

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)

Facility Information			
Facility Name: Port Isabel Detention Center		Review Purpose: Annual	
Facility Type: SPC Intergovernmental Service Agreement (IGSA), ICE Service Processing Center (SPC), ICE Contract Detention Facility (CDF)			
Address:	27991 Buena Vista Blvd.		
City: Los Fresnos	State: TX	Zip: 78566	
County:	Cameron		
CEO Name:	(b)(6);(b)(7)(C)	CEO Title: AFOD/OIC	
Review Information (Use following format for dates: mm/dd/yyyy)			
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ICE HQ USE ONLY: (DO NOT EDIT*)

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

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

Table of Contents

INTRODUCTION TO THE G324A OVER 72 HOUR FACILITY DETENTION REVIEW

WORKSHEETS..... 4

 WHAT IS “PERFORMANCE-BASED”?.....4

 WORKSHEET OVERVIEW.....4

 WORKSHEET COMPLETION..... 5

SECTION I: SAFETY..... 6

 STANDARD 1.1. EMERGENCY PLANS (KEY: A)..... 7

 STANDARD 1.2. ENVIRONMENTAL HEALTH AND SAFETY (KEY: B)..... 11

 STANDARD 1.3. TRANSPORTATION (BY LAND) (KEY: C)..... 16

SECTION II: SECURITY..... 19

 STANDARD 2.1. ADMISSION AND RELEASE (KEY: D)..... 20

 STANDARD 2.2. CUSTODY CLASSIFICATION SYSTEM (KEY: E)..... 23

 STANDARD 2.3. CONTRABAND (KEY: F)..... 26

 STANDARD 2.4. FACILITY SECURITY AND CONTROL (KEY: G).....28

 STANDARD 2.5. FUNDS AND PERSONAL PROPERTY (KEY: H)..... 31

 STANDARD 2.6. HOLD ROOMS IN DETENTION FACILITIES (KEY: I)..... 35

 STANDARD 2.7. KEY AND LOCK CONTROL (KEY: J)..... 38

 STANDARD 2.8. POPULATION COUNTS (KEY: K)..... 41

 STANDARD 2.9. POST ORDERS (KEY: L)..... 43

 STANDARD 2.10. SEARCHES OF DETAINEES (KEY: M)..... 45

 STANDARD 2.11. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (KEY: N)..... 47

 STANDARD 2.12. SPECIAL MANAGEMENT UNITS (KEY: O)..... 54

 STANDARD 2.13. STAFF-DETAINEE COMMUNICATION (KEY: P)..... 64

 STANDARD 2.14. TOOL CONTROL (KEY: Q)..... 68

 STANDARD 2.15. USE OF FORCE AND RESTRAINTS (KEY: R)..... 71

SECTION III: ORDER.....76

 STANDARD 3.1. DISCIPLINARY SYSTEM (KEY: S).....77

SECTION IV: CARE..... 80

 STANDARD 4.1. FOOD SERVICE (KEY: T)..... 81

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

STANDARD 4.2. HUNGER STRIKES (KEY: U)..... 88

STANDARD 4.3. MEDICAL CARE (KEY: V)..... 92

STANDARD 4.4. MEDICAL CARE (WOMEN) (KEY: W)..... 113

STANDARD 4.5. PERSONAL HYGIENE (KEY: X)..... 117

STANDARD 4.6. SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (KEY: Y)..... 120

STANDARD 4.7. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH (KEY: Z)..... 124

SECTION V: ACTIVITIES..... 128

STANDARD 5.1. CORRESPONDENCE AND OTHER MAIL (KEY: AA)..... 129

STANDARD 5.2. TRIPS FOR NON-MEDICAL EMERGENCIES (KEY: AB)..... 132

STANDARD 5.3. MARRIAGE REQUESTS (KEY: AC)..... 133

STANDARD 5.4. RECREATION (KEY: AD)..... 135

STANDARD 5.5. RELIGIOUS PRACTICES (KEY: AE)..... 138

STANDARD 5.6. TELEPHONE ACCESS (KEY: AF)..... 141

STANDARD 5.7. VISITATION (KEY: AG)..... 145

STANDARD 5.8. VOLUNTARY WORK PROGRAM (KEY: AH)..... 148

SECTION VI: JUSTICE..... 151

STANDARD 6.1. DETAINEE HANDBOOK (KEY: AI)..... 152

STANDARD 6.2. GRIEVANCE SYSTEM (KEY: AJ)..... 155

STANDARD 6.3. LAW LIBRARIES AND LEGAL MATERIALS (KEY: AK)..... 159

STANDARD 6.4. LEGAL RIGHTS GROUP PRESENTATIONS (KEY: AL)..... 163

SECTION VII: ADMINISTRATION & MANAGEMENT..... 166

STANDARD 7.1. DETENTION FILES (KEY: AM)..... 167

STANDARD 7.2. INTERVIEWS AND TOURS (KEY: AN)..... 169

STANDARD 7.3. STAFF TRAINING (KEY: AO)..... 171

STANDARD 7.4. DETAINEE TRANSFERS (KEY: AP)..... 176

DOCUMENT CHECK..... 180

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	A review of training records confirmed that employees are trained to watch for signs of mounting tension among the detainee population such as a spike in the number of detainee requests and incident reports; sullen, restless and short-tempered behavior; and/or detainees avoiding contact/eye contact with staff members.
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	A review of documentation confirmed that all employees receive training in emergency preparedness during their initial training and receive training on the facility's emergency plans annually.
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	A review of documentation confirmed that the facility has contingency plans for responding to emergencies. The emergency plans include a locally approved evacuation plan that is updated annually. The evacuation plan was last reviewed/updated on 07/29/2015.
4. Contingency plans shall include procedures for handling special needs detainees during an emergency or evacuation.	Meets Standard	Specific procedures for handling detainees with special needs are included in the contingency plans.
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	This SPC has developed contingency plans 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 contingency plans were last reviewed and approved on 01/06/2016.

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

7. Every plan that is being developed or is final must include a statement prohibiting unauthorized disclosure.	Meets Standard	Every emergency plan includes the statement required by this component.
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	Written policy and procedures specifically address each of the requirements of 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 SPC, a command center, located outside the secure perimeter, is designated as the primary emergency command post. The quality control manager confirmed that the command post is equipped in accordance with the Emergency Plans standard.
10. At least one video camera shall be maintained in the Control Center for use in emergency situations.	Meets Standard	
11. Emergency plans include emergency medical treatment for staff and detainees during and after an incident.	Meets Standard	Emergency plans include the requirement for emergency medical treatment for employees 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	Post-emergency procedures are specifically included in the plan.
<p>14. Written procedures cover:</p> <ul style="list-style-type: none"> 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	Written procedures have been developed for each of the contingencies required by this component.

STANDARD 1.1. EMERGENCY PLANS – Reviewer Summary

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

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

A review of documentation, employee interviews and on-site observations confirmed that the facility ensures a safe environment for detainees and employees by having contingency plans in place to effectively respond to any emergency. Employees interviewed were knowledgeable of the plans and their individual responsibilities. These plans are considered confidential and are handled accordingly. All correctional employees receive pre-service and annual training on the facility emergency plans.

The SDDO is responsible for developing and implementing emergency contingency plans with the approval of the OIC. The quality control manager confirmed that in development of plans, the expertise of all department heads was solicited, and they were made aware of their responsibility to be fully ready to exercise that responsibility under the plan. An accurate inventory of equipment identified for use during implementation of the plan is maintained and reviewed at least every four months to ensure its accuracy.

The facility has designated individuals responsible for developing and implementing emergency contingency plans. The parent organization has plans that include procedures for rendering emergency assistance to other facilities in the form of supplies, transportation, and temporary housing, etc.

Policy states that emergency plans are updated as often as necessary and forwarded to the OIC for approval. The quality control manager maintains documentation to confirm that annual reviews are conducted with participation from every department head. A review of documentation confirmed that annual review and approval of the plan is recorded on the master copy of the contingency plan file, even if the review resulted in no changes.

The SDDO is responsible for developing and implementing emergency contingency plans, determines where copies of the various plans are to be stored, and in what quantity. A review confirmed that a master copy of the plan is maintained outside the secure perimeter, along with an itemized list of plans and where they can be located.

The quality control manager maintains a checkout system that accounts for all plans at all times, with safeguards against detainee access. A confidential set of the emergency plans is located in the headquarters of the parent organization.

General requirements for emergency plans implementation contained in policy include: policy and procedure for alternative means of reaching the facility; how and when staff notify nearby residences if a situation could affect them, including type of emergency, actions being taken, evacuation routes if applicable, and special precautions; and types of radio equipment to be utilized during the emergency and the location of battery charging stations.

Overall Rating: Meets Standard

Reviewer Name (Printed)

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

Completion Date: 2/4/2016

Reviewer Signature (for printed form submission):

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

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)
<p>1. Environmental health and safety conditions shall be maintained at a level that meets recognized standards of safety and hygiene, including those from the:</p> <ul style="list-style-type: none"> 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 was constructed and is maintained to meet applicable codes listed in this component. The American Correctional Association and South Padre Island Fire Department reports were reviewed during the inspection.
<p>2. A housekeeping plan will be developed for detainee living areas noted in the standards. The facility appears clean and well maintained.</p>	Meets Standard	
<p>3. The facility has a system for storing, issuing, and maintaining inventories of hazardous materials.</p>	Meets Standard	Policy and procedures outline a means for the storage, issuing and maintaining inventories of hazardous materials.
<p>4. The Maintenance Supervisor or facility administrator designee shall compile:</p> <ul style="list-style-type: none"> 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 facility fire department and the maintenance department. The documentation includes the items listed in this component.
<p>5. All personnel using flammable, toxic, and/or caustic substances follow prescribed safety procedures.</p>	Meets Standard	Personal protective equipment is available for use with hazardous materials. Policy requires that hazards and spills be reported to the safety office.
<p>6. The MSDS are readily accessible to staff and detainees in the work areas.</p>	Meets Standard	Copies of MSDSs are maintained in work and housing areas where hazardous materials are used. They are accessible to detainees and personnel as needed.
<p>7. Hazardous materials are always issued under proper supervision.</p>	Meets Standard	
<p>8. All toxic and caustic materials stored in their original containers in a secure area.</p>	Meets Standard	

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

<p>9. Excess flammables, combustibles, and toxic liquids are disposed of properly in accordance with MSDS.</p>	<p align="center">Meets Standard</p>	<p>Flammables, combustibles and toxic liquids are stored outside the secure perimeter of the facility and disposed of in accordance with MSDS instructions.</p>
<p>10. The facility program will be supervised by a person who has been trained in accordance with OSHA standards.</p>	<p align="center">Meets Standard</p>	<p>The facility has two assigned safety officers who have attended an approved safety officer training program consistent with the OSHA standards.</p>
<p>11. <u>PRIORITY:</u> A qualified departmental staff member shall conduct weekly fire and safety inspections.</p>	<p align="center">Meets Standard</p>	<p>The safety officers conduct weekly fire and safety inspections.</p>
<p>12. Facility maintenance (safety) staff shall conduct monthly inspections.</p>	<p align="center">Meets Standard</p>	
<p>13. The facility maintains files of inspection reports, including corrective actions taken.</p>	<p align="center">Meets Standard</p>	
<p>14. <u>PRIORITY:</u> The facility has an approved fire prevention, control, and evacuation plan.</p>	<p align="center">Meets Standard</p>	<p>The fire prevention, control and evacuation plan was approved by the South Padre Island Fire Department on 07/29/2015.</p>
<p>15. The plan requires:</p> <ul style="list-style-type: none"> 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. 	<p align="center">Meets Standard</p>	<p>The fire prevention, control and evacuation plan includes the elements listed in this component.</p>
<p>16. Fire drills are conducted and documented quarterly in all facility locations including the administrative area.</p>	<p align="center">Meets Standard</p>	<p>During the inspection period, comprehensive fire drills of all areas were completed quarterly.</p>
<p>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.</p>	<p align="center">Meets Standard</p>	<p>Pest control is performed monthly through a contract service with Orkin Pest Control, Harlingen, Texas. It includes monthly inspections to identify and eradicate rodents, insects and vermin. The service includes a preventative spraying program for indigenous insects.</p>

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

<p>18. At least annually, a state laboratory shall test samples of drinking and wastewater to ensure compliance with applicable Standards.</p>	<p align="center">Meets Standard</p>	<p>Water and wastewater is tested quarterly through a contract with the Texas Commission on Environmental Quality and annually by the supplier, East Rio Hondo Water Supply Corporation, Rio Hondo, Texas. The testing is conducted at a Texas Commission on Environmental Quality testing location. The most recent water test results available were from December 2015.</p>
<p>19. Emergency power generators are tested as required by emergency plans and manufacturer's recommendations.</p>	<p align="center">Meets Standard</p>	<p>Facility maintenance personnel conduct weekly testing of the emergency power systems. Periodic inspections and service are conducted by Southern Plains Cummins, San Antonio, Texas.</p>
<p>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.</p>	<p align="center">Meets Standard</p>	<p>Comprehensive policy outlines the exposure control plan for the handling and disposal of needles and other sharp objects.</p>
<p>21. (Medical Operations) Standard cleaning practices include: Using specified equipment; cleansers; disinfectants and detergents. An established schedule of cleaning and follow-up inspections.</p>	<p align="center">Meets Standard</p>	<p>Established cleaning and inspection schedules are maintained, including use of cleaners and disinfectants.</p>
<p>22. (Medical Operations) Spill kits are readily available.</p>	<p align="center">Meets Standard</p>	<p>Spill kits are maintained in the safety office and medical department.</p>
<p>23. (Medical Operations) A licensed medical waste contractor disposes of infectious/bio-hazardous waste.</p>	<p align="center">Meets Standard</p>	<p>Medical waste is disposed of through a contract service with Stericycle, Inc., Harlingen, Texas.</p>
<p>24. (Medical Operations) Staff are trained to prevent contact with blood and other body fluids and written procedures are followed.</p>	<p align="center">Meets Standard</p>	<p>Prevention of contact with blood and body fluid training is provided to personnel annually.</p>
<p>25. (Medical Operations) The Health Services Administrator conducts medical-facility inspections daily.</p>	<p align="center">Meets Standard</p>	<p>The health services administrator conducts medical facility inspections. Inspections include conditions of walls and floors, equipment and surfaces.</p>
<p>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.</p>	<p align="center">Meets Standard</p>	<p>The safety officers and health services administrator are responsible for conducting investigations and surveys of environmental health concerns or conditions.</p>

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

<p>27. The facility administrator designee for environmental health is responsible for developing and implementing policies, procedures, and guidelines for the environmental health program.</p>	<p align="center">Meets Standard</p>	<p>The safety officers and health services administrator are responsible for developing and implementing policies and procedures that outline the environmental health and safety program.</p>
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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. In addition the facility maintains an onsite fire department with certified fire fighters on staff.

The health services administrator and safety officers 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 officers have compiled a master index of all hazardous substances in the facility including locations and a master file of all MSDSs. The master index includes a comprehensive, up-to-date list of emergency phone numbers. 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 were smooth, nonabsorbent and easily cleaned. The walls and ceiling were in good repair and painted in a light color. The lavatories 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

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

Reviewer Name (Printed)	(b)(6);(b)(7)(C)	Completion Date: 2/4/2016
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 facility has developed and implemented extensive written policy, procedures and guidelines for the transportation of detainees.
2. Documentation indicating annual inspection of vehicles and annual inspection in accordance with state statutes is available for review.	Meets Standard	Documentation reviewed verified that all vehicles are inspected annually in accordance with state statutes.
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	A review of documentation confirmed that to be assigned to a bus transporting detainees an officer must complete the requirements of this component.
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 captain 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	Documentation is maintained to verify that transport officers inspect the vehicle before the start of each detail.
7. Positive identification of all detainees being transported is confirmed.	Meets Standard	Per policy and procedure, positive identification of all detainees is confirmed prior to being transported.
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	Policy and procedures specifically address the use of restraining equipment on transportation vehicles.

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

10. Vehicles used for transporting detainees include equipment appropriate and necessary for transporting detainees with disabilities and special needs.	Meets Standard	The facility maintains a van especially equipped for transporting detainees with disabilities and special needs.
11. Meals are provided during long distance transfers. The meals meet the minimum dietary standards, as identified by dieticians utilized by ICE.	Meets Standard	
12. The facility administrator shall establish the procedures and schedule for sanitizing facility vehicles.	Meets Standard	Vehicles are sanitized in accordance with a written schedule.
13. Personal property of a detainee transferring to another facility: Is inventoried. Is inspected. Accompanies the detainee.	Meets Standard	
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	Per policy, a single transportation officer may not transport a single detainee of the opposite gender except in an emergency. Minors are not housed in 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)*

Interviews with the transportation captain and the chief of security, a review of policies, procedures and documentation and on-site observations confirmed that vehicles used for transporting detainees are properly equipped, maintained and operated. Detainees are transported in a secure, safe and humane manner under the supervision of trained and qualified staff.

The transportation captain has overall responsibility for all aspects of vehicle operations.

Some written materials provided to detainees are translated into Spanish. Oral interpretation or assistance is provided to any detainee who speaks another language in which written material has not been translated or who is illiterate, is included in policy. The transportation captain confirmed that staff interpreters are used when necessary. A certified language interpreter service is available for use by staff to interpret for detainees speaking any language.

Per policy, bus driving trainees can only operate a vehicle under the direct supervision of a certified instructor licensed by the state in which they reside and during training, detainees cannot be onboard any vehicle operated by a bus driving trainee.

Policy states: Officers must secure a vehicle before leaving it unattended, including removing keys from the ignition immediately upon parking the vehicle. Officers must avoid parking in a spot where the vehicle may attract undue attention or be vulnerable to vandalism or sabotage. If officers cannot locate a parking area with adequate security, they will contact the local law enforcement agency for advice or permission to use one of its parking places.

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

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

The transportation captain confirmed that no detainee may be transported to/from any facility, including field office detention areas, unless an I-216 form is furnished by ICE. The transportation captain confirmed that ICE officials inform him if a detainee has a criminal history, is dangerous or has an escape record. Any information of an adverse nature is indicated on the I-216 form and the escorting officers are warned to take the necessary precautions.

The transportation captain confirmed that armed officers are 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, and the crew keeps bolt cutters in the forward compartment with the other equipment for use in an emergency. An armed officer may not enter the secure area of the vehicle. If he/she must enter that area, the officer must first leave the weapon(s) with another officer for safekeeping or, if the vehicle is equipped with weapons lockers, in a locker.

Except for emergency or extraordinary circumstances as approved by the OIC, females may not be transported by bus for more than ten hours. Otherwise, transportation by auto or van is required, with frequent breaks. Per policy, females will occupy the front seats of the vehicle. Per policy, assigned transportation staff will search a detainee of the opposite sex only in extraordinary circumstances and only when a same-sex officer is not available. Policy includes the requirement that when transporting detainees of the opposite gender, assigned transportation staff must call in their time of departure and odometer reading; and then do so again upon arrival, to account for their time.

Overall Rating: Meets Standard

Reviewer Name (Printed)

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

Completion Date: 2/4/2016

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

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

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 intake proceedings and requirements. A site-specific handbook is provided to each new arrival during intake processing. The handbook addresses the rules, policies, programs and activities.
2. At intake, detainees are searched, and their personal property and valuables checked for contraband, inventoried, receipted, and stored.	Meets Standard	Detainees are pat searched at intake. Their valuables are inventoried, checked for contraband, receipted and stored.
3. Each detainee's identification documents are secured in the detainee's A-file.	Meets Standard	
4. A medical screening will be conducted to protect the health of the detainee and others in the facility, and the detainee shall be given an opportunity to shower and be issued clean clothing, bedding, towels, and personal hygiene items.	Meets Standard	All functions in this component are accomplished upon admission.
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	
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.

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

<p>10. PRIORITY: 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.</p>	<p align="center">Meets Standard</p>	<p>Detainees are issued the facility handbook, available in English and Spanish, during the admission process. While awaiting classification, detainees view the orientation video which is provided in English and Spanish.</p>
<p>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.</p>	<p align="center">Meets Standard</p>	<p>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.</p>
<p>12. All releases are coordinated with ICE.</p>	<p align="center">Meets Standard</p>	
<p>13. Staff complete paperwork/forms for release as required.</p>	<p align="center">Meets Standard</p>	<p>A review of closed detainee detention files showed release documentation was present.</p>
<p>14. The facility returns each detainee's property upon release, and each detainee receives a receipt for personal property secured by the facility.</p>	<p align="center">Meets Standard</p>	
<p>15. PRIORITY: The facility has a system to maintain accurate records and documentation for admission, orientation, and release.</p>	<p align="center">Meets Standard</p>	<p>The facility maintains a detention file for each detainee. This file contains the information required by this component.</p>
<p>16. PRIORITY: The time, point and manner of release from a facility shall be consistent with safety considerations and shall take into account special vulnerabilities.</p> <p>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.</p>	<p align="center">Meets Standard</p>	<p>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.</p>
<p>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.</p>	<p align="center">Meets Standard</p>	<p>Public transportation is not within walking distance of the facility. Any detainee without transportation will be taken to the bus station.</p>
<p>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.</p>	<p align="center">Meets Standard</p>	

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

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	Detainees are provided all listed information upon release from the facility.
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 admitted and released in a manner that ensures the security of the facility and the safety of staff and detainees. Approval from a supervisor must be obtained prior to conducting a strip search. The search would take place in an area that affords a reasonable degree of privacy. All strip searches must also be approved by ICE and documented. Before strip searching a detainee an officer must first attempt to resolve his/her suspicions through less intrusive means. Medical personnel must be present to observe the strip search of a transgender detainee.

Staff members are provided with adequate training on the intake process. Detainees are provided at least one free telephone call during the admission process. Detainees are permitted to change clothing in a private area. Detainees may shower in the intake unit and a staff member of the same gender remains in the immediate area.

During the evaluation of this standard, policy was reviewed, staff members were interviewed, admission and release documents were examined and community resource handouts were inspected. This inspector observed the admission and release processes.

Overall Rating: Meets Standard

Reviewer Name (Printed)	(b)(6);(b)(7)(C)	Completion Date: 2/4/2016
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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)
<p>1. PRIORITY: 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.</p>	<p>Meets Standard</p>	<p>At this SPC, detainees are classified by ICE using the Risk Classification Assessment (RCA). This classification system addresses all elements of this component. Detainees may request reclassification sixty days after the initial classification. Reassessment/reclassification is done any time there is a change of status for the detainee.</p>
<p>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.</p>	<p>Meets Standard</p>	<p>Detainees are classified by ICE personnel using the RCA. The classification process includes reassessment/reclassification.</p>
<p>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></p>	<p>Meets Standard</p>	<p>At this SPC, the point total provided by ICE on the RCA is used to determine the classification level of each detainee. The ICE Custody Classification Worksheet is used by facility classification personnel to verify the classification level.</p>
<p>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.</p>	<p>Meets Standard</p>	
<p>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.</p>	<p>Meets Standard</p>	<p>Screenings occur during the admission process that identify detainees who may be at risk. Appropriate measures are taken as necessary.</p>

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

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	ICE detainees are assigned color-coded uniforms, wristbands and identification cards that correspond with the detainee's 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 may not be 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	Policy and practice require that low custody detainees do not have convictions that include an act of physical violence or any history of assaultive behavior. These detainees may not be housed with any detainee that has 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 is completed sixty 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	Policy addresses the requirements of this component.
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 levels, with the conditions and restrictions applicable to each, are described in the local site specific 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)*

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

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

health screening within twelve hours of arrival at the facility.

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

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

Overall Rating: Meets Standard

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

Completion Date: 2/4/2016

Reviewer Signature (for printed form submission):

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

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. PRIORITY: 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 includes written procedures that specifically address each of the requirements of this component.
2. Contraband is retained as evidence for potential disciplinary action or criminal prosecution.	Meets Standard	The requirements of this component are included in policy.
3. Before confiscating religious items, the Facility Administrator or designated investigator contacts a religious authority.	Meets Standard	
4. Facilities with canine units only use them for contraband detection and not in the presence of ICE detainees.	N/A	Per the chief of security, the facility does not have a canine unit and does not use canines.
5. Detainees receive notification of contraband rules and procedures in the Detainee Handbook.	Meets Standard	The detainee handbook includes 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)*

A review of documentation and employee interviews confirmed that the facility protects detainees and employees and enhances facility security by identifying, detecting, controlling and properly disposing of contraband. The chief of security and the disciplinary hearing officer confirmed that no detainee has been involved in an incident in which hard contraband was confiscated during this inspection period.

Policy states that narcotics and other controlled substances not dispensed or approved by the medical department constitute hard contraband and that 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. Employees must consult with the pharmacist or other medical staff when uncertain about whether prescribed medication represents contraband. Medical personnel determine the disposition of any medicine the detainee brings into the facility upon arrival.

The requirement for the OIC to determine when personal property items are excessive is not addressed in policy. The OIC disposes of excess property in accordance with policy, after providing the detainee with written notice of the intent to destroy the property and how to prevent that outcome. The OIC determines whether contraband items will be destroyed and, upon determination, prepares documentation, describing what is to be destroyed and why.

Procedures are in policy to provide detainees with ample opportunity to obtain proof of ownership or appeal the decision through the detainee grievance process. Policy states that for disciplinary contraband cases, the OIC defers the decision about property destruction until the disciplinary case is resolved and appeals are satisfied. At least two employees document in writing that they witnessed the destruction of detainee contraband property. A copy of the property disposal record is placed in the detainee's detention file.

Overall Rating: Meets Standard

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

Reviewer Name (Printed):	(b)(6);(b)(7)(C)	Completion Date: 2/4/2016
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	Policy includes the requirements listed in this component. The chief of security confirmed that practice is consistent with policy.
2. Comprehensive annual staffing analysis determines staffing needs and plans and is reviewed and updated annually.	Meets Standard	The OIC determines staffing needs based on a comprehensive staffing analysis and staffing plan that is reviewed and updated at least annually.
3. Essential posts and positions are filled with qualified personnel.	Meets Standard	The chief of security confirmed that essential posts and positions are filled with qualified personnel.
4. <i>(SPCs/CDFs/DIGSAs) Detainees do not have access to the Control Center.</i>	Meets Standard	Per policy, at this SPC, detainees are not authorized access to the control center.
5. Facility security and safety will be monitored and coordinated by a secure, well-equipped, and continuously staffed control center.	Meets Standard	
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 SPC, the control center provides round the clock communications and maintains a list of the current home/cell phone numbers for those listed in this component. Per policy, officers make documented watch calls to the control center every half-hour between the hours of 6:00 p.m. and 6:00 a.m.
7. The front-entrance officer checks the identification of everyone entering or exiting the facility.	Meets Standard	Per policy and procedure, the front entrance officer checks the identification of everyone entering or exiting the facility.
8. All visits are officially recorded in a visitor logbook.	Meets Standard	
9. The facility has a secure visitor pass system.	Meets Standard	Procedures for the secure visitor pass system are included in policy.

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

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	At this SPC, the housing unit officers are required to maintain a unit log and follow the event schedule format documenting pertinent information regarding detainee activities. The shift supervisor visits each housing area and initials the log on each shift.
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	Security officer posts are located inside each of the detainee living areas to permit officers to see or hear and respond promptly to emergency situations.
13. Detainee movement from one area to another area is controlled by staff.	Meets Standard	
14. <u>PRIORITY</u> : No detainee may ever be given authority over, or be permitted to exert control over, any other detainee.	Meets Standard	Policy specifically states that no detainee shall be given authority over other detainees. The chief of security confirmed that practice is consistent with policy.
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	
16. The facility has a comprehensive security inspection policy.	Meets Standard	The facility has developed and implemented a comprehensive security inspection policy.
17. Documentation of security inspections is kept on file.	Meets Standard	Documentation of all security inspections is maintained by the quality control manager.
18. Daily procedures include: Perimeter alarm system tests. Physical checks of the perimeter fence. Documenting the results.	Meets Standard	Per policy and procedure, documentation is maintained by the quality control manager to verify that perimeter alarm system tests and physical checks of the perimeter fence are conducted daily.

STANDARD 2.4. FACILITY SECURITY AND CONTROL – 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)*

Employee interviews, observations and review of documentation confirmed that the facility protects the community, employees, contractors, volunteers and detainees from harm by having the policy, operating procedures and the trained work force necessary to prevent events which create risk of harm and to ensure security is maintained at all times.

The quality control manager confirmed that all ICE/ERO employees are required to wear ICE/ERO issued identification cards.

To account for employees entering/exiting the facility, every employee is issued an identification card that must be presented to the entrance officer upon entering and when departing the facility. While in the facility, the employee must have the identification card in his possession at all times. For tracking the arrivals and departures of contract employees the OIC has established policy and procedures that require all contract employees to have a contract employee identification card that must be presented upon entering and upon departing the facility.

The rear gate entrance officer controls all vehicular traffic entering and leaving the facility. Prior to permitting entry, the officer checks the driver's license of the driver entering into the facility, checks for proof of insurance, and checks the identification of every passenger in the vehicle. While the vehicle is within the secure perimeter, the officer holds the driver's license or identification of every person in the vehicle. The officer logs the following information regarding every vehicle: tag number, driver's name, firm represented, purpose of the visit, vehicle contents, date, time in, time out, and facility employee responsible for the vehicle on-site. The rear-gate entrance officer searches the vehicle before it enters or leaves the facility. All drivers making deliveries must submit to a personal search and questioning about items considered contraband. Policy includes all of the procedures required of the rear-gate entrance officer.

Per policy, the special management unit (SMU) officer checks the inventory of tools entering and leaving the special management unit. Food carts are escorted by security staff to the special management unit.

Overall Rating: Meets Standard

Reviewer Name (Printed)	(b)(6);(b)(7)(C)	Completion Date: 2/4/2016
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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"> Account for and safeguard detainee property from time of admission until date of release; Inventory and receipt detainee funds and valuables; Inventory and receipt detainee baggage and personal property (other than funds and valuables); Inventory and audit detainee funds, valuables and personal property; Return funds, valuables and personal property to detainees being transferred or release; and Provide a way for a detainee to report missing or damaged property. 	<p>Meets Standard</p>	<p>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>
<p>2. All facilities, at a minimum shall provide:</p> <ul style="list-style-type: none"> A secured locker for holding large valuables, that can be accessed only by designated supervisor(s); and A baggage and property storage area that is secured when not attended by assigned admissions processing staff. 	<p>Meets Standard</p>	<p>Detainee property is searched, separated and stored in a secure property room. It is accessible only to designated intake supervisors and processing personnel.</p>
<p>3. The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property.</p>	<p>Meets Standard</p>	<p>The detainee handbook outlines policies and procedures concerning the storage and maintenance of personal property.</p>
<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>	<p>Meets Standard</p>	<p>Detainee property is searched in the presence of the detainee during the intake process. Exceptions require the approval of the OIC.</p>
<p>5. The facility administrator shall establish whether and, how much cash each detainee may have in personal possession while in detention.</p>	<p>Meets Standard</p>	<p>The facility uses an electronic system for detainees to access funds for purchases. Detainees are allowed to maintain \$20.00 in cash on their person for use in vending machines.</p>

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

<p>6. Identity documents, such as passports, birth certificates, are held in each detainee's A-file but, upon request, staff shall provide the detainee a copy of a document, certified by an ICE/ERO official to be a true and correct copy.</p>	<p>Meets Standard</p>	<p>Identity documents are maintained in the detainee's A-file. Upon request, a staff member provides the detainee a copy of a document.</p>
<p>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.</p>	<p>Does Not Meet Standard</p>	<p>Detainees assigned to the facility have storage lockers to hold authorized personal property. The facility does not issue locking devices to secure the lockers. Locking devices are made available if requested by the detainee during times they are out of the housing unit for extended periods.</p>
<p>8. <i>(SPCs/CDFs/DIGSAs) Property discrepancies are immediately reported to the Chief of Security or equivalent.</i></p>	<p>Meets Standard</p>	<p>Policy and procedure outline that personnel are to notify the shift supervisor who notifies the chief of security of property discrepancies.</p>
<p>9. <u>PRIORITY</u>: Procedure ensures that:</p> <ul style="list-style-type: none"> 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. 	<p>Meets Standard</p>	<p>Policy and procedure state 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.</p>
<p>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.</p>	<p>Meets Standard</p>	<p>Policy and procedure outline the use of a local equivalent G-589 property receipt form. Separate forms are used for each type currency and negotiable instrument.</p>

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

<p>11. (SPCs/CDFs/DIGSAs) <i>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:</i></p> <p style="padding-left: 40px;"><i>Verify the correctness of all G-589s or equivalents;</i></p> <p style="padding-left: 40px;"><i>Record the amount of cash and describe each item in the supervisors' property log; and</i></p> <p style="padding-left: 40px;"><i>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></p>	<p>Meets Standard</p>	<p>Financial management staff members are available 24 hours a day/7 days a week to process incoming funds. Detainees are allowed to maintain \$20.00 in cash on their person for use in vending machines. Detainee funds are maintained on an electronic system. Foreign currency, checks and valuables are maintained in valuable property safes, and can be exchanged twice weekly for a fee. Large property is stored in the facility secure property room. Staff members verify the correctness of all local equivalent G-589 forms with the property logs.</p>
<p>12. (SPCs/CDFs/DIGSAs) <i>The Facility Administrator has established quarterly audits of baggage and non-valuable property.</i></p>	<p>Meets Standard</p>	<p>Processing personnel conduct comprehensive weekly audits of the detainee property room. They are conducted each Saturday.</p>
<p>13. All facilities shall report and turn over to ICE/ERO all detainee abandoned property.</p>	<p>Meets Standard</p>	
<p>14. PRIORITY: 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.</p>	<p>Meets Standard</p>	<p>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.</p>

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. Personnel 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 that they may pick up the property, or the facility will mail the property 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, 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/her 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 booking

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

officer records each local equivalent G-589 issued and enters the initials and any corresponding identifiers of receipting officers in the logbook. United States currency is deposited by the detainee into a kiosk, under intake personnel supervision. The officer seals the checks, money orders and other negotiable items and provides them to the financial management staff members who are on site 24 hours daily for processing. 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 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 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. The detainee then signs the second copy of the form indicating his/her receipt of all funds and personal property due him/her. Funds are returned to the detainee in cash.

A detainee being transferred, released or removed from the country with a property claim is allowed to initiate a lost or 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: 2/4/2016

Reviewer Signature (for printed form submission):

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

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	In this SPC, each hold room contains sufficient seating for the maximum room capacity. None of the hold rooms contained moveable furniture.
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>	Meets Standard	Each hold room in this SPC is equipped with stainless steel combination lavatory/toilet fixtures, with modesty panels, that are in accordance with the Americans with Disabilities Act of 1990.
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	The time a detainee is placed in a hold room and the time he/she is removed is documented in two separate logs. Review of the logs confirmed that detainees are not held in hold rooms for more than twelve hours.
5. Male and female detainees are segregated from each other at all times.	Meets Standard	Per policy and procedure, male and female detainees are segregated from each other at all times. Hold rooms specifically designated for females are maintained in the intake area.
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	Unaccompanied minors are never placed in hold rooms as minors are not housed at this facility.
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	The intake lieutenant stated that any time a detainee with obvious illness, special medical, physical and or psychological needs or other documented reasons is received at the facility, medical personnel are consulted. Detainees with apparent disabilities are housed in accordance with the instructions provided.

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

<p>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.</p>	<p align="center">Meets Standard</p>	<p>Medical personnel are consulted any time a detainee with special needs is received at the facility. The detainees are housed in accordance with the instructions provided.</p>
<p>9. Detainees are provided with basic personal hygiene items such as water, soap, toilet paper, cups for water, feminine hygiene items, diapers and wipes.</p>	<p align="center">Meets Standard</p>	
<p>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.</p>	<p align="center">Meets Standard</p>	<p>Each of the hold rooms is equipped with toilet facilities.</p>
<p>11. All detainees are given a pat down search for weapons or contraband before being placed in the hold room.</p>	<p align="center">Meets Standard</p>	<p>Per policy and procedure, detainees are pat-searched for weapons or other contraband before being placed in a hold room.</p>
<p>12. Before placing a detainee in a room, an officer shall observe each individual to screen for obvious mental or physical problems.</p>	<p align="center">Meets Standard</p>	
<p>13. Each detention facility maintains a detention log for each detainee placed in a hold cell.</p>	<p align="center">Meets Standard</p>	<p>Per policy, a detention log is maintained for each detainee placed in a hold room. A review of the log confirmed adherence to policy.</p>
<p>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.</p>	<p align="center">Meets Standard</p>	<p>The intake lieutenant confirmed that officers provide detainees with each of the requirements of this component.</p>
<p>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.</p>	<p align="center">Meets Standard</p>	
<p>16. <u>PRIORITY</u>: Officers closely supervise hold rooms through direct supervision, to ensure:</p> <ul style="list-style-type: none"> 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. 	<p align="center">Meets Standard</p>	<p>Per policy and procedure, officers closely supervise hold rooms through direct supervision. This direct supervision ensures that each of the elements listed in this component is positively addressed. Documentation confirmed adherence to policy.</p>
<p>17. The maximum occupancy for the hold room will be posted.</p>	<p align="center">Meets Standard</p>	<p>On-site observations confirmed that the maximum occupancy is posted for each hold room.</p>
<p>18. When the last detainee has been removed, officers shall ensure the Hold Room is thoroughly cleaned and inspected.</p>	<p align="center">Meets Standard</p>	

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

<p>19. (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.</p>	<p align="center">Meets Standard</p>	<p>At this SPC, an evacuation map is posted in various locations in the hold room area. The intake lieutenant is responsible for removing detainees from all hold rooms in case of fire and/or building evacuation.</p>
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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)*

A review of documentation, employee interviews and on-site observations verified that the facility has policy and procedures in place to maintain hold rooms for the temporary detention of detainees awaiting removal, transfer or other processing into or out of the facility. Detainees temporarily held in hold rooms are provided with a safe, secure and comfortable environment. Hold rooms specifically designated for females are maintained in the intake area. The female and male hold rooms are maintained and operated in an identical manner. Under the direct supervision of processing officers, detainees temporarily held in hold rooms are provided with a safe, clean, secure and comfortable environment. All services, medical evaluations, classification and meals when required, are provided in a timely manner.

The intake lieutenant confirmed that detainees awaiting a medical visit are always seen within one hour.

Officers inspect parcels, suitcases, bags, bundles, boxes and other property before accepting any item of detainee property.

The intake lieutenant confirmed that no officer may enter a hold room unless another officer is stationed outside the door, ready to respond as needed. Officers do not carry firearms, pepper spray, a baton or any other non-deadly force devices into a hold room. Per policy detainees are not permitted to use tobacco products in a hold room.

The requirement that, if a detainee is removed from a hold room for medical treatment, an officer detail shall accompany and remain with that detainee until medical personnel determine whether the condition requires hospitalization, is included in policy.

Overall Rating: Meets Standard

Reviewer Name (Printed):

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

Completion Date: 2/4/2016

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 employees are trained and held responsible for adhering to proper procedures for the care and handling of keys and key pads. Initial training must be completed before an employee is issued keys. Key control is among the topics covered in subsequent annual training.
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	An ICE employee is the key control officer designated by the OIC. The security officer has a written position description that includes duties and responsibilities and chain of command.
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 SPC, the security officer is responsible for all administrative duties, including recordkeeping concerning locks and related security equipment.
4. The Security Officer shall train and direct employees in key control, including electronic key pads where they are used.	Meets Standard	
5. The facility maintains inventories of all keys, locks and locking devices.	Meets Standard	The security officer confirmed that inventories of all keys, locks and locking devices are maintained.
6. Facility policies and procedures address the issue of compromised keys, locks, and to ensure safe combination integrity.	Meets Standard	Policy includes specific procedures that address the issue of compromised keys, locks and safe combination integrity.
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	
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	A preventive maintenance program has been implemented. The security officer maintains all preventive maintenance 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 and every key on each key ring are identified. Key rings are secured to prevent keys from being removed.

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

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	A set of emergency keys, with keys to every area to or from which entry or exit might be necessary in an emergency, is maintained in the control center.
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	
12. The facility administrator shall establish rules and procedures for authorizing use of restricted keys.	Meets Standard	Per policy, restricted keys may only be issued with shift supervisor approval.
13. Pharmacy keys shall be strictly controlled.	Meets Standard	The key control officer confirmed that pharmacy keys are considered restricted keys. These keys are only issued to authorized pharmacy personnel.
14. Keys to ICE and EOIR (Executive Office for Immigration Review) office and courtroom areas shall similarly be restricted and controlled. If a key is authorized for emergency withdrawal, a copy of the Restricted Key form is to be provided to ICE.	Meets Standard	
15. Officers shall store all their weapons in individual lockers before entering the facility. The facility administrator shall develop and implement site-specific procedures for controlling gun-locker access.	Meets Standard	

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)*

On-site observations, employee interviews and review of documentation confirmed that the facility has policy and procedures in place to maintain and ensure an efficient system for the use, accountability and maintenance of all keys and locks. The electronic KeyWatcher system generates documentation to verify key accountability procedures are complied with.

Policy prohibits detainees from handling facility keys. The key control officer confirmed that key rings must be securely fastened to a belt with a metal clip or other approved device. Fastening key rings to a belt loop is prohibited. Employees do not refer to key numbers or other means of key identification within earshot of a detainee and do not throw or slide keys to one another. Employees are trained not to force locks and that if a key fails to operate a lock, a supervisor is to be notified immediately.

Though not addressed in policy, employees are informed during key control training that if a key breaks inside a lock, the employee maintains visual oversight of the lock until the problem is repaired. If the key breaks inside a padlock, the key control officer will remove the padlock for repairs. In every instance, the employee is required to submit a memorandum on the incident to the OIC.

Key covers are not used for large security keys to prevent detainees or other unauthorized persons from observing and duplicating them.

The key control officer has completed an approved locksmith training program.

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

Policy requires written authorization prior to a key or key ring being issued on a 24-hour basis.

Entrance/exit door locks of housing units, work areas, chapels, gyms and other areas with room capacity of 50 or more people meet the standards specified in the Occupational Safety and Environmental Health Manual and in the National Fire Protection Association Life Safety Code. Doors are equipped with prison type locking devices modified to function when pressure is applied from inside the room.

Though not addressed in policy, individual doors to areas with room capacity of 50 or more people do not have no more than one lock each. Padlocks are not used on exit doors or intermediate doors along the exit route.

The KeyWatcher electronic key cabinet, large enough to accommodate all facility key rings, including keys in use, is located in the central control center.

Key-change requests must be submitted, in writing, to the facility SDDO. With prior approval from the SDDO, only the security officer may add or remove a key from a ring. The splitting of key rings into separate rings is prohibited.

Overall Rating: Meets Standard

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

Completion Date: 2/4/2016

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	Per policy and procedure, a minimum of one formal count is conducted each shift. The 7:30 p.m. count is a face-to-photo count.
2. Each officer shall make irregular but frequent checks to verify the presence of all detainees in his or her charge.	Meets Standard	
3. The facility Control Center shall maintain a master count.	Meets Standard	Per policy, the control center maintains the master count.
4. The control officer (or other designated position) maintains an "out-count" record of all detainees temporarily out of the facility.	Meets Standard	The intake lieutenant maintains an 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	The requirements of this component are included in policy.

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)*

A review of documentation, observations and employee interviews confirmed that the facility has policy and procedures in place to ensure around-the-clock accountability for all detainees. A minimum of one formal count is conducted each shift; the 7:30 p.m. count is a face-to-photo count. Informal counts are conducted when warranted and at random. The 2:30 p.m. formal count was observed on 02/03/2016. The count was conducted in accordance with policy and procedures.

Count procedures are strictly followed by officers. If the accuracy of a count is in doubt officers conduct a recount. Officers do not 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. One officer conducts the count while a second officer observes. Once the first count is completed the officers switch positions and count again. Officers performing the count have primary responsibility for the count accuracy. Per policy, officers are required to make positive identification of a living body before counting him/her present. Officers remain in the count area until the count clears. Per policy, when making night counts, officers use flashlights judiciously, but with sufficient light to make a positive identification of a living body. The officer must not count a detainee based on a part or parts of clothing, hair, shoes, or the appearance of a human form.

Per policy, detainees are not permitted to participate in the count nor the preparation or documentation of the count process. No detainee movement is allowed during the count process. All detainee units/areas are counted simultaneously with all detainees being counted at a specific location. Per policy, if a detainee is in the wrong count area, the detainee is escorted to the correct count area. If this occurs, officers in all count areas/units will recount and deliver the new count slip to the control officer. Movement does not resume until the count is verified and cleared. Counting officers report their count by telephone to the control center and then deliver a signed count slip to the shift supervisor. The shift supervisor and control center officer verify the accuracy of the count and the count is recorded in the control center log. If a recount fails to clear the shift supervisor conducts a face to photo count. Emergency counts are conducted in the same manner as formal counts and all detainees are returned to their housing units during such counts.

Overall Rating: Meets Standard

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

Reviewer Name (Printed):	(b)(6);(b)(7)(C)	Completion Date: 2/4/2016
Reviewer Signature (for printed form submission):		

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

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"> ○ Provide official on-duty time for officers to read the applicable Post Orders when assigned to a post, and ○ Ensure that officers read those applicable Post Orders prior to assuming their posts. 	Meets Standard	Each of the requirements of this component is addressed in policy. The quality control manager confirmed that practice is consistent with policy.
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	The chief of security confirmed that supervisors ensure that officers understand the post orders, regardless of whether the assignment is temporary, permanent, or due to an emergency.
3. Anyone assigned to an armed post qualifies with the post weapons before assuming post duty.	Meets Standard	
4. Post Orders for armed posts, and for posts that control access to the institution perimeter, clearly state that: Any staff member who is taken hostage is considered to be under duress, and Any order issued by such a person, regardless of his or her position of authority, is to be disregarded.	Meets Standard	Post orders for the transportation officer armed posts and posts that control access to the facility perimeter include the statements required by this component.
5. Specific instructions for escape attempts shall be included in the Post Orders for armed posts.	Meets Standard	
6. Post Orders shall be kept current at all times and formally reviewed at least annually and updated as needed.	Meets Standard	Post orders are kept current at all times, are formally reviewed annually and are updated as needed. The last post order review was conducted 01/20/2016.
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	Post orders and logbooks are considered confidential and are kept in a secure area not accessible to detainees.
8. The facility administrator authorizes all Post Orders and changes.	Meets Standard	Per policy, the OIC authorizes all post orders and changes.

STANDARD 2.9. POST ORDERS – 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 documentation and employee interviews confirmed that officers are provided all necessary guidance for carrying out their duties. Post orders have been established for every post and are available at each fixed post. Various security posts checked at random had up-to-date post orders. Officers interviewed were knowledgeable of their duties and responsibilities.

When necessary, the SDDO develops post orders for non-permanent assignments (details, temporary housing units, emergency changes, etc.). If events preclude advance planning, the SDDO issues a post order as soon as possible if the need arises. Officers familiarize themselves with the duties of the positions and remain aware of changes in operation and duties of that post. The SDDO supervises the preparation of all post orders.

Per policy, the post orders are based on ICE detention standards and policies and facility practices and specify the hours of each post. The post orders are issued in a six part classification folder as specified in the standard. Post orders are issued in a policy format. Per policy, the housing unit post orders follow the daily event schedule format.

The post orders are based on and consistent with the detention standard on Use of Force and Restraints. The SDDO determines whether post orders need updating between regular annual reviews. Immediately prior to annual reviews security supervisors solicit written suggestions for changes or additions to post orders from ICE/ERO, contract and other affected staff. Security supervisors review and comment on suggested changes prior to submitting them to the SDDO for possible inclusion in the post orders. The post order changes are forwarded to the OIC for approval. Emergency changes are made by memorandum and placed in the post orders and these changes are incorporated into the post orders during the next annual review.

The quality control manager maintains the post order master file which is available to all officers. Post orders maintained on posts are secure from detainee access.

Overall Rating: Meets Standard

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

Completion Date: 2/4/2016

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

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

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

STANDARD 2.10. SEARCHES OF DETAINEES – Reviewer Summary <i>(Use following format for dates: mm/dd/yyyy)</i>		
<p>Overall Remarks: <i>(Record significant facts, observations, other sources used, etc.) (5000 Character Max)</i></p> <p>There are procedures in place to conduct housing unit and work area searches which are primarily designed to detect contraband, prevent escapes, maintain sanitary standards, and eliminate fire and safety hazards. The procedures also include basic correctional services during lockdowns, such as delivery of food services, toilet access, medication delivery, and other vital services.</p> <p>Detainees are pat searched on a routine or random basis to control contraband without a threshold level of suspicion. The search includes a search of the detainee's clothing and personal effects. The post orders for staff assigned to monitor detainees that are in close observation are clear and concise and contain all the items outlined in this standard.</p> <p>The evaluation of this standard included a review of written procedures, post orders, observation of the intake area and housing units and completed search documentation. The security procedures in place ensure the safe and orderly operation of the facility.</p>		
Overall Rating: Meets Standard		
Reviewer Name (Printed)	(b)(6);(b)(7)(C)	Completion Date: 2/4/2016
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. PRIORITY: 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"> A zero-tolerance policy for all forms of sexual abuse or assault; 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; 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; Procedures for detainees to report allegations; 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; Procedures for referral of incidents to appropriate investigative agencies (including law enforcement agencies and OPR), and coordination with such entities; Disciplinary sanctions for staff, up to and including termination when staff has violated agency sexual abuse policies; and Data collection and reporting. 	<p>Meets Standard</p>	<p>The sexual abuse and assault prevention and intervention program contains all of the bulleted items listed in this component.</p>
<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>	<p>Meets Standard</p>	<p>Victimized detainees are provided information about several community service providers that accept referrals and provide legal advocacy and confidential emotional support services for immigrant victims of crime.</p>
<p>3. PRIORITY: The facility administrator has designated a Sexual Abuse and Assault Prevention and Intervention Program Coordinator for the facility.</p>	<p>Meets Standard</p>	<p>The facility has a designated Sexual Abuse and Assault Prevention and Intervention Program Coordinator.</p>

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

<p>4. PRIORITY: 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.</p>	<p>Meets Standard</p>	<p>As confirmed per review of training files, all employees, volunteers, and contract personnel are trained during the pre-service and annual refresher training in all training topics required by the detention standard.</p>
<p>5. PRIORITY: 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.</p>	<p>Meets Standard</p>	<p>Detainees are informed about the sexual abuse and assault prevention and intervention program and the zero-tolerance policy through the orientation program and detainee handbook. The orientation program and handbook are available in English and Spanish.</p>
<p>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.</p>	<p>Meets Standard</p>	<p>The Sexual Assault Awareness Notice, along with the names of the program coordinator and local organizations that can assist detainees, is posted on all housing unit bulletin boards. The "Sexual Assault Awareness Information" brochure is contained within the detainee handbook, which all detainees receive.</p>
<p>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).</p>	<p>Meets Standard</p>	<p>Detainees may report any incident of sexual abuse or assault to any staff member.</p>
<p>8. PRIORITY: Detainees are screened upon arrival at the facility for potential vulnerabilities to sexually aggressive behavior or tendencies to act out with sexually aggressive behavior. 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>Meets Standard</p>	<p>A review of fifteen medical records revealed that detainees are screened upon arrival 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.</p>
<p>9. A detainee who is subjected to sexual abuse or assault is not returned to general population until proper reclassification, taking into consideration any increased vulnerability of the detainee as a result of the sexual abuse or assault, is completed.</p>	<p>Meets Standard</p>	<p>Per policy, a detainee who is subject to sexual abuse or assault is not returned to general population until proper reclassification is completed.</p>

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

<p>10. PRIORITY: 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>Meets Standard</p>	<p>Per policy, any detainee who alleges being sexually assaulted is offered immediate protection from the assailant and referred for a medical assessment for potential negative symptoms.</p>
<p>11. PRIORITY: 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>Meets Standard</p>	<p>Policy requires that any personnel who become aware of an alleged assault immediately follow the reporting requirements outlined in established procedure. Prompt notification is made to the FOD and to the appropriate law enforcement agency when a detainee is alleged to be the perpetrator and when the perpetrator is other than a detainee.</p>
<p>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.</p>	<p>Meets Standard</p>	<p>Per policy, the facility uses a coordinated, multidisciplinary team approach to respond to sexual abuse. Team membership 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.</p>
<p>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.</p>	<p>Meets Standard</p>	<p>A victimized detainee is placed in a supportive environment that represents the least restrictive housing option possible. Victims are not held longer than five days in any type of administrative segregation except in unusual circumstances or at the detainee's request.</p>
<p>14. PRIORITY: Staff suspected of perpetrating sexual abuse or assault are removed from all duties requiring detainee contact pending the outcome of an investigation.</p>	<p>Meets Standard</p>	<p>Per policy, a staff member suspected of perpetrating sexual abuse or assault is removed from all duties requiring detainee contact pending the outcome of an investigation.</p>

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

<p>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.</p>	<p>Meets Standard</p>	<p>Established policy and procedures contain all the requirements listed in this component.</p>
<p>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.</p>	<p>Meets Standard</p>	<p>Access to information on the identity of the victim reporting sexual assault and the facts of the report are limited to those with a need-to-know.</p>
<p>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.</p>	<p>Meets Standard</p>	<p>Written guidelines require the preservation and safeguarding of the crime scene and evidence, consistent with established evidence gathering and processing procedures.</p>
<p>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.</p>	<p>Meets Standard</p>	<p>Per policy, the OIC arranges for the victim to undergo a forensic medical examination at the Harlingen Valley Baptist Medical Center/Child to Adult Abuse Response Team for gathering of evidence, at no cost to the detainee. Results of the examination and collected physical evidence are provided to the investigative entity.</p>
<p>19. The program coordinator reviews the results of every investigation of sexual abuse or assault to assess and improve prevention and response efforts.</p>	<p>Meets Standard</p>	<p>The program coordinator reviews the results of every investigation of sexual abuse or assault to assess and improve prevention and response efforts.</p>
<p>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).</p>	<p>Meets Standard</p>	<p>Per policy, all the services and care listed in this component are provided to the victim.</p>
<p>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."</p>	<p>Meets Standard</p>	<p>Per the program coordinator, all case records are maintained in a secure location consistent with the confidentiality requirements.</p>

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

<p>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.</p>	<p>Meets Standard</p>	<p>Per the program coordinator, an annual review of compiled data regarding sexual abuse or assault incidents is conducted. Findings from this review are presented to the AFOD, the FOD, and ICE/ERO HQ for use in recommending changes to existing policy and practices to further the goal of eliminating sexual abuse.</p>
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STANDARD 2.11. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION – Reviewer Summary

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

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

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 staff and specify evidence gathering and forensic medical exam protocols. 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 Program coordinator assists with the development of written policies and procedures and training protocols and serves as a liaison with other agencies. Statements from detainees claiming to be victims of sexual assaults are taken seriously and responded to professionally. During the community forensic exam, 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. Administrative investigative files are maintained chronologically, in accordance with medical care and detention standards and applicable policies, and retained in accordance with established schedules. The OIC maintains an electronic record in the detail required by the Standard. Law enforcement sensitive documents and/or evidence are not stored at the facility.

The facility has a comprehensive sexual abuse and assault prevention and intervention program. Information regarding sexual assault awareness is readily available to detainees. Procedures are in place to prevent sexual abuse and assault. Prompt and effective intervention and treatment protocols are provided for victims. Evaluation of the standard was based on review of policy, procedure and training files and interviews with staff members.

During this inspection period, there were eleven allegations of sexual abuse. The results were four substantiated, three unsubstantiated, and four unfounded. All allegations were detainee on detainee. On 02/04/2015, a 25 year old male reported to medical personnel alleging that he was inappropriately touched by a male detainee while walking towards another detainee. He indicated that the perpetrator grabbed his buttocks without provocation. The perpetrator was moved to the administrative segregation unit pending further investigation. The victim did not sustain any injury. The perpetrator received a four-day disciplinary placement in the special management unit.

On 04/29/2015, a 25 year old male detainee reported to medical personnel alleging that the perpetrator fondled his breasts and buttocks while in the general recreation area on 04/28/2015. The perpetrator was moved to the administrative segregation unit pending further investigation. On 04/30/2015, the perpetrator was transferred to Cameron County Jail where he served ten days in jail.

On 07/07/2015, a 26 year old male detainee reported to medical personnel alleging that a male detainee pushed him against his bunk and forcibly grabbed his buttocks and bit his left breast. Additionally, he alleged that the perpetrator exposed his penis to him. The victim stated that the incident happened two days prior to the report. The perpetrator was moved to the administrative segregation unit pending further investigation. The victim did not sustain any injury. The perpetrator received

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

a nine- day disciplinary placement in the special management unit.

On 10/11/2015, two detainees reported to a detention officer alleging that they were inappropriately touched by a male detainee in the housing unit on 10/06/2015. One of the victims alleged that the perpetrator sat on his lap and kissed him on the lips. He told the perpetrator to stop but he pushed him off. In addition, he touched his chest and caressed his face. The other victim alleged that the perpetrator attempted to sit on his face while wearing only a t-shirt and a towel around his waist but he pushed him away. The perpetrator was moved to the administrative segregation unit pending further investigation. The first victim did not wish to file any charges against the perpetrator. The perpetrator received a four- day disciplinary placement in the special management unit.

In all four of the incidents, the victims were referred to Valley Baptist Medical Center to the Child to Adult Abuse Response Team where they were evaluated and provided medical and mental health care. Victims were also evaluated by IHSC medical personnel and referred to a mental health provider. The DFOD and headquarters field operations, ICE Joint Intake Center and Office of Professional Responsibility were notified of all these allegations. All the allegations were referred to the Cameron County Sheriff's Office for possible criminal prosecution. Medical procedures and practices of the facility comply with the requirements of the standard.

Overall Rating: Meets Standard

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

Completion Date: 2/4/2016

Reviewer Signature (for printed form submission):

STANDARD 2.12. SPECIAL MANAGEMENT UNITS (Key: 0)

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	Extensive written policy and procedures are in place for the special management unit (SMU). Policy addresses administrative and disciplinary segregation and requires documented reasons for a detainee's placement in the SMU and periodic reviews.
2. The number of detainees confined to each cell or room does not exceed the capacity for which it was designed.	Meets Standard	All cells are two person cells and the capacity is never exceeded.
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, appropriately heated/cooled and are maintained in a sanitary and safe condition at all times.
4. Each facility shall issue guidelines concerning the privileges detainees may have in both Administrative and Disciplinary status.	Meets Standard	Policy includes specific privileges detainees may have in administrative and disciplinary status.
5. PRIORITY: Detainees in SMUs are personally observed at least every 30 minutes in an irregular schedule and more often when warranted.	Meets Standard	Per policy and procedure, detainees in the SMU are personally observed at least every thirty minutes on an irregular schedule and more often when warranted. Documentation is maintained to verify adherence to policy.

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

<p>6. PRIORITY: 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.</p> <p>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.</p>	<p>Meets Standard</p>	<p>Per policy and procedure, 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 of the good order of the facility. The OIC completes an Administrative Segregation Order form, detailing the reasons for placing the detainee in administrative segregation, before his or her actual placement. A copy of the order is provided to the detainee immediately in a language or manner the detainee can understand.</p>
<p>7. PRIORITY: 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>Policy specifically states that a detainee is placed in protective custody in administrative segregation only when there is documentation that it is warranted and that no reasonable alternatives are available. Per policy, detainees who have been placed in administrative segregation have access to programs, services, visitation, counsel and other services available to the general population to the maximum extent possible.</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>Written procedures for placing a detainee in disciplinary segregation specifically include the requirements of this component. The disciplinary hearing officer and the chief of security confirmed that practice is consistent with policy.</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>Written procedures for placing a detainee in disciplinary segregation include each of the requirements listed in this component. The disciplinary hearing officer confirmed practice is consistent with policy.</p>

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

<p>11. Upon a detainee's release from the SMU, the releasing officer attaches the entire housing unit record to the Administrative Segregation Order or Disciplinary Segregation Order and forwards it to the Chief of Security or equivalent for inclusion in the detainee's detention file.</p>	<p align="center">Meets Standard</p>	<p>The requirements of this component are specifically addressed in policy.</p>
<p>12. PRIORITY: There are implemented written procedures for the regular review of all detainees in Administrative Segregation.</p> <p>A supervisor conducts a review within 72 hours of the detainee's placement in Administrative Segregation to determine whether segregation is still warranted. The review includes an interview with the detainee, and a written record is made of the decision and the justification.</p> <p>If a detainee is segregated for the detainee's protection, but not at the detainee's request, continued detention requires the authorizing signature of the facility administrator or assistant facility administrator.</p> <p>When a detainee has spent seven days in Administrative Segregation, and every week thereafter for the first 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>Policy addresses each of the requirements listed in this component. Review of documentation and an interview with the chief of security confirmed practice is consistent with policy.</p>
<p>13. 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>14. 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>Review of documentation confirmed that permanent housing logs are maintained in the SMU to record the required information on detainees upon admission to and release from the unit. Information recorded in the permanent housing log includes visits to the unit from supervisory staff and other officials.</p>

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

<p>15. 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>Meets Standard</p>	<p>A separate log is maintained in the SMU that persons visiting the unit must sign. The time and date of the visit and any unusual activity or behavior of an individual detainee is recorded in this log. Per the chief of security, any unusual activity or behavior of an individual detainee requires that a follow-up memorandum be sent through the facility OIC to the detainee's file.</p>
<p>16. A Special Management Housing Unit Record is maintained on each detainee in an SMU, that records:</p> <p style="padding-left: 40px;">Whether the detainee ate, showered, recreated, and took any medication; and</p> <p style="padding-left: 40px;">Any additional information, such as whether the detainee has a medical condition, or has exhibited suicidal/assaultive behavior.</p>	<p>Meets Standard</p>	<p>A review of documentation confirmed that a Special Management Housing Unit Record is maintained on each detainee in the SMU. All of the information required by this component is documented on this record.</p>
<p>17. Health care personnel are immediately informed when a detainee is admitted to an SMU to provide assessment and review as indicated by health care protocols.</p>	<p>Meets Standard</p>	
<p>18. PRIORITY: 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.</p>	<p>Meets Standard</p>	<p>Per the chief of security, if a detainee with serious mental illness needs to be separated from the general population, the detainee is not automatically placed in the SMU. Prior to separating the detainee from the general population, health care personnel are contacted to provide an assessment of the detainee's illness. Based on the recommendations provided by medical personnel, the detainee will be placed in a setting in which appropriate treatment can be provided.</p>

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

<p>19. PRIORITY: 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.</p> <p>Medical visits shall be recorded on the SMU housing record or comparable form, and any action taken shall be documented in a separate logbook.</p>	<p>Meets Standard</p>	<p>Per policy, health care personnel visit every detainee in the 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 treatment as indicated. Any action taken is documented in a separate logbook and the medical visit is recorded on the detainee's SMU housing record.</p>
<p>20. A detainee's mental health status shall be reviewed and documented at least once every 30 days.</p>	<p>Meets Standard</p>	
<p>21. 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.</p>	<p>Meets Standard</p>	<p>Per policy and procedure, detainees in the SMU receive each of the services required by this component on the same basis as the general population.</p>
<p>22. 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).</p>	<p>Meets Standard</p>	<p>Detainees in administrative segregation are provided two hours of recreation seven days a week. Detainees are given the opportunity to spend time outside their cells watching TV, playing board game and may also volunteer to be assigned to work details as orderlies in the special management unit.</p>
<p>23. The shift supervisor sees each segregated detainee daily, including weekends and holidays.</p>	<p>Meets Standard</p>	<p>Documentation verified that the shift supervisor sees each segregated detainee daily, including weekends and holidays.</p>
<p>24. The facility administrator (or designee) visits each SMU daily.</p>	<p>Meets Standard</p>	<p>A review of documentation confirmed that the chief of security or the SDDO visits the SMU daily.</p>
<p>25. Detainees in SMUs are provided three nutritionally adequate meals per day, ordinarily from the general population menu.</p>	<p>Meets Standard</p>	<p>Per policy and procedure, detainees in the SMU are provided three nutritionally adequate meals per day from the general population menu.</p>

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

<p>26. 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.</p>	<p align="center">Meets Standard</p>	
<p>27. Detainees in an SMU may write and receive letters the same as the general population.</p>	<p align="center">Meets Standard</p>	<p>Except for documented security reasons, detainees in the SMU may write and receive letters the same as the general population.</p>
<p>28. Detainees in an SMU ordinarily retain visiting privileges.</p>	<p align="center">Meets Standard</p>	<p>Except for documented security reasons, detainees in the SMU ordinarily retain visiting privileges.</p>
<p>29. 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.</p>	<p align="center">Meets Standard</p>	
<p>30. Under no circumstances is a detainee permitted to participate in general visitation while in restraints.</p>	<p align="center">Meets Standard</p>	<p>The chief of security confirmed that detainees are not permitted to participate in general visitation while in restraints.</p>
<p>31. Detainees in protective custody and violent and disruptive detainees are not permitted to use the visitation room during normal visitation hours.</p>	<p align="center">Meets Standard</p>	
<p>32. In cases in which a visit would present an unreasonable security risk, visits may be disallowed for a particular violent or disruptive detainee.</p>	<p align="center">Meets Standard</p>	<p>Policy addresses the requirements of this component.</p>
<p>33. Ordinarily, detainees in SMUs are not denied legal visitation.</p>	<p align="center">Meets Standard</p>	<p>During this inspection period, legal visitation has not been denied to any detainee. If this sanction is imposed, written justification is required.</p>
<p>34. 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.</p>	<p align="center">Meets Standard</p>	
<p>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.</p>	<p align="center">Meets Standard</p>	<p>The chief of security confirmed that detainees in the SMU have access to reading materials, including religious materials. The recreation coordinator offers each detainee soft-bound, non-legal books on a rotating basis.</p>

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

<p>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.</p> <p>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.</p>	<p align="center">Meets Standard</p>	<p>Upon request, detainees in the SMU are escorted individually to the law library located inside the SMU. Detainees are permitted to retain all personal legal material while in the SMU, provided it does not create a safety, security and/or sanitation hazard. Per the chief of security, a detainee's request for access to legal material in his or her personal property is accommodated as soon as possible and always within 24 hours of the request.</p>
<p>37. Any denial of access to the law library is always:</p> <p align="center">Supported by compelling security concerns, For the shortest period required for security, and Fully documented in the SMU housing logbook.</p> <p>ICE/ERO is notified every time law library access is denied.</p>	<p align="center">Meets Standard</p>	<p>During this inspection period, no detainee has been denied access to the law library. If this sanction is imposed, it will be in accordance with each of the requirements listed in this component.</p>
<p>38. Recreation for detainees in the SMU is separate from the general population.</p>	<p align="center">Meets Standard</p>	<p>Per policy and procedure, recreation for detainees in SMU is separate from the general population.</p>
<p>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.</p>	<p align="center">Meets Standard</p>	<p>Documentation confirmed that all detainees in the SMU are offered at least one hour of recreation per day, outside their cells and scheduled at a reasonable time, seven days per week. If necessary, detainees are provided weather-appropriate equipment and attire.</p>
<p>40. The recreation privilege is denied or suspended only if it would unreasonably endanger safety or security.</p> <p>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.</p>	<p align="center">Meets Standard</p>	<p>During this inspection period, no detainee has been denied recreation privileges. The SMU officer stated that if a detainee is denied recreation privileges for any reason, a report of the action will be forwarded to the OIC.</p>
<p>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.</p>	<p align="center">Meets Standard</p>	

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

<p>42. Denial of recreation privileges for more than 7 days requires the concurrence of the facility administrator and the health authority.</p> <p>The facility notifies ICE/ERO when a detainee is denied recreation privileges for more than 7 days.</p>	<p align="center">Meets Standard</p>	<p>Policy states that denial of recreation privileges for more than seven days requires the concurrence of the OIC and the health care professional. The chief of security confirmed that the facility will notify ICE/ERO if a detainee is denied recreation privileges for more than seven days.</p>
<p>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.</p> <p>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.</p>	<p align="center">Meets Standard</p>	<p>Except for documented security reasons, there are no telephone use restrictions for detainees in the SMU.</p>
<p>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.</p>	<p align="center">Meets Standard</p>	<p>After seven consecutive days in administrative segregation, the detainee has the right to appeal to the OIC the conclusions and recommendations of any review conducted.</p>
<p>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.</p> <p>A similar review is done every 30 days thereafter.</p>	<p align="center">Meets Standard</p>	
<p>46. When a detainee has been held in Administrative Segregation for more than 30 days, the facility administrator notifies the Field Office Director.</p>	<p align="center">Meets Standard</p>	<p>The chief of security confirmed adherence with the requirements of this component.</p>

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)*

Observations, employee interviews and a review of documentation confirmed that in order to isolate certain detainees from the general population, the facility has an SMU that provides disciplinary segregation housing for detainees segregated for disciplinary reasons and administrative segregation housing for detainees segregated for administrative reasons. At one end of the SMU, away from male cell rooms, a cell is maintained for female detainees. During this inspection, there was one female detainee and four male detainees in the SMU. Detention logs and other documentation confirmed that detainees are placed in segregation in accordance with policy and receive all required services.

Detainees in the SMU are provided with adequate services and recreation in a clean, secure, well maintained and secure environment. Visiting privileges, telephones privileges and meals for detainees in the SMU, except for documented security

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

concerns, are identical to the general population. When detainees are assigned to the SMU, their quality of life is altered only in the sense that a small degree of their freedom is restricted.

A detainee in the SMU was interviewed individually. Specific questions related to medical care, recreation, law library access, telephone access and treatment by staff were asked during these interviews. There were no issues or concerns identified as a result of this detainee interview.

Management, supervisory and medical personnel visit the SMU on a daily basis and communicate information to detainees in a language or manner the detainee can understand. Written materials are generally translated into Spanish, or when practicable, provisions for written translation are made for other significant segments of the population with limited English proficiency. Oral interpretation or assistance is provided to any detainee who speaks another language in which written material has not been translated or who is illiterate. Some forms used in the SMU have been translated into Spanish and when necessary Spanish speaking employees are used as interpreters.

The requirement that the detainee be evaluated by a medical professional prior to being placed in an SMU is included in the documentation required for placing a detainee in the special management unit.

Overall Rating: Meets Standard

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

Completion Date: 2/4/2016

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)
<p>1. PRIORITY: ICE/ERO detainees shall have frequent informal access to and interaction with key facility staff members, in a language they can understand.</p> <p>Facility staff shall conduct scheduled visits to address detainees’ personal concerns and monitor living conditions.</p>	<p>Meets Standard</p>	<p>Detainees have frequent informal access to and interaction with ICE and facility personnel in languages they understand. ICE and facility personnel make both scheduled and frequent unannounced visits to all detainee housing units in order to monitor overall living conditions and to listen and respond to detainee concerns.</p>
<p>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.</p>	<p>Meets Standard</p>	

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

<p>3. PRIORITY: 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"> Ensure that adequate supplies of detainee request forms, envelopes, and writing implements are available. Have written procedures to promptly route and deliver detainee requests to the appropriate ICE/ERO officials by authorized personnel (not detainees) without reading, altering, or delaying such requests. 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. 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. 	<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>Meets Standard</p>	<p>This SPC does have an assigned on-site ICE presence. Detainee request forms are responded to within 72 hours of receipt.</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>This facility is an SPC. ICE/ERO staff members pick up detainee requests daily.</p>

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

<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> <ul style="list-style-type: none"> Date of receipt; Detainee's name; Detainee's A-number; Detainee's nationality; Name of the staff member who logged the request; Date the request, with staff response and action, was returned to the detainee; Any other pertinent site-specific information, including detention condition complaints; Specific reasons why the detainee's request is urgent and requires a faster response; and The date the request was forwarded to ICE/ERO and the date it was returned. 	<p>Does Not Meet Standard</p>	<p>The detainee request form electronic log includes all the categories listed in this component. However, many of the entries do not include the date that the detainee request was returned.</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>Meets Standard</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>Meets Standard</p>	<p>At this SPC, OIG Hotline posters are displayed in common areas and each housing unit.</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 staff provides general information to detainees pertaining to the immigration court process. If detainees request, their written request can be delivered in a sealed envelope with the name and title of the ICE official to whom it should be forwarded. Detainees are informed that they can obtain assistance from other detainees or facility staff in preparing a request form.

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

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

Overall Rating: Meets Standard

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

Completion Date: 2/4/2016

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	Per policy and procedure, the use of tools, keys, medical equipment and culinary equipment is controlled. On-site observations and employee interviews confirmed that practice is consistent with policy.
2. <u>PRIORITY</u> : There is an individual who is responsible for developing a tool control procedure and an inspection system to insure accountability.	Meets Standard	The SDDO is responsible for developing tool control procedures and an inspection system to ensure accountability.
3. <u>PRIORITY</u> : 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 facility developed and implemented a written tool control and storage system, which includes a tool classification system. All tools are properly marked and readily identifiable.
4. The facility has developed and implemented a tool classification system.	Meets Standard	
5. Tool inventories are required for: Facility Maintenance Department Medical Department Food Service Department Electronics Shop Recreation Department Armory	Meets Standard	Policy requires tool inventories for each of the areas listed in this component. The armory and the maintenance department are located outside the secure perimeter and were not inspected.
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 SPC, new tools can only be issued after the tool control officer has marked and inventoried them. Inventories that include portable power tools include the information listed in this component.
7. The facility administrator shall schedule, and establish procedures for, the quarterly inventorying of all tools.	Meets Standard	Documentation reviewed confirmed that quarterly tool inventories are conducted.
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 SPC, policy requires the elements listed in this component. Per the tool control officer and review of documentation, practice is consistent with policy.

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

9. The facility administrator shall develop and implement procedures governing lost tools.	Meets Standard	Policy includes specific procedures governing lost tools.
10. <i>(SPCs/CDFs) When a restricted or non-restricted tool is missing or lost, staff shall notify the chief of security in writing as soon as possible.</i> <i>When the tool is a restricted (Class "R") tool, staff shall inform the shift supervisor orally immediately upon discovering the loss. Any detainee(s) who may have had access to the tool shall be held at the work location pending completion of a thorough search.</i> <i>The facility administrator shall implement quarterly evaluations of lost/missing tool files.</i>	Meets Standard	At this SPC, each of the requirements listed in this component is addressed in policy. Practice is consistent with policy.
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.	Meets Standard	Policy includes each of the requirements of this component. The tool control officer and a review of documentation confirmed that practice is consistent with policy.

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)*

A review of policies; employee interviews; and physical inspection of tools inside the secure perimeter; and observation of tool control practices confirmed that tool control procedures are being followed by all employees. The maintenance tool room and the armory are located outside the secure perimeter and were not inspected. Procedures are in place that require that all tools brought into and out of the facility are inventoried. A review of documentation, on-site observations and employee interviews confirmed that the facility has procedures in place to hold staff responsible for complying with the tool control policy. Documentation reviewed confirmed that tools are inventoried and accounted for on a daily basis. Per policy, staff must remove restricted tools from work areas at the end of each workday for safekeeping in a secure tool room or the armory.

Employees are required, by policy, to restrict the supply of acetylene entering the facility to the amount needed in a single day; and at the end of each workday, store the used and unused acetylene tanks outside the secured perimeter in accordance with applicable codes and standards.

The requirement that staff shall not open sterile packs for inventory or any other non-medical reason, except when tampering or theft is suspected, in which case staff shall contact the health services department before opening a pack from which instruments may have been removed is not addressed in policy.

Per policy, individual toolboxes containing tools used on a daily basis must be secured with hasp and padlock. The individual responsible for the toolbox shall keep an inventory sheet in the toolbox and the physical plant manager shall maintain copies of all such inventory sheets.

Any tool permanently removed from service must be turned in to the tool control officer for record keeping and safe disposal.

The tool control officer confirmed that tools purchased or acquired from surplus property are stored and secured in storage area in the maintenance department. The tool control officer maintains a continual inventory of unmarked or excess tools returned to secure storage for issue or reissue. The tool control officer has sole authority to draw tools from this source. Any such tools kept in the tool control officer's storage area are registered in a continual inventory.

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

Policy states that a chit receipt shall be taken for all tools issued. When a tool is issued from a shadow board, the receipt chit shall be visible on the shadow board.

Policy includes site-specific procedures for the control of ladders, extension cords, ropes and hoses, in accordance with these procedures: All ladders, extension cords, ropes and hoses over three feet long are classified as restricted tools and must be stored in the tool room when not in use.

Every staff member supervising the use of extension ladder and/or heavy equipment must have at his/her disposal a portable two-way radio.

Though not in policy, the tool officer confirmed that when a medical department tool or equipment item is missing or lost, employees are to immediately inform the health services administrator, who will make the immediate verbal notification to the assistant OIC or shift supervisor and written notification to the OIC.

Overall Rating: Meets Standard

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

Completion Date: 2/4/2016

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)
<p>1. PRIORITY: Staff use physical force only as a last resort after all reasonable efforts to otherwise resolve a situation have failed, and use only the degree of force necessary to gain control of the situation, employing confrontation avoidance techniques and the use-of-force continuum.</p>	<p>Meets Standard</p>	<p>Per policy, staff members use physical force only as last resort after all reasonable efforts to otherwise resolve a situation have failed. Only the degree of force necessary to gain control of the situation, employing confrontation avoidance techniques and the use-of-force continuum is used. The chief of security confirmed that practice is consistent with policy.</p>
<p>2. Staff:</p> <ul style="list-style-type: none"> 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. 	<p>Meets Standard</p>	
<p>3. PRIORITY: All officers receive training in self-defense, confrontation avoidance techniques and the use of force to control detainees.</p> <p>Specialized training is given to officers ensuring they are certified in all devices including chemical agents, approved for use.</p>	<p>Meets Standard</p>	<p>Per policy, during initial and annual refresher training all personnel are trained in self-defense, confrontation avoidance techniques and the use of force to control detainees. Any officer authorized to use intermediate force devices, including chemical agents, is trained and certified in their use. Review of training records confirmed that employees are receiving the required training.</p>

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

<p>4. PRIORITY: Staff will consult with medical staff prior to a calculated use of force regarding the following:</p> <p>Use of (b)(7)(E) non-lethal weapons.</p> <p>Pregnant detainees or detainees in post-delivery recuperation.</p> <p>Detainees with wounds or cuts.</p> <p>Detainees with special medical or mental health needs.</p>	<p>Meets Standard</p>	<p>Per policy, medical personnel are consulted prior to a calculated use of force regarding the use of (b)(7)(E) non-lethal weapons, pregnant detainees, detainees with wounds or cuts, and detainees with special medical or mental health needs. The chief of security confirmed adherence to each of the requirements of this component.</p>
<p>5. Special precautions are taken when restraining pregnant detainees, consistent with the Detention Standard on Medical Care (Women).</p> <p>Medical personnel are consulted.</p>	<p>Meets Standard</p>	<p>Per policy and procedure, medical personnel must be consulted and special precautions taken when restraining pregnant detainees.</p>
<p>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.</p>	<p>Meets Standard</p>	
<p>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.</p>	<p>Meets Standard</p>	<p>The requirements of this component are specifically stated in policy.</p>
<p>8. The facility subscribes to the prescribed confrontation avoidance procedures.</p> <p>The ranking detention official, health professionals, and others confer before every calculated use of force.</p>	<p>Meets Standard</p>	<p>The facility subscribes to the prescribed confrontation avoidance procedures. Per policy, before authorizing the calculated use of force, the ranking detention official, a designated health professional, and others as appropriate shall assess the situation.</p>
<p>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.</p>	<p>Meets Standard</p>	<p>Per policy and procedure, 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.</p>
<p>10. Staff members are trained in the performance of the use-of-force team technique.</p>	<p>Meets Standard</p>	

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

<p>11. PRIORITY: 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.</p> <p>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.</p>	<p align="center">Meets Standard</p>	<p>All use of force incidents are documented and reviewed. In accordance with policy, all calculated uses of force are audio-visually documented and are reviewed by the OIC. Documentation includes the medical examination through the conclusion of the incident. The chief of security confirmed practice includes all of the elements listed in this component.</p>
<p>12. Staff shall store and maintain audio-visual recording equipment under the same conditions as "restricted" tools.</p>	<p align="center">Meets Standard</p>	
<p>13. Standard procedures associated with using four/five point restraints include:</p> <ul style="list-style-type: none"> 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. <p>When qualified medical staff are not immediately available, staff position the detainee "face-up."</p>	<p align="center">Meets Standard</p>	<p>Policy for use of four/five point restraints addresses each of the elements listed in this component. The chief of security confirmed that four/five point restraints have not been used during this inspection period.</p>
<p>14. In immediate use of force situations, officers contact medical staff once the detainee is under control.</p>	<p align="center">Meets Standard</p>	<p>Per policy and procedure, in immediate use of force situations, officers contact medical staff once the detainee is under control.</p>
<p>15. The shift supervisor monitors the detainee's position/condition every two hours.</p> <p>He/she allows the detainee to use the restroom at these times under safeguards.</p>	<p align="center">Meets Standard</p>	
<p>16. All detainee checks are logged.</p>	<p align="center">Meets Standard</p>	<p>Per policy and practice, all detainee checks are logged. The chief of security confirmed adherence to policy.</p>
<p>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.</p>	<p align="center">Meets Standard</p>	

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

18. It is standard practice to review any use of force and the non-routine application of restraints.	Meets Standard	Every use of force and/or non-routine application of restraints are reviewed by the OIC.
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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)*

A review of documentation and employee interviews confirmed that policy and procedures are in place to authorize personnel to use necessary force after all reasonable efforts to otherwise resolve a situation have failed. Policy requires that only the amount of force necessary to gain control of the detainee may be used.

During this inspection period there were no calculated use of force incidents and six immediate use of force incidents. A review of documentation related to these incidents confirmed that all procedures, documentation, and medical examinations required by policy were complied with in a timely manner. Chemical agents were not used in any of these six incidents. As a result of these incidents, there were no significant injuries to officers or detainees.

The use of (b)(7)(E) by trained certified ICE personnel is authorized by policy. The use of choke holds is prohibited. The facility does not have Tasers. The facility does not have a canine unit.

The following acts and techniques are specifically prohibited when using non-deadly force: choke holds, carotid control holds and other neck restraints; using a baton to apply choke or “come along” holds to the neck area; and intentional baton strikes to the head, face, groin, solar plexus, neck, kidneys, or spinal column.

The facility maintains a written record of routine and emergency distribution of security equipment and assigns the armory officer the responsibility for inventorying chemical agents and related security equipment at least monthly to determine their condition and expiration dates. Per policy, only devices authorized by ICE are approved for use of force.

Policy includes the requirement for the shift supervisor to inspect areas of blood or other body-fluid spillage after a use of force incident.

Audiovisual recording equipment is stored and maintained under the same conditions as restricted tools. The equipment is kept in a secure location either in the central control center or the office of the chief of security. The post orders for the control center officer include procedures for: maintaining cameras and other audiovisual equipment; regularly scheduled and documented testing to ensure all parts, including batteries, are in working order; and keeping back-up supplies on hand.

Policy requires that each audiovisual recording is catalogued and preserved, but does not establish a minimum for how long it is to be preserved.

The following restraint equipment is authorized: handcuffs: leg irons: martin chain; waist or belly chain: case-hardened chains; handcuff cover: cases for the security of handcuffs used on high security detainees; soft restraints: nylon/leather type with soft arm and leg cuffs containing soft belts with key locks; plastic cuffs and any other ICE/ERO-approved restraint device. Deviations from this list of restraint equipment are prohibited.

The SDDO, the chief of security, and a medical supervisor conduct the after-action review. The after action review team convenes on the workday after the incident. The after-action review team gathers relevant information, determines whether policy and procedures were followed, makes recommendations for improvement, if any, and completes an after-action report to record the nature of its review and findings. The after-action report is due within two workdays of the detainee’s release from restraints. The review team’s investigative report is forwarded to the OIC for review.

Overall Rating: Meets Standard

Reviewer Name (Printed)	(b)(6);(b)(7)(C)	Completion Date: 2/4/2016
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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)
<p>1. PRIORITY: The facility has a written disciplinary system using progressive levels of reviews and appeals. Written disciplinary policy and procedures shall clearly define detainee rights and responsibilities. The policy, procedures and rules shall be reviewed at least annually.</p>	<p>Meets Standard</p>	<p>The written disciplinary system includes progressive levels of reviews, appeal procedures and documentation procedures. Policy clearly defines detainee rights and responsibilities. The policy, procedures and rules are reviewed annually.</p>
<p>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.</p>	<p>Meets Standard</p>	
<p>3. PRIORITY: 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.</p>	<p>Meets Standard</p>	<p>Per policy, time in disciplinary segregation and/or the withholding of privileges imposed for disciplinary violations do not exceed thirty days per violation. Staff members may not impose or allow imposition of any of the sanctions prohibited by this component, unless the activity creates a documented unsafe condition.</p>
<p>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.</p>	<p>Meets Standard</p>	<p>The requirements of this component are included in policy.</p>
<p>5. PRIORITY: The facility supplemental handbook issued to each detainee upon admittance shall provide notice of the facility's rules of conduct and prohibited acts, the sanctions imposed for violations of the rules, the disciplinary severity scale, the disciplinary process and the procedure for appealing disciplinary findings.</p>	<p>Meets Standard</p>	<p>Facility 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 are included in the local handbook issued to each detainee upon admission.</p>

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

<p>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:</p> <p style="padding-left: 40px;">Disciplinary Severity Scale</p> <p style="padding-left: 40px;">Prohibited Acts</p> <p style="padding-left: 40px;">Sanctions</p>	<p>Meets Standard</p>	
<p>7. All facilities shall have graduated scales of offenses and disciplinary consequences as provided in this section.</p>	<p>Meets Standard</p>	<p>Policy includes graduated scales of offenses and disciplinary consequences.</p>
<p>8. <u>PRIORITY:</u> 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.</p>	<p>Meets Standard</p>	<p>Per policy and procedure, all 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 the unit disciplinary committee (UDC). Unresolved cases and cases involving serious charges are forwarded to the institution disciplinary panel (IDP) for adjudication. The disciplinary hearing officer confirmed that practice is consistent with policy.</p>
<p>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.</p>	<p>Meets Standard</p>	
<p>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.</p>	<p>Meets Standard</p>	<p>The disciplinary hearing officer confirmed that the detainee is advised of his or her rights, as outlined in this component.</p>
<p>11. <u>PRIORITY:</u> 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.</p>	<p>Meets Standard</p>	<p>A staff representative is made available upon request for any detainee facing a disciplinary hearing. Detainees also have the option of receiving assistance from another detainee, subject to the OIC's approval.</p>
<p>12. A staff representative is automatically provided for detainees who are illiterate, limited-English proficient, or without means of collecting and presenting essential evidence.</p>	<p>Meets Standard</p>	

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

13. The facility permits hearing postponements or continuances when conditions warrant such a continuance. Reasons are documented.	Meets Standard	Per policy, hearing postponements or continuances are permitted when conditions warrant; reasons must be documented.
14. Written procedures govern the handling of confidential-source information. Procedures include criteria for recognizing "substantial evidence."	Meets Standard	Policy includes written procedures that govern the handling of confidential-source information. The procedures include criteria for recognizing reliable substantial evidence.
15. All forms relevant to the incident, investigation, committee/panel reports, etc., are completed and distributed as required.	Meets Standard	Per policy and procedure, all forms relevant to the incident, investigation committee/panel reports, etc., are completed and distributed as required. The chief of security confirmed that practice is consistent with policy.

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)*

A review of documentation and employee interviews confirmed that, to promote a safe living environment for detainees, the facility has established an equitable disciplinary system requiring detainees to comply with facility rules and regulations and imposing disciplinary sanctions on those who do not comply.

The actions of the Institution Disciplinary Panel are reviewed by the SDDO, who may concur with the findings and sanctions or modify them.

The disciplinary hearing officer confirmed that if any employee at any stage of the disciplinary process has reason to believe that the detainee is mentally ill or mentally incompetent, the facility will provide for an assessment by qualified medical personnel.

Policy states that disciplinary action may not be capricious or retaliatory. If the disciplinary incident is under investigation on different grounds, the investigating officer will terminate the administrative investigation until the agency with primary jurisdiction concludes its investigation or indicates it shall not pursue the matter.

A supervisor not involved in the incident is the investigating officer that conducts the investigation. The shift supervisor reviews incident reports for accuracy and completeness and signs them.

The disciplinary hearing officer confirmed that time served in segregation pending the outcome of the proceedings can be credited to the number of days spent in the segregation unit after an adverse decision is adjudicated.

The disciplinary report and accompanying documents are not placed in the file of a detainee who is found not guilty; this material may be retained in the institution archives for statistical or historical purposes for a minimum of six years.

Overall Rating: Meets Standard

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

Completion Date: 2/4/2016

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. PRIORITY: The food service program shall be under the direct supervision of an experienced food service administrator (FSA) who is responsible for:</p> <ul style="list-style-type: none"> Planning, controlling, directing, managing, and evaluating food service; Managing budget resources; Establishing standards of sanitation, safety and security; Developing nutritionally adequate menus and evaluating detainee acceptance of them; Developing specifications for the procurement of food, equipment, and supplies; and Establishing a training program that ensures operational efficiency and a high quality food service program. 	Meets Standard	The food service department is operated by Ahtna Support Training Services contract personnel. The food service administrator (FSA) and staff members are certified by the National Registry of Food Safety Professionals. 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>	Meets Standard	The facility maintains a secure room for knives. The room is double locked. Knives are secured to workstations during use and are under direct staff supervision.
<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 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 in December 2015.
<p>5. During orientation and training session(s), the cook supervisor or equivalent explains and demonstrates:</p> <ul style="list-style-type: none"> Safe work practices and methods. Safety features of individual products/ pieces of equipment. Training covers the safe handling of hazardous material[s] the detainee are likely to encounter in their work. 	Meets Standard	The food service department 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	

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

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 two hot meals and one sack lunch each day. Meal times are 6:00 a.m., 11:30 a.m. and 4:00 p.m.
9. Meals shall always be prepared, delivered, and served under staff supervision.	Meets Standard	
10. <u>PRIORITY:</u> Before and during the display, service and transportation of food, sanitary guidelines are observed, with hot foods maintained at a temperature of at least 140 F degrees (120 degrees in food trays) and foods that require refrigeration maintained at 41 F degrees or below.	Meets Standard	Observation of food preparation confirmed that appropriate sanitary guidelines are followed. Food temperatures observed during the inspection were maintained at proper temperatures.
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 carts 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 electric food warming carts are utilized to move food from one location to another.
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 detainee housing areas under constant supervision of security personnel.
16. <u>PRIORITY:</u> 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	Ahtna Support Training Services maintains a contract registered dietitian. 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

<p>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.</p>	<p align="center">Meets Standard</p>	<p>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.</p>
<p>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.</p>	<p align="center">Meets Standard</p>	
<p>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.</p>	<p align="center">Meets Standard</p>	<p>The chaplain provides the FSA with a list of detainees authorized to receive religious diets. The facility had 64 detainees receiving religious diets during the inspection.</p>
<p>21. <i>(SPCs/CDFs) Once a religious diet has been approved, the FSA shall issue, in duplicate, a special-diet identification card.</i></p>	<p align="center">Meets Standard</p>	<p>This facility is an SPC. The FSA issues religious/special diet identification cards. In addition, religious diet trays have identification stickers attached to each tray identifying the intended recipient. An updated list of all religious/special diet detainees is maintained by food service personnel.</p>
<p>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.</p>	<p align="center">Meets Standard</p>	<p>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 35-day cycle menu.</p>
<p>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.</p>	<p align="center">Meets Standard</p>	
<p>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.</p>	<p align="center">Meets Standard</p>	<p>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.</p>

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

<p>25. Detainees with certain conditions – chronic or temporary; medical, dental, and/or psychological – shall be prescribed special diets as appropriate.</p>	<p>Meets Standard</p>	<p>The medical department provides a listing of detainees requiring medical diets. During the time of the inspection 72 ICE detainees were receiving medical diets</p>
<p>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.</p>	<p>Meets Standard</p>	
<p>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.</p>	<p>Meets Standard</p>	<p>The facility utilizes a satellite feeding program. Meals are served within two hours of plating.</p>
<p>28. In segregation units, food rations shall not be reduced or changed or otherwise used as a disciplinary tool.</p>	<p>Meets Standard</p>	
<p>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.</p>	<p>Meets Standard</p>	
<p>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.</p>	<p>Meets Standard</p>	<p>Detainee workers are trained on cleanliness, hygiene, preparation and maintenance of equipment. The training is recorded and maintained.</p>
<p>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.</p>	<p>Meets Standard</p>	<p>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 unit for treatment and must gain new clearance to return to work.</p>

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

<p>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.</p>	<p>Meets Standard</p>	<p>The food service department is inspected monthly by facility health and safety personnel. Annual comprehensive inspections are conducted by a certified independent food service inspector. The last inspection was conducted 11/17/2015.</p>
<p>33. All facilities shall meet environmental standards for safety and sanitation.</p>	<p>Meets Standard</p>	
<p>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.</p>	<p>Meets Standard</p>	<p>The food service cleaning schedule is posted at various locations throughout the department.</p>
<p>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.</p>	<p>Meets Standard</p>	
<p>36. Adequate, sanitary, properly equipped, and conveniently located toilet facilities shall be provided for all food service staff and detainee workers.</p>	<p>Meets Standard</p>	
<p>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.</p>	<p>Meets Standard</p>	<p>Pest control is performed monthly through a contract service with Ecolab Pest Elimination Division, McAllen, TX. Air curtains or comparable devices are used on outside doors where food products are prepared, stored and served to protect against insects and rodents.</p>
<p>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.</p>	<p>Meets Standard</p>	

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

<p>39. PRIORITY: 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.</p> <p>The FSA or CS shall inspect food service areas at least weekly.</p> <p>An independent, external inspector shall conduct annual inspections to ensure that the food service facilities and equipment meet governmental health and safety codes.</p>	<p align="center">Meets Standard</p>	<p>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 a contract certified independent food service inspector. The last inspection was conducted 11/17/2015.</p>
<p>40. The FSA shall develop a cleaning schedule for each food service area and post it for easy reference.</p>	<p align="center">Meets Standard</p>	<p>The food service cleaning schedule is posted at various locations throughout the department.</p>
<p>41. Each FSA shall establish procedures for storing, receiving, and inventorying food.</p>	<p align="center">Meets Standard</p>	
<p>42. Store all products at least six inches from the floor and sufficiently far from walls to facilitate pest-control measures.</p>	<p align="center">Meets Standard</p>	<p>Observation of food storage areas confirmed that products are maintained at least six inches above the floor and sufficiently away from walls.</p>
<p>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.</p>	<p align="center">Meets Standard</p>	
<p>44. Inventory levels are established, monitored and periodically adjusted to correct excesses or shortages.</p>	<p align="center">Meets Standard</p>	

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 through a contract with Ahtna Support and Training Services. 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 staff members 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 detention 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 does not have a dining room and only utilizes satellite feeding in the housing units. 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 eighteen-inch clearance.

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

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: 2/4/2016

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.

Components	Rating	Remarks (1000 Char Max)
<p>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.</p>	<p>Meets Standard</p>	<p>All personnel receive pre-service 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. A review of the training files confirmed this requirement is met. Medical personnel are kept up-to-date on hunger strike evaluation and treatment through annual training.</p>
<p>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.</p>	<p>Meets Standard</p>	<p>Policy includes procedures for identifying and referring hunger strikers to medical personnel. A referral to mental health is also initiated to assess whether the detainee's action is reasoned and deliberate or the manifestation of a mental illness.</p>
<p>3. <u>PRIORITY</u>: Facility immediately reports via the chain of command a hunger strike to ICE/ERO.</p>	<p>Meets Standard</p>	<p>The health services administrator (HSA) notifies the officer-in-charge (OIC) who notifies ICE/ERO via the chain of command.</p>
<p>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.</p>	<p>Meets Standard</p>	<p>Per policy, any detainee who has not eaten for 72 hours or nine consecutive meals is considered to be on hunger strike and referred to medical personnel for evaluation and management.</p>

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

<p>5. During the initial evaluation of a detainee on a hunger strike, medical staff shall:</p> <ul style="list-style-type: none"> Measure and record height and weight; Measure and record vital signs; Perform urinalysis; Conduct psychological/psychiatric evaluation; Examine general physical condition; and If clinically indicated, proceed with other necessary studies. <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>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 medical record. Other indicated laboratory tests are conducted as ordered by the physician. A hunger strike monitoring form is utilized to document all results and is scanned in the detainee's electronic medical record.</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>Meets Standard</p>	<p>A detainee who refuses treatment must sign a Refusal of Treatment form. If a detainee refuses treatment and refuses to sign, a notation is written on the form by a staff member and witnessed by another staff member. Medical personnel monitor the detainee to evaluate whether the hunger strike poses a risk to the detainee's life and document repeated treatment attempts and counseling on the risks of a hunger strike in the medical record.</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>Meets Standard</p>	<p>Per policy, only the physician may order a detainee's release from hunger strike treatment. The order is written in the detainee's medical record. A notation in the detention file is also made when the detainee has ended the hunger strike. A review of the medical record confirmed this procedure is followed.</p>

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

<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>Meets Standard</p>	<p>Per policy, personnel are required to measure and record food and fluid intake and output until it is ordered to be discontinued by the physician. An IHSC hunger strike monitoring form is used to record the intake and output. A review of a detainee medical record confirmed this procedure is followed.</p>
<p>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.</p>	<p>Meets Standard</p>	<p>Detention officers physically deliver three meals per day to the detainee's room, regardless of his/her response. The officers document the delivery of the meals on the incident log.</p>
<p>10. Provide an adequate supply of drinking water or other beverages.</p>	<p>Meets Standard</p>	<p>Staff members provide an adequate supply of drinking water and other beverages. Any fluids given are documented on the hunger strike form.</p>
<p>11. Remove from the detainee's room all food items not authorized by the clinical medical authority.</p>	<p>Meets Standard</p>	<p>All food items not authorized by the clinical medical authority are removed from the detainee's room.</p>
<p>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.</p>	<p>Meets Standard</p>	<p>A hunger-striking detainee is provided counseling regarding the risks of a hunger strike and is encouraged to accept treatment voluntarily. 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. ICE is notified before involuntary treatment is initiated.</p>

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 initial referral, medical personnel document the reasons for placing a detainee in a single occupancy observation room. This decision is reviewed every 72 hours. Per the assistant health services administrator (AHSA), medical personnel monitor detainees in single-occupancy observation rooms as medically indicated and mental health needs are considered. Medical personnel make the decision about appropriate housing placement when food and liquid intake/output is measured.

If medically necessary, detainees are transferred to a community hospital or a detention facility appropriately equipped for

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

treatment. Records are kept of all interactions with the striking detainee, the provision of food, attempted and successfully administered medical treatment, and communications between the physician, facility administrator, and ICE.

Detainees on hunger strikes may not purchase food/snacks. 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. The HSA notifies the OIC in writing if a detainee is refusing treatment and of any proposed plan to involuntarily feed the detainee. Any involuntary medical treatment is approved by ICE. The FOD, in consultation with the clinical director, contacts the respective ICE Office of Chief Counsel and the U.S. Attorney's Office and discusses any impending involuntary medical treatment and makes recommendations regarding pursuing a court order. Medical personnel continue clinical and laboratory monitoring as necessary until the detainee's life or health is out of danger and continue medical and mental health follow-up as necessary.

Procedures for identifying, monitoring, referring to medical personnel, treating hunger strikers and protecting the well-being of hunger strikers are in place. Evaluation of this standard was based on review of policies and training modules and interviews with medical and detention personnel.

There were two hunger strikes during this inspection period. On 08/25/2015, on intake screening, a 40 year old male detainee declared that he was on hunger strike and claimed that he had not eaten nine consecutive meals. He also stated that he had been drinking plenty of water and lost ten pounds of weight in one week. He did not want to eat until ICE released him from custody. A complete physical exam was performed by a mid-level practitioner and his blood sugar level was found to be too low. He was transferred to a community hospital and was admitted for treatment. The detainee was discharged from the hospital on 08/27/2015, after he started eating and his condition stabilized. He was placed in the medical housing unit for continued follow-up and observation by medical and mental health personnel. On 08/29/2015, the medical provider released him from the medical housing unit to general population. On 11/22/2015, a 24 year old male detainee was referred to medical staff by a detention officer after missing nine consecutive meals. He stated that he would not eat until ICE transferred him to a different facility. An initial assessment was performed by medical personnel. He was transferred to the medical housing unit for hunger strike monitoring. An examination by the psychiatrist was performed on 11/23/2015, and the detainee was subsequently discharged to general population on the same day. Medical procedures and practices of the facility comply with the requirements of the standard.

Overall Rating: Meets Standard

Reviewer Name (Printed)

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

Completion Date: 2/4/2016

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"> Initial medical, mental health, and dental screening, Medically necessary and appropriate medical, dental and mental health care and pharmaceutical services Comprehensive, routine and preventive health care, as medically indicated Emergency care, Specialty health care, Timely responses, Mental health care, Hospitalization as needed within the local community, and Staff or professional language services necessary for detainees with limited English proficiency during any medical or mental health appointment, sick call, treatment, or consultation 	<p>Meets Standard</p>	<p>IHSC medical personnel and contract personnel from Ingenesis provide medical, dental, and mental health services. A review of ICE detainee medical records confirmed the services provided include all the bulleted items listed in this component. Harlingen Medical Center and Harlingen Valley Baptist Medical Center are utilized when hospitalization of detainees is needed. Interpretalk Telephonic Interpreting provides professional language services for detainees with limited English proficiency.</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>	<p>Meets Standard</p>	<p>The health services administrator (HSA) is the designated administrative health authority and has overall responsibility for health care services. The designated clinical medical authority, a physician, is responsible for final clinical judgment. Clinical decisions are only made by clinicians.</p>

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

<p>3. PRIORITY: 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>The medical unit has sufficient staff to provide for the health care needs of the detainee population consistent with the requirements of the standard. The unit has (b)(7)(C) HSAs; (b)(7)(C) is responsible for the staging process and the other is responsible for all other administrative aspects of health care services. In addition to the HSAs, staffing includes an assistant HSA, (b)(7)(C) clinical director who is a physician, (b)(7)(C) staff physician, (b)(7)(C) psychiatrist, (b)(7)(C) dentist, a dental assistant, a dental hygienist, (b)(7)(C) mid-level providers, a nurse manager, (b)(7)(C) registered nurses (RNs), (b)(7)(C) psychiatry RNs, (b)(7)(C) licensed vocational nurses, (b)(7)(C) pharmacist, (b)(7)(C) pharmacy technicians, (b)(7)(E) mental health providers, (b)(7)(E) radiology technicians, a certified nursing assistant, an administrative assistant, and (b)(7)(C) medical records technicians. A staffing plan is reviewed annually.</p>
<p>4. PRIORITY: 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>The licenses and certifications of health care personnel were reviewed and found to be current. Health care personnel only perform duties that are within the scopes of their practice and training and/or pursuant to orders by personnel authorized by law to give such orders. All positions have their respective job descriptions. Credentialing files for everyone practicing were available on site.</p>
<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>Meets Standard</p>	<p>The HSA maintains arrangements with Harlingen Medical Center and Harlingen Valley Baptist Medical Center to provide required health care not available within the facility. Procedures are in place for transport of detainees for off-site treatment and/or hospital admission.</p>

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

<p>6. PRIORITY: Each facility shall have written plans that address the management of infectious and communicable diseases, including prevention, education, identification, surveillance, immunization (when applicable), treatment, follow-up, isolation (when indicated), and reporting to local, state, and federal agencies.</p> <p>Plans shall include:</p> <ul style="list-style-type: none"> Coordination with public health authorities; Ongoing education for staff and detainees; Control, treatment and prevention strategies; Protection of individual confidentiality; Media relations; Procedures for the identification, surveillance, immunization, follow-up and isolation of patients; Manage infectious diseases and report them to local and/or state health departments in accordance with established guidelines and applicable laws; and Management of bio-hazardous waste and decontamination of medical and dental equipment that complies with applicable laws and Detention Standard on Environmental Health and Safety. 	<p>Meets Standard</p>	<p>Established plans address the management of infectious and communicable diseases. The written plans include all of the requirements listed in this component.</p>
<p>7. PRIORITY: All new arrivals shall receive TB screening within 12 hours of intake and using methods in accordance with CDC guidelines.</p>	<p>Meets Standard</p>	<p>During the admission process, detainees are screened for the symptoms of active TB disease and are given a chest x-ray, unless their status is already known.</p>
<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>Meets Standard</p>	<p>Detainees with symptoms suggestive of TB will be placed in a negative pressure isolation room. Confirmed active TB cases shall remain in this room until determined by a qualified provider to be noninfectious in accordance with the CDC guidelines. The facility has eight negative pressure rooms.</p>

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

<p>9. For all confirmed and suspected active tuberculosis cases, designated medical staff shall report:</p> <p>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>All cases to the ICE HQ Epidemiology Unit within one working day.</p> <p>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>Meets Standard</p>	<p>All confirmed and suspected active TB cases are reported by the infectious disease nurse to local and/or state health departments and the ICE Epidemiology Unit within one working day. Notification would also be provided for any movement, including hospitalization, facility transfer or release/deportation of the patient.</p>
<p>10. PRIORITY: 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>Meets Standard</p>	<p>Per the AHSA, the infectious disease nurse report to the ICE Epidemiology Unit 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>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>Meets Standard</p>	<p>The need for isolation is based on clinical evaluation of the patient.</p>
<p>13. Each facility shall establish a plan to address exposure to blood-borne pathogens, including reporting.</p>	<p>Meets Standard</p>	<p>Policy addresses blood-borne pathogen exposure and reporting.</p>
<p>14. The facility shall provide each detainee, upon admittance, a copy of the detainee handbook and local supplement, in which procedures for access to health care services are explained; access to health care services, sick call and a medical grievance process shall be included in the orientation curriculum for newly admitted detainees.</p>	<p>Meets Standard</p>	<p>Upon admission, detainees are provided a copy of the detainee handbook, which includes procedures for accessing health care services, sick call and the medical grievance process.</p>
<p>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.</p>	<p>Meets Standard</p>	<p>Per the AHSA, detainees are not used for interpretation services during any medical or mental health service unless in an emergency medical situation.</p>

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

<p>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.</p>	<p align="center">Meets Standard</p>	<p>A tour of the medical intake screening area and housing units revealed posted signs listing language assistance available during any medical or mental health treatment, diagnostic test, or evaluation.</p>
<p>17. <u>PRIORITY:</u> Medical, dental, and mental health interviews, examinations, and procedures shall be conducted in settings that respect detainees' privacy.</p>	<p align="center">Meets Standard</p>	<p>Health care interviews, examinations and procedures are conducted in a manner that provides privacy for the detainees. The medical unit has eight fully equipped exam rooms and one dental suite with three dental chairs.</p>
<p>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.</p>	<p align="center">Meets Standard</p>	<p>There are two holding rooms in the medical unit which are under the direct supervision of detention personnel. A detainee toilet and drinking fountain is accessible from the holding rooms.</p>
<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>The medical unit utilizes electronic medical records. Access is limited to medical personnel only and is user ID and password protected.</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> <ul style="list-style-type: none"> Physician at the facility or on call 24 hours per day; Qualified health care personnel on duty 24 hours per day when patients are present; All patients within sight or sound of a staff member; Medical housing record that is a separate and distinct section of the complete medical record; and Compliance with all established guidelines and applicable laws. <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">Meets Standard</p>	<p>The medical housing unit includes 36 observation beds which include eight negative pressure rooms and two suicide watch rooms. One suicide watch room is padded. Policy detailing use of these medical unit beds addresses each of the requirements listed in this component. Detainees have access to other services such as telephone, legal access and materials consistent with their medical conditions.</p>

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

<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>Meets Standard</p>	<p>Per the AHSA, a mentally ill detainee is assessed by qualified mental health personnel prior to placement in the medical housing unit.</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>Meets Standard</p>	<p>The facility complies with written pharmacy policy and procedures that address all of the items listed in this component.</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>Meets Standard</p>	<p>The OIC and the HSA jointly approve any non-prescription medications that are available to detainees through the commissary. The list is reviewed once a year.</p>

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

<p>24. PRIORITY: Initial medical, dental, and mental health screening shall be done within 12 hours of arrival by a health care provider or a detention officer specially trained to perform this function.</p> <p>The screening shall inquire into the following:</p> <ul style="list-style-type: none"> Any past history of serious infectious or communicable illness, and any treatment or symptoms; Current illness and health problems, including communicable diseases; Pain assessment; Current and past medication; Allergies; Past surgical procedures; Symptoms of active TB or previous TB treatment; Dental problems; Use of alcohol and other drugs; Possibility of pregnancy; Other relevant health problems identified by the CMA responsible for screening inquiry; Observation of behavior, including state of consciousness, mental status, appearance, conduct, tremor, sweating; History of suicide attempts or current suicidal/homicidal ideation or intent; Observation of body deformities and other physical abnormalities; A transgender detainee’s gender self-identification and history of transition-related care, when a detainee self-identifies as transgender; Past hospitalizations; Chronic illness (including, but not limited to, hypertension and diabetes); Dietary needs; and Any history of physical or sexual victimization and when the incident occurred. 	<p>Meets Standard</p>	<p>A review of fifteen medical records revealed that detainees received intake screenings upon admission, conducted by a medical professional. The screening includes all of the bulleted items listed in this component.</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>N/A</p>	<p>All medical screenings are performed by medical personnel.</p>

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

<p>26. PRIORITY: 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.</p>	<p>Meets Standard</p>	<p>Per the AHSA, initial screening is performed by medical personnel. Any detainee indicating a known acute or emergent medical condition or clinically significant finding on initial screening will be evaluated by a qualified health care provider immediately. A review of detainee medical records confirmed this procedure is followed.</p>
<p>27. PRIORITY: 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.</p>	<p>Meets Standard</p>	<p>A mental health screening is performed during the admission process. A referral to mental health is initiated within 24 hours when indicated. The clinical medical authority will ensure that a mental health evaluation is completed when indicated. Per the AHSA, a referral to a qualified healthcare provider shall be made immediately when a detainee discloses a history of sexual victimization or abuse whether it occurred in an institutional setting or in the community.</p>
<p>28. All facilities shall have policies and procedures to ensure the initial health screening and assessment is documented.</p>	<p>Meets Standard</p>	<p>Policy requires that the initial health screening and assessment be documented. Review of fifteen medical records confirmed documentation of these assessments.</p>
<p>29. PRIORITY: 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).</p>	<p>Meets Standard</p>	<p>Health screenings are performed by medical personnel and, therefore, they are able to identify detainees with immediate medical needs. Detainees requiring urgent, chronic, or routine care are prioritized.</p>

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

<p>30. PRIORITY: 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.</p> <p>Language assistance may be provided by another staff member competent in the language or by a professional service, such as a telephone translation service.</p>	<p>Meets Standard</p>	<p>Per the AHSA, non-English speaking detainees will be provided interpretation or translation services by utilizing bilingual staff or the language line service provided by Interpretalk. One medical provider is proficient in sign language. Staff may use outside providers for detainees who are deaf or hard of hearing.</p>
<p>31. The clinical medical authority shall establish guidelines for evaluation and treatment of new arrivals who require detoxification.</p>	<p>Meets Standard</p>	<p>Written guidelines have been established for the evaluation and treatment of newly arrived detainees who require detoxification. However, detainees requiring detoxification are referred to a local hospital.</p>
<p>32. PRIORITY: 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>Meets Standard</p>	<p>Per review of detainee medical records, physical assessments are conducted within 14 days of the detainee's arrival unless more immediate attention is required. Physical assessments conducted by the 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.</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>Meets Standard</p>	<p>Per the AHSA, detainees are provided chaperones of the same gender as the detainee as appropriate or as requested.</p>

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

<p>34. PRIORITY: 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>Meets Standard</p>	<p>Per the AHSA, an IHSC Form 834 is completed by medical staff when a detainee has a serious medical or mental health condition or otherwise requires special or close medical care. Established procedure includes all the items required in this component. A daily updated list of detainees with medical/psychiatric alert is generated and provided to the OIC.</p>
<p>35. PRIORITY: 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>Meets Standard</p>	<p>A mental health screening is conducted during the intake process. A review of fifteen medical records confirmed this procedure. Detainees are referred to a mental health provider when indicated. Screenings and evaluations address all of the subjects listed in this component. Transfer to a mental health facility is considered if a detainee's mental health needs exceed the capabilities of the facility.</p>
<p>36. PRIORITY: 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>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 of 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. A review of detainee medical records confirmed this procedure is followed.</p>

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

<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>Meets Standard</p>	<p>Per the AHSA, any detainee receiving psychiatric medications is regularly evaluated by a duly licensed medical professional on a monthly basis to ensure proper treatment and dosage. A review of detainee medical records confirmed this procedure is followed.</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>Meets Standard</p>	<p>The psychiatrist is on call 24 hours a day, seven days a week to respond to the needs of the detainee population.</p>
<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>Meets Standard</p>	<p>Per the AHSA, the clinical medical authority may place a detainee at high risk for violent behavior because of a mental health condition in isolation. Medical personnel conduct daily assessments to determine the need for continued isolation for the health and safety of the detainee.</p>
<p>40. PRIORITY: The facility shall have written procedures for restraints for medical or mental health purposes that specify:</p> <ul style="list-style-type: none"> The conditions under which restraints may be applied; The types of restraints to be used; The proper use, application, and monitoring of restraints; Requirements for documentation, including efforts to use less restrictive alternatives; and After-incident review. 	<p>Meets Standard</p>	<p>Written procedures for use of restraints for medical or mental health purposes address the items listed in this component. However, per the AHSA, therapeutic restraints are not utilized in this facility.</p>

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

<p>41. PRIORITY: Involuntary administration of psychotropic medications to detainees shall comply with established guidelines and applicable laws and only pursuant to the specific, written and detailed authorization of a physician. 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"> Review the medical record of the detainee and conduct a medical examination; Specify the reasons for and duration of therapy and whether the detainee has been asked if he or she would consent to such medication; Specify the medication to be administered, the dosage, and the possible side effects of the medication; Document that less restrictive intervention options have been exercised without success; Detail how the medication is to be administered; Monitor the detainee for adverse reactions and side effects; and Prepare treatment plans for less restrictive alternatives as soon as possible. 	<p>Meets Standard</p>	<p>Guidelines established for the involuntary administration of psychotropic medications comply with applicable laws. Any such administration would occur only pursuant to the specific, written and detailed authorization of a physician. The HSA or designee would contact ICE prior to administration of treatment. Policy addresses all of the bulleted items listed in this component.</p>
<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>Meets Standard</p>	<p>Per the AHSA, ICE detainees who are in custody for over a year receive annual health assessments which include age and gender appropriate exams and rescreening for TB. A review of medical records confirmed this practice.</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>Meets Standard</p>	<p>A review of detainee medical records revealed that a dental screening exam is conducted within 14 days of the detainee's arrival. Routine dental treatment may be provided to detainees in detention for over six months. Dental exams and treatment are provided only by licensed dental personnel.</p>

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

<p>44. PRIORITY: Each facility shall have a sick call procedure that allows detainees the unrestricted opportunity to freely request health care services (including mental health and dental services) provided by a physician or other qualified medical staff in a clinical setting.</p> <p>This procedure shall include:</p> <ul style="list-style-type: none"> Clearly written policies and procedures; Sick call process will be communicated in writing and verbally to detainees during their orientation; Regularly scheduled "sick call" times will be established and communicated to detainees; All facilities must have an established procedure in place to ensure that all sick call requests are received and triaged by appropriate medical personnel within 24 hours after the detainee submits the request. In an urgent situation, the housing unit officer shall notify medical personnel immediately. <p>All detainees, including those in Special Management Units, regardless of classification, shall have access to sick call.</p>	<p>Meets Standard</p>	<p>Sick call procedures allow detainees the unrestricted opportunity to freely request medical, mental health, and dental services. Detainees have access to sick call seven days a week. The detention officer announces "sick call sign-up". The sick call sign-up log is collected by medical personnel. Detainees are seen the same day based on the urgency of need. In an urgent situation, the detainee will be seen immediately. Medical personnel also conduct daily checks on each detainee in the segregation unit. A patient specific log is utilized by medical personnel indicating visits were made to each of the detainees housed in the segregation unit.</p>
<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>N/A</p>	<p>Written requests slips are not used in this facility. Detainees access sick call by signing up on the sick call log in the housing units during the daily sign-up session.</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>Meets Standard</p>	<p>Medical personnel review the sick call request log and triage requests based on the acuity of the problem. The medical unit maintains a permanent log for all sick call requests.</p>

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

<p>47. PRIORITY: Each facility shall have a written emergency services plan for the delivery of 24-hour emergency health care.</p> <p>A plan shall be prepared in consultation with the facility's clinical medical authority or the HSA. The plan will include the following:</p> <ul style="list-style-type: none"> An on-call physician, dentist, and mental health professional, or designee, that are available 24 hours per day; A list of telephone numbers for local ambulances and hospital services available to all staff; An automatic external defibrillator (AED) will be maintained for use at each facility and accessible to staff; All detention and medical staff shall receive cardio pulmonary resuscitation (CPR, AED) , and emergency first aid training annually; Security procedures that ensure the immediate transfer of detainees for emergency medical care. 	<p>Meets Standard</p>	<p>Medical personnel are on site 24 hours a day, seven days a week. A medical and mental health on call provider is posted in the medical unit. Emergency medical services are activated when indicated by calling 911. The facility has an automated electronic defibrillator (AED) and all detention personnel and medical staff receive cardio pulmonary resuscitation (CPR) and AED training annually. Annual training in emergency first aid is also provided, as confirmed per review of training logs. The facility also has security procedures for the immediate transfer of detainees in need of emergency medical care.</p>
<p>48. PRIORITY: Training is provided to all detention and health care personnel at least annually by a responsible medical authority in cooperation with the facility administrator, and includes:</p> <ul style="list-style-type: none"> Responding to health-related situations within four (4) minutes; Recognizing of signs of potential health emergencies and the required responses; Administering first aid, AED and cardiopulmonary resuscitation (CPR); Obtaining emergency medical assistance through the facility plan and its required procedures; Recognizing signs and symptoms of mental illness and suicide risk; 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. 	<p>Meets Standard</p>	<p>Per review of the training syllabus, the training provided addresses all of the bulleted items in this component. Review of the training logs verified that medical and detention personnel receive this training annually.</p>

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

<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">Meets Standard</p>	<p>The OIC, together with the HSA, determines the contents, number, and location of the first aid kits including use protocols and procedures. These kits are inspected on a regular basis and restocked after each use.</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 the detainee. 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>All medications are administered only by medical personnel.</p>
<p>52. Qualified health care personnel shall provide detainees health education and wellness information.</p>	<p align="center">Meets Standard</p>	<p>Health education and wellness information is provided by qualified medical personnel.</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>The HSA provides ICE personnel with written notification of any detainee with special needs. The written notification is scanned into the detainee's 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>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>

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

<p>55. PRIORITY: 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>Meets Standard</p>	<p>Per policy, detainees who require close 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>Meets Standard</p>	<p>Per the AHSA, transgender detainees who were already receiving hormone therapy have continued access. All transgender detainees have access to the health care outlined in this component as medically appropriate.</p>
<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>Meets Standard</p>	<p>This component was rated "Does Not Meet Standard" during the last inspection because the detainee's full medical record did not accompany the detainee when transferred to an IGSA. The facility was granted a waiver to this requirement on 05/20/2015, by (b)(6):(b)(7)(C) Deputy Assistant Director, Detention Management Division. A Medical Summary of a Federal Inmate/Alien in Transit form is completed for a transferring detainee and includes continuity of care instructions. Medications are provided in accordance with the requirements of this component and in the case of TB and HIV medications, a 30 day supply. Upon release from ICE custody, the detainees receive a seven to 30 day supply of medication as ordered by the prescribing authority.</p>
<p>58. PRIORITY: 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>Meets Standard</p>	<p>Informed consent for medical treatment is obtained from a detainee during admission. Additional consent is obtained for indicated special procedures. If a detainee refuses treatment, medical personnel will explain the risks and the encounter is documented in the medical record.</p>

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

<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>Meets Standard</p>	<p>Per the AHSA, 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. PRIORITY: The HSA shall maintain a complete health record on each detainee that is:</p> <ul style="list-style-type: none"> Organized uniformly in accordance with appropriate accrediting body standards; Available to all practitioners and used by them for health care documentation; Properly maintained and safeguarded in a securely locked area within the medical unit separately from other detention records. 	<p>Meets Standard</p>	<p>The medical unit utilizes an electronic medical record. A complete medical record is maintained on each detainee. The records are organized and are used by medical practitioners for health care documentation. Access to medical records is limited and user ID and password protected.</p>
<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>Meets Standard</p>	<p>Medical personnel, as well as detention officers, receive training on the Health Insurance Portability and Accountability Act (HIPAA), which addresses the confidentiality of medical records. Access is limited to medical personnel.</p>
<p>62. The HSA shall provide the facility administrator and designated staff information that is necessary:</p> <ul style="list-style-type: none"> To preserve the health and safety of the detainee, other detainees, staff, or any other person. For administrative and detention decisions such as housing, voluntary work assignments, security, and transport. For management purposes such as audits and inspections. 	<p>Meets Standard</p>	<p>Medical personnel provide the OIC and other staff members with need-to-know information 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>Meets Standard</p>	<p>A detainee wanting a copy of his/her medical record completes an Authorization for Release of Health Information form. Medical records are released directly to a detainee or his/her designee by the HSA within a reasonable time frame and free of charge.</p>

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

<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>Meets Standard</p>	<p>Detainees are provided copies of their medical records upon written request. Translation services via language line will be 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. PRIORITY: 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>Meets Standard</p>	<p>Per the AHSA, the medical unit is given at least 24 hours advance notice prior to release, transfer, or removal of a detainee.</p>
<p>66. PRIORITY: 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>Meets Standard</p>	<p>Per the AHSA, medical personnel notify the OIC in writing, of any medical/psychiatric alerts or holds that have been assigned to the detainee. Detainees placed in a medical hold status are evaluated and cleared by a licensed independent practitioner prior to release or transfer. In addition, the OIC is also notified if the detainee's condition requires a medical escort.</p>

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

<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>Meets Standard</p>	<p>This component was rated "Does Not Meet Standard" during the last inspection because the detainee’s full medical record did not accompany the detainee when transferred to an IGSA. The facility was granted a waiver to this requirement on 05/20/2015, by (b)(6);(b)(7)(C) Deputy Assistant Director, Detention Management Division. Medical records will be sent only upon request. 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 the bulleted items listed in this component. The form is placed in an envelope marked "Confidential Medical Records". When the detainee is transferred within the IHSC system, the detainee's medical records can be accessed through the electronic medical records system at the receiving facility.</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>Meets Standard</p>	<p>A detainee released from ICE custody receives a discharge treatment plan for continuity of care, a full copy of the 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>Meets Standard</p>	<p>Detainees do not participate in clinical research. Informed consent and approval by the medical director would be needed for a detainee to participate in an approved clinical trial.</p>

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

<p>70. PRIORITY: 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 continuous quality improvement program. A multi-disciplinary committee meets to monitor and discuss health services outcomes during quarterly meetings. The internal review team is composed of the HSA, AHSA, psychiatrist, providers, pharmacist, and dentist who is the performance improvement coordinator. Minutes of the meetings are sent to IHSC headquarters.</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.</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, anti-TB therapy is administered using directly observed therapy (DOT). Active TB disease is ruled out before treatment for latent TB infection is initiated. International referrals are coordinated with the IHSC Epidemiology Unit and local/state health departments. 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. Medical and pharmacy personnel ensure that all FDA medications currently approved for the treatment of HIV/AIDS are accessible. 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 inventory, medication administration error reports, training, and storage in a secure area (secure perimeter, limited access, solid walls from floor to ceiling and a solid ceiling, solid door with high security lock, secure medication storage area). Detainees experiencing severe intoxication or withdrawal are immediately transferred to the emergency department for treatment and referral.

A medical provider reviews health assessments to assess priority for treatment. Mental health evaluations and screenings include: reason for referral, mental health history, drug/alcohol use history, suicide attempts, current suicidal/homicidal ideation, medications, intellectual functioning, 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. Emergency response equipment is available. All medications and treatments are provided on schedule. Provisions are made to secure medically necessary medications. Detainees are not charged for any medical services to include pharmaceuticals dispensed by medical personnel.

Informed consent is obtained on admission. Separate informed consent is obtained for use of psychotropic medications. Detainee treatment questions are answered by medical personnel. Detainees sign a refusal of treatment form when

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

appropriate. Refusals are reviewed to determine reasons for refusal. The written authorization for release of health information is scanned into the medical record. Lab results are made available to detainees post transfer or release. Inactive medical records are retained.

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.

LabCorp provides off-site laboratory services. The facility has a current Clinical Laboratory Improvement Amendment (CLIA) waiver for limited on-site testing. Diana and Associates provides x-ray interpretation. Monthly biomedical waste disposal is through Stericycle. The facility has current ACA and NCCHC accreditations. The facility is adequately staffed and equipped to meet the health care needs of the detainees. Intake screenings and physical assessments are conducted in a timely manner. Chronic care services and mental health services are provided in a timely manner with regular follow-up. Policy ensures that detainees have access to a continuum of health care services. Wellness counseling and health education are provided. Detainees receive medical care in a clean and sanitary environment. Three male detainees and one female detainee were interviewed and have no concerns regarding their medical care. Health care not provided on site is provided through community hospitals. Evaluation of this standard was based on review of policies, training modules, training logs and monitoring forms; and interviews with staff members.

Overall Rating: Meets Standard

Reviewer Name (Printed)	(b)(6);(b)(7)(C)	Completion Date: 2/4/2016
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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. PRIORITY: 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> <ul style="list-style-type: none"> Pregnancy services, including pregnancy testing, routine or specialized prenatal care, postpartum follow up, lactation services, and abortion services, as outlined herein; 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; Mental health assessments for all detainees who have recently given birth, miscarried, or terminated a pregnancy; and Routine, age-appropriate, gynecological health care services, including women’s specific preventive care. 	<p>Meets Standard</p>	<p>IHSC medical personnel and contract personnel from Ingensis provide medical, dental, and mental services to include services listed in this component. All female detainees are given a pregnancy test upon arrival. Per the AHSA, detainees who are pregnant are immediately transferred to another facility within 24 hours of their arrival. Pregnant detainees are not housed in this facility.</p>
<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>	<p>Meets Standard</p>	<p>All female detainees receive information on services related to women’s health care during the intake process. The detainee handbook also provides information regarding women’s health care.</p>
<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>	<p>Meets Standard</p>	<p>All female detainees are given a pregnancy test upon arrival. Pregnant detainees are transferred to another facility within 24 hours of their arrival. Per the AHSA, newly arriving detainees with a history of recent sexual assault, violence or history of mental illness are given an initial health appraisal within 24 hours of admission.</p>

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

<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> <ul style="list-style-type: none"> Pregnancy testing and documented results; If the detainee is currently nursing (breastfeeding); Use of contraception; Reproductive history (number of pregnancies, number of live births, number of spontaneous/elective abortions, pregnancy complications, etc.); Menstrual cycle; History of breast and gynecological problems; Family history of breast and gynecological problems; and Any history of physical or sexual victimization and when the incident occurred. <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>Meets Standard</p>	<p>Initial health assessments of female detainees include a thorough evaluation of the reproductive system and all the bulleted items in this component. A review of health records confirmed this practice. Pelvic and breast examinations, Pap test, baseline mammography, and sexually transmitted disease screening are offered as deemed appropriate by the medical provider.</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>Meets Standard</p>	<p>Female victims of sexual abuse are granted immediate access to emergency medical treatment and crisis intervention services. Detainees are referred to community hospitals for forensic evidence gathering and further treatment. Information on local, state and/or national organizations that provide these services is given to the 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>Meets Standard</p>	<p>Per the AHSA, detainees are offered non-directive advice and consultation about family planning and birth control. Birth control is prescribed and dispensed when medically indicated.</p>

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

<p>7. PRIORITY: 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> <ul style="list-style-type: none"> A medical officer has directed the use of restraints for medical reasons; Credible, reasonable grounds exist to believe the detainee presents an immediate and serious threat of hurting herself, staff, or others; or 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>Meets Standard</p>	<p>Per policy, a pregnant detainee or post-delivery detainee is not restrained. Application of restraints is not considered an option unless one or more of the bulleted items in this component applies. However, pregnant detainees are not housed in this facility.</p>
<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>	<p>Meets Standard</p>	<p>In the rare event that restraints are used, medical personnel would determine the safest method and duration of the restraint. No pregnant detainee would 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.</p>

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)*

Preventative services specific to women are offered for routine, age appropriate screenings, to include breast examinations, Pap smear, STD testing and mammograms. Pregnant detainees are under close medical supervision and have access to specialized care, and comprehensive counseling inclusive of, but not limited to, nutrition, exercise, family planning, abortion services and parental skills education.

The use of restraints on pregnant women requires documented approval and guidance from the on-site medical authority. Record-keeping and reporting requirements regarding the medical approval to use restraints are consistent with the provisions of the standards, including documentation in the A-file, detention file and medical files.

One female ICE detainees was interviewed and had no concerns regarding her medical care. Policy ensures that female detainees have access to appropriate and necessary medical and mental health care in a timely manner. Evaluation of this standard was based on review of detainee medical records and interviews with medical and detention personnel and a female detainee.

Overall Rating: Meets Standard

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

Completion Date: 2/4/2016

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	Written policy outlines procedures for the 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	Clothing that is worn out, stained, or bears unauthorized markings are discarded and replaced.
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	Clothing issued during in-processing is clean, indoor/outdoor temperature-appropriate and presentable and is provided at no cost to the detainee.
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	A detainee assigned to a special work area is given a uniform in accordance with the requirements of the job and provided protective clothing and equipment when appropriate.
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	Detainees are issued gender-appropriate personal hygiene items upon admission. The items are replenished as needed. Hygiene items are not used as reward or punishment.
6. Razors must be strictly controlled. Disposable razors will be provided to detainees on a daily basis. Razors will be issued and collected daily by staff.	Meets Standard	Disposable razors are distributed daily by detention personnel and collected after each use. Detention personnel account for each razor given to each detainee with documentation in the razor log.
7. Female detainees shall be issued and may retain feminine hygiene items as needed.	Meets Standard	Female detainees are issued and may retain feminine hygiene items as needed.

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

<p>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.</p>	<p align="center">Meets Standard</p>	<p>There are an adequate number of toilets provided 24 hours per day that can be used without staff assistance.</p>
<p>9. An adequate number of washbasins with temperature controlled hot and cold running water 24 hours per day.</p>	<p align="center">Meets Standard</p>	<p>There are an adequate number of washbasins with temperature controlled hot and cold running water provided 24 hours per day.</p>
<p>10. Operable showers that are thermostatically controlled to temperatures between 100 and 120 degrees Fahrenheit, to ensure safety and promote hygienic practices.</p>	<p align="center">Meets Standard</p>	<p>There are an adequate number of showers in each housing unit that are thermostatically controlled to temperatures between 100 and 120 degrees Fahrenheit. Temperatures are monitored on a daily basis. A review of the temperature log confirmed this procedure.</p>
<p>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.</p>	<p align="center">Meets Standard</p>	<p>Detainees with disabilities are housed in the medical housing unit and afforded accommodation. Support needed for self-care and personal hygiene is provided in a reasonably private environment in which the individual can maintain dignity. ADA compliant toilet and shower facilities are available.</p>
<p>12. PRIORITY: Detainees shall be provided with clean clothing, linen and towels on the following basis:</p> <p style="padding-left: 40px;">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.</p> <p style="padding-left: 40px;">At least twice weekly exchange of outer garments (with a maximum of 72 hours between changes).</p> <p style="padding-left: 40px;">At least weekly exchange of sheets, towels, and pillowcases.</p> <p style="padding-left: 40px;">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.</p>	<p align="center">Meets Standard</p>	<p>Detainees receive enough undergarments to ensure a daily change is available. Socks and undergarments are laundered 7 days a week; outer garments are laundered twice a week. Sheets and towels are exchanged once a week. More frequent exchanges are available as needed for health or sanitation reasons. Detainees may wash issued undergarments in washers and dryers located in each housing unit.</p>

<p>STANDARD 4.5. PERSONAL HYGIENE – Reviewer Summary <i>(Use following format for dates: mm/dd/yyyy)</i></p>
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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, for good practice, maintains an excess clothing inventory of at least two hundred percent of the maximum funded detainee capacity to be prepared for unforeseen circumstances. The facility has available, at all times, more clothing, bedding, linen and towels than needed to allow for the immediate replacement of items that are lost, destroyed, or worn out. The standard issue of clothing is two sets of uniforms, three t-shirts, three undergarments, three pairs of socks, one pair of slip-on soft-soled shoes, one pair of shower shoes, one sweater, and three brassieres for females. Additional clothing is issued as necessary for changing weather conditions or as seasonally appropriate. For both males and females, personal items of clothing, including undergarments, are not permitted.

Female detainees are prohibited to have cosmetics, electric rollers, curling irons, hair dryers and similar appliances. Assistance to disabled detainees who cannot perform basic life functions is provided by employees who are trained and qualified to understand problems and challenges faced by persons with physical and/or mental impairments. Standard issue of bedding includes one mattress, one blanket; linens include two sheets and one towel. Volunteer detainee workers may exchange outer garments more frequently than every 72 hours as required. Volunteer food service workers exchange outer garments daily. Clothing exchanges are on a one-for-one basis to prevent hoarding and to ensure an adequate supply.

Evaluation of the standard was based on review of the standard, policy and the detainee handbook; tours of the housing units and personnel interviews. Policies and procedures ensure that detainees are able to maintain acceptable personal hygiene through the provision of adequate bathing facilities and the issuance and exchange of clean clothing, bedding, linens, towels and personal hygiene items.

Overall Rating: Meets Standard

Reviewer Name (Printed)

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

Completion Date: 2/4/2016

Reviewer Signature (for printed form submission):

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. PRIORITY: The facility has a written suicide prevention and intervention program that is reviewed and approved by the clinical health authority, approved and signed by the administrative health authority and Facility Administrator and reviewed annually.</p> <p>At a minimum, the Program shall include procedures to address suicidal detainees. Key components of this program include:</p> <ul style="list-style-type: none"> Staff training, Identification, Referral, Evaluation, Treatment, Housing, Monitoring, Communication, Intervention, Notification and reporting, Review, and Debriefing. 	<p>Meets Standard</p>	<p>The written suicide prevention and intervention program is reviewed and approved by the clinical health authority, and approved and signed by the HSA and the OIC. The program is reviewed annually and includes all of the bulleted items listed in this component.</p>
<p>2. PRIORITY: 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"> Why the environments of detention facilities are conducive to suicidal behavior, Standard first aid training, cardiopulmonary resuscitation (CPR) training and training in the use of emergency equipment, Liability issues associated with detainee suicide, Recognizing verbal and behavioral cues that indicate potential suicide, Demographic, cultural, and precipitating factors of suicidal behavior, Responding to suicidal and depressed detainees, Communication between correctional and health care personnel, Necessary referral procedures, Housing observation and suicide-watch procedures, Follow-up monitoring of detainees who have attempted suicide, and Reporting and written documentation procedures. 	<p>Meets Standard</p>	<p>All detention and health care personnel are trained during pre-service and annually thereafter on the facility's suicide prevention and intervention program. The program includes all of the bulleted items listed in this component. Volunteers also receive training on this program. Training logs were reviewed and confirmed the provision of this training.</p>

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

<p>3. PRIORITY: 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>Meets Standard</p>	<p>A detainee identified as being at risk for significant self-harm or suicide is immediately referred to the mental health provider. Qualified personnel evaluate 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"> Relevant history, Environmental factors, Lethality of suicide plan, Psychological factors, A determination of level of suicide risk, Level of supervision needed, Referral/transfer for inpatient care (if needed), Instructions to medical staff for care, and Reassessment time frames. 	<p>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. The evaluation is documented in the 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>Meets Standard</p>	<p>Detainees on suicide watch are re-evaluated by qualified health care personnel on a daily basis. The evaluation is documented in the detainee’s medical record. Only the mental health professional, clinical medical authority or designee is authorized to terminate a suicide watch and then only after a suicide risk assessment is completed.</p>
<p>6. PRIORITY: 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>Meets Standard</p>	<p>Suicidal detainees are housed in a padded suicide watch room that has been made as suicide resistant as possible. Detention personnel inspect the room before the detainee’s placement to ensure there are no objects that pose a threat to the detainee’s safety. There are two watch rooms located in the medical housing unit, one of which is padded. The use for suicide watches has been approved by medical personnel. A camera is also installed in the cell.</p>

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

<p>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.</p> <p>Detainees not placed in an isolated confinement setting must receive documented close observation at staggered intervals not to exceed 15 minutes.</p>	<p align="center">Meets Standard</p>	<p>A detainee placed in a special isolation room for evaluation and treatment receives continuous one-to-one monitoring, documented every 15 minutes or more frequently if necessary.</p>
<p>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.</p>	<p align="center">Meets Standard</p>	<p>Per the AHSA, detainees on suicide precautions are checked at least every eight hours by clinical personnel and are provided daily mental health treatment.</p>
<p>9. Detainees are provided suicide smocks to wear when medically indicated, and under circumstances are held without clothing.</p>	<p align="center">Meets Standard</p>	<p>Per the AHSA, detainees on suicide watch status are provided tear resistant garments to wear when indicated. Under no circumstances are they held without clothing.</p>
<p>10. Following a suicide attempt, security staff shall initiate and continue appropriate life-saving measures until relieved by arriving medical personnel.</p>	<p align="center">Meets Standard</p>	<p>Appropriate life saving measures are initiated and continued by detention personnel until relieved by arriving medical personnel.</p>
<p>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.</p> <p>Medical staff shall complete an Incident Report Form within 24 hours.</p>	<p align="center">Meets Standard</p>	<p>All appropriate ICE 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 within 24 hours.</p>
<p>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.</p>	<p align="center">Meets Standard</p>	<p>Per policy, every completed suicide and serious suicide attempt is subject to the mortality review process. Debriefing must be provided to all affected staff members and detainees.</p>

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. A court order is sought, if necessary. After referral for evaluation, security personnel place the detainee in a secure environment 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

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

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 facility, 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. 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 clinical director 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 have been no serious suicide attempts or completed suicides during this inspection period.

Evaluation of this standard was based on review of policies, training modules and training logs and on interviews with detention and medical personnel. Established policy and procedures on suicide prevention and intervention protect the detainee's health and well-being. Employees are provided adequate training in recognizing potential signs and situations of risk, proper intervention, referral and treatment on an annual basis. Suicidal detainees are housed in a room that has been made as suicide resistant as possible.

Overall Rating: Meets Standard

Reviewer Name (Printed)	(b)(6);(b)(7)(C)	Completion Date: 2/4/2016
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Reviewer Signature (for printed form submission):

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

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 the AHSA, detainees who are chronically or terminally ill are transferred to an appropriate off-site medical facility if the needed care cannot be provided on site. The OIC and FOD are notified immediately of the detainee's condition by the HSA. A written report briefly describing the illness and prognosis is given.
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, the detainee's next-of-kin is notified of his/her medical condition and status, location, and visiting hours by the FOD or his designee in a language or manner which they 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 has a remaining life expectancy of less than one year, medical personnel will assist the detainee in obtaining forms or related materials on advance directives or living wills. The state advance directive form for implementing living wills and advance directives is used.
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	When terms of the advance directive must be implemented, the HSA will contact the OIC or designee.
5. Each facility holding detainees shall establish written policy and procedures governing DNR orders in accordance with the laws of the state in which the facility is located.	Meets Standard	Written policy and procedures regarding DNR orders are in accordance with the laws of the state.
6. Health care will continue to be provided consistent with the DNR order.	Meets Standard	Per the AHSA, health care consistent with the DNR order, and short of resuscitation, will continue to be provided.

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

7. The detainee's medical file shall include documentation validating the DNR order.	Meets Standard	Per policy, the detainee's medical file would include documentation validating the DNR order.
8. The facility shall follow written procedures for notifying attending medical staff of the DNR order.	Meets Standard	Written procedures for notifying the attending medical provider of the DNR order would be followed.
9. The facility has procedures to address the issues of organ donation by detainees.	Meets Standard	Policy includes procedures addressing organ donation by detainees.
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, 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 policy, if family members cannot be located or decline orally or in writing to claim the remains, the OIC 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.
<p>14. The facility's written procedures for autopsies shall address, at a minimum:</p> <ul style="list-style-type: none"> 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 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 policy, medical personnel will 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. Advance directive guidelines include having a living will other than the generic form made available by medical staff; appointing another individual to make advance decisions for him/her; and having a private attorney prepare the documents at the detainee's expense.

DNR policy complies with the following stipulations: A DNR order written by a staff physician is approved by the clinical director; it protects basic patient rights and complies with state requirements; a decision to withhold resuscitative services is considered only 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 includes 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.

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/her decision to donate the organ to a specific family member, his/her 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.

The facility turns over the property of a deceased detainee to ICE within a week. ICE gives the property of deceased detainees to the next-of-kin within two weeks, unless it is being held as part of an investigation. ICE may assist the family with transporting the remains to a location in the U.S. If neither family nor consulate claims the remains, ICE schedules an indigent's burial, after contacting the Department of Veterans Affairs to determine burial benefits. 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. The original death certificate is sent to the person who claims the remains and a certified copy is placed in the A-file.

Written policy and procedures on autopsies include: the chaplain is involved in formulation of the procedures; the ICE Office of Chief Counsel is consulted 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. The FOD verifies and accommodates the detainee's religious preference prior to autopsy or embalming.

Policy and procedures ensure the facility's continuum of health care services addresses terminal illness and advanced directives and provides guidance in the event of a detainee's death. There was one detainee death during this inspection period. A 25 year old male detainee was admitted to this facility on 03/16/2015. He was housed in the medical housing unit by mental health staff for observation for a history of unspecified psychosis and other transient mental disorders. On 04/23/2015, he collapsed inside his cell, was unresponsive, and had no palpable pulse. Medical personnel initiated CPR until emergency medical services arrived and transported the detainee to Valley Regional Medical Center. He was pronounced dead on arrival at the hospital. Notification through the chain of command was initiated. The DFOD was notified immediately and in turn notified the FOD. Local notifications were extended to the office of Chief Counsel, the chaplain, the local office of public affairs and case management officials. The justice of the peace was notified and requested that an autopsy be performed. The consulate was notified and would notify the next of kin. The autopsy report concluded that the death was by natural causes due to saddle pulmonary embolism. Medical procedures and practices comply with the requirements of this standard

Evaluation of this standard was based on review of policies and interviews with facility detention and medical personnel and

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

with ICE staff.		
Overall Rating: Meets Standard		
Reviewer Name (Printed)	(b)(6);(b)(7)(C)	Completion Date: 2/4/2016
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

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

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. PRIORITY: A detainee is considered "indigent" if he or she has less than \$15.00 in his or her account. Indigent detainees will be permitted to mail a reasonable amount of mail each week at government expense, as determined by the 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	ICE detainees are considered indigent if they have less than \$15.00 in their commissary account. All the elements listed in this component are satisfied through policy and practice.
3. The facility shall notify detainees of its rules on correspondence and other mail through the Detainee Handbook, or supplement, provided to each detainee upon admittance, and shall post those rules in each housing area.	Meets Standard	The local handbook addresses the rules for mail and other correspondence. Mail rules are posted in the housing units.
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. PRIORITY: Detainee correspondence and other mail shall be delivered to the detainee and to the postal service on regular schedules. Incoming correspondence shall be distributed to detainees within 24 hours (one business day) of receipt by the facility. Outgoing correspondence shall be delivered to the postal service no later than the day after it is received by facility staff or placed by the detainee in a designated mail depository, excluding weekends and holidays.	Meets Standard	Incoming and outgoing mail service is provided each weekday within the timelines established by this component.
6. All facilities shall implement procedures for the inspection of all incoming general correspondence and other mail (including packages and publications) for contraband in the presence of the detainee (unless otherwise authorized by the facility administrator).	Meets Standard	All incoming mail is x-rayed prior to being brought into the facility. General correspondence and other mail is opened in the presence of the detainee.

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

<p>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.</p>	<p align="center">Meets Standard</p>	<p>Policy and post orders require that special correspondence and legal mail be opened in the detainee's presence. The detainee signs a log book indicating that the mail was opened in his/her presence. Incoming special correspondence and legal mail may not be read.</p>
<p>8. Outgoing special correspondence and legal mail shall not be opened, inspected, or read.</p>	<p align="center">Meets Standard</p>	<p>The facility does not open, read or inspect outgoing special correspondence and legal mail.</p>
<p>9. All facilities shall implement policies and procedures addressing acceptable and non-acceptable mail.</p>	<p align="center">Meets Standard</p>	<p>Policy and procedure address acceptable and non-acceptable mail and the processing thereof.</p>
<p>10. When an officer finds an item that must be removed from a detainee's mail, he or she shall make a written record.</p>	<p align="center">Meets Standard</p>	
<p>11. Prohibited items discovered in the mail shall be handled as follows:</p> <p style="padding-left: 40px;">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.</p> <p style="padding-left: 40px;">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.</p>	<p align="center">Meets Standard</p>	
<p>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.</p>	<p align="center">Meets Standard</p>	<p>Stamps may be purchased from the commissary.</p>
<p>13. The facility shall provide writing paper, envelopes, and writing implements at no cost to ICE detainees.</p>	<p align="center">Meets Standard</p>	
<p>14. All facilities shall have written policy and procedures regarding mail privileges for detainees housed in a Special Management Unit.</p>	<p align="center">Meets Standard</p>	<p>Detainees in the special management unit have the same mail privileges as detainees in general population.</p>

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.

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

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

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

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

Overall Rating: Meets Standard

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

Completion Date: 2/4/2016

Reviewer Signature (for printed form submission):

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

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.	Meets Standard	The FOD is the approving authority for any request by a detainee to be escorted to visit a critically ill immediate family member of his or her immediate family, attend an immediate family member's funeral or attend a family-related state court proceeding.
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.	Meets Standard	The OIC will designate staff to assist detainees in preparing requests for all non-medical escorted trips.
3. Escorts shall ensure that detainees with physical or mental disabilities are provided reasonable accommodations in accordance with security and safety concerns.	Meets Standard	

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)*

Detainees may request visits into the community to attend funerals or visit with critically ill family members. The policy outlines the types of trips and travel arrangements that are authorized by the standard. An extended trip involves more than ten hours of absence from the facility and may involve an overnight stay.

ICE officers will make all of the travel arrangements. Travel involving a commercial carrier cannot commence until the detainee has submitted an open ticket voucher in the detainee's name paid in full. ICE will assume travel costs incurred by the transporting officers.

To evaluate this standard, the inspector reviewed the policy and interviewed the SDDO. There have been no non-medical emergency trips since the last inspection.

Overall Rating: Meets Standard

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

Completion Date: 2/4/2016

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 and 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 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 OIC will notify the detainee in a timely manner of the time and location of the ceremony.
5. Once the marriage has taken place, the facility administrator shall forward original copies of all documentation to the detainee's A-file and maintain copies in the facility's detention File.	Meets Standard	

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 six marriage requests were received in the past twelve months. Four weddings were approved and occurred, one is pending and one was denied by the OIC due to the intended spouse's criminal record.

The facility has created a procedure to ensure marriage requests from ICE detainees are provided to the OIC 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 his/her 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 outside marriage arrangements including obtaining a marriage license and retaining an official to perform the marriage ceremony. ICE or facility personnel do not participate in nor serve as witnesses in the 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 would be private with no media publicity and only individuals essential for the marriage ceremony attending. 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.

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

Overall Rating: Meets Standard		
Reviewer Name (Printed)	(b)(6);(b)(7)(C)	Completion Date: 2/4/2016
Reviewer Signature (for printed form submission):		

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

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. PRIORITY: If outdoor recreation is available at the facility, each detainee shall have access for at least one hour daily, at a reasonable time of day, weather permitting. Detainees shall have access to clothing appropriate for weather conditions. If only indoor recreation is available, detainees shall have access for at least one hour each day to a large recreation room with exercise equipment and access to natural sunlight. All detainees participating in outdoor recreation shall have access to drinking water and toilet facilities.	Meets Standard	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. PRIORITY: 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 had a population count of 1162 on the first day of the inspection. The facility has three recreation specialists.
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. PRIORITY: 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

<p>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.</p>	<p align="center">Meets Standard</p>	<p>Recreation activities include soccer, volleyball and basketball. Intramural programs and activities are offered by detainee classification level.</p>
<p>11. Recreation areas shall be under continuous supervision by staff equipped with radios or other communication devices to maintain contact with the Control Center.</p>	<p align="center">Meets Standard</p>	<p>Personnel are equipped with radios when supervising detainee recreation.</p>
<p>12. PRIORITY: 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.</p>	<p align="center">Meets Standard</p>	<p>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.</p>
<p>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.</p>	<p align="center">Meets Standard</p>	
<p>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.</p>	<p align="center">Meets Standard</p>	<p>Written explanations are provided and forwarded to the OIC when recreation privileges are revoked. Any such denial would be evaluated daily by the shift supervisor. There have been no such revocations during the inspection period.</p>
<p>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.</p>	<p align="center">Meets Standard</p>	
<p>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.</p>	<p align="center">Meets Standard</p>	

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

<p>17. Denial of recreation privileges for more than 7 days requires the concurrence of the facility administrator and a health care professional.</p>	<p align="center">Meets Standard</p>	<p>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.</p>
<p>18. The facility shall notify the ICE/ERO Field Office in writing when a detainee's denied recreation privileges exceeds 7 days.</p>	<p align="center">Meets Standard</p>	

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.

Detention staff members 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 standard.

Overall Rating: Meets Standard

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

Completion Date: 2/4/2016

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)
<p>1. PRIORITY: Detainees have opportunities to engage in practices of their religious faiths (including observance of important holy days, observance of special diets, and use of personal religious property) consistent with safety, security, and the orderly operation of the facility. Attendance at all religious activities is voluntary.</p>	Meets Standard	Religious services are provided to the detainee population by the chaplains and religious volunteers. Services are provided for multi-faiths and attendance is voluntary.
<p>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.</p>	Meets Standard	Religious activities are open to the detainee population for voluntary attendance.
<p>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.</p>	Meets Standard	Religious activities are open to the detainee population for voluntary attendance. Policy and procedure state that 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.
<p>4. Facility records shall reflect the limitation or discontinuance of a religious practice along with the reason for such limitation or discontinuance.</p>	Meets Standard	
<p>5. PRIORITY: A facility religious services coordinator manages and coordinates religious activities for detainees, which are augmented and enhanced by community clergy, contractors, volunteers, and groups that provide individual and group assembly religious services and counseling that the facility religious services coordinator cannot personally deliver.</p>	Meets Standard	The facility maintains two full-time chaplains and 86 religious volunteers to augment and enhance detainees' religious services.
<p>6. The chaplain or other religious coordinator shall have physical access to all areas of the facility to serve detainees.</p>	Meets Standard	
<p>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.</p>	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 chaplains do 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 chaplains.
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 chaplain provides the food service administrator an annual listing of holy dates 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 has two full-time chaplains, additionally utilizing 86 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 chaplains 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/her religious preference designation at any time by notifying one of the chaplains. Detainees whose files show "No Preference" may be restricted from participating in those activities deemed appropriate for members only.

A chaplain 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 chaplains. Before approving a special diet, the chaplains or food service administrator 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 facility chaplains provide pastoral care in the special management unit. The chaplains have 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 chaplains. 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: 2/4/2016

Reviewer Signature (for printed form submission):

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

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	The facility is an SPC. Telephone services are provided through the ICE national contract with Talton.
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	The facility maintains detainee telephones in proper working order. The housing unit officer checks the telephones on every shift. The ICE officer checks the telephones every week. During the inspection, all telephones were operational. Telephone repair logs are maintained.
4. Facility staff is responsible for ensuring on a daily basis that telephone systems are operational 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	Housing unit officers inspect the telephones daily. Problems are logged and reported.
5. Each facility shall have a written policy on the monitoring of detainee telephone calls. If telephone calls are monitored, the facility shall include a recorded message on its phone system stating that all telephone calls are subject to monitoring. At each monitored telephone, place a notice that states that detainee calls are subject to monitoring. A detainee's call to a court, a legal representative, OIG, or CRCL, or for the purposes of obtaining legal representation, may not be electronically monitored.	Meets Standard	Written policy governs the monitoring of detainee telephone calls. Notice of monitoring is in the facility handbook and is posted next to the telephones. A recorded message advises that calls may be monitored each time a call is placed. Legal and special access calls are not monitored.
6. Each facility shall provide telephone access rules in writing to each detainee upon admission, and 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	Detainees have access to telephones in the housing units from 5:00 a.m. to 10:00 p.m. excluding count times.
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 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 by 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.	Meets Standard	Detainees are not required to complete request forms for direct or free calls; staff assistance is available if needed.
13. PRIORITY: 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 their consulates and all other entities and organizations referred to in this component at no charge to the detainee or the called party. Current contact information is posted in each housing unit. ICE officers check the lists during each visit (at least weekly) to ensure they remain current. Indigent detainees are afforded the same telephone access as other detainees. They are also assisted in calling family or others in an emergency at no cost to either party.
14. A facility may neither restrict the number of calls a detainee places to his/her legal representatives nor limit the duration of such calls by rule or automatic cut-off, unless necessary for security purposes or to maintain orderly and fair access to telephones.	Meets Standard	
15. The facility has a system for taking and delivering emergency detainee telephone messages.	Meets Standard	In the event of an emergency call, a message is taken and delivered to the detainee immediately. The detainee may return the call at that time.

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

<p>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.</p>	<p>Meets Standard</p>	<p>Written policy addresses the requirements of this component.</p>
<p>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.</p>	<p>Meets Standard</p>	
<p>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.</p>	<p>Meets Standard</p>	
<p>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.</p>	<p>Meets Standard</p>	
<p>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.</p>	<p>Meets Standard</p>	<p>Detainees in administrative segregation enjoy the same general telephone privileges as those in general population.</p>
<p>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.</p>	<p>Meets Standard</p>	<p>ICE staff will arrange telephone calls to immediate family members in another facility.</p>

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)*

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

Indigent detainees enjoy similar telephone access as non-indigent detainees via collect calls and requests to staff. Free calls are provided to indigent detainees no less than weekly, if requested.

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

Overall Rating: Meets Standard

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

Completion Date: 2/4/2016

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	General visits are normally non-contact. A detainee may request a contact visit by sending a request to the OIC for consideration.
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	
4. Each facility shall: <p style="margin-left: 40px;">Make the schedule and procedures available to the public, both in written form and telephonically.</p> <p style="margin-left: 40px;">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.</p>	Meets Standard	Visiting rules and schedules are available on the facility website and by telephone. Visitation information is posted in the visitor entrance and in the detainee housing units in English and Spanish.
5. PRIORITY: 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	General visitation hours are scheduled from 8:00 a.m. to 4:00 p.m. daily. On holidays, visiting is permitted from 8:00 a.m. to 12 p.m. Visits during evening hours will be permitted upon request if the scheduled hours pose a hardship for visitors.
6. Each facility shall maintain a log of all general visitors, and a separate log of legal visitors.	Meets Standard	Separate written logs are maintained of all general visitors and legal visitors.
7. If the facility establishes and maintains a dress code for visitors, it shall be made available to the public.	Meets Standard	The dress code for visitors is posted on the agency website and in the lobby.
8. The facility's visiting areas shall be appropriately furnished and arranged, and as comfortable and pleasant as practicable.	Meets Standard	

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

<p>9. PRIORITY: 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.</p>	<p>Meets Standard</p>	<p>Visits are for no less than one hour, as specified in the rules. Consideration for longer visits is given for those visitors with special circumstances.</p>
<p>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.</p>	<p>Meets Standard</p>	<p>Minors are permitted to visit if accompanied by an adult. The OIC may permit a contact visit when a request is submitted in advance.</p>
<p>11. Written procedures shall detail the limits and conditions of contact visits in facilities permitting them.</p>	<p>Meets Standard</p>	
<p>12. While in administrative or disciplinary segregation status, a detainee ordinarily retains visiting privileges.</p>	<p>Meets Standard</p>	
<p>13. PRIORITY: Legal visitation is available seven (7) days a week, including holidays. Legal visitation hours provide for a minimum of eight (8) hours per day on regular business days, and a minimum of four (4) hours per day on weekends and holidays.</p>	<p>Meets Standard</p>	<p>Legal visitation is permitted between the hours of 8:00 a.m. and 9:30 p.m. seven days a week. Visits may be permitted at other times if requested.</p>
<p>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.</p>	<p>Meets Standard</p>	
<p>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.</p>	<p>Meets Standard</p>	<p>Legal representatives and their assistants must pass through a metal detector and have their belongings searched prior to being admitted.</p>
<p>16. The current list of pro bono legal organizations is posted in the detainee housing areas and other appropriate areas.</p>	<p>Meets Standard</p>	<p>The current list of pro bono legal organizations is posted in the detainee housing units.</p>
<p>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.</p>	<p>Meets Standard</p>	<p>Interviews of detainees by law enforcement officials must be approved by ICE prior to the visit.</p>
<p>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.</p>	<p>Meets Standard</p>	<p>Individuals listed in this component must have approval from ICE before visiting.</p>

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. Staff verifies each adult visitor's identity before admitting him or her to the facility. Interpreters are allowed to accompany legal representatives. Messengers (who are not legal representatives or legal assistants) are permitted to deliver documents to and from the facility, but not to visit detainees. Legal representatives must present a state bar card and proper identification such as a driver's license. The logs include the reason(s) for denying access. There have been no denials of visits during the previous twelve months.

Written procedures provide for legal representatives and assistants to contact ICE in advance of a visit to determine where a particular individual is detained. The procedures also include guidelines for pre-representation meetings. Procedures are in place that allow the opportunity for consultation visitation for detainees subject to expedited removal in accordance with this standard. These visits are conducted in person or by telephone similar to legal visits. Detainees are permitted to receive visits by representatives of community service organizations, including civic, religious, cultural, therapeutic, and other groups. All visitors are required to comply with visitation rules.

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

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

Overall Rating: Meets Standard

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

Completion Date: 2/4/2016

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 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 houses both males and females. Low custody males are allowed to work outside the housing area, in gender specific work crews. 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 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 from working 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.

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

9. The facility administrator shall establish procedures for informing detainee volunteers about on-the-job responsibilities and reporting procedures.	Meets Standard	Detainees are provided written procedures and responsibilities prior to joining the work program.
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 the detainee's detention file. A detainee is permitted to file a grievance if he/she believes removal was unfair.
11. All detention facilities shall comply with all applicable health and safety regulations and standards, to include training.	Meets Standard	
12. The facility administrator shall ensure that all department heads, in collaboration with the facility's safety/training officer, develop and institute appropriate training for all detainee workers.	Meets Standard	
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 require 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.

Evaluation of this standard was based on observations; review of policy and documentation of detainee worker training; and interviews with employees and detainees.

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

Overall Rating: Meets Standard		
Reviewer Name (Printed)	(b)(6);(b)(7)(C)	Completion Date: 2/4/2016
Reviewer Signature (for printed form submission):		

Section VI: JUSTICE

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

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

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. PRIORITY: Upon admission to a facility, as part of the orientation program, each detainee shall be provided a copy of the ICE National Detainee Handbook and that facility's local supplement to the handbook.	Meets Standard	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 booking process. The receipt is placed in the detainee's detention file.
4. If a detainee cannot read or does not understand the language of the handbook, the facility administrator shall arrange for the orientation materials to be read to the detainee, provide the material using audio or video tapes in a language the detainee does understand, or provide a translator 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.
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 01/2016. 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. PRIORITY: 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		

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 a local handbook that serves as a supplement to the ICE National Detainee Handbook. It provides a comprehensive orientation and outline of facility policy and procedures. It includes subject matter related to facility rules, disciplinary system, mail, grievances, 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 detainee handbook is free from derogatory or insensitive statements about detainee religion or culture.

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.

Overall Rating: Meets Standard

Reviewer Name (Printed)

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

Completion Date: 2/4/2016

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

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 OIC or 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 forwarded to the medical department for response.
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 an 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

<p>11. PRIORITY: 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.</p>	<p align="center">Meets Standard</p>	<p>The facility maintains a comprehensive grievance log that includes the detainee name, nature of grievance and disposition. Copies are maintained in the detainee file. Medical grievance responses are maintained by the medical department.</p>
<p>12. PRIORITY: 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.</p>	<p align="center">Meets Standard</p>	<p>Policy at this SPC requires staff members to notify a supervisor of any allegations of staff misconduct. Policy and procedure outline the notification of ICE command personnel if a misconduct allegation occurs.</p>
<p>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.</p>	<p align="center">Meets Standard</p>	<p>Policy, procedure and the local handbook advise detainees that staff shall not harass punish or otherwise retaliate against a detainee for filing a grievance.</p>

<p>STANDARD 6.2. GRIEVANCE SYSTEM – Reviewer Summary <i>(Use following format for dates: mm/dd/yyyy)</i></p>	
<p>Overall Remarks: <i>(Record significant facts, observations, other sources used, etc.) (5000 Character Max)</i></p> <p>The facility has an 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's 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.</p> <p>The detainee grievance log is maintained by ICE personnel to evaluate compliance; 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.</p> <p>A review of detainee grievances since the previous inspection revealed a total of 110 formal and 72 informal grievances. Of those, five were in reference to medical access to care and two were related to the quality of medical care; the remainder were other facility issues. None of the grievances progressed past the initial process and were appealed to the grievance committee.</p>	
<p>Overall Rating: Meets Standard</p>	
<p>Reviewer Name (Printed): (b)(6);(b)(7)(C)</p>	<p>Completion Date: 2/4/2016</p>
<p>Reviewer Signature (for printed form submission):</p>	

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 eleven computers equipped with LexisNexis and several chairs and tables. The area is large enough and has the facilities to serve the 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 a minimum of fifteen hours per week and do not forego recreation time to use the 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 eleven computers equipped with word processing capabilities and printers available to detainees in the law library. There is also a photocopier and sufficient supplies are maintained. The recreation specialist inspects the equipment and maintains the supplies.
4. Detainees are provided with the means to save legal work in a private electronic format for future use.	Meets Standard	Detainees may save their legal work on flash drives. The flash drives are provided at no cost to the detainees.
5. The facility subscribes to updating services where applicable and legal materials requiring updates are current.	Meets Standard	LexisNexis, last updated in January 2016, is installed on the library computers and kept current.
6. Each facility administrator shall designate a facility law library coordinator to be responsible for updating legal materials, inspecting them weekly, maintaining them in good condition and replacing them promptly as needed.	Meets Standard	The recreation specialist is the designated law library coordinator and performs the duties listed in this component.

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

<p>7. PRIORITY: 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>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>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"> Operable computers that are capable of running the Lexis/Nexis CDRom, Operable printers, Supplies for both, and Instructions for detainees on the basic use of the system. 	<p>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>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>Meets Standard</p>	<p>Detainees may request legal material not available in the law library from a visiting ICE officer or the library coordinator. If approved, the requests are addressed in a timely manner.</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>Meets Standard</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>Meets Standard</p>	<p>The recreation specialist provides assistance to detainees when necessary.</p>

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

<p>14. The facility permits detainees to assist other detainees, voluntarily and free of charge, in researching and preparing legal documents.</p>	<p>Meets Standard</p>	<p>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.</p>
<p>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.</p>	<p>Meets Standard</p>	<p>Requests for materials in other languages are forwarded to an ICE officer. LexisNexis provides detainees with a Spanish tutorial which instructs them on locating relevant materials. Detention officers, the recreation specialists and/or the chaplain assist illiterate and disabled persons in using the law library.</p>
<p>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.</p>	<p>Meets Standard</p>	
<p>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.</p>	<p>Meets Standard</p>	
<p>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.</p>	<p>Meets Standard</p>	<p>Policy addresses the requirements of this component. There have been no denials of law library access since the last inspection.</p>
<p>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.</p>	<p>Meets Standard</p>	<p>Detainees may receive staff assistance in accordance with this component.</p>
<p>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.</p>	<p>Meets Standard</p>	<p>Policy specifically prohibits negative actions towards detainees pursuing their legal options.</p>

STANDARD 6.3. LAW LIBRARIES AND LEGAL MATERIALS – 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)*

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

Detainees held in special housing and the infirmary have the same law library privileges as those held in the general population.

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

Overall Rating: Meets Standard

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

Completion Date: 2/4/2016

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)
<p>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.</p>	Meets Standard	The South Texas Pro Bono Asylum Representation Project (ProBAR) has been approved to provide group presentations in the facility up to five days per week.
<p>2. PRIORITY: At least 48 hours before a scheduled presentation, facility staff shall in each housing unit prominently display the informational posters provided by the presenter, and provide a sign-up sheet for detainees who plan to attend. Detainees that fail to sign up shall not be deprived of the opportunity to attend a presentation for that reason.</p> <p>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.</p>	Meets Standard	All new admissions are scheduled to attend the presentation (a detainee scheduled to attend the presentation may decline). There is also a sign-up sheet posted in each housing unit 48 hours in advance of the presentation allowing non-scheduled detainees to attend. Detainees in the SMU are afforded separate presentations and consultations. There is a description of the legal rights group presentation in the handbook. Information is also posted in the housing units.
<p>3. One or more legal assistants may help with a presentation.</p>	Meets Standard	
<p>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.</p>	Meets Standard	Presentations are scheduled for one hour starting at 1:00 p.m. with additional time for a question and answer session. A staff member is present for security purposes.
<p>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.</p>	Meets Standard	

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

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.	Meets Standard	Small group meetings may occur as described by this component.
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.	Meets Standard	
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.	Meets Standard	ICE approved electronic presentations are facilitated as stipulated by this component.
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.	Meets Standard	
10. The facility shall maintain electronically-formatted presentations and equipment in good condition.	Meets Standard	Video equipment was observed to be in good repair and capable of conveying approved electronic presentations.

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)*

ProBAR provides group presentations on immigrant legal rights five times each week. There is no requirement for advance sign-up. During the evaluation of this standard, policy was reviewed, employees and detainees were interviewed and group legal rights attendee lists were examined. Observation of housing unit postings and interviews with housing unit officers, detainees, and ICE personnel revealed detainees have access to information presented by authorized persons and organizations for the purpose of informing them of U.S. immigration law and procedures.

Legal rights group presentations are addressed in the National Detainee Handbook. All detainees are automatically scheduled to attend without respect to whether they are illiterate, LEP, or disabled. Communications are adjusted accordingly to ensure understanding. The ICE Know Your Rights video is available in English and Spanish.

Overall Rating: Meets Standard

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

Completion Date: 2/4/2016

Reviewer Signature (for printed form submission):

Section VII: ADMINISTRATION & MANAGEMENT

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

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

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	Per policy, a detention file is created for each detainee during the admissions process.
2. The detainee detention file contains either originals or copies of documentation and forms generated during the admissions process.	Meets Standard	Detention files contain documents and forms pertinent to each detainee generated during the admissions process, except for medical information. Ten detention files were reviewed.
3. The detention files are located and maintained in a secured area.	Meets Standard	The detention files are maintained in a secure room in lockable cabinets and are accessed only by authorized personnel.
4. Each detention file remains active during the detainee's stay. When the detainee is released from the facility, staff add copies of completed release documents, the original closed-out receipts for property and valuables, the original I-385 or equivalent and other documentation.	Meets Standard	
5. At a minimum, a logbook entry recording the file's removal from the cabinet shall include: The detainee's name and A-File number; Date and time removed; Reason for removal; Signature of person removing the file, including title and department; Date and time returned; and Signature of person returning the file.	Meets Standard	Files are logged out and in by records office staff. All requirements of this component are contained in the logbook. The logbook was inspected and found to be current.
6. Electronic record-keeping systems and data are protected from unauthorized access.	Meets Standard	Electronic record keeping systems 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)*

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

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

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

Overall Rating: Meets Standard

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

Completion Date: 2/4/2016

Reviewer Signature (for printed form submission):

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

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.

Components	Rating	Remarks (1000 Char Max)
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	The FOD must approve all news media interviews.
2. News media organizations shall abide by the policies and procedures of the facility being visited or toured. Media representatives must obtain advance permission from the facility administrator and FOD before taking photographs in or of any facility. The facility administrator shall advise both media representatives and detainees that use of any detainee's name, identifiable photo, or recorded voice requires his or her prior permission.	Meets Standard	All news media representatives must receive advance permission from the OIC and FOD prior to interviewing a detainee, taking photographs or making electronic recordings. Media personnel must abide by facility policy.
3. Media representatives shall obtain a signed release from the detainee before photographing or recording his or her voice. The original of the form is to be filed in the detainee's A-file with a copy in the facility's Detention File.	Meets Standard	After approval from the FOD, the requesting media must obtain a signed release from the detainee. The original form is stored in the A-file and a copy is placed in the 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	All media relations are handled by the Public Information Office of the San Antonio Field Office.
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)

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, documentation of release information, documentation authorizing the tour, and background approval authorizations; and interviews with the ICE officer revealed the public and the media are informed of events within the facility's area of responsibility through interviews and tours. The privacy of detainees and staff, including the right of a detainee not be photographed or recorded, is protected. Media representatives, media visitors, tours, personal interviews, press pools and visits by NGOs are all coordinated and approved by ICE officials.

Access is not denied based on the political or editorial viewpoint of the requestor. Prior to the tour, the administrator, or designee explains the terms and guidelines of the tour to the visitors.

Overall Rating: Meets Standard

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

Completion Date: 2/4/2016

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.

Components	Rating	Remarks (1000 Char Max)
1. The facility conducts appropriate orientation, initial training, and annual training for all staff, contractors, and volunteers with appropriate assessment measures.	Meets Standard	Policy and procedure outline a comprehensive training plan for personnel, contractors and volunteers. It includes initial, annual and specialized training and 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 two training managers; both have completed 40-hour training-for-trainer's course.
4. Training is governed and guided by a training plan that is reviewed and approved annually by the facility administrator.	Meets Standard	The facility training plan has been approved by the OIC. It was approved for use from 10/01/2015-09/30/2016.
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.

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

<p>8. Each new employee, contractor, and volunteer is provided an orientation prior to assuming duties. While tailored specifically for staff, contractors, and volunteers, the orientation programs include, at a minimum:</p> <ul style="list-style-type: none"> ICE/ERO detention standards Cultural and language issues, including requirements related to limited English proficient detainees Requirements related to detainees with disabilities and special-needs detainees Code of ethics Drug-free workplace Emergency plans and procedures Signs of suicide risk, suicide precautions, prevention, and intervention Use of force Key and lock control Tour of the facility Staff rules and regulations Sexual abuse/sexual misconduct awareness and reporting Hostage situations and staff conduct if taken hostage 	<p>Meets Standard</p>	<p>Each new employee, contractor and volunteer completes an initial training program, including the subjects listed within the 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"> ICE/ERO detention standards update Cultural and language issues including requirements related to limited English proficient detainees Requirements related to detainees with disabilities and special needs detainees Code of ethics Staff rules and regulations Key and lock control Signs of suicide risk, suicide precautions, prevention, and intervention Drug-free workplace Health-related emergencies Emergency plans and procedures Sexual abuse and sexual misconduct awareness Hostage situations and staff conduct if taken hostage 	<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"> ICE/ERO detention standards Cultural and language issues including requirements related to limited English proficient detainees Requirements related to detainees with disabilities and special needs detainees Security procedures and regulations Sexual harassment and sexual misconduct awareness (including the contents of Standard 2.11) Appropriate conduct with detainees Code of Ethics Health-related emergencies Drug-free workplace Supervision of detainees Signs of hunger strike Signs of suicide risk, suicide precautions, prevention, and intervention Use-of-force regulations Hostage situations and staff conduct if taken hostage Report writing Detainee rules and regulations Key and lock control Rights and responsibilities of detainees Safety procedures Emergency plan and procedures Interpersonal relations Communication skills Cardiopulmonary resuscitation (CPR)/First aid Counseling techniques 	<p>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"> Medical grievance procedures and protocols Emergency medical procedures Occupational exposure Personal protective equipment Bio-hazardous waste disposal Overview of the detention operations. 	<p>Meets Standard</p>	<p>Full-time health care employees complete training consistent with the elements of this component.</p>

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

<p>12. Security personnel will receive, in addition to the training areas above, training on the following subjects, at a minimum:</p> <ul style="list-style-type: none"> Searches of detainees, housing units, and work areas Self-defense techniques Use-of-force regulations and tactics 	<p align="center">Meets Standard</p>	<p>Security personnel complete comprehensive additional training on the elements of this component.</p>
<p>13. Situation Response Teams (SRTs) receive:</p> <ul style="list-style-type: none"> Specialized training before undertaking their assignments. 	<p align="center">Meets Standard</p>	<p>The facility selects ICE staff members for placement on the SRT team; personnel must complete a 40-hour academy. Continued membership requires sixteen hours of monthly training</p>
<p>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.</p> <p>All personnel authorized to use firearms demonstrate competency in their use at least annually.</p>	<p align="center">Meets Standard</p>	<p>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 a quarterly basis.</p>
<p>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.</p>	<p align="center">Meets Standard</p>	<p>ICE SRT personnel are authorized to use chemical agents. They receive training in the use of chemical agents and in 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</p>

STANDARD 7.3. STAFF TRAINING – Reviewer Summary		
<i>(Use following format for dates: mm/dd/yyyy)</i>		
Overall Remarks: <i>(Record significant facts, observations, other sources used, etc.) (5000 Character Max)</i>		
<p>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</p> <p>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 is documented in permanent training files. Policy and practice address all areas required by the detention standard.</p>		
Overall Rating: Meets Standard		
Reviewer Name (Printed)	(b)(6);(b)(7)(C)	Completion Date: 2/4/2016
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 establishes procedures addressing each of the items listed in the component. Practice is consistent with policy.
<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	Facility personnel provide the detainee with a written transfer notification that includes the required information. ICE personnel indicated that the detainee may place a domestic phone call, at no expense to the detainee, upon admission to the receiving facility.
<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>Meets Standard</p>	<p>This component was rated "Does Not Meet Standard" during the last inspection because the detainee's full medical record did not accompany the detainee when transferred to an IGSA. The facility was granted a waiver to this requirement on 05/20/2015 by (b)(6);(b)(7)(C) Deputy Assistant Director, Detention Management Division. Per the HSA, a transfer summary, listing medications and relevant information is completed and provided at transfer for all detainees. Medication issuance at the time of transfer or release satisfies the requirements of this component. A completed facility specific form accompanies each detainee when transferred from the facility. All of the required elements of this component are included in the summary.</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>Meets Standard</p>	<p>Medical personnel prepare a transfer summary that includes all of the listed information.</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>Meets Standard</p>	<p>Transfer summaries accompany every transferring detainee.</p>

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

<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>Meets Standard</p>	<p>Policy requires that assigned medical personnel alert the OIC of a pending detainee transfer that may have a special medical or psychiatric issue. The OIC notifies the field office of any issues.</p>
<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>Meets Standard</p>	
<p>10. PRIORITY: Prior to transfer, medical personnel shall provide the transporting officers instructions and, if applicable, medication(s) for the detainee's care in transit.</p> <p>Detainees shall be transferred with, at a minimum, 7 days' worth of prescription medications (TB medications, a 15 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"> Placed in a property envelope with the detainee's name and A-number, and appropriate administration instructions, on it, Accompany the transfer, and If unused, be turned over to the receiving medical personnel. 	<p>Meets Standard</p>	<p>Medical personnel provide the information and medication required by this component to transport officers prior to transfer. Medication is packaged as stipulated by this component. Unused medication that arrives at this facility with detainees is released to medical personnel.</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>Meets Standard</p>	<p>All property and funds are returned to and transferred with the detainee. Property forms are closed-out accordingly.</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>Meets Standard</p>	

STANDARD 7.4. DETAINEE TRANSFERS – 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)*

Detainees are transferred in a manner that protects the staff, detainees, and public, and with the proper authorization and timely notifications. Transfers are conducted in accordance with required notification, safety and medical requirements as specified in the standard.

During the evaluation of this standard, policy was reviewed, the intake and release area was toured, and employees were interviewed.

Overall Rating: Meets Standard

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

Completion Date: 2/4/2016

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.

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