evaluated and cleared by a licensed independent practitioner prior to transfer or removal. In addition, the CMA or designee informs the facility administrator in writing if the detainee's medical or psychiatric condition requires a medical escort during transfer or removal.</p>	<p align="center">Meets Standard</p>	<p>Per policy and the HSA, medical personnel notify the facility administrator in writing of any detainee medical or psychiatric alerts or holds. The OIC makes notification to ICE/ERO. Detainees placed on a hold status are evaluated and cleared by a licensed independent practitioner prior to release or transfer. The OIC is also notified if the detainee's condition requires a medical escort.</p>
<p>67. When a detainee is transferred within the ICE Health Service Corps (IHSC) system, ICE ensures that:</p> <p>Form USM-553, or equivalent Medical Transfer Summary, and a copy of the detainee's full medical record accompanies the detainee; and</p> <p>The full medical record is placed in a sealed envelope or other container labeled with the detainee's name and A-number and marked "MEDICAL CONFIDENTIAL."</p> <p>When a detainee is transferred to an IGSA detention facility, the sending facility ensures that the Transfer Summary accompanies the detainee. A copy of the full medical record accompanies each detainee during transfer unless extenuating circumstances make this impossible, in which case the full medical record follows as soon as practicable.</p>	<p align="center">Meets Standard</p>	<p>A Medical Summary of Federal Prisoner/Alien in Transit form is completed for each detainee and accompanies the detainee being transferred. The transfer summary includes all of the bulleted items listed in this component. A full copy of the medical record is transferred with the detainee when there is a change in detention placement or status. The medical record is placed in a sealed envelope, labeled with name and A-number and marked "Medical Confidential - To be opened by medical personnel only."</p>
<p>68. Detainees released or removed from detention receive a discharge treatment plan to ensure continuity of care, full copy of their medical record, medication and referrals to community-based providers as medically appropriate.</p>	<p align="center">Meets Standard</p>	<p>Per the HSA, a detainee released from ICE custody receives a discharge treatment plan for continuity of care, a full copy of his medical record, medication and referrals to community-based providers as necessary.</p>
<p>69. 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 detainee'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>Per policy, detainees at this facility do not participate in medical, pharmaceutical or cosmetic research. Only pharmaceuticals on the approved formulary are prescribed. This does not preclude the use of approved clinical trials, provided that the procedure and/or treatment have prior approval from the IHSC Medical Director. Documented informed consent is also required.</p>

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<p>70. <b>PRIORITY:</b> The HSA 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.</p>	<p align="center">Meets Standard</p>	<p>The medical unit has a comprehensive quality improvement program. The program includes a multidisciplinary committee and internal audits of systems, clinical outcome studies and process studies. The program also includes assessment of education and training needs.</p>
<p>71. The HSA shall implement an intra-organizational, external peer review program for all independently licensed medical professionals. Reviews are conducted at least annually.</p>	<p align="center">Meets Standard</p>	<p>Per policy, intra-organizational clinical performance enhancement/external peer review is conducted annually for all independently licensed medical professionals. This activity is scheduled by the HSA.</p>

**STANDARD 4.3. 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)*

When TB treatment is indicated, multi-drug therapy is administered using directly observed therapy (DOT). There is a written plan to address the management of Hepatitis A, B, and C and HIV. Detainees may request Hepatitis and HIV testing at any time. Medical personnel provide all detainees diagnosed with HIV/AIDS medical care consistent with national recommendations and guidelines. Detainees with active tuberculosis are evaluated for possible HIV infection. New HIV-positive diagnoses are reported to government bodies according to state and local laws and requirements. The HSA is responsible for ensuring that all applicable state requirements are met.

Pharmaceutical management policy includes a formulary, obtaining non-formulary medications, prescription practices, perpetual inventories, medication administration error reports, training and storage in a secure area, i.e., secure perimeter, limited access, solid walls from floor to ceiling and a solid ceiling, and solid door with high security lock. Mental health evaluations and screening include the reason for referral, mental health history, drug/alcohol use history, suicide attempts, current suicidal/homicidal ideation, medication, intellectual functioning, and history of abuse, pertinent physical condition and treatment recommendations.

The emergency medical services plan includes provisions for expedited entrance to and exit from the facility. Non-medical personnel contact medical personnel when questioning the need for emergency care.

Detainees who arrive with prescribed medications or who report being on such medications, are evaluated by a qualified health care professional as soon as possible but not later than 24 hours after arrival and provisions are made to secure medically necessary medications. Detainee health education and wellness information is provided per the standard and observed during the medical record review and medical department observations. Detainee treatment questions are answered by medical personnel. Laboratory results are made available to detainees post transfer or release.

Detainees request an independent health examination by submitting a written request to the FOD. The cost of the exam is at the detainee's expense.

The facility provides timely access to medical, dental and mental health services through appropriately trained and/or licensed personnel for routine care and chronic and emergency conditions. Medical personnel are on site 24 hours a day, seven days a week. Per review of ICE detainee medical records, medical intake screenings are consistently completed timely. The detainee medical record review indicated the fourteen-day physical examinations and assessments are consistently completed within the required timeframe. Detainees requesting sick call appointments received appropriate medical care in

a timely manner. Tuberculosis screening is completed on all detainees during the intake process. The facility has four negative airflow/respiratory isolation rooms located in the medical department. Written medical treatment consent is consistently obtained prior to treatment. Detainees with chronic illnesses are medically monitored and provided appropriate medical treatment. Prescription medication is provided by Correct Rx. Medications are distributed by nursing staff. All needed health care not available on site is provided through the use of community healthcare providers and services. ICE is notified if the medical condition of a detainee already housed in the facility deteriorates and requires a level of medical care beyond the capabilities of this facility. Policy ensures that detainees have access to a continuum of health care services. Wellness counseling and health education are provided.

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. Random interviews with ICE detainees indicated overall understanding of all processes for attaining health care and confidence in the provision of health care at this facility. Interviews reflected no significant problems or issues with access, care or follow-up; the interviewed detainees were generally positive in regard to medical care. All medical services are currently provided to the detainee population by GEO employees. Medical services are currently transitioning to a contract provider, Correct Care Solutions (CCS). CCS employees and policies will be in effect as of 05/05/2016. Evaluation of this standard was based on review of policies, lesson plans, training logs and monitoring forms and on interviews with detention and medical personnel.

**Overall Rating:** Meets Standard

**Reviewer Name (Printed)**

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

**Completion Date:** 4/21/2016

**Reviewer Signature (for printed form submission):**



**STANDARD 4.4. MEDICAL CARE (WOMEN)** (Key: W)

This detention standard ensures that female detainees in U.S. Immigration and Customs Enforcement (ICE) custody have access to appropriate and necessary medical and mental health care.

Components	Rating	Remarks (1000 Char Max)
<p>1. <b>PRIORITY:</b> In addition to the medical, mental health, and dental services provided to every detainee as required by standard “4.3 Medical Care,” the facility directly or contractually provides its female detainees with access to:</p> <p>Pregnancy services, including pregnancy testing, routine or specialized prenatal care, postpartum follow up, lactation services, and abortion services, as outlined herein;</p> <p>Counseling and assistance for pregnant women in keeping with their express desires in planning for their pregnancy, whether they desire abortion, adoptive services, or to keep the child;</p> <p>Mental health assessments for all detainees who have recently given birth, miscarried, or terminated a pregnancy; and</p> <p>Routine, age-appropriate, gynecological health care services, including women’s specific preventive care.</p>	N/A	This facility does not house female detainees.
<p>2. Within 12 hours of arrival, during their initial medical screening, all female detainees shall receive information on services related to women’s health care as provided for in this standard and standard “4.3 Medical Care.”</p>	N/A	This facility does not house female detainees.
<p>3. If the initial medical intake screening indicates the possibility of pregnancy, recent sexual assault, violence or history of mental health illness, an initial health appraisal shall be completed as soon as possible, but no more than 24 hours after arrival.</p>	N/A	This facility does not house female detainees.

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<p>4. All initial health assessments of female detainees include a thorough evaluation and assessment of the reproductive system. In addition to the criteria listed on the health assessment form, the evaluation inquires about the following:</p> <p>Pregnancy testing and documented results;</p> <p>If the detainee is currently nursing (breastfeeding);</p> <p>Use of contraception;</p> <p>Reproductive history (number of pregnancies, number of live births, number of spontaneous/elective abortions, pregnancy complications, etc.);</p> <p>Menstrual cycle;</p> <p>History of breast and gynecological problems;</p> <p>Family history of breast and gynecological problems; and</p> <p>Any history of physical or sexual victimization and when the incident occurred.</p> <p>A pelvic and breast examination, pap test, baseline mammography, and sexually transmitted disease (STD) screening are offered and provided as deemed appropriate or necessary by the medical provider.</p>	<p>N/A</p>	<p>This facility does not house female detainees.</p>
<p>5. Female victims of sexual abuse are granted immediate access to emergency medical treatment and crisis intervention services. The facility provides access by giving detainees the current mailing addresses and telephone numbers, including toll-free hotline numbers, of local, state and/or national organizations that provide these services.</p>	<p>N/A</p>	<p>This facility does not house female detainees.</p>
<p>6. Upon request, appropriately trained medical personnel within their scope of practice provide detainees with non-directive (impartial) advice and consultation about family planning and birth control, and where medically appropriate, prescribe and dispense birth control.</p>	<p>N/A</p>	<p>This facility does not house female detainees.</p>

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<p>7. <b>PRIORITY:</b> A pregnant woman or woman in post-delivery recuperation is not restrained absent truly extraordinary circumstances that render restraints absolutely necessary as documented by a supervisor or directed by the on-site medical authority. Restraints are never permitted on women who are in active labor or delivery. Restraints are not considered an option unless one or more of the following applies:</p> <p style="padding-left: 40px;">A medical officer has directed the use of restraints for medical reasons;</p> <p style="padding-left: 40px;">Credible, reasonable grounds exist to believe the detainee presents an immediate and serious threat of hurting herself, staff, or others; or</p> <p style="padding-left: 40px;">Reasonable grounds exist to believe the detainee presents an immediate and credible risk of escape that cannot be reasonably minimized through any other method.</p>	N/A	This facility does not house female detainees.
<p>8. In the rare event that restraints are used, medical staff determine the safest method and duration for the use of restraints, and the least restrictive restraints necessary shall be used. No detainee known to be pregnant shall be restrained in a face-down position with four-point restraints, on her back, or in a restraint belt that constricts the area of the pregnancy. All attempts are made to ensure that the detainee is placed on her left side if she is immobilized.</p>	N/A	This facility does not house female detainees.

**STANDARD 4.4. MEDICAL CARE (WOMEN) – Reviewer Summary**

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

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

This facility does not house female detainees.

**Overall Rating:** N/A

**Reviewer Name (Printed)**

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

**Completion Date:** 4/21/2016

**Reviewer Signature (for printed form submission):**

**STANDARD 4.5. PERSONAL HYGIENE** (Key: X)

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	Policy addresses the regular issuance and exchange of clothing, bedding, linens, towels and personal hygiene items.
2. Clothing or shoes that are lost, unserviceable, indelibly stained, or bear offensive or otherwise unauthorized markings should be discarded and replaced as soon as practicable.	Meets Standard	
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. The standard issue of clothing is at least two uniform shirts and two pairs of uniform pants or two jumpsuits; two pairs of socks; two pairs of underwear; two brassieres, as appropriate; and one pair of facility-issued footwear.	Meets Standard	All newly admitted detainees are issued clean, properly-sized clothing that is suitable to the season, during the intake process. Standard issue clothing quantities include the amounts cited in this component and are provided at no charge.
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, including at a minimum, one bar of bath soap (or equivalent), comb, tube of toothpaste, toothbrush, bottle of shampoo (or equivalent), container of skin lotion, and feminine hygiene items, and shall replenish supplies as needed. The distribution of hygiene items shall not be used as reward or punishment.	Meets Standard	All newly admitted detainees are issued gender-specific personal hygiene items during the intake process. The articles listed in this component are provided at no charge. Personal hygiene items are also routinely replenished at no charge. Hygiene items are not used as reward or withheld as punishment. This facility does not house female detainees.
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	Disposable razors are distributed and collected by housing unit officers on a daily basis.
7. Female detainees shall be issued and may retain feminine hygiene items as needed.	N/A	This facility does not house female detainees.
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	Each housing unit provides 24-hour access to toilet facilities sufficient in number to adequately serve the housing unit's maximum occupancy.

**Performance-Based National Detention Standards 2011 Inspection Worksheet for Over 72 Hour Facilities**

9. An adequate number of washbasins with temperature controlled hot and cold running water 24 hours per day.	Meets Standard	Each housing unit provides 24-hour access to an adequate number of washbasins with temperature-controlled hot and cold running water.
10. Operable showers that are thermostatically controlled to temperatures between 100 and 120 degrees Fahrenheit, to ensure safety and promote hygienic practices.	Meets Standard	The maintenance department energy management system has set shower water temperatures within the prescribed ranges specified in this component. The automated system registers alerts for deviations beyond these boundaries.
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	Per policy and housing unit personnel, detainees identified with disabilities/special needs are provided the facilities and support needed for self-care and personal hygiene in a reasonably private environment in which the detainee can maintain dignity.
12. <u>PRIORITY:</u> 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).  At least weekly exchange of sheets, towels, and pillowcases.  An additional exchange of bedding, linens, towels, or outer garments shall be made available to detainees if necessary for health or sanitation reasons, and more frequent exchanges of outer garments may be appropriate, especially in hot and humid climates.	Meets Standard	Detainees are provided clean clothing, linens and towels in accordance with the exchange schedules listed in this component.

**STANDARD 4.5. PERSONAL HYGIENE – Reviewer Summary**

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

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

Detainees are permitted freedom in personal grooming unless a valid safety, security or medical concern requires an exception that is fully justified and documented. Laundry schedules provide for the regular exchange of clothing, and bedding. Detainees can shower and maintain personal hygiene practices on a daily basis.

The facility issues clean clothing, bedding, linens and towels to each detainee upon admission. Review of policy, interviews with staff members and detainees and observation revealed that detainees are housed in a clean and sanitary environment. 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.

Performance-Based National Detention Standards 2011 Inspection Worksheet for Over 72 Hour Facilities

<b>Overall Rating:</b> Meets Standard		
<b>Reviewer Name (Printed):</b>	(b)(6);(b)(7)(C)	<b>Completion Date:</b> 4/21/2016
<b>Reviewer Signature (for printed form submission):</b>		

**STANDARD 4.6. SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION** (Key: Y)

This detention standard protects the health and well-being of ICE detainees through a comprehensive Significant Self-Harm and Suicide Prevention and Intervention Program that minimizes risk.

Components	Rating	Remarks (1000 Char Max)
<p>1. <b>PRIORITY:</b> 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"> <li>Staff training,</li> <li>Identification,</li> <li>Referral,</li> <li>Evaluation,</li> <li>Treatment,</li> <li>Housing,</li> <li>Monitoring,</li> <li>Communication,</li> <li>Intervention,</li> <li>Notification and reporting,</li> <li>Review, and</li> <li>Debriefing.</li> </ul>	Meets Standard	<p>The written suicide prevention and intervention program is reviewed and approved by the clinical health authority, the health services administrator (HSA) and the OIC. The program is reviewed annually and includes all of the bulleted items listed in this component.</p>
<p>2. <b>PRIORITY:</b> All facility staff who interact with and/or are responsible for detainees are trained, during orientation and at least annually on the facility's Suicide Prevention and Intervention Program, to include:</p> <ul style="list-style-type: none"> <li>Why the environments of detention facilities are conducive to suicidal behavior,</li> <li>Standard first aid training, cardiopulmonary resuscitation (CPR) training and training in the use of emergency equipment,</li> <li>Liability issues associated with detainee suicide,</li> <li>Recognizing verbal and behavioral cues that indicate potential suicide,</li> <li>Demographic, cultural, and precipitating factors of suicidal behavior,</li> <li>Responding to suicidal and depressed detainees,</li> <li>Communication between correctional and health care personnel,</li> <li>Necessary referral procedures,</li> <li>Housing observation and suicide-watch procedures,</li> <li>Follow-up monitoring of detainees who have attempted suicide, and</li> <li>Reporting and written documentation procedures.</li> </ul>	Meets Standard	<p>All facility employees are trained during pre-service and annually thereafter on the facility's suicide prevention and intervention program. The program includes all the bulleted items listed in this component. Contract staff and volunteers also receive training on this program. Training logs reviewed confirmed the provision of this training.</p>

**Performance-Based National Detention Standards 2011 Inspection Worksheet for Over 72 Hour Facilities**

<p>3. <b>PRIORITY:</b> Detainees who are identified as being “at risk” for significant self-harm or suicide shall immediately be referred to a mental health provider, who shall evaluate the detainee within 24 hours of the referral.</p>	<p align="center">Meets Standard</p>	<p>Any detainee identified as being at risk for significant self-harm or suicide is immediately referred to the mental health provider. A qualified mental health provider evaluates the detainee within 24 hours of the referral.</p>
<p>4. Evaluation by a mental health provider of detainees who are identified as being “at risk” for significant self-harm or suicide will be documented in the medical record and include:</p> <ul style="list-style-type: none"> <li>Relevant history,</li> <li>Environmental factors,</li> <li>Lethality of suicide plan,</li> <li>Psychological factors,</li> <li>A determination of level of suicide risk,</li> <li>Level of supervision needed,</li> <li>Referral/transfer for inpatient care (if needed),</li> <li>Instructions to medical staff for care, and</li> <li>Reassessment time frames.</li> </ul>	<p align="center">Meets Standard</p>	<p>Evaluation of an at-risk detainee by a mental health provider includes all of the bulleted items listed in this component. A mental health evaluation form is completed and maintained in the detainee’s medical record.</p>
<p>5. 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.</p>	<p align="center">Meets Standard</p>	<p>Detainees placed on suicide watch are evaluated on a daily basis by appropriately trained and qualified health care personnel. Only a licensed independent practitioner or a licensed mental health practitioner may terminate the suicide watch after a current suicide risk assessment is completed.</p>
<p>6. <b>PRIORITY:</b> Suicidal detainees should be closely supervised in a setting that minimizes opportunities for self-harm. The isolation room designed for evaluation and treatment must be free of objects or structural elements that could facilitate a suicide attempt, and 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. A suicidal detainee may be placed in the Special Management Unit only if space has been approved for this purpose by medical staff and such space allows for unobstructed observation.</p>	<p align="center">Meets Standard</p>	<p>Detainees on suicide watch are housed in a single occupancy medical observation cell located in the medical department. An inspection of the designated cell revealed that the cell is free of any structures or objects that could be used in a suicide attempt. Prior to the detainee being placed in this status, the cell is inspected by detention personnel to ensure there are no objects that could be used for self-harm. Per the HSA, suicidal detainees are not placed in the special management unit.</p>



**Performance-Based National Detention Standards 2011 Inspection Worksheet for Over 72 Hour Facilities**

7. A detainee placed in a special isolation room designed for evaluation and treatment must receive continuous one-to-one monitoring, documented every 15 minutes or more frequently if necessary.  Detainees not placed in an isolated confinement setting must receive documented close observation at staggered intervals not to exceed 15 minutes.	Meets Standard	All detainees placed on suicide watch are housed in a special isolation room for evaluation and receive continuous one-to-one monitoring, documented every fifteen minutes or more frequently if necessary. Per the HSA there was one ICE detainee placed on suicide watch since 01/06/2016.
8. All detainees on suicide precautions are checked at least every 8 hours by clinical staff, and provided daily mental health treatment by a qualified clinician.	Meets Standard	Per policy, detainees on suicide precautions are checked at least every eight hours by clinical personnel and are provided daily mental health treatment.
9. Detainees are provided suicide smocks to wear when medically indicated, and under circumstances are held without clothing.	Meets Standard	Per policy, detainees on suicide watch status are provided suicide smocks to wear when indicated. Under no circumstances are they held without clothing.
10. Following a suicide attempt, security staff shall initiate and continue appropriate life-saving measures until relieved by arriving medical personnel.	Meets Standard	Per policy and training, security personnel must initiate and continue appropriate life-saving techniques until relieved by medical personnel.
11. 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	Policy and procedures ensure all appropriate ICE and IHSC officials and outside authorities are notified through the chain of command in the event of a suicide attempt or completed suicide. The victim's family is notified by ICE. Medical personnel will complete an Incident Report form within 24 hours. Per medical staff there was one significant self-harm event involving an ICE detainee on 03/12/2016.
12. Every completed suicide shall be subject to a mortality review process. A critical incident debriefing shall be provided to all affected staff and detainees within 24 to 72 hours after the critical incident.	Meets Standard	Per policy, every completed suicide is subject to the mortality review process. Debriefing must be provided to all affected staff members and detainees within 24 to 72 hours following a critical incident.

**STANDARD 4.6. SIGNIFICANT SELF-HARM AND 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)*

Personnel are trained that the practice of "contracting for safety" is not used at the facility. When medical personnel determine that a detainee is at imminent risk of bodily injury, they may recommend hospitalization for the purposes of evaluation or treatment. After referral for evaluation and pending transfer, security personnel place the detainee in a secure environment in the HSU on a constant one-to-one visual observation.

Based on an evaluation, a mental health provider or trained medical personnel develop a documented treatment plan that is placed in the medical record. The treatment plan includes strategies and interventions to be followed by staff and the detainee if suicidal ideation reoccurs; strategies for improved functioning; and regular follow-up appointments based on level of acuity. When a staff member identifies someone who is at risk of significant self-harm or suicide, the detainee is placed on suicide precautions and is immediately referred to a qualified mental health professional.

Deprivations and restrictions placed on suicidal detainees are kept to a minimum. Any detainee who is believed to be in need of seclusion, and/or restraint due to self-harming or suicidal behavior is transferred to a psychiatric hospital, if deemed medically necessary to appropriately treat the needs of the detainee. After discharge from suicide watch, detainees are re-assessed by qualified medical staff members at intervals consistent with the level of acuity.

Per ICE, when transferred into ICE custody, ICE inquires into any known prior suicidal behaviors, and if identified, ICE ensures detainee safety pending medical provider evaluation. The physician is notified when the detainee is referred to the local hospital emergency room. In the event of a suicide attempt or completed suicide, all personnel who came into contact with the detainee before the incident submit statements including their knowledge of the detainee and the incident.

There was one significant self-harm event involving an ICE detainee at this facility on 03/12/2016. At 9:30 a.m., a 39 year old Hispanic detainee was moved to the medical department after stating to the unit officer he had thoughts of killing himself. He was placed in the designated suicide watch cell and then issued the suicide smock to change into. Approximately fifteen minutes later the detainee was observed bleeding from self-inflicted cuts to both inner wrists. A medical emergency was called, staff responded and the detainee was transported by ambulance to Savoy Medical Center. The detainee was treated and returned to the facility the same afternoon and placed on suicide watch. An investigation and after action was completed which determined the detainee had a razor blade in the cuff of his pants which he retrieved in the suicide watch cell prior to changing into the smock. Corrective actions have been identified and initiated. Per review of medical record and suicide watch logs documentation indicated practice is consistent with established policy and procedures. Evaluation of the standard was based on review of policy, procedure, training curricula and training records and on staff interviews.

**Overall Rating:** Meets Standard

**Reviewer Name (Printed)**

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

**Completion Date:** 4/21/2016

**Reviewer Signature (for printed form submission):**

**STANDARD 4.7. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH** (Key: Z)

This detention standard ensures that each facility's continuum of health care services addresses terminal illness 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. When a detainee's medical condition becomes life-threatening, he/she is transferred to an appropriate off-site medical or community facility, if necessary. The facility's clinical medical authority or health services administrator immediately notifies the facility administrator and/or ICE/ERO Field Office Director (FOD) of the detainee's condition both verbally and in writing, describing the detainee's illness and prognosis. The facility administrator or designee immediately notifies ICE/ERO and IHSC.	Meets Standard	Per policy, when a detainee's medical condition decompensates to the point that appropriate care cannot be provided within the facility, the detainee will be transferred to an appropriate off-site medical facility. Policy also requires all of the notifications listed in this component.
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	Per policy and ICE staff, the detainee's next-of-kin is notified of his medical condition and status, his location and visiting hours by the FOD or his designee in a language or manner which the next-of-kin can understand.
3. Once a detainee is diagnosed as having a terminal illness or remaining life expectancy of less than one year, medical staff offer the detainee access to forms or other related materials on Advance Directives or Living Wills. 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	Per policy, once a detainee is diagnosed as having a terminal illness or as having a remaining life expectancy of less than one year, medical personnel will assist the detainee in obtaining forms and in the completion of an advance directive or living will. The state advance directive form for implementing living wills and advance directives will be utilized.
4. When the terms of the advanced directive must be implemented the medical professional overseeing the detainee's care will contact the appropriate ICE/ERO representative.	Meets Standard	Per policy, when the terms of an advance directive must be implemented, the health services administrator (HSA) will contact the AFOD or designee.

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<p>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.</p>	<p align="center">Meets Standard</p>	<p>DNR policy complies with the following stipulations: A DNR order written by a staff physician is approved by the CMA; it protects basic patient rights and complies with state requirements. A decision to withhold resuscitative services would only be considered under specified conditions (the detainee has a terminal illness, the detainee has requested and signed the order, the decision is consistent with sound medical practice and is not in any way associated with any measures to hasten death). The medical file would include explicit directions regarding DNR and forms and memoranda regarding diagnosis and prognosis, express wishes of the detainee, immediate family's wishes, consensual decisions and recommendations of medical professionals identified by name and title, mental competency evaluation and informed consent; and the CD or HSA notifies the IHSC medical director who notifies the ICE chain-of-command.</p>
<p>6. Health care will continue to be provided consistent with the DNR order.</p>	<p align="center">Meets Standard</p>	<p>Per policy, health care consistent with the DNR order and short of resuscitation will continue to be provided.</p>
<p>7. The detainee's medical file shall include documentation validating the DNR order.</p>	<p align="center">Meets Standard</p>	<p>Per policy, the detainee's medical file would include documentation validating the DNR order.</p>
<p>8. The facility shall follow written procedures for notifying attending medical staff of the DNR order.</p>	<p align="center">Meets Standard</p>	<p>Written procedures for notifying the attending medical provider of the DNR order would be followed.</p>
<p>9. The facility has procedures to address the issues of organ donation by detainees.</p>	<p align="center">Meets Standard</p>	<p>Policy provides procedures and guidelines addressing organ donation by detainees.</p>

**Performance-Based National Detention Standards 2011 Inspection Worksheet for Over 72 Hour Facilities**

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 are followed for notifying appropriate ICE officials of a detainee's death. ICE officials will notify the next of kin and consulate officials.
11. 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	Per policy and ICE staff, the family shall have the opportunity to claim the detainee's remains within seven calendar days of the date of notification.
12. If family members cannot be located or decline orally or in writing to claim the remains, ICE/ERO shall notify the consulate.	Meets Standard	Per ICE staff, if family members cannot be located or decline orally or in writing to claim the remains, ICE officials will notify the consulate.
13. The facility administrator shall specify policy and procedures regarding responsibility for proper distribution of the death certificate.	Meets Standard	Policy establishes procedures and responsibility for proper distribution of the death certificate.
14. The facility's written procedures for autopsies 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	Established policies and procedures address all of the bulleted items in this component.
15. 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	Per the medical compliance manager, the HSA will work with ICE staff to arrange for the approved autopsy to be performed by the local coroner in accordance with established guidelines and appropriate laws.

**STANDARD 4.7. 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, IHSC managed care and the HSA follow up on a daily basis to receive information about major developments. In conjunction with medical providers, ICE provides family members and any others as much opportunity for visitation as possible, in keeping with the safety, security and good order of the facility.

Procedures for organ donation include: the organ recipient is an immediate family member; no blood or blood products are donated; all costs are at the expense of the detainee; the detainee signs a statement documenting his decision to donate the organ to a specific family member, his understanding of the risks, that the decision is undertaken without coercion or duress,

and that the government is not responsible for any resulting medical complications or financial obligations; medical staff assist in the preliminary medical evaluation and the facility coordinates arrangements for the donation.

ICE may assist the family with transporting the remains to a location in the U.S. The chaplain may advise the OIC about religious considerations in remains disposition. ICE does not authorize cremation or donation of the remains for medical research. Written policy and procedures on autopsies include: The ICE Office of Chief Counsel is consulted via the ICE chain-of-command; and a written copy of the autopsy is forwarded to the ICE Office of Chief Counsel. While an autopsy decision is pending, no actions are taken that could affect the validity of the results. ICE is responsible for verifying and accommodating the detainee's religious preference prior to autopsy or embalming.

Policy and procedures are in place for the completion of advanced directives, living wills and DNR orders. This facility does not accept or continue to house severely or terminally ill detainees. It is established practice to notify ICE if the medical condition of a detainee already housed in the facility deteriorates and requires a level of medical care beyond the onsite health care capabilities. The detainee would be transported to an outside medical facility for emergency and/or inpatient medical care as needed, pending transfer or removal by ICE. As confirmed per a review of policies and facility and ICE personnel interviews, procedures for appropriately responding to the death of a detainee while in custody are in place.

There have been no deaths at this facility during this inspection period. Therefore, this inspector was unable to determine if the actual practices of the facility fully are in accordance with the standard. Evaluation of the standard was based on review of policy and procedures and interviews with medical, administrative and ICE staff.

**Overall Rating:** Meets Standard

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

**Completion Date:** 4/21/2016

**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**

**STANDARD 5.1. CORRESPONDENCE AND OTHER MAIL** (Key: AA)

This detention standard ensures that detainees shall 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. <b>PRIORITY:</b> 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 ICE/ERO, including the following: An unlimited amount of special correspondence or legal mail, within reason. At least three pieces of general correspondence. Packages as deemed necessary by ICE. Each facility shall have written procedures that explain how indigent detainees can request postage at government expense.	Meets Standard	Policy states that a detainee with less than \$15.00 in his account is considered indigent. Each week indigent detainees are permitted to mail out, at no cost: a reasonable amount of special correspondence or legal mail; three (one ounce) pieces of general correspondence; and packages/parcels as individually approved by ICE. The facility handbook describes how indigent detainees can request postage at government expense.
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, and shall post those rules in each housing area.	Meets Standard	The local handbook and postings in the housing units explain the rules governing general correspondence and other mail.
4. The facility shall provide key information to detainees in languages spoken by any significant portion of the facility's detainee population.	Meets Standard	All information is provided in English, Spanish and other languages as needed.
5. <b>PRIORITY:</b> 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 mail is delivered to detainees on the same day it is received by the facility. Outgoing mail is delivered to the postal service no later than the day after it is received by the facility.
6. All facilities shall implement procedures for the inspection of all incoming general correspondence and other mail (including packages and publications) for contraband in the presence of the detainee (unless otherwise authorized by the facility administrator).	Meets Standard	



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7. All facilities shall implement procedures for inspecting incoming 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. Incoming special correspondence and legal mail may not be read.	Meets Standard	Incoming special and legal correspondence is opened and checked for contraband in the presence of the detainee. Detainees sign a form verifying receipt of special and legal correspondence and verifying that the mail was opened in their presence. Special and legal correspondence is not read.
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.
9. All facilities shall implement policies and procedures addressing acceptable and non-acceptable mail.	Meets Standard	Policy and procedure address acceptable and non-acceptable mail.
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	Policy and practice address the requirements of this component.
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 through the commissary.
13. The facility shall provide writing paper, envelopes, and writing implements 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.

**STANDARD 5.1. 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 security. Incoming special correspondence is not read. 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

<b>Reviewer Name (Printed)</b>	(b)(6);(b)(7)(C)	<b>Completion Date:</b> 4/21/2016
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**Reviewer Signature (for printed form submission):**

**STANDARD 5.2. TRIPS FOR NON-MEDICAL EMERGENCIES** (Key: AB)

This detention standard permits detainees to maintain ties with their families through 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 and/or wake To attend a family-related state court proceeding.	N/A	
2. Facility staff assist detainees in preparing requests for non-medical emergency trip requests. The Field Office Director is the approving official for all non-medical escorted trips.	N/A	
3. Escorts shall ensure that detainees with physical or mental disabilities are provided reasonable accommodations in accordance with security and safety concerns.	N/A	

**STANDARD 5.2. 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)

ICE will handle trips for non-medical emergencies.

**Overall Rating:** N/A

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

**Completion Date:** 4/21/2016

**Reviewer Signature (for printed form submission):**

**STANDARD 5.3. MARRIAGE REQUESTS** (Key: AC)

This detention standard ensures that each marriage request from an ICE/ERO detainee receives a case-by-case review, based on internal guidelines for approval of such requests.

Components	Rating	Remarks (1000 Char Max)
1. All facilities shall have in place written policy and procedures to enable eligible ICE/ERO detainees to marry.	Meets Standard	Policy, procedures and the detainee handbook 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 detainee handbook states that written permission from the OIC or FOD is required for a detainee 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	The facility allows the marriage ceremony to take place in the visiting room.
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	

**STANDARD 5.3. 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)

Administrative staff reported that one marriage request was received during the inspection period. It has been approved and is currently pending arrangements.

The facility has created a procedure to ensure marriage requests from ICE detainees are provided to the AFOD for review and approval. Facility staff members assist detainees with facility arrangement logistics when requests are approved.

Detainees are informed about the marriage request procedures through the local detainee handbook and the National Detainee Handbook. ICE notifies the detainee in writing of the reasons for the denial no more than 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; the intended spouse has not affirmed an intent to marry the detainee; the marriage would present a threat to the security 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, a legal representative or other individual acting on the detainee's behalf makes all the marriage outside arrangements including obtaining a marriage license and retaining an official to perform the marriage ceremony. The marriage does not interrupt any stay, any hearing, and transfer to another facility or removal from the United States and transfers do not occur solely to prevent a marriage. Arrangements are consistent with the security and orderly operation of the facility. All expenses relating to the marriage are the responsibility of the detainee or intended spouse. The ceremony shall be private with no media publicity and only individuals essential for the marriage ceremony may attend. The OIC has the right of final approval concerning the time, place and manner of all arrangements. The FOD may revoke approval of a marriage request for good cause and will notify the detainee in writing. The detainee may file an appeal in such instances.

**Overall Rating:** Meets Standard

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Reviewer Name (Printed)	(b)(6);(b)(7)(C)	Completion Date: 4/21/2016
Reviewer Signature (for printed form submission):		

**STANDARD 5.4. RECREATION** (Key: AD)

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. <b>PRIORITY:</b> 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	The facility has established recreation and leisure program activities for detainees. They include both indoor and outdoor activities. Detainees are allowed outdoor access at least one hour per day. They have access to drinking water and toilet facilities.
4. If a detainee is housed for more than 10 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 three 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.	Meets Standard	The facility provides both indoor and outdoor recreation
5. <b>PRIORITY:</b> All facilities shall have an individual responsible for the development and oversight of the recreation program. Every facility with a rated capacity of 350 or more detainees shall employ a full-time recreation specialist with special training in implementing and overseeing a recreation program, who assesses the needs and interests of the detainees.	Meets Standard	The facility maintained a population count of 502 during the inspection. The facility has a recreation specialist with the training required by this component.
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	Fixed exercise equipment is offered. Free weights are prohibited
8. Cardiovascular exercise shall be available to detainees for whom outdoor recreation is unavailable.	Meets Standard	
9. <b>PRIORITY:</b> Dayrooms in general population housing units shall offer board games, television, and other sedentary activities. Detention personnel shall supervise dayroom activities, distributing games and other recreation materials daily.	Meets Standard	Board games, playing cards and televisions are available in the dayrooms. Detention officers supervise dayrooms, distributing games and other recreation materials daily.

**Performance-Based National Detention Standards 2011 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.	Meets Standard	Recreation activities include soccer, handball and basketball. Intramural programs and activities are offered by detainee classification level.
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	Officers are equipped with radios when supervising detainee recreation.
12. <u>PRIORITY:</u> Recreation for detainees housed in the SMU shall be separate from the general population. Detainees in the SMU for administrative reasons shall be offered at least one hour of exercise opportunities per day, seven days a week, outside their cells, and outdoors when practicable, and scheduled at a reasonable time. Detainees in the SMU for disciplinary reasons shall be offered at least one hour of recreation per day, five days per week, outside their cells, and outdoors when practicable, and scheduled at a reasonable time. Where cover is not provided to mitigate inclement weather, detainees shall be provided weather-appropriate equipment and attire.	Meets Standard	Detainees in the special management unit (SMU) have a separate recreation area. Detainees in administrative segregation status are offered two hours of outdoor recreation, seven days a week. Disciplinary detainees are offered one hour of recreation a day, seven days a week. The outdoor recreation area provides cover to mitigate the effects of inclement weather. Detainees are provided weather appropriate equipment and clothing when needed.
13. Each detainee in a Special Management Unit (SMU) shall be offered access to exercise opportunities and equipment outside the living area and outdoors, when practicable, unless documented security, safety or medical considerations dictate otherwise.	Meets Standard	
14. 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	Written explanations are provided to the OIC when recreation privileges are denied. Any such denial would be evaluated daily by the shift supervisor. There have been no such denials during the inspection period.
15. When recreation privileges are suspended, the disciplinary panel or facility administrator shall provide the detainee written notification, documentation of 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	
16. 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 2011 Inspection Worksheet for Over 72 Hour Facilities**

17. Denial of recreation privileges for more than 7 days requires the concurrence of the facility administrator and a health care professional.	Meets Standard	Policy requires the concurrence of the OIC and a health care professional when a detainee's recreation privileges are denied for more than seven days. There have been no denials of recreation privileges during the inspection period.
18. The facility shall notify the ICE/ERO Field Office in writing when a detainee's denied recreation privileges exceeds 7 days.	Meets Standard	

**STANDARD 5.4. RECREATION – Reviewer Summary**

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

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

The facility has a recreation program established to ensure detainees have access to recreational and exercise programs and activities keeping detainee safety and orderly facility operations in mind. Both indoor and outdoor recreation is offered depending on weather conditions. Sedentary activities are available in the dayrooms that include board games and televisions. During inclement weather, detainees will have access to indoor recreational opportunities within the housing units. Recreation schedules are posted in the facility.

Officers search recreation areas before and after use to detect altered or damaged equipment, contraband and potential security breaches. They will also issue recreational equipment items and check for damage and condition upon return. Detainees may engage in independent recreation activities such as board games and small group activities, consistent with the safety, security and orderly operation of the facility. The facility maintains a policy concerning television viewing in the dayrooms. The unit officer controls the television to avoid any one group monopolizing the television.

During the evaluation of this standard, policy was reviewed; employees were interviewed; and recreation areas were observed. Detainees are provided access to indoor/outdoor recreation on a daily basis for at least one hour. The facility provides the necessary equipment and space to meet the recreational needs of detainees. Policy and procedure address all other areas required by the detention standard.

**Overall Rating:** Meets Standard

<b>Reviewer Name (Printed)</b>	(b)(6);(b)(7)(C)	<b>Completion Date:</b> 4/21/2016
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**Reviewer Signature (for printed form submission):**



**STANDARD 5.5. RELIGIOUS PRACTICES** (Key: AE)

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, and the orderly operation of the facility.

Components	Rating	Remarks (1000 Char Max)
1. <b>PRIORITY:</b> 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 to the detainee population by the religious service coordinator and religious volunteers. Services are provided for multi-faiths and attendance is voluntary.
2. Efforts shall be made to allow for religious practice in a manner that does not adversely affect detainees not participating in the practice. Detainees cannot be required to participate in or attend a religious activity in order to receive a service of the facility or participate in other, nonreligious activities.	Meets Standard	Religious activities are open to the detainee population for voluntary attendance.
3. 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.  Accommodations will be provided to residents who have limited English proficiency, or who are deaf or hard of hearing, to ensure their access to services should they wish to participate.	Meets Standard	Religious activities are open to the detainee population for voluntary attendance. Policy and procedure outline detainees will not be discriminated against based on their religious faith, race, ethnicity, national origin, gender, sexual orientation or disability. Accommodations are offered for detainees with disabilities or limited language proficiency who choose to participate.
4. Facility records shall reflect the limitation or discontinuance of a religious practice along with the reason for such limitation or discontinuance.	Meets Standard	
5. <b>PRIORITY:</b> 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 facility has a religious services coordinator and eight religious volunteers to augment and enhance detainee religious services.
6. The chaplain or other religious coordinator shall have physical access to all areas of the facility to serve detainees.	Meets Standard	
7. All facilities shall designate adequate space for religious activities that is sufficient to accommodate the needs of all religious groups in the detainee population fairly and equitably.	Meets Standard	The facility has designated chapel/multi-purpose room space for religious activities.

**Performance-Based National Detention Standards 2011 Inspection Worksheet for Over 72 Hour Facilities**

8. The chaplain or religious services coordinator shall not ordinarily schedule religious services to conflict with meal times.	Meets Standard	The religious services coordinator does not schedule religious services to conflict with detainee meal times.
9. When recruiting citizen volunteers, the chaplain or religious services coordinator and other staff shall be cognizant of the need for representation from all cultural and socioeconomic parts of the community.	Meets Standard	
10. 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	
11. If requested by a detainee, the chaplain or religious services coordinator or designee shall facilitate arrangements for pastoral visits by a clergyperson or representative of the detainee's faith.	Meets Standard	
12. Detainees may make a request for the introduction of a new component to the Religious Services program (e.g. schedule, meeting time and space, religious items and attire) to the chaplain. The chaplain or religious services coordinator may ask the detainee to provide additional information to use in deciding whether to include the practice.	Meets Standard	
13. 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	Policy and procedure allow detainees to observe all major holy days, consistent with maintaining safety, security and orderly operations. It does not list any exceptions.
14. Each facility administrator shall allow detainees access to personal religious property, both during religious services and throughout the facility, as is consistent with safety, security and orderly operation of the facility.	Meets Standard	Detainees are authorized holy books from respective faith groups, prayer rugs, crucifixes and religious medallions.
15. 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 the detainee's menus to exclude certain foods or food combinations, or providing the detainee's meals at unusual hours).	Meets Standard	The facility accommodates special meals, fasting and activity restrictions for certain holy days, when requested by the detainee and approved by the religious services coordinator.
16. The chaplain or religious services coordinator shall develop the religious fast schedule for the calendar year and provide it to the facility administrator or designee.	Meets Standard	The religious services coordinator provides the food service administrator an annual listing of holy days and religious fasting schedules.

**STANDARD 5.5. RELIGIOUS PRACTICES – Reviewer Summary**

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

**Performance-Based National Detention Standards 2011 Inspection Worksheet for Over 72 Hour Facilities**

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

The facility maintains a religious program designed to create reasonable and equitable opportunities for detainees to participate in the practices of their respective faiths. The facility maintains a religious services coordinator, additionally utilizing eight religious volunteers to offer spiritual programming to the detainee population. The facility attempts to make reasonable accommodations while considering safety and security concerns. Facility policy requires volunteers to submit to an NCIC background check, present documentation of faith group representative's credentials, and attend an eight hour orientation before religious volunteers are allowed in the secure area of the facility.

The religious services coordinator and volunteers do not provide unsolicited religious services or counseling to detainees. During in-processing, each detainee may designate a religious preference or no religious affiliation. A detainee can request a change to his religious preference designation at any time by notifying the religious services coordinator. Detainees whose files show "No Preference" may be restricted from participation in those activities deemed appropriate for members only.

The religious services coordinator schedules and directs the facility's religious activities. Current program schedules are posted. Services are held in designated chapel/multi-purpose room space. Detainees may request a special religious diet from the religious services coordinator. Before approving a special diet, the religious services coordinator or food service manager will consult with the medical department to ensure that the diet is nutritious and does not pose a threat to the detainee's health.

Pastoral visits are conducted in the visiting room during regular visiting hours. The detainee personal visiting time is not affected by pastoral visits. The religious services coordinator and volunteers provide pastoral care in the special housing units. The religious services coordinator has established procedures to notify detainees of serious illness or death of their family members.

Policy allows the detainee to have religious property including holy books, rosaries, prayer beads, oils, medicine pouches, and prayer rugs. Other items including head wraps, robes, etc., may be requested on a case by case basis through the religious services coordinator. Decisions on approval will be made keeping the safety, security and the orderly operation of the facility in mind. Detainees who have voluntary work assignments are not compelled to work on their religious holy days.

During the evaluation of this standard, employees and detainees were interviewed; policy was reviewed; and the area where services are held was visually observed.

**Overall Rating:** Meets Standard

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

**Completion Date:** 4/21/2016

**Reviewer Signature (for printed form submission):**

**STANDARD 5.6. TELEPHONE ACCESS** (Key: AF)

This detention standard ensures that detainees may maintain ties with their families and others in the community, legal representatives, consulates, courts, and government agencies, 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	
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	ICE provides detainee telephone service through a contract with Talton Communications, Inc. (Talton) that complies with all state and federal regulations. The rates for both domestic and international calls are commensurate with those for the general public.
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. Facility staff shall notify detainees and the ICE/ERO free legal service providers of procedures for reporting problems with telephones.	Meets Standard	Telephones are inspected weekly by ICE and periodically by a representative of the service provider. Officers inspect the telephones daily. Detainees and free legal service providers are notified regarding how to report telephone issues.
4. Facility staff is responsible for ensuring on a daily basis that telephone systems are operational and that the free telephone number list is posted. 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	The local handbook and a recorded telephone message advise detainees that their calls will be monitored. Written notices informing detainees of the monitoring are posted near each telephone. Policy states that special calls to the OIG or legal representative will not be monitored.
6. Each facility shall provide telephone access rules in writing to each detainee upon admission, and shall post these rules and telephone access hours where detainees may easily see them, in Spanish and other languages spoken by significant segments of the limited English proficient population where practicable. Updated telephone and consulate lists, along with a list of card and calling rates, shall be posted in the detainee housing units. Translation and interpretation services shall be provided as needed.	Meets Standard	All of the elements of this component are satisfied via policy and practice.

**Performance-Based National Detention Standards 2011 Inspection Worksheet for Over 72 Hour Facilities**

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	Telephone access is provided during facility waking hours.
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	Facility staff members will assist with confidential calls upon request.
10. The facility provides the detainees with the ability to make non-collect (special access) calls, as well as international calls.	Meets Standard	
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 required by the standard. Updated lists need to be posted in the detainee housing units.	Meets Standard	The telephone service is not limited to collect calls. Direct pre-paid calls may be made as desired. Up-to-date free call lists are posted near all telephones.
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.	N/A	Detainees are not required to complete request forms to make direct or free calls to consular offices, the ICE OIG and numerous other speed dial numbers programmed into the telephone system.
13. <b>PRIORITY:</b> All detainees are able to call their consulate, the DHS Office of the Inspector General, the ICE/OPR Joint Intake Center, 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 ICE offices and other free legal service providers listed in this component free of charge to either party. Updated listings of these organizations are posted in each housing unit. Indigent detainees have the same telephone privileges as other detainees. Officers will assist indigent detainees in making a free call to family or others in personal emergencies or for a compelling need. This inspector was able to contact the DHS OIG from a detainee telephone in a housing unit using the number programmed into the detainee telephone system.
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 2011 Inspection Worksheet for Over 72 Hour Facilities**

15. The facility has a system for taking and delivering emergency detainee telephone messages.	Meets Standard	Policy outlines the procedure for taking and delivering emergency detainee telephone messages.
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 promptly given to the detainee. The detainee shall be permitted to promptly return the emergency call at their own cost 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	
18. Even where telephone access is reasonably restricted for detainees in Special Management Units, detainees and their legal counsel shall nevertheless be accommodated in order for them to be able to communicate effectively with each other. Telephone access for legal calls, courts, government offices (including the DHS OIG and the DHS JIC) and embassies or consulates shall not be denied.	Meets Standard	Telephone access for legal resources, government offices and consulates is not restricted for detainees in the special management unit.
19. 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	
20. Generally, detainees in administrative segregation should receive the same telephone privileges that are available to detainees in the general population, subject to any safety and security considerations that may exist.	Meets Standard	Policy states that detainees in administrative segregation have the same telephone privileges as those in the general population. Calls for detainees in administrative segregation are limited only when there is a perceived threat to safety.
21. 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	Detainees must submit a request to the OIC for approval to speak by telephone with an immediate family member detained in another facility.

**STANDARD 5.6. TELEPHONE ACCESS – Reviewer Summary**

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

Performance-Based National Detention Standards 2011 Inspection Worksheet for Over 72 Hour Facilities

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

A review of policy, the local handbook and posted telephone access rules/hours and monitoring notices, observation of housing unit telephone banks, and interviews with ICE personnel, detainees and housing unit officers revealed detainees can maintain ties with families and others in the community through reasonable and equitable access to telephone services.

Interviews were conducted with detainees concerning telephone access and the telephone system. No concerns or complaints were noted. They stated that the phones were usually operable and if a problem occurs it is repaired quickly. Telephone services are provided through the ICE national contract with Talton. The cost of a local call is ten cents per minute and the cost of an international call is fifteen cents per minute. The charge for calls to an international mobile phone is 35 cents per minute.

**Overall Rating:** Meets Standard

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

**Completion Date:** 4/21/2016

**Reviewer Signature (for printed form submission):**

**STANDARD 5.7. VISITATION** (Key: AG)

This detention standard ensures that detainees shall be able to maintain morale and ties through visitation with their families, the community, legal representatives, and consular officials, within the constraints of safety, security, and good order of the facility.

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	All visits are contact visits.
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	The OIC has the authority to temporarily restrict visiting if necessary. Any restrictions would be documented and include the duration of and reasons for the action. There have been no visiting restrictions during the inspection period.
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, where practicable, other major languages spoken in the facility, as well as in each housing unit where detainees can easily see them.	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 also establishes visiting hours on weekdays and during evening hours. The facility accommodates the scheduling needs of visitors for whom scheduled visiting hours 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.	Meets Standard	The visiting schedule allows for visitation on weekdays, holidays, and weekends. Visitation hardships are accommodated as needed. Visitation is limited only for the purposes of space, staffing, safety, or security.
6. Each facility shall maintain a log of all general visitors, and a separate log of legal visitors.	Meets Standard	All visitors are logged in at the entrance. Legal and social visitors have separate logs.
7. If the facility establishes and maintains a dress code for visitors, it shall be made available to the public.	Meets Standard	The visitor dress code is posted in the visitor's entrance to the facility. A written copy is available to visitors upon request.



**Performance-Based National Detention Standards 2011 Inspection Worksheet for Over 72 Hour Facilities**

8. The facility's visiting areas shall be appropriately furnished and arranged, and as comfortable and pleasant as practicable.	Meets Standard	
9. <u>PRIORITY:</u> The facility's written rules shall specify time limits for visits. Visits should be for the maximum period practicable but not less than one hour with special consideration given to family circumstances and individuals who have traveled long distances.	Meets Standard	Written rules allow one hour visits. Special consideration is given to family circumstances and individuals who have traveled long distances.
10. Facilities should have provisions to allow for contact or non-contact visitation with minor children, stepchildren and foster children. Facilities that allow visitations by minor children, stepchildren and foster children should try to facilitate contact visitation when possible. Facilities should allow detainees to see their minor children as soon as possible after admission. Generous time allotments for visitation with minor children are recommended. At facilities where there is no provision for visits by minors, ICE arranges for visits by children, stepchildren, and foster children on request, within the first 30 days.	Meets Standard	Minors are permitted to visit if accompanied by an adult.
11. Written procedures shall detail the limits and conditions of contact visits in facilities permitting them.	Meets Standard	
12. While in administrative or disciplinary segregation status, a detainee ordinarily retains visiting privileges.	Meets Standard	
13. <u>PRIORITY:</u> 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 seven days a week from 8:00 a.m. to 4:00 p.m., including holidays.
14. Private consultation rooms are available for meetings with legal representatives or legal assistants. There is a mechanism for the detainee and his/her legal representative or assistant to exchange documents, even when contact visitation rooms are unavailable.	Meets Standard	
15. 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.
16. 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.
17. 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.

**Performance-Based National Detention Standards 2011 Inspection Worksheet for Over 72 Hour Facilities**

18. 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.
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**STANDARD 5.7. VISITATION – Reviewer Summary**

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

**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. A staff member 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 allows 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:** 4/21/2016

**Reviewer Signature (for printed form submission):**

**STANDARD 5.8. VOLUNTARY WORK PROGRAM** (Key: AH)

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 of the facility. While not legally required to do so, ICE/ERO 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 a voluntary work program.	Meets Standard	Policy and procedure outline the detainee voluntary work program. It is also outlined in the local handbook
2. The detainee's classification level shall determine the type of work assignment for which he/she is eligible. Generally, high custody detainees shall not be given work opportunities outside their housing units/living areas.	Meets Standard	The detainee's classification level is utilized to determine placement in the work program. The facility only houses male ICE detainees. High custody detainees do not work outside their housing unit.
3. ICE detainees may not work outside the secure perimeter of non-dedicated IGSA facilities.	Meets Standard	The facility does not allow ICE detainees to work outside the secure perimeter of the facility.
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	
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 disabled detainees in the work program.
7. Detainees who participate in the volunteer work program are required to work according to a fixed schedule that does not exceed 8 hours daily, 40 hours weekly.	Meets Standard	The facility prohibits detainees to work more than eight hours per day or forty hours per week.
8. Detainees shall receive monetary compensation for work completed in accordance with the facility's standard policy of at least \$1.00 (USD) per day.	Meets Standard	Detainees working at the facility are paid \$1.00 per day for work.
9. The facility administrator shall establish procedures for informing detainee volunteers about on-the-job responsibilities and reporting procedures.	Meets Standard	Detainees are provided written procedures and responsibilities prior to joining the work program.

**Performance-Based National Detention Standards 2011 Inspection Worksheet for Over 72 Hour Facilities**

10. When a detainee is removed from a work detail, staff place the written justification for the action in the detainee's detention file. Detainees are permitted to file a grievance to the facility administrator or local Field Office Director if they believe they were unfairly removed from work.	Meets Standard	If a detainee is removed from participation in the work program, a written justification is placed in his detention file. A detainee is permitted to file a grievance if he believes removal was unfair.
11. All detention facilities shall comply with all applicable health and safety regulations and standards, to include training.	Meets Standard	The facility complies with applicable health and safety standards and maintains a comprehensive detainee training program.
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	
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	
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	Policy and procedure outline the notification of ICE officials if a detainee sustains a work related injury.

**STANDARD 5.8. 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 facility provides policy and procedure to offer detainees the opportunity to work and earn money while assigned to the facility.

Detainees are required to sign a voluntary work program agreement before beginning a work assignment. Completed agreements are filed in the detainee's detention file. Detainees are allowed to work one position daily up to eight hours. Work details outside the housing area are available to low custody male detainees. Detainees are required to obtain medical approval prior to beginning work duties.

The facility has a system that ensures that detainees are paid for work completed within the facility. Wages are outlined in the local handbook. Detainees can be removed from work assignments for various reasons including unsatisfactory performance, physical inability to do the work, prevention of injury and removal sanctions imposed during a disciplinary hearing.

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, procedures and practice addresses the areas contained within the voluntary work program standard. Evaluation of this standard was based on observations; review of policy and documentation of detainee worker training; and interviews with employees and detainees.

**Overall Rating:** Meets Standard

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

**Completion Date:** 4/21/2016

Reviewer Signature (for printed form submission):

## ***Section VI: JUSTICE***

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

**STANDARD 6.1. DETAINEE HANDBOOK** (Key: AI)

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. <b>PRIORITY:</b> 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	Detainees are issued the National Detainee Handbook and the local handbook upon admission to the facility. Detainees sign a receipt for the handbooks.
2. The facility administrator shall ensure that the local supplement is translated into Spanish and, where practicable, any other language spoken by significant numbers of limited-English proficient detainees in that facility.	Meets Standard	Both handbooks are distributed in English and Spanish
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	Detainees sign a receipt for the handbooks during the intake process.
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 or interpreter within a reasonable amount of time.	Meets Standard	The facility utilizes an orientation video to assist detainees with acclimation. It is produced in English and Spanish. Translation services are available for detainees needing additional assistance.
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 their contents in initial and annual staff training.	Meets Standard	Facility employees are provided copies of the ICE National Detainee Handbook and local supplement. Initial and annual training covers the detainee handbook.
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	Policy and procedure outline an annual review of the detainee handbook. The current edition was revised 01/28/2016. Updates are posted on detainee bulletin boards. Paper copies of revisions are distributed to newly arriving detainees and personnel are notified via email and/or post orders.
7. <b>PRIORITY:</b> The detainee handbook (local supplement) address the following issues:  The rules, regulations, policies and procedures with which every detainee must comply Detainee rights and responsibilities Procedures for requesting interpretive services for essential communication The facility's services and programs The facility's classification system Medical care The facility's zero tolerance policy for all forms of sexual abuse and assault		

**STANDARD 6.1. DETAINEE HANDBOOK – Reviewer Summary***(Use following format for dates: mm/dd/yyyy)***Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

The facility has created a local handbook that serves as a supplement to the ICE National Detainee Handbook. It is created to provide a comprehensive orientation and outline of the facility policy and procedures. It includes subject matter related to facility rules, disciplinary system, mail, grievance, food service and medical care. The local handbook outlines how to contact various staff members, the local ICE field office, interpretive services and other means of assistance when needed.

The facility handbook and the ICE National Detainee Handbook inform the detainee how to report allegations of abuse and civil rights violations and/or officer misconduct directly to ICE 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. The local handbook is free from derogatory or insensitive statements about detainee religion or culture.

**Overall Rating:** Meets Standard**Reviewer Name (Printed):** (b)(6);(b)(7)(C)**Completion Date:** 4/21/2016**Reviewer Signature (for printed form submission):**



**STANDARD 6.2. GRIEVANCE SYSTEM** (Key: AJ)

This detention standard protects a detainee's rights and ensures they are treated fairly by providing a procedure for them to file both informal and formal grievances, which shall receive timely responses relating to any aspect of their detention, including medical care.

Components	Rating	Remarks (1000 Char Max)
<p>1. <b>PRIORITY:</b> Each facility shall have written policy and procedures for a detainee grievance system that:</p> <p>Establishes a procedure for any detainee to file a formal grievance;</p> <p>Establishes a procedure to track or log all ICE detainee grievances separately from other facility populations;</p> <p>Establishes reasonable time limits for:</p> <ul style="list-style-type: none"> <li>○ Processing, investigating, and responding to grievances;</li> <li>○ Convening a grievance committee (or actions of a single designated grievance officer) to review formal complaints; and</li> <li>○ Providing written responses to detainees who filed formal grievances, including the basis for the decision.</li> </ul> <p>Ensures a procedure in which all medical grievances are received by the administrative health authority within 24 hours or the next business day, with a response from medical staff within five working days, where practicable;</p> <p>Establishes a special procedure for time-sensitive, emergency grievances, including having a mechanism by which emergency medical grievances are screened as soon as practicable by appropriate personnel;</p> <p>Ensures each grievance receives appropriate review;</p> <p>Provides at least one independent appeal that excludes individuals previously involved in the decision making process for the same grievance;</p> <p>Includes guarantees against reprisal; and</p> <p>Ensures information, advice, and directions are provided to detainees in a language or manner they can understand, or that interpretation/translation services are utilized.</p>	Meets Standard	Policy reviewed during the inspection addressed all of the elements listed in this component. Detainees are provided information regarding the grievance system by the local handbook and the National Detainee Handbook.
<p>2. Detainees are informed about the facility's informal and formal grievance system in a language or manner they understand.</p>	Meets Standard	Policy and procedure outline an informal and formal grievance process. The grievance system is also explained in the local detainee handbook.

**Performance-Based National Detention Standards 2011 Inspection Worksheet for Over 72 Hour Facilities**

3. The grievance section of the handbook explains all steps in the grievance process.	Meets Standard	
4. Written procedures allow for the informal oral presentation and resolution of grievances. A detainee is free to bypass or terminate the informal grievance process at any point and proceed directly to the formal grievance stage.	Meets Standard	Detainees may utilize the informal or formal grievance process at any stage.
5. Detainees may submit a formal written grievance to a Grievance Officer at any time during, after, or in lieu of lodging an information complaint. To prepare a grievance, a detainee may obtain assistance from another detainee, the housing officer or other facility staff, family members, legal representatives, or non-governmental organizations.	Meets Standard	The facility has a designated grievance officer who answers formal and informal grievances. The detainee may appeal to the grievance committee if unsatisfied with the response. A final level of appeal is the AFOD and FOD. Policy allows detainees to seek assistance from other detainees, facility personnel, family members, legal representatives or non-government organizations when preparing a grievance.
6. 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	Medical grievances are logged by the grievance officer and immediately forwarded to the medical department for disposition within the required time limits.
7. 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	Policy and procedure outline a means for handling time sensitive emergency grievances that involve immediate threat to a detainee's health, safety or welfare.
8. All staff will be trained to appropriately respond to emergency grievances in an expeditious matter.	Meets Standard	Detention personnel receive annual training on how to identify, respond to and expedite emergency grievances.
9. A designated Grievance Officer (GO) shall conduct the initial adjudication of a grievance. The detainee shall have the option to file an appeal with a Grievance Appeals Board (GAB) if dissatisfied with a GO decision, and with the facility administrator if dissatisfied with a GAB decision. At all stages, detainees shall receive a decision on the grievance within five days of receipt of the appeal by the reviewing entity.	Meets Standard	The facility has a multi-step appeal process for detainees to utilize. Written responses are returned within five days.
10. Facilities shall allow any ICE/ERO detainee dissatisfied with the facility's response to a grievance, or fearing retaliation, to appeal to or communicate directly with ICE/ERO.	Meets Standard	

**Performance-Based National Detention Standards 2011 Inspection Worksheet for Over 72 Hour Facilities**

11. <b>PRIORITY:</b> Each facility shall maintain a Detainee Grievance Log. The documentation shall include: the date the grievance was filed, the name of the detainee that filed the grievance, the nature of the grievance, the date the decision was provided to the detainee, and the outcome of the adjudication. 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	The facility maintains a comprehensive grievance log that includes the detainee name, nature of grievance and disposition. Copies are maintained in the detainee's detention file. Medical grievance responses are maintained by the medical department.
12. <b>PRIORITY:</b> Upon receipt, facility 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 in a timely manner.	Meets Standard	Policy at this IGSA requires staff members to notify a supervisor of any allegations of staff misconduct. Policy and procedure outline the notification of ICE personnel if a misconduct allegation occurs.
13. Staff shall not harass, discipline, punish, or otherwise retaliate against a detainee who files a complaint or grievance or who contacts the Inspector General. Immediately following any indication or allegation of retaliation, the facility and ICE/ERO shall conduct an investigation of alleged acts of retaliation in a timely manner, and take all steps necessary to remedy any retaliation determined to have occurred.	Meets Standard	Policy, procedure and the local handbook advise detainees that staff shall not harass punish or otherwise retaliate against a detainee for filing a grievance.

**STANDARD 6.2. GRIEVANCE SYSTEM – Reviewer Summary**

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

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

The facility has established grievance policy and procedure to protect detainee rights and ensure they are treated fairly. It offers detainees an informal and formal avenue to address concerns they have within the facility to management staff. Detainee grievances, including the disposition, are included in the detainee detention file. Inspection of the grievance logs revealed they were maintained accurately and within established time frames supported by the standard. Grievance documents were visually observed. They were completed and accomplished within established time frames.

The detainee grievance log is maintained to evaluate compliance; and generate data showing trends in the types of grievances, time frames for resolution, and outcomes at the facility. The local handbook details the facility grievance policy, methods of appeal and time frames. Personnel and detainee interviews revealed the grievance system was functioning as designed.

A review of detainee grievances during the inspection period revealed a total of 15 filed informal and formal grievances, informal grievances include filed grievances that are resolved at the initial level. Three grievances were appealed to the second level grievance committee where one was found in favor of the detainee.

**Overall Rating:** Meets Standard

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

**Completion Date:** 4/21/2016

**Reviewer Signature (for printed form submission):**

**STANDARD 6.3. LAW LIBRARIES AND LEGAL MATERIALS** (Key: AK)

This detention standard protects detainees' rights by ensuring their access to courts, counsel, and comprehensive 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	The law library is a large, well-lighted, quiet room. There are four computers equipped with LexisNexis and several chairs and tables. The area is large enough and has the facilities to meet demand.
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 minimum recreation time to use the law library.	Meets Standard	Detainees are permitted to use the law library for at least five hours per week and are not required to forego recreation time to use the law library.
3. <u>PRIORITY:</u> The law library shall provide an adequate number of computers with printers, photocopiers and sufficient writing implements, paper, and related office supplies to enable detainees to prepare documents for legal proceedings, special correspondence, or legal mail. Typewriters, with replacement ribbons, carbon paper, and correction tape may be temporarily substituted for computers and printers only until such time as the facility can provide computers and printers, and if approved by ICE/ERO. Each facility administrator shall designate an employee to inspect the equipment at least daily and ensure it is in good working order and to stock sufficient supplies.	Meets Standard	There are four computer workstations with an associated printer and copier. Writing implements and supplies are available in the law library and the housing units. The law library is inspected daily for maintenance and restocking by the assigned employee.
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 for no cost on electronic storage media provided by the facility.
5. The facility subscribes to updating services where applicable and legal materials requiring updates are current.	Meets Standard	LexisNexis was last updated on 02/19/2016.
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	The law library supervisor is responsible for these duties.

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<p>7. <b>PRIORITY:</b> The law library contains all materials listed in Appendix 6.3.A: "List of Legal Reference Materials for Detention Facilities" and any materials provided to the facility by ICE/ERO. As an alternative to obtaining and maintaining the paper-based publications in Appendix 6.3.A, a facility may substitute the Lexis/Nexis publications on CD ROM. Any materials listed in Appendix 6.3.A which are not loaded onto the Lexis/Nexis CD ROM must be maintained in paper form. If materials are provided on CD-ROM or in another electronic format, technical assistance shall be provided.</p>	<p align="center">Meets Standard</p>	<p>The library's computers have a current and functioning LexisNexis program. The installed LexisNexis application includes the materials referenced in this component.</p>
<p>8. An up-to-date list of the law library's holdings, including the date and content of the most recent updates of all legal materials available to detainees in print and electronic media, are posted in the law library.</p>	<p align="center">Meets Standard</p>	
<p>9. The facility administrator must certify to the respective Field Office Director – and the Field Office Director must verify – that the facility provides detainees sufficient:</p> <ul style="list-style-type: none"> <li>Operable computers that are capable of running the Lexis/Nexis CDRom,</li> <li>Operable printers,</li> <li>Supplies for both, and</li> <li>Instructions for detainees on the basic use of the system.</li> </ul>	<p align="center">Meets Standard</p>	
<p>10. 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 unpublished material is forwarded and reviewed by the ICE prior to inclusion.</p>	<p align="center">Meets Standard</p>	
<p>11. 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.</p>	<p align="center">Meets Standard</p>	<p>Detainees may submit a written request to the library supervisor for legal materials not available in the law library. The requests are forwarded to ICE the day they are received.</p>
<p>12. The facility shall ensure that detainees can obtain at no cost to the detainee photocopies of legal material and special correspondence when such copies are reasonable and necessary for a legal proceeding involving the detainee. Detainees shall also be permitted to photocopy grievances, letters regarding conditions of confinement, disciplinary decisions, special needs forms, or other documents that are relevant to the presentation of any type of immigration proceeding.</p>	<p align="center">Meets Standard</p>	<p>Detainees are provided photocopies of legal materials and special correspondence, at no charge. Copies of other documents that are related to a detainee's immigration proceedings are also duplicated at no cost to the detainee.</p>
<p>13. Facility staff provide assistance to detainees in accessing legal materials where needed (e.g. orientation to written or electronic media and materials; assistance in accessing related programs, forms, and materials).</p>	<p align="center">Meets Standard</p>	<p>The library supervisor provides assistance to detainees when necessary.</p>

**Performance-Based National Detention Standards 2011 Inspection Worksheet for Over 72 Hour Facilities**

14. 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.
15. Unrepresented illiterate, limited-English proficient, or disabled 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 assistance beyond access to a set of English-language law books. To the extent practicable and consistent with the good order and security of the facility, efforts will be made to assist all illiterate, limited-English proficient, and disabled persons in using the law library.	Meets Standard	
16. 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. Detainees with scheduled immigration hearings within 72 hours are provided access to their personal legal materials to the extent practicable.	Meets Standard	
17. 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 housed in both administrative segregation and disciplinary segregation have the same access to the law library as those in the general population.
18. Denial of access to the law library must be:  Supported by compelling security concerns,  Be for the shortest period required for security, and  Be fully documented in the Special Management Unit housing logbook.  Documented, with reasons listed, in the detention file.  The facility shall notify the Field Office every time access is denied and send a copy of the proper documentation.	Meets Standard	Policies and procedures address each of the items in the component. There have been no denials of law library use during the inspection period.
19. 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	Detainees may receive staff assistance in accordance with this component.
20. 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.

**STANDARD 6.3. LAW LIBRARIES AND LEGAL MATERIALS – Reviewer Summary***(Use following format for dates: mm/dd/yyyy)***Overall Remarks:** *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*

ICE determines acceptance of outside published materials into the law library based on usefulness of the materials and space limitations, and notifies the submitter if materials are declined. Outdated legal materials are removed from the law library and damaged or stolen materials are replaced as necessary.

Each detainee has the opportunity to research his legal status and is provided the necessary equipment and materials. Per the assigned DO, ICE makes decisions regarding unpublished outside material requests within thirty days. When outside persons and organizations are permitted to submit legal materials for inclusion in the law library which are in a language other than English, an English translation is provided.

The library supervisor monitors detainees using the law library. Detainees obtain copies for a legal proceeding by sending a request to the library supervisor. These requests are denied only if the document poses a security risk, threat to orderly operations, violation of any law or regulation and/or the request is clearly abusive or excessive. The library supervisor inspects documents offered for copying to ensure they comply with these rules but does not read legal documents.

Unrepresented detainees requesting a notary public, certified mail, or other such services to pursue a legal matter are provided this assistance by staff if unable to secure the services by other means. Indigent detainees are provided free envelopes and stamps for domestic mail related to their legal matters and for correspondence to a legal representative, a potential legal representative or any court. Requests to send international mail at no cost are reviewed, on a case-by-case basis.

The detainee handbook and postings in the law library provide law library information, including rules; procedures; hours; information on how to request additional time in the law library, and how to access legal materials; how to request materials not included in the library; and how to report missing or damaged material.

During the evaluation of this standard, the law library was inspected, the LexisNexis program was manipulated, employees and detainees were interviewed, and policy and the detainee handbook were reviewed. A detainee was observed using LexisNexis. He stated that he was very pleased with the access to the law library that he is afforded.

**Overall Rating:** Meets Standard**Reviewer Name (Printed)** (b)(6);(b)(7)(C)**Completion Date:** 04/21/2016**Reviewer Signature (for printed form submission):**

**STANDARD 6.4. LEGAL RIGHTS GROUP PRESENTATIONS** (Key: AL)

This detention standard protects detainees' rights by providing all detainees 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. <b>PRIORITY:</b> 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. Detainees that fail to sign up shall not be deprived of the opportunity to attend a presentation for that reason.  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. Detainees in segregation are notified in advance of a presentation and provided the opportunity to attend. If the attendance of a detainee in segregation would pose a security risk, facility staff shall make arrangements with the presenters to offer a separate presentation and individual consultation to the detainee.	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	



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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	
7. The facility may discontinue or temporarily suspend group presentations by any or all presenters, if they: Pose an unreasonable security risk; Interfere substantially with the facility's orderly operation; Deviate materially from approved presentation materials or procedures; or if The facility is operating under emergency conditions.	N/A	
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). Each facility shall present only ICE/ERO-approved electronic presentations on detainee legal rights.	N/A	
9. The facility shall also provide detainees in administrative or disciplinary segregation for more than one week with at least one opportunity to view pre-approved presentation(s) during their placement in segregation, unless precluded by security concerns regarding a particular detainee.	N/A	
10. The facility shall maintain electronically-formatted presentations and equipment in good condition.	N/A	

**STANDARD 6.4. 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 facility during the inspection period.

**Overall Rating:** N/A

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

**Completion Date:** 4/21/2016

**Reviewer Signature (for printed form submission):**

## ***Section VII: ADMINISTRATION & MANAGEMENT***

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

**STANDARD 7.1. DETENTION FILES** (Key: AM)

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 detainee. This standard also addresses security for electronic files.

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	A detention file is created for each detainee upon admission to the facility.
2. The detainee detention file contains either originals or copies of documentation and forms generated during the admissions process.	Meets Standard	Detention files contain Form I-203, I-213, detainee photographs, classification documents, personal property inventory records and receipts, and other documents generated or received during the admissions process.
3. The detention files are located and maintained in a secured area.	Meets Standard	Detention files are maintained in the secure Record's Office. Access to the files is restricted.
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	A detention file remains active throughout a detainee's stay. Upon a detainee's release, all file information generated during the detainee's stay is converted into one paper file for archiving. The medical file, however, is excluded from this process.
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	
6. Electronic record-keeping systems and data are protected from unauthorized access.	Meets Standard	Electronic record-keeping systems and data are password protected.

**STANDARD 7.1. DETENTION FILES – Reviewer Summary**

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

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

An inspection of the detention file storage area, interviews with records personnel, intake personnel and the intake supervisor; and reviews of detention file content and detention file sign-out documentation revealed a detention file is created for each newly admitted detainee during the intake process.

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The OIC ensures the intake unit has on hand all necessary supplies and equipment, and that all equipment is maintained in good working order. The intake area has a photocopier, paper shredder and necessary supplies to process detainees. Defective and extra copies of all forms and documents generated during the admissions process are disposed of properly.

The assigned DO confirmed that the field office maintains files as needed and retains all inactive files for a minimum of eighteen months. Approved personnel have access to detention files on an as needed basis and for official purposes only. Information may only be released to an outside third party when the detainee has signed a release of information consent form consistent with state and federal regulations and ICE has approved the request.

**Overall Rating:** Meets Standard

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

**Completion Date:** 4/21/2016

**Reviewer Signature (for printed form submission):**

**STANDARD 7.2. INTERVIEWS AND TOURS** (Key: AN)

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.

<b>Components</b>	<b>Rating</b>	<b>Remarks (1000 Char Max)</b>
1. Interviews by reporters, other news media representatives, non-governmental organizations, 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	Requests for interviews by reporters, other news media representatives, academics and parties not included in other visitation categories must be approved by the FOD.
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	Policy dictates that visiting media organizations will: adhere to the policies and procedures of the facility during their visit; obtain advance permission in writing from the OIC and FOD before taking photographs; and be advised that detainees must sign a consent waiver before being photographed or having their interview recorded.
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	Media organizations are advised that detainees must sign a consent waiver form before being photographed or having their interview recorded. ICE will place the original signed form in the detainee's A-file. Copies of the form are placed in the detainee's detention file.
4. Detainees should not be pressured or coerced out of granting a personal interview request, nor should the facility in any way retaliate against a detainee for lawful communication with a member of the media or a member of the public.	Meets Standard	
5. A press pool may be established when the Public Affairs Officer, Field Office Director and facility administrator determine that the volume of interview requests warrants such action.	Meets Standard	The OIC stated that a public information officer assigned to the field office is responsible for establishing press pools.
6. If a tour or visit by a non-governmental organization or other stakeholders is approved by ICE/ERO, the facility shall post both the ICE sign-up sheet and the ICE stakeholder tour/visit notification flyer at least 48 hours in advance of the tour or visitation in appropriate locations (e.g. message boards, housing areas). Facility staff permit NGO or stakeholder access to pre-identified detainees and/or detainees who have signed up in advance to speak with the stakeholder.	Meets Standard	

**STANDARD 7.2. 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)*

The privacy of detainees and staff, including the right of a detainee to not be photographed or recorded, is protected. Media representatives, media visitors, tours, personal interviews, press pools and visits by NGOs are coordinated and approved by ICE. The public and the media are not denied access based on their political or editorial viewpoints. Prior to a tour, the OIC explains the terms and guidelines of the interview/tour to the participants.

A review of policy and interviews with ICE and the compliance administrator revealed that the public and the media are informed of events within the facility's area of responsibility through interviews and tours.

**Overall Rating:** Meets Standard**Reviewer Name (Printed)** (b)(6);(b)(7)(C)**Completion Date:** 4/21/2016**Reviewer Signature (for printed form submission):**

**STANDARD 7.3. STAFF TRAINING** (Key: AO)

This detention standard ensures that facility staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing training.

<b>Components</b>	<b>Rating</b>	<b>Remarks (1000 Char Max)</b>
1. The facility conducts appropriate orientation, initial training, and annual training for all staff, contractors, and volunteers with appropriate assessment measures.	Meets Standard	Policy and procedure outline a comprehensive training plan for personnel, contractors and volunteers. It includes initial, annual and specialized training/education.
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, training personnel complete a 40-hour training-for-trainers course.	Meets Standard	The facility has a training manager who has completed training for trainer's course, meeting the requirements established for this component.
4. Training is governed and guided by a training plan that is reviewed and approved annually by the facility administrator.	Meets Standard	The facility training plan has been approved by the OIC. It was approved 02/04/2016.
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	
7. The formal training received by each trainee shall be fully documented in permanent training records.	Meets Standard	The facility maintains permanent training records for employee training. They are maintained in paper format files.

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<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"> <li>ICE/ERO detention standards</li> <li>Cultural and language issues, including requirements related to limited English proficient detainees</li> <li>Requirements related to detainees with disabilities and special-needs detainees</li> <li>Code of ethics</li> <li>Drug-free workplace</li> <li>Emergency plans and procedures</li> <li>Signs of suicide risk, suicide precautions, prevention, and intervention</li> <li>Use of force</li> <li>Key and lock control</li> <li>Tour of the facility</li> <li>Staff rules and regulations</li> <li>Sexual abuse/sexual misconduct awareness and reporting</li> <li>Hostage situations and staff conduct if taken hostage</li> </ul>	<p>Meets Standard</p>	<p>Each new employee, contractor and volunteer completes an initial training program which includes the subjects listed within this component.</p>
<p>9. Employees and contractors who have minimal detainee contact and no significant responsibilities involving detainees receive initial and annual training that includes:</p> <ul style="list-style-type: none"> <li>ICE/ERO detention standards update</li> <li>Cultural and language issues including requirements related to limited English proficient detainees</li> <li>Requirements related to detainees with disabilities and special needs detainees</li> <li>Code of ethics</li> <li>Staff rules and regulations</li> <li>Key and lock control</li> <li>Signs of suicide risk, suicide precautions, prevention, and intervention</li> <li>Drug-free workplace</li> <li>Health-related emergencies</li> <li>Emergency plans and procedures</li> <li>Sexual abuse and sexual misconduct awareness</li> <li>Hostage situations and staff conduct if taken hostage</li> </ul>	<p>Meets Standard</p>	<p>Employees and contractors having minimal detainee contact receive training that addresses the elements in this component</p>



**Performance-Based National Detention Standards 2011 Inspection Worksheet for Over 72 Hour Facilities**

<p>10. Professional and support employees (including contractors) who have regular or daily detainee contact will receive initial and annual training on the following subjects, at a minimum:</p> <ul style="list-style-type: none"> <li>ICE/ERO detention standards</li> <li>Cultural and language issues including requirements related to limited English proficient detainees</li> <li>Requirements related to detainees with disabilities and special needs detainees</li> <li>Security procedures and regulations</li> <li>Sexual harassment and sexual misconduct awareness (including the contents of Standard 2.11)</li> <li>Appropriate conduct with detainees</li> <li>Code of Ethics</li> <li>Health-related emergencies</li> <li>Drug-free workplace</li> <li>Supervision of detainees</li> <li>Signs of hunger strike</li> <li>Signs of suicide risk, suicide precautions, prevention, and intervention</li> <li>Use-of-force regulations</li> <li>Hostage situations and staff conduct if taken hostage</li> <li>Report writing</li> <li>Detainee rules and regulations</li> <li>Key and lock control</li> <li>Rights and responsibilities of detainees</li> <li>Safety procedures</li> <li>Emergency plan and procedures</li> <li>Interpersonal relations</li> <li>Communication skills</li> <li>Cardiopulmonary resuscitation (CPR)/First aid</li> <li>Counseling techniques</li> </ul>	<p align="center">Meets Standard</p>	<p>Professional employees complete training covering the elements contained in this component.</p>
<p>11. Full-time health care employees receive, in addition to the training areas above, instruction in the following:</p> <ul style="list-style-type: none"> <li>Medical grievance procedures and protocols</li> <li>Emergency medical procedures</li> <li>Occupational exposure</li> <li>Personal protective equipment</li> <li>Bio-hazardous waste disposal</li> <li>Overview of the detention operations.</li> </ul>	<p align="center">Meets Standard</p>	<p>Full-time health care employees complete training consistent with the elements of this component.</p>

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12. Security personnel will receive, in addition to the training areas above, training on the following subjects, at a minimum:  Searches of detainees, housing units, and work areas  Self-defense techniques  Use-of-force regulations and tactics	Meets Standard	Security personnel complete comprehensive additional training on the elements of this component.
13. Situation Response Teams (SRTs) receive:  Specialized training before undertaking their assignments.	Meets Standard	The facility selects experienced staff members for placement on the SRT team; personnel must complete forty hours of initial training. Continued membership requires eight hours of monthly training.
14. <u>PRIORITY</u> : 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	Facility personnel attend firearms training prior to placement on a post requiring the use of a firearm. Employees are not assigned to an armed post prior to training. Training files indicate the required training is conducted on an annual basis.
15. <u>PRIORITY</u> : 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	Personnel, who are authorized to use chemical agents, receive training in the use and the treatment of individuals exposed to a chemical agent prior to being involved in their possible use. Personnel authorized to use chemical agents must train and recertify annually.

**STANDARD 7.3. 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. Follow-up training is conducted annually. Specialized training is offered for staff wishing to gain additional knowledge. Facility personnel indicated that training was available, useful and presented by instructors who were knowledgeable and enjoyable. Personnel training records reviewed during the inspection were comprehensive with documents supporting training provided.

New employees are provided appropriate orientation training as required by the standard. All employees receive annual training as required. The amount and content of the training is consistent with the duties and function of each individual. All training was documented in permanent training files. Policy and practice address all areas required by the staff training standard.

**Overall Rating:** Meets Standard

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

**Completion Date:** 4/21/2016

Reviewer Signature (for printed form submission):

**STANDARD 7.4. DETAINEE TRANSFERS** (Key: AP)

This detention standard is written to ensure that transfers of detainees from one facility to another are accomplished in a manner that ensures the safety and security of the staff, detainees, and the public; and that the process relating to transfers of detainees is carried out professionally and responsibly with respect to notifications, detainee records, and the protection of detainee funds and property.

Components	Rating	Remarks (1000 Char Max)
<p>1. The sending facility ensures that:</p> <p>Specific plans and time schedules are not discussed with the detainee prior to transfer.</p> <p>The detainee is notified of the transfer immediately prior to departing the facility, in a language or manner he/she can understand.</p> <p>The detainee is not permitted to make or receive any phone calls, or have contact with any detainee in the general population, until he/she reaches the destination facility.</p>	Meets Standard	Policy and procedures address the requirements of this component.
<p>2. The sending facility shall ensure that the detainee acknowledges at the time of transfer, in writing, that:</p> <p>He or she has received the transfer destination information;</p> <p>It is his or her responsibility to notify family members if so desired, upon admission into the receiving facility; and</p> <p>He or she may place a domestic phone call, at no expense to the detainee, upon admission into the receiving facility.</p>	Meets Standard	ICE provides the detainee with a written transfer notification that includes the required information.
<p>3. A detainee may not be transferred from any facility without the appropriate Form I-203 or I-216 or equivalent authorizing the detail.</p>	Meets Standard	Form I-203 or I-216 is completed for all transfers.
<p>4. 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.</p>	Meets Standard	

**Performance-Based National Detention Standards 2011 Inspection Worksheet for Over 72 Hour Facilities**

<p>5. When a detainee is transferred within the ICE Health Service Corps (IHSC) system, ICE/ERO shall ensure that:</p> <p>Form USM-553, or equivalent Medical Transfer Summary, and a copy of the detainee's full medical record accompanies the detainee; and</p> <p>The full medical record is placed in a sealed envelope or other container labeled with the detainee's name and A-number and marked "MEDICAL CONFIDENTIAL."</p> <p>When a detainee is transferred to an IGSA detention facility, the sending facility shall ensure that the Transfer Summary accompanies the detainee. A copy of the full medical record must accompany each detainee during transfer unless extenuating circumstances make this impossible, in which case the full medical record will follow as soon as practicable.</p>	<p align="center">Meets Standard</p>	<p>Form USM-553 and the full medical record accompany each detainee when transferred from the facility. The medical record is sealed in a properly marked envelope.</p>
<p>6. 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 with the test dates, and Chest x-ray results if the detainee has received a positive PPD reading;</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;</p> <p>Any pending medical or mental health evaluations, tests, procedures, or treatments for a serious medical condition scheduled for the detainee at the sending facility; and</p> <p>The name and contact information of the transferring medical official.</p>	<p align="center">Meets Standard</p>	<p>The HSA is responsible for preparing detainee medical transfer documents. Documents are completed in accordance with the items listed in this component. They are placed in a sealed envelope marked confidential and given to the transport officers with specific handling instructions. The envelope also notes the name and contact information of the medical official.</p>
<p>7. Transportation staff may not transport a detainee without the required Transfer Summary, which is essential for detainee safety while in transit.</p>	<p align="center">Meets Standard</p>	<p>Transfer summaries accompany each transferring detainee.</p>
<p>8. Upon receiving notification that a detainee is to be transferred, appropriate medical staff at the sending facility shall notify the facility administrator of any medical/psychiatric alerts or holds that have been assigned to the detainee, as reflected in the detainee's medical records. The facility administrator shall notify ICE/ERO of any medical/psychiatric alerts or holds placed on a detainee that is to be transferred.</p>	<p align="center">Meets Standard</p>	

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<p>9. If a detainee has been placed in a medical hold status, the detainee must be evaluated and cleared by a licensed independent practitioner prior to transfer. If the evaluation indicates that transfer is medically appropriate but that health concerns associated with the transfer remain, medical staff at the sending facility shall notify ICE and shall provide ICE requested information and other assistance, to the extent practicable, to enable ICE to make appropriate transfer determinations.</p>	<p align="center">Meets Standard</p>	
<p>10. <b>PRIORITY:</b> 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 day 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"> <li>Placed in a property envelope with the detainee's name and A-number, and appropriate administration instructions, on it,</li> <li>Accompany the transfer, and</li> <li>If unused, be turned over to the receiving medical personnel.</li> </ul>	<p align="center">Meets Standard</p>	<p>Medical personnel provide transporting officers with written instructions on the care of detainees being transferred. If applicable, medication(s) and instructions for their use are also provided. Detainees are transferred with the medications in quantities specified in this component. The medications are placed in a property envelope clearly labeled with the detainee's A-number. Instructions for their use are also noted on the envelope. Officers are instructed to turn over any unused medications to the medical personnel at the receiving facility.</p>
<p>11. 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>12. After admission into the receiving facility or Field Office, all detainees must be given the documented opportunity to make one domestic three-minute phone call at no cost to the detainee. The responsible processing supervisor or his/her designee shall ensure that the detainee is promptly informed that he/she may notify interested persons of the transfer.</p>	<p align="center">Meets Standard</p>	<p>An ICE officer confirmed that all detainees are offered the opportunity to place a telephone call at no expense to the detainee.</p>

**STANDARD 7.4. DETAINEE TRANSFERS – Reviewer Summary**

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

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

Detainee transfers are conducted in accordance with required notification, safety and medical requirements specified in the standard. The facility provides a full medical record for all transfers.

At this IGSA, an authorized ICE official checks detainee records to determine if the detainee has a criminal history or an escape record. This information is conveyed to transport officers. Food and water is provided in accordance with the detention standard on transportation by land.

**Performance-Based National Detention Standards 2011 Inspection Worksheet for Over 72 Hour Facilities**

A review of policy and interviews of ICE, the health services administrator, food service manager and the quality assurance manager revealed the transfer of detainees from one facility to another is professionally and responsibly managed in regards to notifications, detainee records, safety and security concerns, and protection of detainee funds and personal property.

**Overall Rating:** Meets Standard

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

**Completion Date:** 4/21/2016

**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.**

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

Run Indicator: ☒