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



MAR 1 3 2009

MEMORANDUM FOR:

Felicia S. Skinner

Field Office Director

Atlanta Field Office

FROM:

lames T. Hayes, Jr.

Director

SUBJECT:

Chatham County Detention Center Annual Review

The annual review of the Chatham County Detention Center conducted on July 8-10, 2008, in Savannah, Georgia, has been received. A final rating of <u>At-Risk</u> has been assigned.

The CC-324A worksheets provided by the Reviewer-in-Charge (RIC) indicated the facility was at-risk with the Environmental Health and Safety standard and deficient with the Emergency (Contingency) Plans, and Key and Lock Control standards. A Plan of Action is required to correct these deficiencies and the non-compliant areas in the Use of Force standard. Additionally, the facility utilizes Electro Muscular Disruption Devices (EMDDs). The policy regarding the use of EMDDs is currently being reviewed and no plan of action is required at this time.

The facility should not be used until deficiencies are corrected prior to placement of Immigration and Customs Enforcement (ICE) detainees.

The rating was based on the RIC Summary Memorandum and supporting documentation. The Field Office Director must remedy the at-risk and deficient standards, and initiate the following actions in accordance with the Detention Management Control Program (DMCP):

 The Field Office Director, Detention and Removal Operations, shall notify the facility within five business days of receipt of this memorandum. Notification shall include copies of the Form CC-324A, Detention Facility Review Form, the CC-324A Worksheet, RIC Summary Memorandum, and a copy of this memorandum. SUBJECT: Chatham County Detention Center Annual Review Page 2

2) Based on the findings during the Annual Detention Review the Chatham County Detention Facility is not to be utilized to confine ICE detainees and this review is closed.

Should you or your staff have any questions regarding this matter, please contact Yvonne Evans, Deputy Assistant Director, Detention Management Division at (202) 732-3470.

cc: Official File

ICE: HQDRO: 66,67c 2-2436

# ICE Detention Standards Compliance Review

**Chatham County Detention Center** 

July 8-10, 2008

**REPORT DATE - July 15, 2008** 



Contract Number: ODT-6-D-0001 Order Number: HSCEOP-07-F-01016

Creative Corrections
6415 Calder, Suite B
Beaumont, TX 77706

U.S. Immigration and Customs Enforcement
Detention Standards Compliance Unit
801 I Street NW
Washington, DC 20536



6415 Calder, Suite B • Beaumont, Texas 77706 409.866.9920 • www.correctionalexperts.com

Making a Difference!

July 15, 2008	*
MEMORANDUM FOR:	James T. Hayes, Jr. Acting Director Office of Detention and Removal Operations
FROM:	Reviewer-In-Charge b6,b7c
SUBJECT:	Chatham County Detention Center Annual Detention Review
Detention Center, located in the County of Chatham, which the United States Marshals S Matter Experts included:	Savannah, Georgia, on July 8-10, 2008. The facility is operated by the character with Immigration and Customs Enforcement and Service. As noted on the attached documents, the team of Subject below. Security; below the least product below. Health Services; below the services belo
A review closeout was conducted as a function on July 10, 2008	ucted with b6,67c , Jail Administrator, and b6,67c , and included a discussion of all deficiencies and concerns noted

# Life Safety Findings

during the review.

# Type of Review:

This review is an Annual Detention Standard Review to determine general compliance with established ICE National Detention Standards for facilities used for over 72 hours.

# Review Summary:

The facility is currently accredited by the American Correctional Association (ACA) and by the National Commission on Correctional Health Care (NCCHC).

#### **Standards Compliance:**

The following information summarizes the standards reviewed and the overall compliance for this review. The following statistical information outlined provides a direct comparison of the 2007 ADR and this ADR conducted for 2008.

July 10-12, 2007 Review		July 8-10, 2008 Review				
Compliant	34	Compliant	31			
Deficient	0	Deficient	2			
At-Risk	0	At-Risk	1			
Not-Applicable	4	Not-Applicable	4			

# Environmental Health and Safety - At Risk

Every facility will control flammable, toxic, and caustic materials through a hazardous materials program. The program will include, among other things, the identification and labeling of hazardous materials in accordance with applicable standards (e.g., National Fire Protection Association [NFPA]), identification of incompatible materials, and safe-handling procedures.

- The sprinkler and smoke detection system annual tests have expired. The last sprinkler test was conducted in January, 2007. The last smoke detection system test was conducted in June, 2007. The 39 smoke detectors which failed the previous test have not yet been repaired.
- Fire drills are only conducted and documented quarterly.
- Sanitation standards are not posted in the barbering area.

# Recommendations

- Immediately repair all non-working smoke detectors.
- Conduct the appropriate annual tests on the smoke detection and sprinkler systems, and develop a plan to ensure future tests are conducted on schedule.
- Schedule, conduct, and document monthly fire drills.
- Post appropriate sanitation standards in the barbering area.

# Emergency Contingency Plans - Deficient

All facilities holding ICE detainees will respond to emergencies with a predetermined standardized plan to minimize the harming of human life and the destruction of property. It is recommended that SPCs and CDFs enter into agreement, via Memorandum of Understanding (MOU), with federal, local, and state agencies to assist in times of emergency.

• There are no written procedures for staff to follow in relation to Internal Searches, Detainee Transportation, and Civil Disturbances.

- There are no comprehensive plans to provide staff proper direction in the case of Disturbances, Hunger Strikes, Hostage Situations, and Bomb Threats.
- The emergency procedures in place do not address the confidentiality and accountability
  of the written plans; cooperative contingency plans with applicable agencies; preclusion
  of detainees or detainee groups from exercising control or authority over other detainees;
  and the locations of shut-off valves and switches for all utilities (water, gas, and/or
  electric).

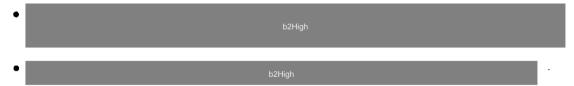
# Recommendations

- Establish comprehensive "stand-alone" emergency plans for Internal Searches, Detainee Transportation, Civil Disturbances, Disturbances, Hunger Strikes, Hostage Situations, and Bomb Threats.
- Provide specific direction within policy which addresses the confidentiality and accountability of the written plans.
- Establish cooperative contingency plans with applicable agencies that can provide emergency assistance to the facility.
- Identify locations of shut-off valves and switches for all utilities (water, gas, and/or electric) within the general section of the emergency plans.

# Key and Lock Control - Deficient

It is the policy of the ICE service to maintain an efficient system for the use, accountability, and maintenance of all keys and locks.

 There is no single officer or department with overall responsibility for the control and security of the facility's keys and locks.



 All key rings do not contain legible tags that identifying the key ring and denote the number of keys on that ring. Additionally, the key rings are not crimped or soldered which allows for the unauthorized removal of keys from the ring.

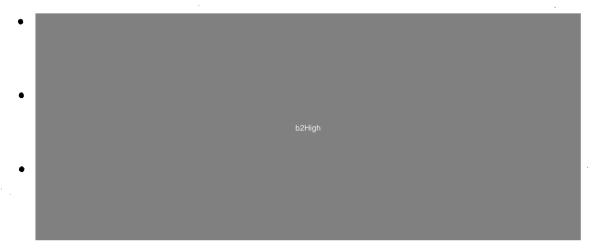
♦ b2High

Broken keys are not immediately replaced and documentation is not maintained.

# Recommendations

• Establish a Security Officer position with the overall responsibility for the use, accountability, and maintenance of all keys and locks in the facility. This person should

complete an approved locksmith training program and should provide regular key and lock accountability training to all staff.



• Inspect keys daily to identify any broken keys. Immediately replace any broken or worn keys and document their disposition and discontinue the use of master keys.

# Positive Programs and Services

The Chatham County Detention Center provides a number of educational, counseling, and self-help programs designed to prepare inmates and detainees for their return to the community. These programs are taught be facility staff as well as contractors, and are valuable assets in a correctional environment.

# **Recommended Rating and Justification**

It is the Reviewer-in-Charge (RIC) recommendation that the facility receive a rating of "At Risk" due to the previously noted **Life Safety Issue**. It is also recommended by the RIC that a Plan of Action be required for this facility to identify and implement necessary corrective actions for the deficiencies and RIC Concerns.

# **RIC Assurance Statement**

All findings of this review have been documented on the Detention Review Worksheet and are supported by the written documentation contained in the review file.



# **DETENTION FACILITY INSPECTION FORM**

FACILITIES USED LONGER THAN 72 HOURS

A. Type of Facility Review	/ED	Other Charges: (I	f None, Indi	cate N/	<u> </u>	
ICE Service Processin			-		-)	
ICE Contract Detention		Estimated Man-da				
☐ ICE Intergovernment		150	•			
			,			
B. CURRENT INSPECTION		G. ACCREDITAT				
Type of Inspection		List all State or Na		editation	n[s] receive	:d:
☐ Field Office ☐ HQ Inspect	tion	ACA and NCCHO	3			
Date[s] of Facility Review		H. PROBLEMS/	COMDI A INT	re (Con	ree Milet b	E ATTACUED)
July 8-10, 2008		The Facility is unc	ler Court Or	der or (	lace Action	Finding
C. PREVIOUS/MOST RECENT 1	FACILITY DEVIEW	Court Order			ction Find	
Date[s] of Last Facility Review	FACILITY REVIEW	The Facility has S				
July 10-12, 2007		☐ Major Litigation			fety Issues	
Previous Rating		⊠ None				
Superior Good Acce	ntable Deficient At-Risk		·····		· <del></del>	<del></del>
		I. FACILITY HIS	STORY			
D. NAME AND LOCATION OF I	ACILITY	Date Built				
Name		1993				
Chatham County Detention Cen	ter	Date Last Remode	eled or Upgi	raded		
Address		1994				
1054 Carl Griffin Drive		Date New Constru				
City, State and Zip Code		2007 Temporary I		IT 300 B	eas	<u> </u>
Savannah, Georgia 31405		Yes No I		Complet	ion	
County Chatham		Current Bed space				v Beds only)
Name and Title of Chief Execut	ive Officer	1524			Date: 201	
(Warden/OIC/Superintendent)	ive Officer	1324	Trume	700	Date. 201	
b6, b7c , Jail Adminis	trator	J. TOTAL FACI	LITY POPUL	ATION		
Telephone Number (Include Are		Total Facility Intake for Previous 12 months				
912-652 b6,b7c		18,864				
Field Office / Sub-Office (List C	Office with Oversight)	Total ICE Man Da	ays for Prev	ious 12	months	
Atlanta 404-893- b6,b7c		56		·		
Distance from Field Office		K. CLASSIFICAT	NON I EVEL	ACE S	DCc AND C	'DEC ONI VI
286		K. CLASSIFICAT	L		L-2	L-3
E. ICE INFORMATION		Adult Male				
Name of Inspector (Last Name,	Title and Duty Station)	Adult Female				
b6,b7c / Reviewer In Ch						
Name of Team Member / Title /		L. FACILITY CA	PACITY	<del>,</del>		
b6,b7c SME / Security			Rated	Oper	rational	Emergency
Name of Team Member / Title /	Duty Location	Adult Male	1356			1800 Plus
b6 / SME / Healt	nCare	Adult Female	4.60	1	ortable	
Name of Team Member / Title /			168	,	unk	
b6 / SME / Food Ser		☐ Facility Holds	Tuvanilas Of		ability 16 and Olde	r ac Adulta
Name of Team Member / Title /		Facility Holds	Juvennes Or	render's	TO AND ONL	as Adults
	and Environmental Health	M. AVERAGE DA	AILY POPUL	ATION		
Name of Team Member / Title /	Duty Location		IC	E	USMS	Other
1 1		Adult Male	2	; [	18	1533
F. CDF/IGSA INFORMATION	ONLY	Adult Female	1		1	213
Contract Number	Date of Contract or IGSA	NT 101, 000 000 - C-	L PRINCE Y	·		
ACB4970017	October 1, 1996	N. FACILITY ST	AFFING LE			
Basic Rates per Man-Day		Security:	2High	Supp	югт:	
44.74	1	D	2High			

# SIGNIFICANT INCIDENT SUMMARY WORKSHEET

In order for Creative Corrections to complete its review of your facility, you <u>must</u> complete the following worksheet prior to your scheduled review dates. This worksheet must contain data for the past twelve months. We will use this worksheet in conjunction with the ICE Detention Standards to assess your detention operations with regard to the needs of ICE and its detainee population. Failure to complete this worksheet will result in a delay in processing this report, and may result in a reduction or removal of ICE detainees from your facility.

INCIDENTS	DESCRIPTION	Jan - Mar	Apr – Jun	Jul – Sep	Oct - Dec
Assault:	Types (Sexual <sup>2</sup> , Physical, etc.)	P	50-P 1-S	P	P
Offenders on Offenders <sup>1</sup>	With Weapon	. 1	0	1	. 1
	Without Weapon	49	51	70	54
Assault:	Types (Sexual Physical, etc.)	P	P	P	P
Detaince on Staff	With Weapon	1	0	0	1
	Without Weapon	3	2	4	1
Number of Forced Moves, incl. Forced Cell Moves <sup>3</sup>		0	0	0	0
Disturbances <sup>4</sup>		0	0	0	0
Number of Times Chemical Agents Used		0	0	0	0
Number of Times Special Reaction Team Deployed/Used		0	0	0	0
# Times Four/Five Point	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	Vv	v	3-M-V	v
Restraints Applied/Used	Type (C=Chair, B=Bed, BB=Board, O=Other)	25-C	35-C	17-C	10-C
Offender / Detainee Medical Referrals as a Result of Injuries Sustained.		0	0	0	0
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	. 0
Grievances:	# Received	757	710	882	825
	# Resolved in Favor of Offender/Detainee	N/T	N/T	N/T	N/T
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	3-A	1-A	1-A 1-I	- (I)
* 1 ***	Number			1	1
Psychiatric / Medical Referrals	# Medical Cases Referred for Outside Care	81	89	50	55
	# Psychiatric Cases Referred for Outside Care	13	5	5	12

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

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

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

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

# DHS/ICE DETENTION STANDARDS REVIEW SUMMARY REPORT

	CEPTABLE	2. DEFICIENT	3. AT-RISK	4. REPEAT FINDING	5. NOT APPLICABLE	i suž
<b>LEGA</b> I	L ACCESS	STANDARDS		T		1. 2. 3. 4. 5
		egal Materials			•	
	Group Pres	sentations on Legal R	ights	<i>y</i> • • • • • • • • • • • • • • • • • • •		
	Visitation		*		*	
	Telephone	Access				
DETAI	INEE SERV	TCES	**	*		<b>用和知识的</b>
i.	Admission	and Release			•	
<b>5.</b>	Classificat	ion System				
<b>'</b> .	Correspond	dence and Other Mail				
3.	Detainee H	Iandbook				
).	Food Servi	ice				
0.	Funds and	Personal Property				
1.	Detainee C	Grievance Procedures				
2.	Issuance a	nd Exchange of Cloth	ing, Bedding, and To	owels	g.	
3.	Marriage F					
4.	Non-Medi	cal Emergency Escor	ted Trip	if		
5.	Recreation	, ,	•	8		
6.	Religious 1	Practices				
7.		Work Program	*			
HEAL	TH SERVICE	CES				TO THE REAL PROPERTY.
18.	Hunger Str	rikes				
19.	Medical C	are				
20.	Suicide Pr	evention and Interver	ntion			
21.	Terminal I	llness, Advanced Dir	ectives and Death			
SECUI	RITY AND	Control				
22.	Contraban	d				
23.	Detention	Files		.40		
24.	Disciplina	ry Policy				
5.	Emergency					
26.		ental Health and Safe	ty			
27.	Hold Roor	ns in Detention Facil	ities ·		¥	
28.	Key and L	ock Control			¥	
9.	Population					
30.	Post Order					
1.	Security Ir					
32.		anagement Units (Ad	lministrative Detention	on)		
33.		anagement Units (Di				
34.	Tool Cont	_ ,	* * * * * * * * * * * * * * * * * * *			
35.		tion (Land managem	ent)			
36.	Use of For		,			
37.		ainee Communication	n (Added August 20	03)		
38.		Fransfer (Added Sept		/		

WHAT IS NECESSARY TO REACH COMPLIANCE.

# RIC REVIEW ASSURANCE STATEMENT

BY SIGNING BELOW, THE REVIEWER-IN-CHARGE (RIC) CERTIFIES THAT:

- 1. ALL FINDINGS OF NON-COMPLIANCE WITH POLICY OR INADEQUATE CONTROLS, AND FINDINGS OF NOTEWORTHY ACCOMPLISHMENTS, CONTAINED IN THIS INSPECTION REPORT, ARE SUPPORTED BY EVIDENCE THAT IS SUFFICIENT AND RELIABLE; AND
- WITHIN THE SCOPE OF THIS REVIEW, THE FACILITY IS OPERATING IN ACCORDANCE WITH APPLICABLE LAW AND POLICY, AND
  PROPERTY AND RESOURCES ARE BEING EFFICIENTLY UTILIZED AND ADEQUATELY SAFEGUARDED, EXCEPT FOR ANY
  DEFICIENCIES NOTED IN THE REPORT.

Review	er-In-Charge				
Reviewer-In-Charge: (Print Name)	Signature				
b6,b7c	901 b6,b7c				
Title & Duty Location	Date				
Reviewer In Charge	July 11, 2008				
	M MEMBERS				
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location				
b6,b7c , SME, Security	b6 SME, Food Service				
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location				
, SME, Health Services	b6,b7c , SME, Safety and Environmental Health				
RECOMMENDED RATING: Superior					
∐ Good					
ACCEPTABLE					
<b>DEFICIENT</b>					
⊠ AT-RISK					

# **COMMENTS:**

There were two deaths at the facility during the past year. Both deaths were the result of pre-existing illnesses prior to incarceration and neither individual was an ICE detainee.

# HEADQUARTERS EXECUTIVE REVIEW **Review Authority** The signature below constitutes review of this report and acceptance by the Review Authority. OIC/CEO will have 30 days from receipt of this report to respond to all findings and recommendations. HQDRO EXECUTIVE REVIEW: (Please Print Name) Signature ames T. Hayes, Jr. Title Date Director **Superior** Final Rating: Good Acceptable **Deficient** X At-Risk Comments: The Review Authority concurs with the "At-Risk" rating. The facility is no longer authorized to confine ICE detainees and this review is closed.

# **Condition of Confinement Review Worksheet**

(This document must be attached to each Inspection Form)

This Form to be used for Inspections of Facilities used longer than 72 Hours



# **Detention Review Worksheet**

State Facility – IGSA
ICE Contract Detention Facility
Name
Chatham County Detention Center
Address (Street and Name)
1050 Carl Griffin Drive
City, State and Zip Code
Savannah, Georgia
County
Chatham
Name and Title of Chief Executive Officer (Warden/OIC/Superintendent)
b6,b7c Jail Administrator
Name and Title of Reviewer-In-Charge
b6,b7c
Date[s] of Review
July 8-10, 2008
Type of Review
☐ Headquarters ☐ Operational ☐ Special Assessment ☐ Other

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USE OF FORCE	
STAFF/DETAINEE COMMUNICATIONS	
DETAINEE TRANSFER STANDARD	

NOTE: FOR EACH STANDARD RATED <u>BELOW</u> ACCEPTABLE, FACILITIES MUST ATTACH A PLAN OF ACTION FOR BRINGING OPERATIONS INTO COMPLIANCE. EACH FACILITY SHOULD EXAMINE THE ENTIRE WORKSHEET TO IDENTIFY AREAS OF IMPROVEMENT, INCLUDING THOSE STANDARDS WHERE AN OVERALL FINDING OF ACCEPTABLE WAS ACHIEVED.

SECTION I. LEGAL ACCESS STANDARDS

# **ACCESS TO LEGAL MATERIALS**

POLICY: FACILITIES HOLDING ICE DETAINEES SHALL PERMIT DETAINEES ACCESS TO A LAW LIBRARY, AND PROVIDE LEGAL MATERIALS, FACILITIES, EQUIPMENT, DOCUMENT COPYING PRIVILEGES, AND THE OPPORTUNITY TO PREPARE LEGAL DOCUMENTS.

Cormoversino	v	N7 1	NT.A.	Daysana
COMPONENTS	Y	N	NA	REMARKS
The facility provides a designated law library for detainee use.				The Law Library is available to inmates for legal research. Upon receiving a request from the inmate, research will be conducted by Programs staff and copies given to the inmates. There is a log book of materials provided and detainees sign for all legal materials.
The law library contains all materials listed in the "Access to Legal				The facility's Law Library does
Materials" Standard, Attachment A. The listing of materials is posted in the law library.		×		not contain all materials listed in the "Access to Legal Materials" Standard, Attachment A. The listing of materials Standard, Attachment A form is not posted in the Law Library.
The library contains a sufficient number of chairs, is well lit, and is reasonably isolated from noisy areas.	$\boxtimes$	. 🗆		
The law library is adequately equipped with typewriters and/or computers, and has sufficient supplies for daily use by the detainees.	$\boxtimes$			
In addition to the physical law library, detainees have access to the Lexus Nexus electronic law library.	$\boxtimes$			
Where provided, the Lexus Nexus library is updated and is current.		×		The Lexis Nexis is not updated, and is not current.
Outside persons and organizations are permitted to submit published legal material for inclusion in the legal library. Outside published material is forwarded and reviewed by ICE prior to inclusion.	×			
There is a designated ICE or facility employee who inspects, updates, and maintains/replaces legal materials and equipment on a routine basis.	×			
Detainees are offered a minimum 5 hours per week in the law library.  Detainees are not required to forego recreation time in lieu of library usage. Detainees facing a court deadline are given priority use of the law library.				
Detainees may request materials not currently in the law library. Each request is reviewed and, where appropriate, an acquisition request is timely initiated. Requests for copies of court decisions are accommodated within 3 – 5 business days.	×			
Detainees are permitted to assist other detainees, voluntarily and free of charge, in researching and preparing legal documents, consistent with security.	Ø			·
Illiterate or non-English-speaking detainees without legal representation receive access to more than just English-language law books after indicating their need for help.	×			
Detainees may retain a reasonable amount of personal legal material in the general population and in the special management unit. Stored legal materials are accessible within 24 hours of a written request.	×			Detainees are allowed to retain a reasonable amount of personal legal material in the general population and in the Special Management Unit.

ACCESS TO LEGAL MATERIALS							
POLICY: FACILITIES HOLDING ICE DETAINEES SHALL PERMIT DETAINEES ACCESS TO A LAW LIBRARY, AND PROVIDE LEGAL MATERIALS,							
FACILITIES, EQUIPMENT, DOCUMENT COPYING PRIVILEGES, AND THE OPPOR	TUNITY T	O PREPAR	E LEGAL D	OCUMENTS.			
COMPONENTS Y N NA REMARKS							
Detainees housed in Administrative Detention and Disciplinary Segregation units have the same law library access as the general population, barring security concerns. Detainees denied access to legal materials are documented and reviewed routinely for lifting of sanctions.	×						
All denials of access to the law library fully documented.	$\boxtimes$						
Facility staff informs ICE Management when a detainee or group of detainees is denied access to the law library or law materials.	$\boxtimes$						
Detainees who seek judicial relief on any matter are not subjected to reprisals, retaliation, or penalties.				·			
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING							

#### REMARKS:

The facility has legal materials for the ICE detainees, and provides documents and equipment when requested by detainees.

The facility's Law Library does not contain all materials listed in the "Access to Legal Materials" Standard, Attachment A. The listing of materials on the Attachment A form is not posted in the Law Library.

b6,b7c / July 10, 2008 AUDITOR'S SIGNATURE / DATE



b6.b7c

GROUP LEGAL RIGHTS P	RESENT	ATIONS	3			
POLICY: FACILITIES HOUSING ICE DETAINEES SHALL PERMIT AUTHORIZED PERSONS TO MAKE PRESENTATIONS TO GROUPS OF DETAINEES FOR THE PURPOSE OF INFORMING THEM OF U.S. IMMIGRATION LAW AND PROCEDURES, CONSISTENT WITH THE SECURITY AND ORDERLY OPERATION OF EACH FACILITY. ICE ENCOURAGES SUCH PRESENTATIONS, WHICH INSTRUCT DETAINEES ABOUT THE IMMIGRATION SYSTEM AND THEIR RIGHTS AND OPTIONS WITHIN IT.						
CHECK HERE IF NO GROUP PRESENTATIONS WERE CONDUCTED WIT OVERALL AND CONTINUE ON WITH NEXT PORTION OF WORKSHEET.	HIN THE PA	AST 12 M	ONTHS. I	MARK STANDARD AS ACCEPTABLE		
COMPONENTS	YES	No	- NA	REMARKS		
The Field Office is responsive to requests by attorneys and accredited representatives for group presentations.						
Upon receipt of concurrence by the Field Office Director, the facility or authorized ICE Field Office ensures timely and proper notification to attorneys or accredited representatives.						
The facility follows policy and procedure when rejecting or requesting modifications to objectionable material provided or presented by the attorney or accredited representative.				·		
Posters announcing presentations appear in common areas at least 48 hours in advance and sign-up sheets are available and accessible.						
Documentation is submitted and maintained when any detainee is denied permission to attend a presentation and the reason(s) for the denial.						
When the number of detainees allowed to attend a presentation is limited, the facility provides a sufficient number of presentations so that all detainees signed up may attend.						
Detainees in segregation, unable to attend for security reasons, may request separate sessions with presenters. Such requests are documented.						
Interpreters are admitted when necessary to assist attorneys and other legal representatives.						
Presenters are afforded a minimum of one hour to make the presentation and to conduct a question-and-answer session.						
Staff permits presenters to distribute ICE-approved materials.						
Presenters are permitted to meet with small groups of detainees to discuss their cases after the group presentation. ICE or authorized detention staff is present but do not monitor conversations with legal providers.						
Group presenters who have had their privileges suspended are notified in writing by the Field Office Director or designee; and the reasons for suspension are documented. The Headquarters Office for Detention and Removal, Field Operations and Detention management Division, is notified when a group or individual is suspended from making presentations.						
The facility plays ICE-approved videotaped presentations on legal rights at regular opportunities, at the request of outside organizations.						
A copy of the Group Legal Rights Presentation policy, including attachments, is available to detainees upon request						
ACCEPTABLE DEFICIENT	AT-RISI	ζ.		REPEAT FINDING		
REMARKS:  There were no group presentations conducted within the past 12 months.  b6.b7c / July 12, 2008  AUDITOR'S SIGNATURE / DATE  b6.b7c			_			

VISITATION						
POLICY: ICE SHALL PERMIT DETAINEES TO VISIT WITH FAMILY, FRIENDS, LEGAL REPRESENTATIVES, SPECIAL INTEREST GROUPS, AND THE NEWS MEDIA.						
COMPONENTS	<b>Y</b>	N	NA-	REMARKS		
There is a written visitation schedule and hours for general visitation.	$\boxtimes$					
The visitation hours tailored to the detainee population and the demand for visitation.	$\boxtimes$					
The visitation schedule and rules are available to the public.	⊠			The visitation schedule and rules are available to the public via television monitor in the Visiting front lobby.		
The hours for all categories of visitation are posted in the visitation waiting area.	$\boxtimes$					
A written copy of the rules regulating visitation and the hours of visitation is available to visitors.	$\boxtimes$		· 🗆			
A general visitation log is maintained.	$\boxtimes$					
The detainees are permitted to retain personal property items specified in the standard.	. 🛛					
A visitor dress code is available to the public.	$\boxtimes$					
Visitors are searched and identified according to standard requirements.	$\boxtimes$					
The requirement on visitation by minors is complied with.	$\boxtimes$			Minors are allowed to visit if accompanied by an adult.		
At facilities where there is no provision for visits by minors, ICE arranges for visits by children and stepchildren, on request, within the first 30 days.	×					
After that time, on request, ICE considers a transfer, when possible, to a facility that will allow minor visitation. At a minimum, monthly visits are allowed.	×					
Detainees in special housing are afforded visitation.	$\boxtimes$					
Legal visitation is available seven (7) days a week, including holidays.	$\boxtimes$					
On regular business days legal visitation hours are provide for a minimum of eight (8) hours per day, and a minimum of four hours per day on weekends and holidays.	×					
On regular business days, detainees are given the option of continuing a meeting with a legal representative through a scheduled meal.	×			The detainees are given the option of continuing a meeting with a legal representative through a scheduled meal.		
Private consultation rooms are available for attorney meetings. There is a mechanism for the detainee and his/her representative to exchange documents.						
There are written procedures governing detainee searches.	$\boxtimes$					
When strip searches are required after every contact visit with a legal representative, the facility provides an option for non-contact visits with legal representatives.	×					
Prior to each visit, legal service providers and assistants are identified per the standard.	×					
The current list of <i>pro bono</i> legal organizations is posted in the detainee housing areas and other appropriate areas.	Ø					
The decision to permit or deny a tour is not delegated below the level of Field Office Director.	$\boxtimes$					

VISITATION					
POLICY: ICE SHALL PERMIT DETAINEES TO VISIT WITH FAMILY, FRIENDS, LE MEDIA.	GAL REPR	ESENTATIV	ÆS, SPECIÆ	AL INTEREST GROUPS, AND THE N	EWS
Provisions for NGO visitation, as stated in the Detention Standards, are complied with.	$\boxtimes$				
Law enforcement officials who request to visit with a detainee are referred to the ICE Field Office for approval.	$\boxtimes$	. 🗆			
Former detainees or aliens in proceedings, requesting to visit with a detainee, are referred to the OIC or ICE Field Office.	$\boxtimes$				
Procedures are in place, consistent with the detention standard, for examinations by independent medical service providers and experts.	$\boxtimes$				
ACCEPTABLE DEFICIENT	AT-RI	SK	i	REPEAT FINDING	ĺ
REMARKS:					

Detainees are allowed to visit with friends, family, legal representatives, and members of the news media upon their requests.

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#### DETAINEE TELEPHONE ACCESS POLICY: ALL FACILITIES HOUSING ICE DETAINEES WILL PERMIT DETAINEES' REASONABLE AND EQUITABLE ACCESS TO TELEPHONES. COMPONENTS Y N NA REMARKS Detainees are allowed adequate Detainees are allowed access to telephones during established facility 冈 access to telephones during waking hours. facility waking hours. Policies, procedures and the Upon admittance, detainees are made aware of the facility's telephone detainee handbook indicate $\boxtimes$ П П access policy. detainees are made aware of their access to the telephones. The access rules are posted in X П Access rules are posted in housing units. the housing units. The facility makes a reasonable effort to provide key information to $\boxtimes$ detainees in languages spoken by any significant portion of the facility's population. Detainees are allowed to make Telephones are provided at a minimum ratio of one telephone per 25 collect calls, and there are X П detainees in the facility population. adequate numbers of phones in the housing units. Telephones are inspected regularly by facility staff to ensure that they $\boxtimes$ are in good working order. The facility administration promptly reports out-of-order telephones to $\boxtimes$ $\Box$ the facility's telephone service provider. The facility administration monitors repair progress and takes appropriate measures to ensure that required repairs are begun and X $\Box$ П completed timely. Detainees are afforded a reasonable degree of privacy for legal phone M П $\Box$ A procedure exists to assist a detainee who is having trouble placing a $\boxtimes$ confidential call. The facility provides the detainees with the ability to make non-collect Ø $\Box$ П (special access) calls. X Special Access calls are at no charge to the detainees. The OIG phone number for The OIG phone number for reporting abuse is programmed into the detainees to report abuse is not detainee phone system and the phone number was checked by the П X $\Box$ programmed into the telephones, inspector during the review. and it is not posted in the housing units. The facility staff was aware of the requirement for detainees to In facilities unable to fully meet this requirement initially because of have access to phone OIG П X limitations of its telephone service, ICE makes alternate arrangements to within 24 hours of a request; provide required access within 24 hours of a request by a detainee. however, there are no arrangements made by ICE. No restrictions are placed on detainees attempting to contact attorneys and legal service providers who are on the approved "Free Legal $\boxtimes$ Services List". Special arrangements are made to allow detainees to speak by telephone $\boxtimes$ with an immediate family member detained in another Facility. Any telephone restrictions are documented.

DETAINEE TELEPHONE ACCESS							
POLICY: ALL FACILITIES HOUSING ICE DETAINEES WILL PERMIT DETAINEES' REASONABLE AND EQUITABLE ACCESS TO TELEPHONES.							
COMPONENTS Y N NA REMARKS							
The facility has a system for taking and delivering emergency detained telephone messages.	$\boxtimes$	. 🗆					
Emergency phone call messages are immediately given to detainees.	$\boxtimes$						
Detainees are allowed to return emergency phone calls as soon as possible.	$\boxtimes$						
Detainees in disciplinary segregation are allowed phone calls relating to the detainee's immigration case or other legal matters, including consultation calls.	×						
Detainees in disciplinary segregation are allowed phone calls to consular/embassy officials.	$\boxtimes$			·			
Detainees in disciplinary segregation are allowed phone calls for family emergencies.	×						
Detainees in administrative detention and protective custody are afforded the same telephone privileges as those in general population.	×						
When detainee phone calls are monitored, notification is posted by detainee telephones that phone calls made by the detainees may be monitored. Special Access calls are not monitored.	×	-		·			
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING							

# REMARKS:

The OIG phone number for detainees to report abuse is not programmed into the telephone system, and it is not posted in the housing units.

The facility staff was aware of the requirement for detainees to have the ability to phone OIG within 24 hours of a request; however, ICE has not made arrangements to meet this requirement.

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SECTION II. DETAINEE SERVICES STANDARDS

# ADMISSION AND RELEASE

POLICY: ALL DETAINEES WILL BE ADMITTED AND RELEASED IN A MANNER THAT ENSURES THEIR HEALTH, SAFETY, AND WELFARE. THE ADMISSIONS PROCEDURE WILL, AMONG OTHER THINGS INCLUDE: MEDICAL SCREENING; A FILE-BASED ASSESSMENT AND CLASSIFICATION PROCESS; A BODY SEARCH; AND A SEARCH OF PERSONAL BELONGINGS, WHICH WILL BE INVENTORIED, DOCUMENTED, AND SAFEGUARDED AS NECESSARY.

COMPONENTS	Y	N	NA	Remarks
In-processing includes an orientation of the facility. The orientation includes: Unacceptable activities and behavior, and corresponding sanctions; How to contact ICE; The availability of <i>pro bono</i> legal services, and how to pursue such services; schedule of programs, services, daily activities, including visitation, telephone usage, mail				The detainees are processed during Admission and Orientation and they have the availability of pro bono legal services, a schedule of program
service, religious programs, count procedures, access to and use of the law library and the general library; sick-call procedures, and the detainee handbook.				services, visitation and telephone usage. Additionally, the detainees are issued a detainee handbook that provides sick call procedures, general library and law library procedures for access.
Medical screenings are performed by medical staff <u>or</u> persons who have received specialized training for the purpose of conducting an initial health screening.	፟ ፟			The detainees receive a medical screening upon their arrival to the facility.
Each new arrival is classified according to criminal history and threat levels. Criminal history is provided for each detainee by the ICE field office.				Upon detainees arrival to the facility they are classified according to their criminal history and threat levels. There is an adequate classification program at this facility.
All new arrivals are searched in accordance with the "Detainee Search" standard. An officer of the same sex as the detainee conducts the search and the search is conducted in an area that affords as much privacy as possible.				
Detainees are stripped searched only when cause has been established and not as routine policy. Non-criminal detainees are not strip-searched but are patted down, unless reasonable suspicion is established.				
The "Contraband" standard governs all personal property searches. IGSAs/CDFs use or have a similar contraband standard. Staff prepares a complete inventory of each detainee's possessions. The detainee receives a copy.				
Staff completes Form I-387 or similar form for CDFs and IGSAs for every lost or missing property claim. Facilities forward all I-387 claims to ICE.				
Detainees are issued appropriate and sufficient clothing and bedding for the climatic conditions.	]			
The facility provides and replenishes personal hygiene items as needed. Gender-specific items are available. ICE Detainees are not charged for these items.				
All releases are properly coordinated with ICE using a Form I-203.				
Staff completes paperwork/forms for release as required.			<del>                                     </del>	Done of Events
□ ACCEPTABLE  □ DEFICIENT  □	AT-R	ISK.		REPEAT FINDING

# REMARKS:

Detainees are admitted and released in a manner that ensures their health, safety, and welfare. The A & O process covers a variety of admission procedures to ensure the detainees are safe, to include a medical screening, classification, and a search of personal belongings.

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CLASSIFICATIO	CLASSIFICATION SYSTEM					
POLICY: ALL FACILITIES WILL DEVELOP AND IMPLEMENT A SYSTEM ACCORDING TO WHICH ICE DETAINEES ARE CLASSIFIED. THE CLASSIFICATION SYSTEM WILL ENSURE THAT EACH DETAINEE IS PLACED IN THE APPROPRIATE CATEGORY, PHYSICALLY SEPARATED FROM DETAINEES IN OTHER CATEGORIES						
COMPONENTS	Y	N	NA	REMARKS		
The facility has a system for classifying detainees. In CDFs and IGSAs, an Objective Classification System or similar is used.	×			The facility has a viable system for detainees to be classified. The detainees are housed appropriately and physically separated from detainees in other categories.		
<ul> <li>The facility classification system includes:</li> <li>Classifying detainees upon arrival;</li> <li>Separating from the general population those individuals who cannot be classified upon arrival; and</li> <li>The first-line supervisor or designated classification specialist reviewing every classification decision.</li> </ul>				The classification of detainees is computer-based and there are adequate procedures to ensure detainees are classified appropriately.		
The intake/processing officer reviews work-folders, A-files, etc., to identify and classify each new arrival.	$\boxtimes$					
Staff uses only information that is factual, and reliable to determine classification assignments. Opinions and unsubstantiated/unconfirmed reports may be filed but are not used to score detainees classifications.						
Housing assignments are based on classification-level.						
A detainee's classification-level does not affect his/her recreation opportunities. Detainees recreate with persons of similar classification designations.	×					
Detainee work assignments are based upon classification designations.			$\boxtimes$	ICE detainees do not work at this facility.		
The classification process includes reassessment/reclassification. At IGSA's, detainees may request reassessment 60 days after arrival.						
Procedures exist for a detainee to appeal their classification assignment. Only a designated supervisor or classification specialist has the authority to reduce a classification-level on appeal.	$\boxtimes$					
Classification appeals are resolved within five business days and detainees are notified of the outcome within 10 business days.	$\boxtimes$					
Classification designations may be appealed to a higher authority, such as the Warden or equivalent.	$\boxtimes$					
The Detainee Handbook or equivalent for IGSAs explains the classification levels, with the conditions and restrictions applicable to each.	×					
ACCEPTABLE DEFICIENT	] AT-RI	SK		REPEAT FINDING		
REMARKS:  ICE detainees do not work at this facility.						

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# CORRESPONDENCE AND OTHER MAIL

POLICY: ALL FACILITIES WILL ENSURE THAT DETAINEES SEND AND RECEIVE CORRESPONDENCE IN A TIMELY MANNER, SUBJECT TO LIMITATIONS REQUIRED FOR THE SAFETY, SECURITY, AND ORDERLY OPERATION OF THE FACILITY. OTHER MAIL WILL BE PERMITTED, SUBJECT TO THE SAME LIMITATIONS. EACH FACILITY WILL WIDELY DISTRIBUTE ITS GUIDELINES CONCERNING CORRESPONDENCE AND OTHER MAIL.

THE SAME LIMITATIONS. EACH FACILITY WILL WIDELY DISTRIBUTE ITS GUIL	JELINES CO	JUCEKUI	IG CORRE	SPUNDENCE AND UTHER MAIL.
COMPONENTS	YES	No	NA	REMARKS
The rules for correspondence and other mail are posted in each housing or common area, or provided to each detainee via a detainee handbook.	×			The rules for correspondence and other mail are provided to each detainee via detainee handbook.
The facility provides key information in languages other than English; In the language(s) spoken by significant numbers of detainees. List any exceptions.	×			The detainee handbook is in English and Spanish.
Incoming mail is distributed to detainees within 24 hours or 1 business day after it is received and inspected.	×			
Outgoing mail is delivered to the postal service within one business day of its entering the internal mail system (excluding weekends and holidays).				
Staff does not open and inspect incoming general correspondence and other mail (including packages and publications) without the detainee present unless documented and authorized in writing by the Warden or equivalent for prevailing security reasons.	×			
Staff does not read incoming general correspondence without the Warden's prior written approval.	×			
Staff does not inspect incoming special Correspondence for physical contraband or to verify the "special" status of enclosures without the detainee present.				
Staff is prohibited from reading or copying incoming special correspondence.	Ø			
Staff is only authorized to inspect outgoing correspondence or other mail without the detainee present when there is reason to believe the item might present a threat to the facility's secure or orderly operation, endanger the recipient or the public, or might facilitate criminal activity.				
Correspondence to a politician or to the media is processed as special correspondence and is not read or copied.	$\boxtimes$			
The official authorizing the rejection of incoming mail sends written notice to the sender and the addressee.	⊠			The facility uses canines to inspect incoming mail on a daily basis. The mail room staff sends written notice to the sender and the addressee.
The official authorizing censorship or rejection of outgoing mail provides the detainee with signed written notice.	×			·
Staff maintains a written record of every item removed from detainee mail.	×			,
The Warden or equivalent monitors staff handling of discovered contraband and its disposition. Records are accurate and up to date.	Ø			
The procedure for safeguarding cash removed from a detainee protects the detainee from loss of funds and theft. The amount of cash credited to detainee accounts is accurate. Discrepancies are documented and investigated. Standard procedure includes issuing a receipt to the detainee.				
Original identity documents (e.g., passports, birth certificates) are immediately removed and forwarded to ICE staff for placement in A-files.	×			

CORRESPONDENCE AND OTHER MAIL						
CORRESPONDENCE AND OTHER MAIL						
POLICY: ALL FACILITIES WILL ENSURE THAT DETAINEES SEND AND RECEIVE CORRESPONDENCE IN A TIMELY MANNER, SUBJECT TO						
LIMITATIONS REQUIRED FOR THE SAFETY, SECURITY, AND ORDERLY OPERATE						
THE SAME LIMITATIONS. EACH FACILITY WILL WIDELY DISTRIBUTE ITS GUIL Staff provides the detainee a copy of his/her identity document(s) upon	<u> </u>	JNCERNI	NG CORRE	SPONDENCE AND OTHER MAIL.		
request.	$\boxtimes$	- 🗆				
Staff disposes of prohibited items found in detainee mail in accordance with the "Control and Disposition of Contraband" Standard or the similar prevailing policy in IGSAs.	$\boxtimes$					
Every indigent detainee has the opportunity to mail, at government expense, reasonable correspondence about a legal matter, in three one ounce letters per week and packages deemed necessary by ICE.						
The facility has a system for detainees to purchase stamps and for mailing all special correspondence and a minimum of 5 pieces of general correspondence per week.						
The facility provides writing paper, envelopes, and pencils at no cost to ICE detainees.	$\boxtimes$					
☑ ACCEPTABLE ☐ DEFICIENT ☐ AT-RISK ☐ REPEAT FINDING						
REMARKS:  The facility has an adequate procedure for detainees to send and receive correspondence in a timely manner.						
The facility has an adequate procedure for detainees to send and receive correspondence in a timely manner.						

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# DETAINEE HANDBOOK

POLICY: EVERY OIC WILL DEVELOP A SITE-SPECIFIC DETAINEE HANDBOOK TO SERVE AS AN OVERVIEW OF, AND GUIDE TO, THE DETENTION POLICIES, RULES, AND PROCEDURES IN EFFECT AT THE FACILITY. THE HANDBOOK WILL ALSO DESCRIBE THE SERVICES, PROGRAMS, AND OPPORTUNITIES AVAILABLE THROUGH VARIOUS SOURCES, INCLUDING THE FACILITY, ICE, PRIVATE ORGANIZATIONS, ETC. EVERY DETAINEE WILL RECEIVE A COPY OF THIS HANDBOOK UPON ADMISSION TO THE FACILITY.

COMPONENTS	Y	N	NA	REMARKS	
The detainee handbook is written in English and translated into	$\boxtimes$				
Spanish, or into the next most-prevalent Language(s).					
The handbook is supplemented by the facility orientation video, where one is provided.	$\boxtimes$				
All staff members receive a handbook and training regarding the			<del> </del>		
handbook contents.	$\boxtimes$				
The handbook is revised as necessary and there are procedures in					
place for immediately communicating any revisions to staff and	$\boxtimes$			Page 1	
detainees.					
There an annual review of the handbook by a designated	$\boxtimes$				
committee or staff member.	KZI	· 🖳			
The detainee handbook addresses the following issues:					
Personal Items permitted to be retained by the detainee;	-			Property taken during admission,	
and	$\boxtimes$			page 5. Items issued to inmate,	
Initial issue of clothes, bedding and personal hygiene				page 6	
items.  The detainee handbook states in clear language the basic detainee		<del>}</del>	<del> </del>	Dulas and rasmonsibilities of	
responsibilities.	$\boxtimes$			Rules and responsibilities of inmates, page 2	
The handbook clearly outlines the methods for classification of		l ———	-	minates, page 2	
detainees, explains each level, and explains the classification	$\boxtimes$	- 🗆		Classification, page 6	
appeals process.		-			, , , ,
The handbook states when a medical examination will be	×			Houlth some mage 21	
conducted.	N			Health care, page 21	
The handbook describes the facility, housing units, dayrooms, in-	$\boxtimes$			Classification, page 6	
dorm activities, and special housing units.		<u> </u>	<u> </u>	Recreation, page 12	
The handbook describes official count times and count			İ	Counts, page 54	
procedures; meal times and feeding procedures; procedures for medical or religious diets; smoking policy; clothing exchange	$\boxtimes$			Food Service, page 20	
schedules; and, if authorized, clothes washing and drying				Tobacco, page 60	
procedures, and expected personal hygiene practices.		l	İ	Laundry Services, page 24	
The handbook describe times and procedures for obtaining		<del>                                     </del>			
disposable razors, and allows that detainees attending court will	$\boxtimes$			Personal hygiene, page 27	
be afforded the opportunity to shave first.		} _	-	)	
The handbook describes barber hours and hair cutting	$\boxtimes$			Hairanta paga 57	
restrictions.				Haircuts, page 57	
The handbook describes the telephone policy; debit card					
procedures; direct and free calls; locations of telephones; policy	$\boxtimes$			Telephone, page 17	
when telephone demand is high; and policy and procedures for		-	<del>-</del> .	Total Control	
emergency phone calls.	1521	<del> </del>	<del>                                     </del>	D. P. J. St. Co.	
The handbook addresses religious programming.		<u>                                     </u>	<del>                                     </del>	Religious Services, page 25	
The handbook states times and procedures for commissary or vending machine usage, where available.	$\boxtimes$			Commissary, page 16	
The handbook describes the detainee voluntary work program.	$\boxtimes$		1 1	Work detail inmates, page 55	
The handbook describes the library location and hours of					
operation, and law library procedures and schedules.	$\boxtimes$			Law library, page 19	
The handbook describes attorney and regular visitation hours,				Visitation nogo 12	
policies, and procedures.				Visitation, page 13	
The handbook describes the facility contraband policy.	$\boxtimes$			Searches, page 55	

DETAINEE H	ANDBO	ok							
POLICY: EVERY OIC WILL DEVELOP A SITE-SPECIFIC DETAINEE I	IANDBOOI	k to serv							
DETENTION POLICIES, RULES, AND PROCEDURES IN EFFECT AT THE	FACILITY.	. The hai	NDBOOK	WILL ALSO DESCRIBE THE SERVICES,					
PROGRAMS, AND OPPORTUNITIES AVAILABLE THROUGH VARIOUS SOURCES, INCLUDING THE FACILITY, ICE, PRIVATE ORGANIZATIONS,									
ETC. EVERY DETAINEE WILL RECEIVE A COPY OF THIS HANDBOOK UPON ADMISSION TO THE FACILITY.									
Components									
The handbook describes the facility visiting hours and schedule,	$\boxtimes$	П		Visitation, page 13					
and visiting rules and regulations.	K-N			Visitation, page 13					
The handbook describes the correspondence policy and	$\boxtimes$	П		Mail, page 8					
procedures.	K-24	<u></u>		Man, page o					
The handbook describes the detainee disciplinary policy and	·								
procedures, including:									
<ul> <li>Prohibited acts and severity scale sanctions;</li> </ul>	$\boxtimes$			Disciplinary procedure, page 30					
<ul> <li>Time limits in the Disciplinary Process; and</li> </ul>									
<ul> <li>Summary of the Disciplinary Process.</li> </ul>									
The grievance section of the handbook explains all steps in the				Grievance procedures, page 29.					
grievance process - Including:									
<ul> <li>Informal (if used) and formal grievance procedures;</li> </ul>				Staff/detainee availability to help					
				during the grievance process is					
<ul> <li>The appeals process;</li> </ul>				not addressed					
• <u>In CDF</u> facilities: procedures for filing an appeal of a									
grievance with ICE.				Guarantee against staff retaliation					
Staff/detainee availability to help during the grievance	L3	<u></u>	<u></u>	for filing/pursuing a grievance is					
process.				not addressed					
<ul> <li>Guarantee against staff retaliation for filing/pursuing a</li> </ul>				TY					
grievance.		ļ		How to file a complaint about					
How to file a complaint about officer misconduct with				officer misconduct with the					
the Department of Homeland Security.				Department of Homeland					
				Security is not addressed					
		1							
		Ì							
The detainee handbook describes the medical sick call procedures		<del> </del>							
for general population and segregation.				Health care, page 21					
The handbook describes the facility recreation policy including:		<u> </u>							
Outdoor recreation hours.	$\boxtimes$			Recreation, page 12					
Indoor recreation hours.	الكا	لنا	4	Recreation, page 12					
The handbook describes the detainee dress code for daily living;	<b></b>	<del> </del>	<b></b>						
and work assignments.	☒			Personal hygiene, page 27					
The handbook specifies the rights and responsibilities of all	<del></del>	<del> </del>							
detainees.				Rules and responsibilities, page 2					
ACCEPTABLE DEFICIENT	T AT	-Risk	L.,	REPEAT FINDING					
NACCELIABLE DEFICIENT	A1.	-1/12V		LI VELEVI L'IMMA					
MADKS.									

Staff/detainee availability to help during the grievance process, a guarantee against staff retaliation for filing/pursuing a grievance, and procedures for filing a complaint about officer misconduct with the Department of Homeland Security are not addressed.

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#### FOOD SERVICE POLICY: EVERY FACILITY WILL PROVIDE DETAINEDS IN ITS CARE WITH NUTRITIOUS AND APPETIZING MEALS, PREPARED IN ACCORDANCE WITH THE HIGHEST SANITARY STANDARDS. NA REMARKS COMPONENTS Food Service is under the direct The food service program is under the direct supervision of a professionally trained and certified food service administrator. supervision of Appleton, Bresed, and Lawrence (ABL) Responsibilities of cooks and cook foremen are in writing. The Food Service Administrator (FSA) determines the responsibilities of the Food Management staff of Baton Service Staff. X П П Rouge, LA. The staff consists of a Food Administrator, two Assistants, five cooks, one sanitation supervisor, and forty detainee workers. The Cook Supervisor is on duty on days when the FSA is off duty and M П vice versa. The FSA provides food service employees with training that specifically addresses detainee-related issues. 冈 П П In ICE Facilities this includes a review of the ICE "Food Service" standard Knife cabinets close with an approved locking device, and the on-duty X $\Box$ cook foreman maintains control of the key that locks the device. All knives not in a secure cutting room are physically secured to the All knives are secured to work workstation and staff directly supervises detainees using knives at these workstations. Staff monitors the condition of knives and dining utensils. X П When necessary, special procedures govern the handling of food items M that pose a security threat. Operating procedures include daily searches (shakedowns) of detainee Daily shakedowns of all food work areas. service work areas are being conducted. The shift 図 П П commander checks the area daily prior to the detainees being released. The FSA monitors staff implementation of the facility's population 冈 counts procedures. Staff is trained in count procedures. The detainees assigned to the food service department look neat and clean. Their clothing and grooming comply with the "Food Service" $\boxtimes$ П $\Box$ standard. The FSA annually reviews detainee-volunteer job descriptions to ensure $\boxtimes$ П $\Box$ they are accurate and up-to-date. The Cook Foreman or equivalent instructs newly assigned detainee $\boxtimes$ $\Box$ workers in the rules and procedures of the food service department. During orientation and training session(s), the CS explains and demonstrates: Safe work practices and methods; $\boxtimes$ Safety features of individual products/pieces of equipment; and Training covers the safe handling of hazardous material[s] the

 $\boxtimes$ 

detainees are likely to encounter in their work.

The Cook Supervisor documents all training in individual detainee

detention files.

FOOD SERVICE					
POLICY: EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITH NUTRITIOUS AND APPETIZING MEALS, PREPARED IN ACCORDANCE WITH THE HIGHEST SANITARY STANDARDS.					
COMPONENTS	Y	N	NA .	REMARKS	
Detainees at CDFs are paid in accordance with the "Voluntary Work Program" standard. Detainee workers at IGSAs are subject to local and state rules and regulations regarding detainee pay.	☒				
Detainees are served at least two hot meals every day. No more than 14 hours elapse between the last meal served and the first meal of the following day.		. []			
For cafeteria style operations, a transparent "sneeze guard" protects both the serving line and salad bar line.				This facility does not have a cafeteria style operation other than the Officers' Dining Room.	
The facility has a standard 35-day menu cycle. IGSAs use a 35 day or similar system for rotating meals.	$\boxtimes$			The facility has a 28-day menu cycle.	
The FSA or facility considers the ethnic diversity of the facility's detainee population when developing menu cycles (Provide examples).	⊠				
A registered dietitian conducts a complete nutritional analysis of every master-cycle menu planned.	×			A registered dietitian conducts a nutritional analysis of the master cycle menu.	
The FSA has established procedures to ensure that items on the master-cycle menu are prepared and presented according to approved recipes.	$\boxtimes$				
The Cook Foreman has the authority to change menu items if necessary.  If yes, documenting each substitution, along with its justification  With copy to FSA	⊠				
All staff and volunteers know and adhere to written "food preparation" procedures.	×			·	
Detainees whose religious beliefs require the adherence to particular religious dietary laws are referred to the Chaplain or FSA.	$\boxtimes$				
A common-fare menu available to detainees whose dietary requirements cannot be met on the main line.  Changes to the planned common-fare menu can be made at the facility level;  Hot entrees are offered three times a week;  The common-fare menus satisfy nutritional recommended daily allowances (RDAs);  Staff routinely provide hot water for instant beverages and foods;  Common-fare meals are served with:  Disposable plates and utensils.  Reusable plates and utensils.  Staff use separate cutting boards, knives, spoons, scoops, etc., to prepare the common-fare diet items.		$\boxtimes$		There is no common-fare menu available to detainees. All religious diet requests are referred to the chaplain for approval. Facility offers a pork free menu and lacto-ovo vegetarian for religious diets. There are currently fifteen detainees on an alternate vegetarian religious diet.	
A supervisor at the command level must approve a detainee's removal from the Common-Fare Program.	$\boxtimes$				
The Warden, in conjunction with the chaplain and/or local religious leaders, provides the FSA a schedule of the ceremonial meals for the following calendar year.	×			The chaplain provides the FSA with a list of all ceremonial meals.	

#### FOOD SERVICE POLICY: EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITH NUTRITIOUS AND APPETIZING MEALS, PREPARED IN ACCORDANCE WITH THE HIGHEST SANITARY STANDARDS. **COMPONENTS** REMARKS The common-fare program accommodates detainees abstaining from particular foods or fasting for religious purposes at prescribed times of the year. There is no common fare Muslims fasting during Ramadan receive their meals after program available; however, sundown. accommodations are made to $\boxtimes$ Jews who observe Passover but do not participate in the meet the detainees' religious Common-Fare Program receive the same Kosher-for-Passover needs at prescribed times of the meals as those who do participate. year. Main-line offerings include one meatless meal (lunch or dinner) on Ash Wednesday and Fridays during Lent. The food service program addresses medical diets. The Food Service Department offers ten different medical diets X П П and currently has 214 detainees on prescribed medical diets. Satellite-feeding programs follow guidelines for proper sanitation. X Hot and cold foods are maintained at the prescribed, "safe" On site observation of two meals temperature(s) while being served. indicates foods are maintained at $\boxtimes$ prescribed safe temperatures and served within one hour of tray make-up. All meals are provided in nutritionally adequate portions. $\boxtimes$ Ø Food is not used to punish or reward detainees based upon behavior. The food service staff instructs detainee volunteers on: Personal cleanliness and hygiene; Sanitary techniques for preparing, storing, and serving food; 冈 П П The sanitary operation, care, and maintenance of equipment. Everyone working in the food service department complies with food On site observation during the safety and sanitation requirements. review confirmed that all food service staff and volunteer $\boxtimes$ П workers were in compliance with food safety and sanitation requirements. Standard operating procedures include weekly inspections of all food service areas, including dining and food-preparation areas and 図 equipment. Who conducts the inspections? Equipment is inspected for compliance with health and safety codes and Facility was inspected by the regulations. $\boxtimes$ П Georgia Department of Human When was the most recent inspection? Resources in May 2008. Which agency conducted the inspection? Reports of discrepancies are forwarded to the Warden or designated $\boxtimes$ department head, and corrective action is scheduled and completed. Standard procedure includes checking and documenting temperatures of A review of two months logs all dishwashing machines after each meal. and onsite observation indicates $\boxtimes$ that dish machine temperatures are being checked during each

meal.

FOOD SERVICE					
POLICY: EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITH NUTRITIOUS AND APPETIZING MEALS, PREPARED IN ACCORDANCE WITH THE HIGHEST SANITARY STANDARDS.					
COMPONENTS	Y	N	NA	REMARKS	
Staff documents the results of every refrigerator/freezer temperature check.				A review of two months of temperature check logs indicates that temperatures are being checked and logged three times per day. Temperatures where within food service guidelines during the review.	
The cleaning schedule for each food service area is conspicuously posted.	×			·	
Procedures include inspecting all incoming food shipments for damage, contamination, and pest infestation.	×				
Storage areas are locked when not in use.	$\boxtimes$				
ACCEPTABLE DEFICIENT	] AT-RI	SK		REPEAT FINDING	

# REMARKS:

There is no common-fare menu available to detainees. The facility does offer a pork free menu and a lacto-ovo vegetarian menu for religious diets.

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FUNDS AND PERSONAL PROPERTY							
POLICY: ALL FACILITIES WILL IMPLEMENT PROCEDURES TO CONTROL AND SAFEGUARD DETAINEES' PERSONAL PROPERTY. PROCEDURES WILL PROVIDE FOR THE SECURE STORAGE OF FUNDS, VALUABLES, BAGGAGE AND OTHER PERSONAL PROPERTY; THE DOCUMENTATION AND RECEIPTING OF SURRENDERED PROPERTY; AND THE INITIAL AND REGULARLY SCHEDULED INVENTORYING OF ALL FUNDS, VALUABLES, AND OTHER PROPERTY.							
STANDARD NA: (IGSA ONLY) CHECK THIS BOX IF ALL ICE DETAINEE FUNDS, VALUABLES AND PROPERTY ARE HANDLED ONLY BY THE ICE FIELD OFFICE OR SUB-OFFICE IN CONTROL OF THE DETAINEE CASE.							
COMPONENTS	YES	No	NA	REMARKS			
Detainee funds and valuables are properly separated, stored, and are accessible only by designated supervisor(s).	×			Chatham County Detention Center (CCDC) Policy 04-20-01 Institutional Services, Inmate Personal Property insures that detainee funds and valuables are properly separated and stored.			
Detainees' large valuables are secured in a location accessible to designated supervisor(s) or processing staff only.				The facility will not accept excess property or large valuables			
Staff itemizes the baggage and personal property of arriving detainees (including funds and valuables). <u>For IGSAs and CDFs</u> , using a personal property inventory form that meets the ICE standard?							
Staff forwards an arriving detainee's medication to the medical staff.	$\boxtimes$						
Audits of baggage and non-valuable property occur each quarter and audits are logged and verified.				CCDC Post Orders or Policy did not require a quarterly audit of baggage and non-valuable property. Policy was changed to meet ICE Detention Standards.			
Two officers are present during the processing of detainee funds and valuables during in-processing to the facility. Both officers verify funds and valuables.	×			Two officers are not present; however, funds and property are verified in the presence of the transporting officer and the funds are verified by the cashier. Detainees sign and receive a copy of the Inmate Property Received Form			
Staff searches arriving detainees and their personal property for contraband.	×						
Staff procedures follow written policy for returning forgotten property to detainees.	$\boxtimes$						
Property discrepancies are immediately reported to the CDEO or Chief of	$\boxtimes$						

FUNDS AND PERSONAL PROPERTY							
POLICY: ALL FACILITIES WILL IMPLEMENT PROCEDURES TO CONTROL AND SAFEGUARD DETAINEES' PERSONAL PROPERTY. PROCEDURES WILL PROVIDE FOR THE SECURE STORAGE OF FUNDS, VALUABLES, BAGGAGE AND OTHER PERSONAL PROPERTY; THE DOCUMENTATION AND RECEIPTING OF SURRENDERED PROPERTY; AND THE INITIAL AND REGULARLY SCHEDULED INVENTORYING OF ALL FUNDS, VALUABLES, AND OTHER PROPERTY.							
STANDARD NA: (IGSA ONLY) CHECK THIS BOX IF ALL ICE DETAINEE FUNDS, VALUABLES AND PROPERTY ARE HANDLED ONLY BY THE ICE FIELD OFFICE OR SUB-OFFICE IN CONTROL OF THE DETAINEE CASE.							
Staff follows written procedures when returning property to detainees.				CCDC Policy did not contain written procedures for returning property to detainees. The Inmate/Detainee handbook states that detainees must take their property or make arrangements to have it picked up or shipped. If after forty-five days the property has not been picked up the property will be destroyed or donated. Policy was changed to meet ICE Detention Standards. Policy was changed to contact ICE Field Office.			
CDF/IGSA facility procedures for handling detainee property claims are similar with the ICE standard.	$\boxtimes$						
The facility attempts to notify an out-processed detainee that he/she left property in the facility:  • By sending written notice to the detainee's last known address;  • Via certified mail; and  • The notice state that the detainee has 30 days in which to claim the property, after which it will be considered abandoned.	×			Facility policy or post orders did not outline procedures for notification of an out-processed detainee via certified mail that he/she left property in the facility. Policy was changed to contact ICE Field Office.			
The facility disposes of abandoned property in accordance with written procedures.  • If a CDF/IGSA facility, written procedure requires the prompt forwarding of abandoned property to ICE.	⊠			There is no procedure for forwarding abandoned property to ICE. Policy does not address the procedure for disposing of abandoned property. Policy was changed to contact ICE Field Office.			
□ ACCEPTABLE □ DEFICIENT □	AT-RISI	<		REPEAT FINDING			

# REMARKS

Chatham County Detention Center (CCDC) Policy 04-20-01, Institutional Services, Inmate Personal Property, was changed during the review to comply with ICE Detention Standards. The change requires staff contact the ICE Field Office with any problems that arise. Facility management staff should continue to monitor implementation of this policy and procedure change.

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#### **DETAINEE GRIEVANCE PROCEDURES**

POLICY: EVERY FACILITY WILL DEVELOP AND IMPLEMENT STANDARD OPERATING PROCEDURES (SOPS) FOR ADDRESSING DETAINEE GRIEVANCES IN TIMELY FASHION. EACH STEP IN THE PROCESS WILL OCCUR WITHIN THE PRESCRIBED TIME FRAME. AMONG OTHER THINGS, A GRIEVANCE WILL BE PROCESSED, INVESTIGATED, AND DECIDED (SUBJECT TO APPEAL) IN ACCORDANCE WITH THE SOPS; A GRIEVANCE COMMITTEE WILL CONVENE AS PROVIDED IN THE SOPS. STANDARD PROCEDURE WILL INCLUDE PROVIDING THE DETAINEE WITH A WRITTEN RESPONSE TO ANY FORMAL GRIEVANCE, WHICH WILL INCLUDE THE BASIS FOR THE DECISION. THE FACILITY WILL ALSO ESTABLISH STANDARD PROCEDURES FOR HANDLING EMERGENCY GRIEVANCES. ALL GRIEVANCES WILL RECEIVE SUPERVISORY REVIEW. REPRISAL AGAINST THE FILER OF A GRIEVANCE WILL NOT BE TOLERATED.

OF A GRIEVANCE WILL NOT BE TOLERATED.				
COMPONENTS	Y	N	NA	REMARKS
Written procedures provide for the informal resolution of oral grievances (Not mandatory).  • If yes, the detainee has up to five days within which to make his/her concern known to a member of the staff.				3/19/08 Grievance Procedures, section A
Detainees have access to the grievance committee (or equivalent in IGSA), using formal procedures.  • Detainees may seek help from other detainees or facility staff when preparing a grievance.  • Illiterate, disabled, or non-English-speaking detainees receive special assistance when necessary.		×		A detainee's right to seek help from other detainees or facility staff when preparing a grievance is not addressed.  Special assistance for illiterate, disabled, or non-English-speaking detainees is not addressed.
Every member of the staff knows how to identify emergency grievances, including the procedures for expediting them.	×			3/19/08 Grievance Procedures, II A 2
There are documented or substantiated cases of staff harassing, disciplining, penalizing, or otherwise retaliating against a detainee who lodged a complaint:  • If yes, explain.		×		No cases of staff harassing, disciplining, or otherwise retaliating against detainees for filing grievances were reported.
Procedures include maintaining a Detainee Grievance Log.  If not, an alternative acceptable record keeping system is maintained.  "Nuisance complaints" are identified in the records.  For quality control purposes, staff document nuisance complaints received but not filed.	×		-	
Staff is required to forward any grievance that includes officer misconduct to a higher official or, in a CDF/IGSA facility, to ICE.	$\boxtimes$			
ACCEPTABLE DEFICIENT	AT-RIS	sk		REPEAT FINDING

#### REMARKS:

A detainee's right to seek help from other detainees or facility staff when preparing a grievance is not addressed.

Special assistance for illiterate, disabled, or non-English-speaking detainees is not addressed.

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ISSUANCE AND EXCHANGE OF CLOTH	ING, BE	DDING,	AND TO	DWELS
POLICY: ICE REQUIRES THAT ALL FACILITIES HOUSING ICE DETAINEES PRO ICE DETAINEE UPON ARRIVAL. FURTHER, FACILITIES SHALL PROVIDE ICE D TOWELS FOR AS LONG AS THEY REMAIN IN DETENTION.				
COMPONENTS	YES	No	NA	REMARKS
The facility has a policy and procedure for the regular issuance and exchange of clothing, bedding, linens, and towels.  • The supply of these items exceeds the minimum required for the number of detainees.	Ø			4/23/04 Clothing and Bedding Supplies
<ul> <li>All new detainees are issued clean, temperature-appropriate, presentable clothing during in-processing. Detainees receive:</li> <li>One uniform shirt and one pair of uniform pants, or one jumpsuit;</li> <li>One pair of socks;</li> <li>One pair of underwear (Daily change); and</li> <li>One pair of facility-issued footwear.</li> </ul>	×			Socks and underwear are not issued to detainees.
Additional clothing is available for changing weather conditions, or as	$\boxtimes$			
seasonally appropriate.  New detainees are issued clean bedding, linens, and towels. They receive at a minimum:  One mattress; One blanket; Two sheets; One pillowcase; One towel; and Additional blankets are issued based on local weather conditions.				
Detainees assigned to special work areas are clothed in accordance with the requirements of the job.	Ø			4/23/04 II A 10
Detainees are provided clean clothing, linen and towels.  Socks and undergarments - exchanged daily.  Outer garments - twice weekly.  Sheets - weekly.  Towels - weekly.  Pillowcases - weekly.	⊠			Socks and undergarments are washed weekly.  Outer garments are washed weekly.
Food service detainee volunteer workers are permitted to exchange outer garments daily.	Ø			The food services supervisor indicated this was allowed.
Volunteer detainee workers are permitted to exchange outer garments more frequently.	Ø			
ACCEPTABLE DEFICIENT	AT-RIS	К		REPEAT FINDING
REMARKS:				
Socks and underwear are not issued to detainees	•	·		
Socks and undergarments are washed weekly instead of daily				
Outer garments are washed weekly instead of twice weekly				•
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MARRIAGE REQUESTS				
POLICY: ALL DETAINEE MARRIAGE REQUESTS WILL RECEIVE CASE-BY-CASE CO	NSIDERAT	ION FROM	ICE MA	NAGEMENT.
COMPONENTS	Y	N	NA	REMARKS
The Field Office considers detainee marriage requests on a case-by-case basis.	Ø			The Atlanta Field Office will consider detainee marriage request on a case-by-case basis.
The Field Office Director reviews every marriage request rejected by a Warden/OIC or IGSA. Rejections are documented.	×			Facility does not allow marriages per the facility director. Requests for marriage will be referred to the FOD
It is standard practice to require a written request for permission to marry.	$\boxtimes$			
The written request includes a signed statement or comparable documentation from the intended spouse, confirming marital intent.	⊠			There is not a facility policy that requires a signed statement from the intended spouse, confirming marital intent. Policy was changed to contact the ICE Field Office.
The Warden/OIC provides a written copy of his/her decision to the detainee and his/her legal representative.				There is no policy or procedure in place for marriage request therefore notifications are not made to the detainee's legal representative. Policy was changed to contact the Atlanta Field Office.
When permission is denied, the Warden/OIC states the basis for his/her decision.	⊠			There is no policy that requires the Warden/OIC to state the basis for his decision on marriage request. Policy was changed to contact ICE.
The Warden/OIC provides the detainee with a place and time to make wedding arrangements.				The Jail Administrator does not provide a place and time to make wedding arrangements. Interview with supervisory staff reveals that any request for marriage would be denied. This facility discourages marriages and detainees would be transferred from this facility. ICE would be contacted to make the decision for transfer.
ACCEPTABLE DEFICIENT A	AT-RISK		R	EPEAT FINDING

The facility does not have a policy or procedure that addresses marriage requests. Policy, 03-19-02, Inmate Rights, Access to Programs and Services, was changed during the review to forward all detainees request for marriage to the appropriate federal authorities.



NON-MEDICAL EMERGENCY ESCORTED TRIPS						
POLICY: THE IMMIGRATION AND CUSTOMS ENFORCEMENT (ICE) MAY PROVIDE DETAINEES WITH STAFF-ESCORTED TRIPS INTO THE COMMUNITY FOR THE PURPOSE OF VISITING CRITICALLY ILL MEMBERS OF THE DETAINEE'S IMMEDIATE FAMILY, OR FOR ATTENDING FUNERALS.						
STANDARD N/A: CHECK THIS BOX IF ALL ICE NON-MEDICAL EMERGENCY ESCORTED TRIPS ARE HANDLED ONLY BY THE ICE FIELD OFFICE OR SUB-OFFICE IN CONTROL OF THE DETAINEE CASE.						
COMPONENTS	YES	No	NA	REMARKS		
The Field Office Director considers and approves, on a case-by-case			-			
basis, trips to an immediate family member's:						
• Funeral; or				·		
Deathbed						
The facility recognizes mother, father, brother, sister, spouse, child, step-						
parent, and foster parent as "immediate family".						
The IGSA facility notifies ICE of all detainee requests for non-medical		[]	П			
escorts.						
The detainee's Deportation Officer reviews the file before forwarding a	······································					
detainee's request, with recommendation, to the approving official. Each			<u> </u>			
recommendation addresses the individual's suitability for travel; e.g., the				]		
kind of supervision required.						
Each escort includes at least two officers.						
Escorting officers report unexpected situations to the originating facility						
as a matter of procedure, and the ranking supervisor on duty has the				,		
authority to issue instructions for completion of the trip.						
Escorting officers have the discretion to increase or decrease minimum						
restraints in accordance with written procedures and classification level of						
the detainee.						
Escort officers are precluded from accepting gifts/gratuities from a						
detainee, or detainee's relative or friend for any reason.	i		L			
Escort officers ensure that detainees:			ļ			
• Conduct themselves in a manner that does not bring discredit to the ICE;				·		
Do not violate federal, state, or local laws;						
• Do not purchase, possess, use, consume, or administer narcotics,						
other drugs, or intoxicants;						
Make no unauthorized phone calls; and						
• Know they are subject to search, urinalysis, breathalyzer, or						
comparable test upon return.						
Standard procedure requires the immediate return to the facility of any						
detainee who violates trip rules.						
ACCEPTABLE DEFICIENT	AT-RISI	K		REPEAT FINDING		
REMARKS:		•				
All ICE non-medical emergency escorted trips are handled only by the IC	CE sub-off	fice in co	ntrol of tl	he detainee case.		
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# RECREATION

POLICY:	IT IS ICE POLICY TO PROVIDE ACCESS TO	D RECREATIONAL PROGRAMS AN	ND ACTIVITIES TO ALL ICE DETAIN	EES, TO THE EXTENT
POSSIBLE,	UNDER CONDITIONS OF SECURITY AND SU	PERVISION THAT PROTECT THEIR	R SAFETY AND WELFARE.	

COMPONENTS	Y	SAFETY A	NA	REMARKS
The facility has a recreation program and facility.	#	7.4	YAW.	Chatham County Detention
				Center (CCDC) Policy 5-29-01 Inmate Programs, Recreation, Activities, Equipment, and Facilities, allows all detainees in general housing units accessibility to recreational opportunities and equipment at least one hour per day.
A recreational specialist (for facilities with more than 350 detainees) tailors the program activities and offerings to the detainee population.	×			Three recreational specialists are assigned for Units 5 and 6.
Regular maintenance keeps recreational facilities and equipment in good condition.	$\boxtimes$			
The recreational specialist or trained equivalent supervises detainee recreation workers.	×			There are no detainee recreation workers.
The recreational specialist or trainee equivalent oversees recreation programs for special housing units (SHU) and special-needs detainees.				The recreational specialist oversees recreation programs for special housing units (SHU) and special-needs detainees in Units 5 and 6. Detention Deputies assigned to the living units supervise recreation in Unit 2 SHU.
Dayrooms offer sedentary activities, e.g., board games, cards, television.				
Outside activities are restricted to limited-contact sports.				
Each detainee has the opportunity to participate in daily recreation.	Ø			
Detainees have access to recreation activities outside the housing units for at least one hour daily, 5 days a week.	×			All units other than Unit 6 are receiving at least one hour of recreation a minimum of 5 days per week. Unit 6 receives recreation 4 days per week for one hour and fifteen minutes.
Staff checks all items for damage and condition when equipment is returned.	×			
Staff conducts searches of recreation areas before and after use.	M			
All recreation areas under constant staff supervision.	Ø			
Supervising staff is equipped with radios.	$\boxtimes$			
The facility provides detainees in the SHU at least one hour of outdoor recreation time daily, five times per week.				Detainees in the SHU do not receive at least one hour of outdoor recreation time at least five times per week.
Detainees in disciplinary/administrative segregation receive a written explanation when a panel revokes his/her recreation privileges.	Ø			
Special programs or religious activities are available to detainees.				
Volunteers are required to sign a waiver of liability before entering a secure portion of the facility where detainees are present.	×			
Visitors, relatives or friends are not allowed to serve as volunteers.	Ø			
If outdoor recreation is offered, check this box. No further inform		required	when	utdoor recreation is offered

RECREATION	ON ·		<del></del>		
<b>POLICY:</b> IT IS ICE POLICY TO PROVIDE ACCESS TO RECREATIONAL PROGRAMS AND ACTIVITIES TO ALL ICE DETAINEES, TO THE EXTENT POSSIBLE, UNDER CONDITIONS OF SECURITY AND SUPERVISION THAT PROTECT THEIR SAFETY AND WELFARE.					
If the facility has no outside recreation, are detainees considered for transfer after six months?  • If yes, written procedures ensure timely review of all eligible detainees.					
Case officers make written transfer recommendations about every sixmonth detainee to the OIC.					
The OIC documents all detainee-transfer decisions, whether yes or no.					
The detainee's written decision for or against an offered transfer documented in his/her A-file.					
Staff notifies the detainee's legal representative of his/her decision to accept/decline a transfer.					
If no recreation is available, the ICE Districts routinely review transfer eligibility for all detainees after 60 days.					
The A-file of every detainee who is held more than 60 days without access to recreation contains either a transfer-waiver signed by the detainee, or the OIC's written determination of the detainee's ineligibility for transfer.					
The detainee's legal representative is notified of the detainee's/OIC's decision.					
□ ACCEPTABLE □ DEFICIENT □	AT-RISI	K		REPEAT FINDING	
ACCEPTABLE DEFICIENT   REMARKS:	AT-RISI	K		REPEAT	

Detainees in the SHU do not receive at least one hour of outdoor recreation time at least five times per week.

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RELIGIOUS PRAC	TICES	Į.		
POLICY: FACILITIES WILL PROVIDE ICE DETAINEES OF ALL FAITHS WITH REASO PRACTICES OF THEIR FAITH, LIMITED ONLY BY THE CONSTRAINTS OF SAFETY BUDGETARY CONSIDERATIONS.				
COMPONENTS	Y	N	NA	REMARKS
Detainees are allowed to engage in religious services.	⊠			Chatham County Detention Center (CCDC) Policy 5-32-01 Inmate Programs, Religious Programs, allows detainees unrestricted rights to practice their religious beliefs. Detainees can exercise their belief in any manner that does not cause a threat to the safety, security or the good order of the facility.
Space is available for detainees to conduct religious services.	$\boxtimes$			
The facility allows detainees to observe the major "holy days" of their religious faith.  • List any exceptions.	×			
The facility accommodates recognized holy-day observances by:  • Providing special meals, consistent with dietary restrictions;  • Honoring fasting requirements;  • Facilitating religious services; and  • Allowing activity restrictions.	×			
Each detainee is allowed religious items in his/her immediate possession.	$\boxtimes$			Detainees may possess one acceptable religious medallion/symbol.
Volunteer's credentials are checked and verified before allowing participation in detainee programs.	×			The facility provides two full time Chaplains and over 100 volunteers from the Coastal Ministries.
Members of faiths not represented by clergy may conduct their own services within security allowances.	⊠.			
Detainees in the Special Management Unit are allowed to participate in religious practices unless otherwise documented for the safety and security of the facility.	×			
ACCEPTABLE DEFICIENT	AT-RISK		□R	EPEAT FINDING

Chatham County Detention Center (CCDC) Policy 5-32-01 Inmate Programs, Religious Programs, allows detainees unrestricted rights to practice their religious beliefs. Detainees can exercise their belief in any manner that does not cause a threat to the safety, security, or the good order of the facility.

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VOLU	NTARY	WORK	PROGR	AM

**POLICY:** IN EVERY FACILITY OFFERING A VOLUNTARY WORK PROGRAM, ICE DETAINEES WILL HAVE THE OPPORTUNITY TO WORK AND EARN MONEY BY PARTICIPATING. WHILE NOT LEGALLY REQUIRED, ICE AFFORDS DETAINEE WORKERS BASIC OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA) PROTECTIONS.

CHECK HERE IF ICE DETAINEES ARE NOT AUTHORIZED TO WORK AT THE IGSA FACILITY. MARK NA ON FORM G-324A, PAGE 3 AND MOVE TO NEXT SECTION.

COMPONENTS	Y	N	NA	Remarks
Does the facility have a voluntary work program?  • Do ICE detainees participate?				
Detainee housekeeping meets neatness and cleanliness standards.				
Detainees have the opportunity to participate in special details, however, are never allowed to work outside the secure perimeter.				•
Written procedures govern selection of detainees for the Voluntary Work Program.				
Where possible, physically and mentally challenged detainees participate in the program.				
The facility complies with work-hour requirements for detainees, not exceeding:  • Eight hours a day and Forty hours a week.				
Detainee volunteers generally work according to fixed schedule.				
If a detainee is removed from a work detail, staff places the written justification for the action in the detainee's detention file.				
Staff, in accordance with written procedure, ensures that detainee volunteers understand their responsibilities as workers before they join the work program.				
The voluntary work program meets:  OSHA, NFPA, ACA standards				
Medical staff screen and formally certify detainee food service volunteers.  • Before the assignment begins; and • As a matter of written procedure				
Detainees receive safety equipment/training sufficient for the assignment.				
Proper procedure is followed when an ICE detainee is injured on the job.				
□ ACCEPTABLE □ DEFICIENT □	AT-RISI	ζ		REPEAT FINDING

#### REMARKS

ICE Detainees are not authorized to work at the Chatham County Detention Center.

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SECTION III. HEALTH SERVICES STANDARDS

HUNGER STRIKES						
POLICY: ALL FACILITIES WILL FOLLOW STANDARD GUIDELINES FOR THE MEDICAL AND ADMINISTRATIVE MANAGEMENT OF ICE DETAINEES ENGAGING IN HUNGER STRIKES. BY MONITORING OF THE HEALTH AND WELFARE OF THE INDIVIDUAL DETAINEES, FACILITIES WILL STRIVE TO SUSTAIN THEIR LIVES.						
COMPONENTS	Y	N	NA	REMARKS		
When a detainee has refused food for 72 hours, it is standard practice for staff to refer him/her to the medical department.	. 🗆	⊠		J-F-02-b, ACA: 1C-05: Hunger Strike states the detainee will be referred to Health Services when he/she has completely refused food or drink. There is no time frame in the policy.		
CDFs and IGSAs immediately report a hunger strike to the ICE.	$\boxtimes$					
The facility has established procedures to ensure staff respond immediately to a hunger strike.	$\boxtimes$			·		
Policy and procedure require that staff isolate a hunger-striking detainee from other detainees.  • If yes, in an observation room?	×			Policy:J-F-02-b, ACA:1C-05 TITLE: Hunger Strike		
Medical personnel are authorized to place a detainee in the Special Management Unit or a locked hospital room.	×					
Medical staff records the weight and vital signs of a hunger-striking detainee at least once every 24 hours.	$\boxtimes$			Policy: J-F-02-b, ACA: 1C-05 TITLE: HUNGER Strike.		
The OIC of the facility obtains a hunger striker's consent before medical treatment.	$\boxtimes$			Intake Receiving and Screening form issued by Prison Health Services Inc.		
A signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment.	×			TITLE: Right to Refuse Treatment. J-I-06, ACA: 4D-15. Number J-I-06.		
During a hunger strike, staff document and provide the hunger-striking detainee three meals a day.	×			·		
Staff maintains the hunger striker's supply of drinking water/other beverages.	$\boxtimes$					
During a hunger strike, staff removes all food items from the hunger striker's living area.	$\boxtimes$			·		
Staff is directed to record the hunger striker's fluid intake and food consumption; Does staff always use Hunger Strike Monitoring Form I-839 or similar IGSA form.	$\boxtimes$					
The medical staff has written procedures for treating hunger strikers.	×			TITLE: Hunger Strike, J-F-02-b, and ACA: 1C-05.		
Staff documents all treatment attempts, including attempts to persuade hunger striker of medical risks.	×					
Staff has received training in identification of hunger strikes. Medical staff receives early training in hunger-strike evaluation and treatment. Staff remains current in evaluation and treatment techniques.		×		There is no Policy or Procedure on training staff in the identification of hunger strikes. There is also no staff that remains current in evaluation and treatment techniques of hunger strikers.		
	AT-RISK		R	EPEAT FINDING		
REMARKS:  S b6,b7c July 10, 2008  AUDITOR'S SIGNATURE / DATE  b6,b7c						

#### ACCESS TO MEDICAL CARE POLICY: EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACCREDITED/ACCREDITATION-WORTHY HEALTH PROGRAM FOR THE GENERAL WELL-BEING OF ICE DETAINEES. COMPONENTS Y N NA REMARKS Facilities operate a health care facility in compliance with state and local This facility is ACA accredited laws and guidelines. and contracted out to Prison Health Services, Inc. This X $\Box$ $\Box$ facility also operates in compliance with state and local laws and guidelines. The facility's in-processing procedures for arriving detainees include TITLE: Intake Screening, $\boxtimes$ $\Box$ medical screening. NUMBER J-E-02 All detainees have access to and receive medical care. 冈 П The facility has access to a PHS/DIHS Managed Health Care 冈 Coordinator. The medical staff is large enough to provide, examine, and treat the At this present time this facility's detainee population. institution is 2 RNs short. The staff consists of one HSA, one DON, one full time 40 hr. a week doctor, one p/t 20 hr. psychiatrist, one 20 hr PA, one $\boxtimes$ П П 20 hr nurse practitioner, two p/t 20 hr RNs, 16 full time LPNs and two p/t dentists who provide coverage 5-days a week. This facility 23.3 FTE's and 30 PTE's for a population of 1800. The facility has sufficient space and equipment to afford detainee privacy This facility does have sufficient space and equipment. Dialysis t when receiving health care. and x-ray equipment were П X $\Box$ contracted out. TITLE: Number J-D-03, Clinic Space. Equipment and Supplies. The medical facility has its own restricted-access area. The restricted X П П access area is located within the confines of the secure perimeter. 冈 The medical facility entrance includes a holding/waiting room. The medical facility's holding/waiting room is under the direct X $\Box$ Officer escort supervision of custodial staff. Detainees in the holding/waiting room have access to a drinking fountain. Staff stated there is no drinking fountain available in the area but П 冈 access could be provided in another area if needed. Medical records are kept apart from other files. They are: TITLE: Health Record Format Secured in a locked area within the medical unit: and contents NUMBER: J-H-冈 П П With physical access restricted to authorized medical staff; and 01, TITLE: Confidentiality of Health Records and Information. Procedurally, no copies made and placed in detainee files. Pharmaceuticals are stored in a secure area. NUMBER: J-D-01 TITLE: M $\Box$ Pharmaceutical Operations.

ACCESS TO MEDICAL CARE						
POLICY: EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACCREDITED/ACCREDITATION-WORTHY HEALTH PROGRAM FOR THE GENERAL WELL-BEING OF ICE DETAINEES.						
Medical screening includes a Tuberculosis (TB) test.	<u>-</u>					
<ul> <li>Every arriving detainee receives a TB test during the admission process;</li> </ul>				D. I'. ARMODER, AD OL		
<ul> <li>Detainee's TB-screening does not occur more than one business day after his/her arrival at the facility; and</li> </ul>	$\boxtimes$			Policy NUMBER: J-B-01-a Entitled Tuberculin skin test.		
<ul> <li>Detainees not screened are housed separate from the general population.</li> </ul>						
All detainees receive a mental-health screening upon arrival. It is conducted:	$\boxtimes$			-TITLE: INTAKE SCREENING NUMBER: J-E-		
<ul> <li>By a health care provider or specially trained officer; and</li> <li>Before a detainee's assignment to a housing unit.</li> </ul>		LJ		02. A Nurse is stationed in intake screening.		
The facility health care provider promptly reviews all I-794s (or equivalent) to identify detainees needing medical attention.	$\boxtimes$					
The health care provider physically examines/assesses arriving detainees within 14 days of admission/arrival at the facility.				TITLE: HEALTH ASSESSMENT NUMBER J-E- 04.		
Detainees in the Special Management Unit have access to health care services.	$\boxtimes$			TITLE: SEGREGATED INMATES, NUMBER J-E-09.		
Staff provides detainees with health services (sick call) request slips						
daily, upon request.  • Request slips are available in languages other than English, including every language spoken by a sizeable number of the facility's detainee population.				TITLE: NONEMERGENCY HEALTH CARE REQUESTS AND SERVICES, NUMBER J- E-07.		
Service-request slips are delivered in a timely fashion to the health care provider.		- -				
The facility has a written plan for the delivery of 24-hour emergency health care when no medical personnel are on duty at the facility, or when immediate outside medical attention is required.	$\boxtimes$			TITLE: EMERGENCY SERVICES, NUMBER J-E-08.		
The plan includes an on-call provider.	Ø					
The plan includes a list of telephone numbers for local ambulance and hospital services.	$\boxtimes$					
The plan includes procedures for facility staff to utilize this emergency health care consistent with security and safety.	×					
Detention staff is trained to respond to health-related emergencies within a 4-minute response time.		⊠		PHS has a policy (new) that states detention staff is to respond to health-related emergencies within a 4-minute response time. Staff members were not able to show me a		
	-			copy.		
Where staff is used to distribute medication, a health care provider properly trains these officers.	×			TITLE: MEDICATION ADMINISTRATION TRAINING, NUMBER J-C-05.		
The medical unit keeps written records of medication that is distributed.	$\boxtimes$					
The Form I-819 (or IGSA equivalent) is used to notify the Warden/Facility of a detainee that has special medical needs.	×			TITLE: COMMUNICATION ON SPECIAL NEEDS PATIENTS, NUMBER J-A-08.		
A signed and dated consent form is obtained from a detainee before medical treatment is administered.	×			TITLE: INFORMED CONSENT, J-I-05		
Detainees use the I-813 (or IGSA equivalent) to authorize the release of confidential medical records to outside sources.				TITLE: TRANSFER OF HEALTH RECORDS, NUMBER J-H-05.		

ACCESS TO MEDIC	CAL CAR	RE			
<b>POLICY:</b> EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACCREDITED WELL-BEING OF ICE DETAINEES.	/ACCREDIT	ration-w	ORTHY H	EALTH PROGRAM FOR THE GENERAL	
The facility health care provider is given advance notice prior to the release, transfer, or removal of a detainee.					
Detainee's medical records or a copy thereof, are available and transferred with the detainee.	$\boxtimes$				
Medical records are placed in a sealed envelope or other container labeled with the detainee's name and A-number and marked "MEDICAL CONFIDENTIAL".	×			TITLE: TRANSFER OF HEALH RECORDS NUMBER J-H-05.	
ACCEPTABLE □ DEFICIENT □ AT-RISK □ REPEAT FINDING					

There should be a water fountain in the waiting room.

PHS has a policy (new) that states detention staff are to respond to a health-related emergencies within a 4-minute response time; however, staff members were not able to show me a copy of the revised policy. Upon spot checking 40 charts all had verification a PPD was given upon arrival. Grievances were found in the charts with documentation of plans of action and documentation was located indicating physicals are given in health services within 14 days upon the detainee's arrival.

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SUICIDE PREVENTION AND INTERVENTION						
POLICY: ALL DETENTION STAFF WORKING WITH ICE DETAINEES WILL BE TRAINED TO RECOGNIZE SUICIDE-RISK INDICATORS. STAFF WILL HANDLE POTENTIALLY SUICIDAL INDIVIDUALS WITH SENSITIVITY, SUPERVISION, AND REFERRALS. A CLINICALLY SUICIDAL DETAINEE WILL RECEIVE PREVENTIVE SUPERVISION AND TREATMENT.						
COMPONENTS	Y	N	NA	REMARKS		
Every new staff member receives suicide-prevention training. Suicide-prevention training occurs during the employee orientation program.			Ī	TITLE: TRAINING FOR CORRECTIONAL OFFICERS, NUMBER: J-C-04.		
Training prepares staff to:  Recognize potentially suicidal behavior; Refer potentially suicidal detainees, following facility procedures; and Understand and apply suicide-prevention techniques.	Ø					
A health-care provider or specially trained officer screens all detainees for suicide potential as part of the admission process.  • Screening does not occur later than one working day after the detainee's arrival.	Ø			TITLE: INTAKE SCREENING, NUMBER: J-E- 02		
Written procedures cover when and how to refer at-risk detainees to medical staff and procedures are followed.	$\boxtimes$			·		
The facility has a designated isolation room for evaluation and treatment.	$\boxtimes$			TITLE: MENTAL HEALTH SERVICES, NUMBER: J-G-05.		
The designated isolation room does not contain any structures or smaller items that could be used in a suicide attempt.	$\boxtimes$					
Medical staff has approved the room for this purpose.	$\boxtimes$					
Staff observes and documents the status of a suicide-watch detainee at least once every 15 minutes.	$\boxtimes$			THERE ARE TWO LEVELS OF MONITORING - CONSTANT AND CLOSE.		
ACCEPTABLE ☐ DEFICIENT ☐	AT-RISE	ζ		REPEAT FINDING		
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### TERMINAL ILLNESS, ADVANCED DIRECTIVES, AND DEATH

POLICY ALL FACILITIES HOUSING ICE DETAINEES SHALL HAVE POLICIES AND PROCEDURES ADDRESSING THE ISSUES OF TERMINAL ILLNESS OR INJURY, MEDICAL ADVANCED DIRECTIVES, AND DETAINEE DEATH, TO INCLUDE THE PROCEDURES TO ENSURE PROPER NOTIFICATION IS PROVIDED TO ICE OFFICIALS, FAMILY MEMBERS AND OTHER INTERESTED PARTIES IN THE EVENT OF A DETAINEE BECOMING TERMINALLY ILL OR INJURED OR DEATH OF A DETAINEE OCCURS. IN ADDITION, THE POLICY WILL COVER PROCEDURES TO BE TAKEN IF THE DEATH OF A DETAINEE OCCURS WHILE IN TRANSIT.

INJURED OR DEATH OF A DETAINEE OCCURS. IN ADDITION, THE POLICY WILL COVER PROCEDURES TO BE TAKEN IF THE DEATH OF A DETAINEE CHECK THIS BOX IF THE FACILITY DOES NOT ACCEPT ICE DETAINEES WHO ARE SEVERELY OR TERMINALLY ILL. INDICATE NA IN THE APPROPRIATE BOX FOR THIS PORTION OF THE WORKSHEET. ALWAYS COMPLETE ALL REFERENCES TO DETAINEE DEATH AND RELATED NOTIFICATIONS. COMPONENTS NA REMARKS Detainees who are chronically or terminally ill are transferred to an П X appropriate offsite medical facility. The facility or appropriate ICE office promptly notifies the next of kin of the detainee's medical condition, to include: П  $\boxtimes$ The detainee's location; and The limitations placed on visiting. There are guidelines addressing the State Advanced Directive Form for Implementing Living Wills and Advanced Directives. TITLE: END-OF-LIFE The guidelines include instructions for detainees who wish to X  $\Box$ DECISION MAKING, have a living will other than the generic form the DIHS provides NUMBER J-I-04. or who wishes to appoint another to make advance decisions for The guidelines provide the detainee the opportunity to have a private П  $\Box$  $\boxtimes$ attorney prepare the documents. TITLE: END -OF-LIFE There is a policy addressing "Do Not Resuscitate Orders" Ø  $\Box$ DECISION MAKING, NUMBER: J-I-04. Detainees with a "Do Not Resuscitate" order in the medical record  $\boxtimes$  $\square$ receive maximal therapeutic efforts short of resuscitation? The facility notifies the DIHS Medical Director and Headquarters' Legal Counsel of the name and basic circumstances of any detainee with a "Do  $\boxtimes$ Not Resuscitate" order in the medical record. In the case of IGSAs, this notification is made through the local ICE representative. The facility has written procedures to address the issues of organ  $\Box$  $\boxtimes$ donation by detainees. The facility has written procedures to notify ICE officials, deceased  $\Box$ 冈 family members and consulates, when a detainee dies while in Service. The facility has a policy and procedure to address the death of a detainee TITLE: INMATE while in transport. TRANSPORT OUTSIDE THE 冈 FACILITY, NUMBER 03/15/07. At all ICE locations the detainee's remains disposed of in accordance  $\boxtimes$ П П with the provisions detailed in this standard. In the event that neither family nor consulate claims the remains, the Field Office schedules an indigent's burial, consistent with local П procedures. Ø If the detainee's is a U.S. military veteran, is the Department of Veterans Affairs notified?

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 $\boxtimes$ 

An original or certified copy of a detainee's death certificate is placed in

the subject's a-file.

TERMINAL ILLNESS, ADVANCED DIRECTIVES, AND DEATH						
POLICY ALL FACILITIES HOUSING ICE DETAINEES SHALL HAVE POLICIES AND PROCEDURES ADDRESSING THE ISSUES OF TERMINAL ILLNESS OR INJURY, MEDICAL ADVANCED DIRECTIVES, AND DETAINEE DEATH, TO INCLUDE THE PROCEDURES TO ENSURE PROPER NOTIFICATION IS PROVIDED TO ICE OFFICIALS, FAMILY MEMBERS AND OTHER INTERESTED PARTIES IN THE EVENT OF A DETAINEE BECOMING TERMINALLY ILL OR INJURED OR DEATH OF A DETAINEE OCCURS. IN ADDITION, THE POLICY WILL COVER PROCEDURES TO BE TAKEN IF THE DEATH OF A DETAINEE OCCURS WHILE IN TRANSIT.						
CHECK THIS BOX IF THE FACILITY DOES NOT ACCEPT ICE DETAINED THE APPROPRIATE BOX FOR THIS PORTION OF THE WORKSHEET. ALW						
RELATED NOTIFICATIONS.	A15 CO	THE LEFT IS	LLI REFE	WEIGES TO DETAILED DEATH AND		
COMPONENTS	Y	N	NA	REMARKS		
The facility follows established policy and procedures describing when to contact the local coroner regarding such issues as:  • Performance of an autopsy;  • Who will perform the autopsy;  • Obtaining state approved death certificates; and  • Local transportation of the body.	×			TITLE; PROCEDURE IN THE EVENT OF AN INMATE DEATH, NUMBER; J-A-10.		
ICE staff follows established procedures to properly close the case of a deceased detainee.						
□ ACCEPTABLE □ DEFICIENT □	AT-RIS	SK .		REPEAT FINDING		
Remarks:						
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SECTION IV. SECURITY AND CONTROL

#### CONTRABAND POLICY: ALL DETENTION FACILITIES WILL ENSURE THE PROPER HANDLING AND DISPOSAL OF ALL CONTRABAND. DOCUMENTATION OF CONTRABAND DESTRUCTION IS REQUIRED. Y NA REMARKS COMPONENTS N The facility follows a written procedure for handling illegal contraband. The facility's policy, Facility and Inmate Searches, 03/15/10, Staff inventory, hold, and report it when necessary to the proper authority dated February 6, 2008, page for action/possible seizure. X 11, section S, addresses evidence handling and the chain of custody for contraband. The policy does not specifically Contraband that is government property is retained as evidence for address the disposition of local potential disciplinary action or criminal prosecution. government property. 冈 $\Box$ Interviews and documentation reviewed indicate county contraband is retained for potential disciplinary action. Staff returns property not needed as evidence to the proper authority. The policy does not reference Written procedures cover the return of such property. returning property not needed as evidence to the proper authority. $\boxtimes$ $\Box$ Interviews and documentation reviewed indicate property not needed as evidence is turned over to the proper authority. Altered property is destroyed following documentation and using The policy does not specifically established procedures. address altered property. Interviews and documentation $\boxtimes$ reviewed indicate altered property is destroyed using established procedures. Before confiscating religious items, the OIC or designated investigator The policy does not specifically contacts a religious authority. address contacting a religious authority before confiscating religious items. There has been no history of religious items X $\Box$ $\Box$ being confiscated and no documentation available. Interviews indicate a religious authority would be contacted regarding any questionable religious items confiscated. Staff follows written procedures when destroying hard contraband that is The policy does not specifically illegal. address procedures for destroying hard contraband. $\boxtimes$ Interviews and documentation reviewed indicate hard contraband is destroyed following written procedures.

CONTRABA	ND			
POLICY: ALL DETENTION FACILITIES WILL ENSURE THE PROPER HANDLIN CONTRABAND DESTRUCTION IS REQUIRED.	NG AND DI	SPOSAL C	OF ALL CO	ONTRABAND. DOCUMENTATION OF
COMPONENTS	Y	N	NA	REMARKS
Hard contraband that is illegal (under criminal statutes) may be retained and used for official use, e.g. training purposes.  If yes, under specific circumstances and using specified written procedures. Hard contraband is secured when not in use.				The policy does not specifically address retaining illegal hard contraband for training purposes. Interviews with the Training Director indicate hard contraband, on occasion, is passed on to him for use in training.
ACCEPTABLE □ DEFICIENT □	AT-RISE	K		REPEAT FINDING

A review of documentation and facility practice regarding the control and disposition of contraband reveals the procedures set forth within the Contraband Policy are being followed.

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DETENTION	ILES					
POLICY: EVERY FACILITY WILL CREATE A DETENTION FILE FOR EVERY ICE DETAINEE BOOKED INTO THE FACILITY, EXCLUDING ONLY DETAINEES SCHEDULED TO DEPART WITHIN 24 HOURS. THE DETENTION FILE WILL CONTAIN COPIES AND, IN SOME CASES, THE ORIGINAL OF SPECIFIED DOCUMENTS CONCERNING THE DETAINEE'S STAY IN THE FACILITY: CLASSIFICATION SHEET, MEDICAL QUESTIONNAIRE, PROPERTY INVENTORY SHEET, DISCIPLINARY DOCUMENTS, ETC.						
COMPONENTS	Y	N	NA	REMARKS		
A detention file is created for every new arrival whose stay will exceed 24 hours.	×			There is a detention file created for every new arrival whose stay will exceed 24-hours. During the review the files were observed in a locked secure cabinet.		
The detainee detention file contains either originals or copies of documentation and forms generated during the admissions process.	$\boxtimes$					
The detainee's detention file also contains documents generated during the detainee's custody.  • Special requests  • Any G-589s and/or I-77s closed-out during the detainee's stay  • Disciplinary forms/Segregation forms  • Grievances, complaints, and the disposition(s) of same	⊠			The detainee detention files contain documents generated during the detainee's stay that include: special requests, grievances, complaints and disciplinary forms.		
The detention files are located and maintained in a secure area. If not, the cabinets are lockable and distribution of the keys is limited to supervisors.	⊠	. 🗆		The detention files are located and maintained in Unit 3A in locked secure cabinets.		
The detention file remains active during the detainee's stay. When the detainee is released from the facility, staff adds copies of completed release documents, the original closed-out receipts for property and valuables, the original I-385 or equivalent, and other documentation.				The active files are maintained during the detainee's stay.  When the detainee is released from the facility, staff place copies of completed release documents and close out receipts for property and valuables.		
The officer closing the detention file makes a notation that the file is complete and ready to be archived.	×					
Staff makes copies and sends documents from the file when properly requested by supervisory personnel at the receiving facility or office.	$\boxtimes$					
Appropriate staff has access to the detention files, and other departmental requests are accommodated by making a request for the file. Each file is properly logged out and in by a representative of the responsible department.	×					
ACCEPTABLE DEFICIENT	AT-RISI	К		REPEAT FINDING		
REMARKS:  The facility creates a file on detainees upon their arrival. These detention files contain classification information.						
AUDITOR'S SIGNATURE / DATE b6,b7c						

DISCIPLINARY POLICY						
POLICY: ALL FACILITIES HOUSING ICE DETAINEES ARE AUTHORIZED TO IMPOSE DISCIPLINE ON DETAINEES WHOSE BEHAVIOR IS NOT IN COMPLIANCE WITH FACILITY RULES AND REGULATIONS.						
COMPONENTS	Y	N	NA	REMARKS		
The facility has a written disciplinary system using progressive levels of reviews and appeals.	×			Policy Disciplinary Procedures, 03/17/02, dated February 6, 2008, addresses the disciplinary system utilized by the facility.		
The facility rules state that disciplinary action shall not be capricious or retaliatory.		×		The policy does not specifically state that disciplinary action shall not be capricious or retaliatory.		
Written rules prohibit staff from imposing or permitting the following sanctions:  corporal punishment deviations from normal food service clothing deprivation bedding deprivation denial of personal hygiene items loss of correspondence privileges deprivation of physical exercise				The policy does not specifically prohibit staff from imposing corporal punishment; deviation from normal food service; clothing deprivation; bedding deprivation; denial of personal hygiene items; loss of correspondence privileges; or deprivation of physical exercise.		
The rules of conduct, sanctions, and procedures for violations are defined in writing and communicated to all detainees verbally and in writing.				The Inmate Handbook provides a detailed description of the rules of conduct. Sanctions and procedures for violations are well defined.		
The following items are conspicuously posted in Spanish and English, and other dominate languages used in the facility:  Rights and Responsibilities Prohibited Acts Disciplinary Severity Scale Sanctions	⊠					
When minor rule violations or prohibited acts occur, informal resolutions are encouraged.	$\boxtimes$					
Incident reports and Notice of Charges are promptly forwarded to the designated supervisor.	×					
Incident reports are investigated within 24 hours of the incident. The Unit Disciplinary Committee (UDC) or equivalent does not convene before an investigation ends.	⊠			The disciplinary policy states an investigation is to begin within twenty-four (24) hours of the violation.		
An intermediate disciplinary process is used to adjudicate minor infractions.		×		The facility does not incorporate an intermediate disciplinary process (Unit Discipline Committee Hearing).		
A disciplinary panel (or equivalent in IGSAs) adjudicates infractions. The panel:  • Conducts hearings on all charges and allegations referred by the UDC;  • Considers written reports, statements, physical evidence, and oral testimony;  • Hears pleadings by detainees and staff representatives;  • Bases its findings on the preponderance of evidence; and  • Imposes only authorized sanctions  A staff representative is available if requested for a detainee facing a	×			The policy states the Disciplinary Hearing Board (DHB) is to be comprised of trained and experienced staff. Interviews revealed each Unit has a DHB who adjudicates infractions in-house.		
disciplinary hearing.			$  \; \sqcup \;  $			

DISCIPLINARY POLICY						
POLICY: ALL FACILITIES HOUSING ICE DETAINEES ARE AUTHORIZED TO IMPOSE DISCIPLINE ON DETAINEES WHOSE BEHAVIOR IS NOT IN COMPLIANCE WITH FACILITY RULES AND REGULATIONS.						
COMPONENTS	Y	N	NA	REMARKS		
The facility permits hearing postponements or continuances when conditions warrant such a continuance. Reasons are documented.	×	· 🗆		The policy addresses postponement or continuance of the hearing for a reasonable period with good cause.		
The duration of punishment set by the OIC, as recommended by the disciplinary panel, does not exceed established sanctions. The maximum time in disciplinary segregation is limited to 60 days for a single offense.	⊠					
Written procedures govern the handling of confidential-informant information. Standards include criteria for recognizing "substantial evidence"		×		The policy does not specifically address the handling of confidential-informant information; however, it does address the recognition of substantial evidence.		
All forms relevant to the incident, investigation, committee/panel reports, etc., are completed and distributed as required.	Ø					
△ ACCEPTABLE    □ DEFICIENT    □	AT-RISE	ζ		REPEAT FINDING		

The policy and procedures of this facility endorses informal discipline, but does not formally incorporate an intermediate disciplinary process (Unit Discipline Committee Hearing) which includes a due process hearing. The facility does employ a Discipline Hearing Committee. The Disciplinary Policy and the Detainee Handbook were reviewed. Neither of these documents addressed that disciplinary action shall not be capricious or retaliatory, nor do they prohibit corporal punishment, deviations from normal food service, clothing and bedding deprivation, denial of personal hygiene items, loss of correspondence privileges, or the deprivation of physical exercise. Additionally, the policy does not specifically address the handling of confidential-informant information.

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#### **EMERGENCY (CONTINGENCY) PLANS** POLICY ALL FACILITIES HOLDING ICE DETAINES WILL RESPOND TO EMERGENCIES WITH A PREDETERMINED STANDARDIZED PLAN TO MINIMIZE THE HARMING OF HUMAN LIFE AND THE DESTRUCTION OF PROPERTY. IT IS RECOMMENDED THAT SPCS AND CDFS ENTER INTO AGREEMENT, VIA MEMORANDUM OF UNDERSTANDING (MOU), WITH FEDERAL, LOCAL AND STATE AGENCIES TO ASSIST IN TIMES OF EMERGENCY. COMPONENTS REMARKS Y Policy precludes detainees or detainee groups from exercising control or Facility policy - Threats to authority over other detainees. Security, 03/16/08, dated February 6, 2008, does not X $\Box$ address the prohibition of detainees or detainee groups from exercising control or authority over other detainees. Detainees are protected from: Personal abuse Corporal punishment 冈 Personal injury П Disease Property damage Harassment from other detainees Staff is trained to identify signs of detainee unrest. $\Box$ $\Box$ X What type of training and how often? Staff effectively disseminates information on facility climate, detainee X $\Box$ attitudes, and moods to the Officer In Charge (OIC) There is a designated person or persons responsible for emergency plans X and their implementation. Sufficient time is allotted to the person or П group for development and implementation of the plans. The plans address the following issues: The policy does not address confidentiality or Confidentiality accountability. It does indicate Accountability (copies and storage locations) X П procedures will be reviewed Annual review procedures and schedule annually and updated as Revisions needed. Contingency plans include a comprehensive general section with The policy addresses X procedures applicable to most emergency situations. procedures applicable to most emergency situations. The facility has cooperative contingency plans with applicable: Local law enforcement agencies No cooperative contingency $\boxtimes$ State agencies plans exits. Federal agencies All staff receives copies of Hostage Situation Management policy and $\boxtimes$ П $\Box$ Staff is trained to disregard instructions from hostages, regardless of rank. The policy states any person Within 24 hours after release, hostages are screened for medical and taken hostage, regardless of $\boxtimes$ П psychological effects. position or rank is deemed to have relinquished all power and authority. Emergency plans include emergency medical treatment for staff and X П detainees during and after an incident.

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Food service maintains at least 3 days' worth of emergency meals for staff

and detainees.

EMERGENCY (CONTINGENCY) PLANS					
POLICY ALL FACILITIES HOLDING ICE DETAINEES WILL RESPOND TO EMERGENCIES WITH A PREDETERMINED STANDARDIZED PLAN TO MINIMIZE THE HARMING OF HUMAN LIFE AND THE DESTRUCTION OF PROPERTY. IT IS RECOMMENDED THAT SPCS AND CDFS ENTER INTO AGREEMENT, VIA MEMORANDUM OF UNDERSTANDING (MOU), WITH FEDERAL, LOCAL AND STATE AGENCIES TO ASSIST IN TIMES OF EMERGENCY.					
COMPONENTS	Y	N	NA	REMARKS	
Written plans identify locations of shut-off valves and switches for all utilities (water, gas, electric).				Written plans do not identify locations of shut-off valves and switches for all utilities (water, gas and/or electric).	
Written procedures cover:  Work/Food Strike  Disturbances Escapes Bomb Threats Adverse Weather Internal Searches Facility Evacuation Detainee Transportation System Plan Internal Hostages Civil Disturbances				Four of ten emergency standards have written procedures (Work Strike, Escapes, Adverse Weather, and Evacuation). Internal Searches, Detainee Transportation, and Civil Disturbances do not have any written procedures. Disturbances, Hunger Strikes, Hostage Situations, and Bomb Threats are addressed within the Threats to Security policy; however, they are not addressed in the form of a comprehensive plan which provides proper direction and guidance to remedy the situation. Rather, they are descriptions of an incident, i.e. "Hostage Situation A hostage situation exists when a person is held under force, by violence or the threat of violence, regardless of the hostage taker being armed or not."	
ACCEPTABLE DEFICIENT	AT-RISK		□ F	REPEAT FINDING	

Four of ten emergency standards have written procedures (Work Strike, Escapes, Adverse Weather, and Evacuation). Internal Searches, Detainee Transportation, and Civil Disturbances do not have any written procedures. Disturbances, Hunger Strikes, Hostage Situations, and Bomb Threats are addressed within the Threats to Security policy; however, they are not addressed in the form of a comprehensive plan which provides proper direction and guidance to remedy the situation. Rather, they are descriptions of an incident, i.e. "Hostage Situation -- A hostage situation exists when a person is held under force, by violence or the threat of violence, regardless of the hostage taker being armed or not." Additionally, emergency procedures do not address the following mandated standards: confidentiality and accountability of the written plans; cooperative contingency plans with applicable agencies; preclusion of detainees or detainee groups from exercising control or authority over other detainees; and written plans do not identify locations of shut-off valves and switches for all utilities (water, gas and/or electric).

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AUDITOR'S SIGNATURE / DATE b6,b7c

# ENVIRONMENTAL HEALTH AND SAFETY POLICY: EVERY FACILITY WILL CONTROL FLAMMABLE, TOXIC, AND CAUSTIC MATERIALS THROUGH A HAZARDOUS MATERIALS PROGRAM. THE PROGRAM WILL INCLUDE, AMONG OTHER THINGS, THE IDENTIFICATION AND LABELING OF HAZARDOUS MATERIALS IN ACCORDANCE WITH APPLICABLE STANDARDS (E.G., NATIONAL FIRE PROTECTION ASSOCIATION [NFPA]); IDENTIFICATION OF INCOMPATIBLE MATERIALS, AND SAFE-HANDLING PROCEDURES NA REMARKS COMPONENTS

The facility has a system for storing, issuing, and maintaining inventories of hazardous materials.	$\boxtimes$		3/16/02 Flammable, caustic, and toxic, materials.
Constant inventories are maintained for all flammable, toxic, and caustic substances used/stored in each section of the facility.	$\boxtimes$		
The manufacturer's Material Safety Data Sheet (MSDS) file is up-to-date for every hazardous substance used.  • The files list all storage areas, and include a plant diagram and legend.  • The MSDSs and other information in the files are available to personnel managing the facility's safety program.	×		
All personnel using flammable, toxic, and/or caustic substances follow the prescribed procedures. They:  • Wear personal protective equipment; and • Report hazards and spills to the designated official.	×		Engineering department staff receives training during their academy period.
The MSDSs are readily accessible to staff and detainees in work areas.	$\boxtimes$		
Hazardous materials are always issued under proper supervision.  • Quantities are limited; and  • Staff always supervises detainees using these substances.	×		
All "flammable" and "combustible" materials (liquid and aerosol) are stored and used according to label recommendations.	$\boxtimes$		
Lighting fixtures and electrical equipment installed in storage rooms and other hazardous areas meet National Electrical Code requirements.	×		·
The facility has sufficient ventilation, and provides and ensures clean air exchanges throughout all buildings.	$\boxtimes$		
Vents, return vents, and air conditioning ducts are not blocked or obstructed in cells or anywhere in the facility.	×		·
Living units are maintained at appropriate temperatures in accordance with industry standards. (68 to 74 degrees in the winter and 72 to 78 degrees in the summer.)	×		
Shower and sink water temperatures do not exceed the industry standard of 120 degrees.	Ø		·
All toxic and caustic materials are stored in their original containers in a secure area.	$\boxtimes$		Food service chemical storage room was inspected
Excess flammables, combustibles, and toxic liquids are disposed of properly and in accordance with MSDSs.	$\boxtimes$		·
Staff directly supervise and account for products with methyl alcohol. Staff receives a list of products containing diluted methyl alcohol, e.g., shoe dye. All such products are clearly labeled. "Accountability" includes issuing such products to detainees in the smallest workable quantities.			A review of material safety data sheets did not indicate any products containing methyl alcohol.
Every employee and detainee using flammable, toxic, or caustic materials receives advance training in their use, storage, and disposal.	×	П	Detainees in food service receive training prior to

working

### ENVIRONMENTAL HEALTH AND SAFETY

POLICY: EVERY FACILITY WILL CONTROL FLAMMABLE, TOXIC, AND CAUSTIC MATERIALS THROUGH A HAZARDOUS MATERIALS PROGRAM. THE PROGRAM WILL INCLUDE, AMONG OTHER THINGS, THE IDENTIFICATION AND LABELING OF HAZARDOUS MATERIALS IN ACCORDANCE WITH APPLICABLE STANDARDS (E.G., NATIONAL FIRE PROTECTION ASSOCIATION [NFPA]); IDENTIFICATION OF INCOMPATIBLE MATERIALS, AND SAFE-HANDLING PROCEDURES

COMPONENTS	. Y	N.	NA	REMARKS
The facility complies with the most current edition of applicable codes, standards, and regulations of the National Fire Protection Association and the Occupational Safety and Health Administration (OSHA).		$\boxtimes$		The sprinkler and smoke detection systems annual tests have expired. The last sprinkler test was conducted in January 2007. The last smoke alarm test was conducted in June 2007. The test results indicated 39 smoke detectors failed the test. These have not been repaired at this time.
A technically qualified officer conducts the fire and safety inspections.	$\boxtimes$			
The Safety Office (or officer) maintains files of inspection reports.	$\boxtimes$			
The facility has an approved fire prevention, control, and evacuation plan.	$\boxtimes$			Policy 3/16/01 Fire Safety
<ul> <li>The plan requires:</li> <li>Monthly fire inspections;</li> <li>Fire protection equipment strategically located throughout the facility;</li> <li>Public posting of emergency plans with accessible building/room floor plans;</li> <li>Exit signs and directional arrows; and</li> <li>An area-specific exit diagram conspicuously posted in the diagrammed area.</li> </ul>	×			
Fire drills are conducted and documented monthly.		$\boxtimes$		Fire drills are conducted and documented quarterly
A sanitation program covers barbering operations.	Ø			Policy 4/23/05 Hair care services
The barber shop has the facilities and equipment necessary to meet sanitation requirements.	×			
The sanitation standards are conspicuously posted in the barbershop.		$\boxtimes$		Sanitation standards are not posted in the barbering area
Written procedures regulate the handling and disposal of used needles and other sharp objects.	×			Policy 4/24/08 Serious infectious diseases, IV- A
All items representing potential safety or security risks are inventoried and a designated individual checks this inventory weekly.	×			J-D-03-A Inventory of instruments, tools, and sharps
Standard cleaning practices include:  • Using specified equipment; cleansers; disinfectants and detergents.  • An established schedule of cleaning and follow-up inspections.	⊠			·
The facility follows standard cleaning procedures.	×			
Spill kits are readily available.	Ø			Policy 4/24/08 IV F
A licensed medical waste contractor disposes of infectious/bio-hazardous waste.	×			Policy 4/23/03 Waste disposal Stericycle has the contract
Staff is trained to prevent contact with blood and other body fluids and written procedures are followed.	Ø			Policy 4/24/08 III A

ENVIRONMENTAL HEALTH AND SAFETY						
POLICY: EVERY FACILITY WILL CONTROL FLAMMABLE, TOXIC, AND CAUSTIC MATERIALS THROUGH A HAZARDOUS MATERIALS PROGRAM. THE PROGRAM WILL INCLUDE, AMONG OTHER THINGS, THE IDENTIFICATION AND LABELING OF HAZARDOUS MATERIALS IN ACCORDANCE WITH APPLICABLE STANDARDS (E.G., NATIONAL FIRE PROTECTION ASSOCIATION [NFPA]); IDENTIFICATION OF INCOMPATIBLE MATERIALS, AND SAFE-HANDLING PROCEDURES						
COMPONENTS	Y	N	NA	Remarks		
Do the methods for handling/disposing of refuse meet all regulatory requirements?	$\boxtimes$			Policy 4/23/03 Waste disposal		
<ul> <li>A licensed/Certified/Trained pest-control professional inspects for rodents, insects, and vermin.</li> <li>At least monthly.</li> <li>The pest-control program includes preventative spraying for indigenous insects.</li> </ul>	×			•		
Drinking water and wastewater is routinely tested according to a fixed schedule.	$\boxtimes$			Policy 4/23/02 Water supply		
Emergency power generators are tested at least every two weeks.     Other emergency systems and equipment receive testing at least quarterly.     Testing is followed-up with timely corrective actions (repairs and replacements).				Policy 3/16/03 Emergency power generators and communications		
ACCEPTABLE DEFICIENT	AT-RISI	ζ.		REPEAT FINDING		

The sprinkler and smoke detection systems annual tests have expired. The last sprinkler test was conducted in January 2007. The last smoke alarm test was conducted in June 2007. The test results indicated 39 smoke detectors failed the test. The smoke detectors have not been repaired at this time.

Fire drills are conducted and documented quarterly instead of monthly.

Sanitation standards are not posted in the barbering area

b6,b7c / July 10, 2008
AUDITOR'S SIGNATURE / DATE b6,b7c

HOLD ROOMS IN DETENTION FACILITIES						
POLICY: HOLD ROOMS WILL BE USED ONLY FOR TEMPORARY DETENTION OF DETAINEES AWAITING REMOVAL, TRANSFER, EOIR HEARINGS,						
MEDICAL TREATMENT, INTRA-FACILITY MOVEMENT, OR OTHER PROCESSING INTO OR OUT OF THE FACILITY.						
COMPONENTS	Y	N	NA	REMARKS		
The hold rooms are situated within the secure perimeter.	×					
The hold rooms are well ventilated, well lighted, and all activating switches are located outside the room.	$\boxtimes$					
The hold rooms contain sufficient seating for the number of detainees held.	⊠			Each hold room has sufficient seating in the form of benches which are attached to the wall.		
Bunks, cots, beds, or other related make-shift sleeping apparatus are precluded from use inside hold rooms.	$\boxtimes$					
The walls and ceilings of the hold rooms are tamper and escape proof.	$\boxtimes$					
Individuals are not held in hold rooms for more than 12 hours.		⊠		Interviews with Receiving and Discharge staff revealed that detainees are housed, on occasion, more than twelve hours within the hold rooms.		
Male and females are segregated from each other.	$\boxtimes$					
Detainees under the age of 18 are not held with adult detainees.				Detainees under the age of 18 are housed with adults. However, in the state of Georgia individuals are considered an adult at the age of 17.		
Detainees are provided with basic personal hygiene items such as water, soap, toilet paper, cups for water, feminine hygiene items, diapers and wipes.	$\boxtimes$					
In older facilities, officers are within visual or audible range to allow detainees access to toilet facilities on a regular basis.	×					
All detainees are given a pat down search for weapons or contraband before being placed in the room.	Ø					
Officers closely supervise the detention hold rooms using direct supervision (Irregular visual monitoring.).  • Hold rooms are irregularly monitored every 15 minutes.  • Unusual behavior or complaints are noted.	×					
When the last detainee has been removed from the hold room, it is given a thorough inspection.	×					
There is a written evacuation plan that includes a designated officer to remove detainees from hold rooms in case of fire and/or building evacuation.	×					
An appropriate emergency service is called immediately upon a determination that a medical emergency may exist.	×					
ACCEPTABLE DEFICIENT	AT-RISI	ζ	R	EPEAT FINDING		
DEMARKS		•				

Hold rooms are used only for temporary detention of detainees awaiting removal, transfer, court hearings, medical treatment, intrafacility movement, or other processing into or out of the facility. These hold rooms meet every required standard except one. Interviews with receiving and discharge staff revealed that detainees are housed, on occasion, more than 12 hours in the hold rooms.

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### KEY AND LOCK CONTROL (SECURITY, ACCOUNTABILITY AND MAINTENANCE)

POLICY IT IS THE POLICY OF THE ICE SERVICE TO MAINTAIN AN EFFICIENT SYSTEM FOR THE USE, ACCOUNTABILITY AND MAINTENANCE OF ALL KEYS AND LOCKS.

COMPONENTS	Y	N	NA	REMARKS
The security officer[s], or equivalent in IGSAs, has attended an approved locksmith training program.				The facility does not endorse the use of a "stand alone" security officer. The Engineering and Custody Department share this responsibility. The Engineering Department completes lock repairs and the Custody Department assigns a Sergeant the responsibility of key control and accountability. The Accreditation Lieutenant cuts new keys when needed. Interviews with these staff revealed none of them has attended an approved locksmith training program.
The security officer, or equivalent in IGSAs, has responsibly for all administrative duties and responsibilities relating to keys, locks etc.			Ċ	Policy Controlled Access and Use of Keys, 03/15/11, February 6, 2008 Page 1, Section A. 1. states the Assistant Administrator or designee is responsible for implementation and audit of the key control system, training of staff, storage, issuance, maintenance, and inventories of locks and keys.
The security officer, or equivalent in IGSAs, provides training to employees in key control.	×			Training in Key Control occurs during basic techniques training and again during annual refresher training.

# KEY AND LOCK CONTROL (SECURITY, ACCOUNTABILITY AND MAINTENANCE)

POLICY IT IS THE POLICY OF THE ICE SERVICE TO MAINTAIN AN EFFICIENT SYSTEM FOR THE USE, ACCOUNTABILITY AND MAINTENANCE OF ALL KEYS AND LOCKS.

COMPONENTS	Y	N	NA	REMARKS
The security officer, or equivalent in IGSAs, maintains inventories of all keys, locks and locking devices.		=-		
		⊠		b2High
The security officer follows a preventive maintenance program and maintains all preventive maintenance documentation.		$\boxtimes$		Staff interviews with the Engineering Department revealed they do not follow any preventive maintenance program or maintain any documentation.
Facility policies and procedures address the issue of compromised keys and locks.	$\boxtimes$			
The security officer, or equivalent in IGSAs, develops policy and procedures to ensure safe combinations integrity.		×		b2High
Only dead bolt or dead lock functions are used in detainee accessible areas.	Ø			
Only authorized locks (as specified in the Detention Standard) are used in detainee accessible areas.	⊠			
Grand master keying systems are prohibited.		⊠		b2High

## KEY AND LOCK CONTROL (SECURITY, ACCOUNTABILITY AND MAINTENANCE)

POLICY IT IS THE POLICY OF THE ICE SERVICE TO MAINTAIN AN EFFICIENT SYSTEM FOR THE USE, ACCOUNTABILITY AND MAINTENANCE OF ALL KEYS AND LOCKS.

COMPONENTS	Y	N	NA-	REMARKS
All worn or discarded keys and locks are cut up and properly disposed of.		<b>⊠</b>		A review of key rings within the Main Control Center revealed a broken key on key ring 20.  There was no documentation available to indicate when this key was broken or how long it had been broken.
Padlocks and/or chains are prohibited from use on cell doors.	$\boxtimes$			`
The entrance/exit door locks to detainee living quarters, or areas with an occupant load of 50 or more people, conform to:  Occupational Safety and Environmental Health Manual, Ch. 3;  National Fire Protection Association Life Safety Code 101.				
The operational keyboard is sufficient to accommodate all the facility key rings, including keys in use, and is located in a secure area.	$\boxtimes$			
Procedures are in place to ensure that key rings are:  • Identifiable;  • The numbers of keys are cited; and  • Keys cannot be removed.		×		b2High
Emergency keys are available for all areas of the facility.	$\boxtimes$			
The facilities use a key accountability system.		$\boxtimes$		The key accountability system is flawed as described above.
Authorization is necessary to issue any restricted key.	$\boxtimes$			The policy states restricted keys are issued only under the authority of supervisory personnel.
Individual gun lockers are provided.  • They are located in an area that permits constant officer observation.  • In an area that does not allow detainee or public access.	⊠			

# KEY AND LOCK CONTROL (SECURITY, ACCOUNTABILITY AND MAINTENANCE) POLICY IT IS THE POLICY OF THE ICE SERVICE TO MAINTAIN AN EFFICIENT SYSTEM FOR THE USE, ACCOUNTABILITY AND MAINTENANCE OF ALL KEYS AND LOCKS. N NA COMPONENTS REMARKS The facility has a key accountability policy and procedures to ensure key accountability. The keys are physically counted daily. X П All staff members are trained and held responsible for adhering to proper procedures for the handling of keys. Issued keys are returned immediately in the event an employee inadvertently carries a key ring home. X П When a key or key ring is lost, misplaced, or not accounted for, the shift supervisor is immediately notified. Detainees are not permitted to handle keys assigned to staff. DEFICIENT ACCEPTABLE AT-RISK REPEAT FINDING REMARKS: The facility does not endorse the use of a "stand alone" security officer. The Engineering and Custody Department share this responsibility. The Engineering Department completes lock repairs, the Custody Department assigns a Sergeant the responsibility of key control and accountability, and the Accreditation Lieutenant cuts new keys when needed. Interviews with staff revealed these staff members have not attended an approved locksmith training program. It was determined the facility was not following several of their policy and standard requirements. a broken key was found on a key ring with no documentation available to indicate when this key was broken or how long it had been broken. / July 10, 2008 AUDITOR'S SIGNATURE / DATE

POPULATION COUNTS						
POLICY: ALL DETENTION FACILITIES SHALL ENSURE AROUND-THE-CLOCK ACCOUNTABILITY FOR ALL DETAINEES. THIS REQUIRES THAT THEY CONDUCT AT LEAST ONE FORMAL COUNT OF THE DETAINEE POPULATION PER SHIFT, WITH ADDITIONAL FORMAL AND INFORMAL COUNTS						
CONDUCTED AS NECESSARY.	T	T	- NTA 1			
COMPONENTS Staff conduct a formal count at least once each shift.	Y	N	NA ·	REMARKS		
Activities cease or are strictly controlled while a formal count is being			<u> </u>	Policy Inmate Counts, 03/15/05,		
conducted.				February 6, 2008, Page 3, Section 3, addresses controlled activity. Observations of count procedures indicate activities do not cease or are strictly controlled within Unit 5 and 6.		
Certain operations cease during formal counts.				Detainees were observed sitting in day rooms, using telephones, and watching television during formal counts.		
All movement ceases for the duration of a formal count.				All movement does not cease for the duration of a formal count as evidenced by relocation boards being updated during count procedures.		
Formal counts in all units take place simultaneously.	×			Policy Inmate Counts, 03/15/05, February 6, 2008, Page 3, Section 4, addresses simultaneous counts.		
Detainee participation in counts is prohibited.	X					
A face-to-photo count follows each unsuccessful recount.		×		The policy does not address the use of a face-to-photo count following each unsuccessful recount. Additionally, staff interviews revealed a face-to-photo count rarely occurs and no ID picture cards are maintained within the Units to complete such a count.		
Officers positively identify each detainee before counting him/her as present.	$\boxtimes$			The policy addresses positive identification of detainees.		
Written procedures cover informal and emergency counts.  • They are followed during informal counts and emergencies.	×					
The control officer (or other designated position) maintains an out - count record of all detainees temporarily leaving the facility.	×					
This training is documented in each officer's training folder.	$\boxtimes$					
ACCEPTABLE DEFICIENT	AT-RI	SK .		REPEAT FINDING		

Around the clock accountability of detainees does occur at this facility; however, several policy and standard requirements are not being followed. Activities do not cease and are not strictly controlled during formal counts as detainees were observed sitting in day rooms, using telephones and watching television; movement does not cease for the duration of a formal count as evidenced by relocation boards being updated during count procedures; face-to-photo counts following each unsuccessful recount does not occur as observed during an emergency count conducted the first day of the review.

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POST ORDERS						
POLICY: ICE PROVIDES OFFICERS ALL NECESSARY GUIDANCE FOR CARRYING OUT THEIR DUTIES. THIS GUIDANCE INCLUDES THE POST ORDERS						
ESTABLISHED FOR EVERY POST, WHICH ARE REVIEWED AT LEAST ANNUALLY, AND GIVEN TO EACH OFFICER UPON ASSIGNMENT TO THAT POST.						
COMPONENTS	Y	N	NA	Remarks		
Every fixed post has a set of post orders.	Ø					
Each set contains the latest inserts (emergency memoranda, etc.) and revisions.	$\boxtimes$					
One individual or department is responsible for keeping all post-orders current with revisions that take place between reviews.	×.					
The IGSA maintains a complete set (central file) of post orders.	$\boxtimes$					
The central file is accessible to all staff.	$\boxtimes$					
The OIC or Contract / IGSA equivalent initiates/authorizes all post-order changes.	$\boxtimes$					
The OIC or Contract / IGSA equivalent has signed and dated the last page of every section.				The Administrator and Assistant Administrators for Security and Operations sign the last page of every post order; however, these pages are not dated.		
A review/updating/reissuing of post orders occurs regularly and at a minimum, annually.	M			Facility policy - Security Manual, Post Orders, Signature Sheets, 03/15/01, dated February 6, 2008, Page 3, Section 4, addresses the review, updating, and reissuing of post orders.		
Procedures keep post orders and logbooks secure from detainees at all times.	×					
Every armed-post officer qualifies with the post weapon(s) before assuming post duty.			Ø	The facility has no armed posts; therefore, no armed post orders have been established.		
Armed-post post orders provide instructions for escape attempts.			Ø	The facility has no armed posts; therefore, no armed post orders have been established.		
The post orders for housing units track the event schedule.						
Housing-unit post officers record all detainee activity in a log. The post order includes instructions on maintaining the logbook.	×					
□ ACCEPTABLE □ DEFICIENT □	AT-RISI	K		REPEAT FINDING		
Remarks:						

The post order system in place meets the standard requirements for legibility and relevance, chronological duties in sequence, duties, expectations and responsibilities of the post, and they emphasize the safety, security, and supervision of detainees. The Administrator and Assistant Administrators for Security and Operations sign the last page of every post order; however, these pages are not dated.

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#### SECURITY INSPECTIONS POLICY: POST ASSIGNMENTS IN THE FACILITY'S HIGH-RISK AREAS, WHERE SPECIAL SECURITY PROCEDURES MUST BE FOLLOWED, WILL BE RESTRICTED TO EXPERIENCED PERSONNEL WITH A THOROUGH GROUNDING IN FACILITY OPERATIONS. COMPONENTS YES REMARKS The facility has a comprehensive security inspection policy. The policy specifies: Posts to be inspected; Policy Patrols and Inspections, Required inspection forms; 03/15/04, dated February 6, $\boxtimes$ Frequency of inspections; 2008, addresses security inspections of the facility. Guidelines for checking security features; and Procedures for reporting weak spots, inconsistencies, and other areas needing improvement Every officer is required to conduct a security check of his/her assigned 冈 П area. The results are documented, Documentation of security inspections is kept on file. Security reports within housing areas are maintained on file. Ø П П Outside Perimeter Checks are logged in the Shift Commanders Bound Log Book. Procedures ensure that recurring problems and a failure to take corrective The policy does not address action are reported to the appropriate manager. $\boxtimes$ procedures regarding recurring problems and corrective actions. The front-entrance officer checks the ID of everyone entering or exiting $\boxtimes$ $\Box$ the facility. All visits are officially recorded in a visitor logbook or electronically 図 The facility has a secure visitor pass system. $\boxtimes$ Every Control Center officer receives specialized training. Staff interviews with the Shift Commander revealed that formal (specialized) training does not occur with every $\boxtimes$ Control Center Officer. Control Center Officers receive OJT only with a Field Training Officer prior to placement within the Control Center. The Control Center is staffed around the clock. $\boxtimes$ П Policy restricts staff access to the Control Center. П 冈 Detainees are restricted from access to the Control Center. Communications are centralized in the Control Center. Officers monitor all vehicular traffic entering and leaving the facility.

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SECURITY INSPECTIONS				
POLICY: POST ASSIGNMENTS IN THE FACILITY'S HIGH-RISK AREAS, WHERE SPECIAL SECURITY PROCEDURES MUST BE FOLLOWED, WILL BE				
RESTRICTED TO EXPERIENCED PERSONNEL WITH A THOROUGH GROUNDING	IN FACILIT	Y OPERA	TIONS.	
COMPONENTS	YES	No	NA	REMARKS
The facility maintains a log of all incoming and departing vehicles to sensitive areas of the facility. Each entry contains:  The driver's name; Company represented; Vehicle contents; Delivery date and time; Date and time out; Vehicle license number; and Name of employee responsible for the vehicle during the visit		⊠		b2High
Officers thoroughly search each vehicle entering and leaving the facility.		$\boxtimes$		b2High
The facility has a written policy and procedures to prevent the introduction of contraband into the facility or any of its components.	×			Official visitors as well as other visits are subjected to a walk-thru metal detector search as well as bag search.
Tools being taken into the secure area of the facility are inventoried before entering and prior to departure.	X			
The SMU entrance has a sally port.	$\boxtimes$			
Written procedures govern searches of detainee housing units and personal areas.				The facility policy - Facility and Inmate Searches, 03/15/10, dated February 6, 2008 addresses searches of detainee housing units and personal areas.
Housing area searches occur at irregular times.				Policy 03/15/10 addresses housing unit searches occurring at irregular times and documentation supports this procedure occurs.
Every search of the SMU and other housing units is documented.	Ø			
Storage and supply rooms, walls, light and plumbing fixtures, accesses, and drains, etc., undergo frequent, irregular searches. These searches are documented.	Ø			
Walls, fences, and exits, including exterior windows, are inspected for defects once each shift.				b2High
Daily procedures include:      Perimeter alarm system tests;     Physical checks of the perimeter fence; and     Documenting the results.		×		
Visitation areas receive frequent, irregular inspections.				
□ ACCEPTABLE □ DEFICIENT □	AT-RIS	K		REPEAT FINDING

### REMARKS:

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# SPECIAL MANAGEMENT UNIT (SMU) Administrative Segregation

POLICY: THE SPECIAL MANAGEMENT UNIT REQUIRED IN EVERY FACILITY ISOLATES CERTAIN DETAINEES FROM THE GENERAL POPULATION. THE SPECIAL MANAGEMENT UNIT WILL CONSIST OF TWO SECTIONS. ONE, ADMINISTRATIVE SEGREGATION, HOUSES DETAINEES ISOLATED FOR THEIR OWN PROTECTION; THE OTHER FOR DETAINEES BEING DISCIPLINED FOR WRONGDOING (SEE THE "SPECIAL MANAGEMENT UNIT [DISCIPLINARY SEGREGATION]" STANDARD).

COMPONENTS	Y	N	NA	Remarks
The Administrative Segregation unit provides non-punitive protection from the general population and individuals undergoing disciplinary segregation.  • Detainees are placed in the SMU (administrative) in accordance with written criteria.	⊠ .			
In exigent circumstances, staff may place a detainee in the SMU (administrative) before a written order has been approved.  • A copy of the order given to the detainee within 24 hours.	⊠			
<ul> <li>The OIC (or equivalent) regularly reviews the status of detainees in administrative detention.</li> <li>A supervisory officer conducts a review within 72 hours of the detainee's placement in the SMU (administrative).</li> </ul>	⊠			The facility policy - Administrative Segregation, 03/18/02, dated February 6, 2008, Page 4, Section D. 2, states detainees placed in AS will have their status reviewed by a member of the Classification Staff within 3 working days.
A supervisory officer conducts another review after the detainee has spent seven days in administrative segregation, and:  • Every week thereafter for the first month; and • Every 30 days after the first month. • Does each review include an interview with the detainee? • Is a written record made of the decision and the justification?	×			The policy states detainees placed in AS will be reviewed weekly by the Classification Committee.
The detainee is given a copy of the decision and justification for each review.  • The detainee is given an opportunity to appeal the reviewer's decision to someone else in the facility.	⊠			
The OIC (or equivalent) routinely notifies the Field Office Director (or staff officer in charge of IGSAs) any time a detainee's stay in administrative detention exceeds 30 days.  • Upon notification that the detainee's administrative segregation has exceeded 60 days, the FD forwards written notice to HQ Field Operations Branch Chief for DRO.		⊠		The policy does not address notification of the OIC of ICE any time a detainee's stay in AS exceeds 30 days. Interviews with staff support this does not happen as they only hold an ICE detainee for less than 72 hours.
The OIC or equivalent) reviews the case of every detainee who objects to administrative segregation after 30 days in the SMU.  • A written record is made of the decision and the justification.  • The detainee receives a copy of this record.	⊠			The policy does not address reviewing the case of every detainee who objects to AS after 30 days in the SMU. Interviews indicate the Classification Committee conducts this review.
The detainee is given the right to appeal to the OIC (or equivalent) the conclusions and recommendations of any review conducted after the detainee have remained in administrative segregation for seven consecutive days.	×			
Administratively segregated detainees enjoy the same general privileges as detainees in the general population.	☒			

## SPECIAL MANAGEMENT UNIT (SMU) ADMINISTRATIVE SEGREGATION

POLICY: THE SPECIAL MANAGEMENT UNIT REQUIRED IN EVERY FACILITY ISOLATES CERTAIN DETAINEES FROM THE GENERAL POPULATION. THE SPECIAL MANAGEMENT UNIT WILL CONSIST OF TWO SECTIONS. ONE, ADMINISTRATIVE SEGREGATION, HOUSES DETAINEES ISOLATED FOR THEIR OWN PROTECTION; THE OTHER FOR DETAINEES BEING DISCIPLINED FOR WRONGDOING (SEE THE "SPECIAL MANAGEMENT UNIT IDISCIPLINARY SEGREGATION!" STANDARD)

[DISCIPLIVART SEGRECATION] STANDARD).	<del></del>	<del></del>		
COMPONENTS	Y	. <u>N</u>	NA :	REMARKS
The SMU is:	ļ			·
Well ventilated;			_	
Adequately lighted;	$\boxtimes$			•
Appropriately heated; and				
Maintained in a sanitary condition.				
All cells are equipped with beds.	$\boxtimes$	· 🗆		
Every bed is securely fastened to the floor or wall.		·U		
The number of detainees in any cell does not exceed the occupancy				
limit.	'			
When occupancy exceeds recommended capacity, do basic	$\boxtimes$			
living standards decline?				
<ul> <li>Do criteria for objectively assessing living standards exist?</li> </ul>				
If yes, are the criteria included in the written procedures?				
The segregated detainees have the same opportunities to				
exchange/launder clothing, bedding, and linen as detainees in the	$\boxtimes$			
general population.				
Detainees receive three nutritious meals per day, from the general				
population's menu of the day.	$\boxtimes$	· 🗇		
Do detainees eat only with disposable utensils?				
Is food ever used as punishment?				
Each detainee maintains a normal level of personal hygiene in the SMU.				
• The detainees have the opportunity to shower and shave at	K21			
least three times a week.				
If not, explain.				
The detainees are provided:				
Barbering services;			1	
Recreation privileges in accordance with the "Detainee"			<b>!</b>	
Recreation" standard;				
Non-legal reading material;	וכא			·
Religious material;			l U	
The same correspondence privileges as detainees in the general				
population;				
Telephone access similar to that of the general population; and	<b>(</b>	]		
Personal legal material.				
A health care professional visits every detainee at least three times a			<u> </u>	A nurse visits the unit each day
week.	K-2			and their visit is logged within
The shift supervisor visits each detainee daily.	<u>,</u> ⊠.			the bound log maintained in the
Weekends and holidays.	ĺ			SMU Control Center.
Procedures comply with the "Visitation" standard.				
The detainee retains visiting privileges; and	$\boxtimes$			
The detailed retains visiting privileges, and     The visiting room is available during normal visiting hours.	"			
Visits from clergy are allowed.	$\boxtimes$	<del>                                      </del>	<del>                                     </del>	
Detainees have the same law-library access as the general population.	<u> </u>	<del> </del>	┢┸	
Are they required to use the law library Separately, or			<u> </u>	Legal materials are brought to
Are they required to use the law horary <u>separately</u> , or As a group?				them.
<ul> <li>Are legal materials brought to them?</li> </ul>			1	acu.
Are regar materials of ought to ment?		L		L

## SPECIAL MANAGEMENT UNIT (SMU) ADMINISTRATIVE SEGREGATION

POLICY: THE SPECIAL MANAGEMENT UNIT REQUIRED IN EVERY FACILITY ISOLATES CERTAIN DETAINES FROM THE GENERAL POPULATION. THE SPECIAL MANAGEMENT UNIT WILL CONSIST OF TWO SECTIONS. ONE, ADMINISTRATIVE SEGREGATION, HOUSES DETAINEES ISOLATED FOR THEIR OWN PROTECTION; THE OTHER FOR DETAINEES BEING DISCIPLINED FOR WRONGDOING (SEE THE "SPECIAL MANAGEMENT UNIT [DISCIPLINARY SEGREGATION]" STANDARD).

COMPONENTS	Y	N.	NA	REMARKS
The SMU maintains a permanent log of detainee-related activity, e.g., meals served, recreation, visitors etc.	×			This is maintained in a bound logbook maintained within the SMU Control Center.
<ul> <li>SPC procedures include completing the SMU Housing Record (I-888) immediately upon a detainee's placement in the SMU.</li> <li>Staff completes the form at the end of each shift.</li> <li>CDFs and IGSA facilities use Form I-888 (or local equivalent).</li> </ul>		×		The facility does not use Form I-888 or a local equivalent to document individual recreation, meals, showers, medical attention, etc.
Staff record whether the detainee ate, showered, exercised, and took any applicable medication during every shift.  • Staff logs record all pertinent information, e.g., a medical condition, suicidal/assaultive behavior, etc;  • The medical officer/health care professional signs each individual's record during each visit; and  • The housing officer initials the record when all detainee services are completed or at the end of the shift.		⊠		A review of the bound logbook maintained in the SMU Control Center revealed that staff does record whether the detainee ate, showered, or exercised.  However, the log does not specify which meal was eaten, or the time of day showers or recreation took place. The administration of medication was also not recorded. The medical professional does not sign each individual record during each visit as there is none to sign.
A new record is created for each week the detainee is in Administrative Segregation.  • The weekly records are retained in the SMU until the detainee's return to the general population.				A new record is not created for each week the detainee is in AS.
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### REMARKS:

Current policy does not address the notification of the OIC of ICE any time a detainee's stay in Administrative Detention exceeds 30 days. Interviews with staff indicate this does not happen, as ICE detainees are generally housed for less than 72 hours. The facility does not use Form I-888 or a local equivalent to document individual recreation, meals, showers, medical attention, etc., and as such there is no individual record for a medical professional to sign daily.

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## SPECIAL MANAGEMENT UNIT DISCIPLINARY SEGREGATION

POLICY: EACH FACILITY WILL ESTABLISH A SPECIAL MANAGEMENT UNIT IN WHICH TO ISOLATE CERTAIN DETAINEES FROM THE GENERAL POPULATION. THE SPECIAL MANAGEMENT UNIT WILL HAVE TWO SECTIONS, ONE FOR DETAINEES IN ADMINISTRATIVE SEGREGATION; THE OTHER FOR DETAINEES BEING SEGREGATED FOR DISCIPLINARY REASONS.

COMPONENTS	Y	N	NA	Remarks
Officers placing detainees in disciplinary segregation follow written	$\boxtimes$			
procedures.  The sanctions for violations committed during one incident are limited	ļ		p	
to 60 days.				
A completed Disciplinary Segregation Order accompanies the detainee				·
into the SMU.	$\boxtimes$			
<ul> <li>The detainee receives a copy of the order within 24 hours of placement in disciplinary segregation.</li> </ul>				
Standard procedures include reviewing the cases of individual detainees				
housed in disciplinary detention at set intervals.	$\boxtimes$		. [7]	
<ul> <li>After each formal review, the detainee receives a written copy of</li> </ul>				
the decision and supporting reasons.				
The conditions of confinement in the SMU are proportional to the amount of control necessary to protect detainees and staff.		· 🗆		
Detainees in disciplinary segregation have fewer privileges than those	<del> </del>			
housed in administrative segregation.				
Living conditions in disciplinary SMUs remain the same regardless of				
behavior.			П	
• If no, does staff prepare written documentation for this action?		_	<del>-</del>	
Does the OIC sign to indicate approval.  Every detainee in disciplinary segregation receives the same humane				
treatment, regardless of offense.				
The quarters used for segregation are:				
Well-ventilated.				
Adequately lighted.				
Appropriately heated.				
Maintained in a sanitary condition.				
All cells are equipped with beds that are securely fastened to the floor or			П	
wall of the cell.  The number of detainees confined to each cell or room is limited to the	*		<u> </u>	
number for which the space was designate.				
Does the OIC approve excess occupancy on a temporary basis?				,
When a detainee is segregated without clothing, mattress, blanket, or				The facility policy - Disciplinary
pillow (in a dry cell setting), a justification is made and the decision is				Detention, 03/18/04, dated
reviewed each shift. Items are returned as soon as it is safe.				February 6, 2008, Page 4,
				Section 11, states anytime bedding, clothing, etc. must be
	$\boxtimes$	lп	ln	removed from the detainee to
				protect the detainee from self-
				inflicted injuries or to prevent
				acts of destruction, and the
				circumstances will be documented.
Detainees in the SMU have the same opportunities to exchange clothing,	F7			documenteu.
bedding, etc., as other detainees.				

# SPECIAL MANAGEMENT UNIT DISCIPLINARY SEGREGATION

POLICY: EACH FACILITY WILL ESTABLISH A SPECIAL MANAGEMENT UNIT IN WHICH TO ISOLATE CERTAIN DETAINEES FROM THE GENERAL POPULATION. THE SPECIAL MANAGEMENT UNIT WILL HAVE TWO SECTIONS, ONE FOR DETAINEES IN ADMINISTRATIVE SEGREGATION; THE OTHER FOR DETAINEES BRING SEGREGATED FOR DISCIPLINARY REASONS.

COMPONENTS	Y	N	NA	REMARKS
Detainees in the SMU receive three nutritious meals per day, selected		<del>^`</del> .		
from the Food Service's menu of the day.	$\boxtimes$		$\neg$ $\Box$	
Food is not used as punishment.				
Detainees are allowed to maintain a normal level of personal hygiene,				
including the opportunity to shower and shave at least three times/week.	$\boxtimes$	· 🗀		•
Detainees receive, unless documented as a threat to security:				
Barbering services;				
Recreation privileges;				·
Other-than-legal reading material;	$\boxtimes$			·
Religious material;	الكا	- L		·
•				
The same correspondence privileges as other detainees; and				
Personal legal material.    Color				
When phone access is limited by number or type of calls, the following			,	
areas are exempt:				
Calls about the detainee's immigration case or other legal	K21		_	
matters;	$\boxtimes$		LJ	
Calls to consular/embassy officials; and				
Calls during family emergencies (as determined by the				
OIC/Warden).				·
A health care professional visits every detainee in disciplinary				·
segregation every week day.	$\boxtimes$	П	П	
The shift supervisor visits each segregated detainee daily				
Weekends and holidays,				
SMU detainees are allowed visitors, in accordance with the "Visitation"	$\boxtimes$			
standard.				
SMU detainees receive legal visits, as provided in the "Visitation"				
standard.	$\boxtimes$			
• Legal service providers are notified of security concerns		_		
arising before a visit.				
Visits from clergy are allowed.				
<ul> <li>The clergy member is given the option of visiting/not visiting</li> </ul>	577			
the segregated detainee.	$\boxtimes$			
<ul> <li>Violent/uncooperative detainees are denied access to religious</li> </ul>				
services when safety and security would otherwise be affected.		<u> </u>		
SMU detainees have law library access.				
Violent/uncooperative detainees retain access to the law library				l
unless adjudicated a security threat in writing.	578	F1	r	Legal materials are brought to
Legal material brought to individuals in the SMU on a case-by-	$\boxtimes$			detainees on a case-by-case
case basis.				basis.
Staff documents every incident of denied access to the law				
library.		<u> </u>		
All detainee-related activities are documented, e.g. meals served,				This is maintained in a bound
recreation activities, visitors, etc.	$\boxtimes$			logbook maintained within the
·				SMU Control Center.
		<u> </u>		

## SPECIAL MANAGEMENT UNIT DISCIPLINARY SEGREGATION

POLICY: EACH FACILITY WILL ESTABLISH A SPECIAL MANAGEMENT UNIT IN WHICH TO ISOLATE CERTAIN DETAINEES FROM THE GENERAL POPULATION. THE SPECIAL MANAGEMENT UNIT WILL HAVE TWO SECTIONS, ONE FOR DETAINEES IN ADMINISTRATIVE SEGREGATION; THE OTHER FOR DETAINEES BEING SEGREGATED FOR DISCIPLINARY REASONS.

COMPONENTS	Y	N	NA	REMARKS
The SPC's, the Special Management Housing Unit Record (I-888 or equivalent), is prepared as soon as the detainee is placed in the SMU.  • All I-888s are filled out by the end of each shift.  • The CDF/IGSA facility use Form.  • I-888 (or equivalent local form).		⊠		The facility does not use Form I-888 or a local equivalent to document individual recreation, meals, showers, medical attention, etc.
<ul> <li>SMU staff record whether the detainee ate, showered, exercised, took medication, etc.</li> <li>Details about the detainee logged, e.g., a medical condition, suicidal/violent behavior, etc.</li> <li>The health care official sign individual records after each visit.</li> <li>The housing officer initials the record when all detainee services are completed or at the end of the shift.</li> <li>A new record is created weekly for each detainee in the SMU.</li> <li>The SMU retains these records until the detainee leaves the SMU.</li> </ul>				A review of the bound logbook maintained in the SMU Control Center revealed that staff does record whether the detainee ate, showered, or exercised.  However, the log does not specify which meal was eaten, or the time of day showers or recreation took place. The administration of medication was also not recorded The medical professional does not sign each individual record during each visit as there is none to sign.
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REMARKS:

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### TOOL CONTROL

POLICY: IT IS THE POLICY OF ALL FACILITIES THAT ALL EMPLOYEES SHALL BE RESPONSIBLE FOR COMPLYING WITH THE TOOL CONTROL POLICY. THE MAINTENANCE SUPERVISOR SHALL MAINTAIN A COMPUTER GENERATED OR TYPEWRITTEN MASTER INVENTORY LIST OF TOOLS AND EQUIPMENT AND THE LOCATION IN WHICH TOOLS ARE STORED. THESE INVENTORIES SHALL BE CURRENT, FILED AND READILY AVAILABLE FOR TOOL INVENTORY AND ACCOUNTABILITY DURING AN AUDIT.

COMPONENTS	Y	N ·	NA	REMARKS
There is an individual who is responsible for developing a tool control procedure and an inspection system to insure accountability.	×			Facility policy - Tool and Equipment, 03/15/12, dated February 6, 2008, Page 1, Section A, 2, states the Maintenance Supervisor is responsible for ensuring compliance with the tool policy.
Department heads are responsible for implementing this standard in their departments.	$\boxtimes$			
Tool inventories are required for the:  Maintenance Department; Medial Department; Food Service Department; Electronics Shop; Recreation Department; and Armory.	⊠ ·			
The facility has a policy for the regular inventory of all tools.  The policy sets minimum time lines for physical inventory and all necessary documentation.  ICE facilities use AMIS bar code labels when required.	×			The policy addresses regular inventories of all tools. The policy does not set minimum time lines for physical inventory and all necessary documentation. Tools are inventoried weekly and documentation is available verifying weekly inventories.
The facility has a tool classification system. Tools are classified according to:  • Restricted (dangerous/hazardous); and  • Non-Restricted (non-hazardous).				The policy does not address a tool classification system. Interviews revealed the facility does not have a tool classification system.
Department heads are responsible for implementing tool-control procedures.	$\boxtimes$			The Medical, Food Service and Maintenance Department are tasked with this responsibility.
The facility has policies and procedures in place to ensure that all tools are marked and readily identifiable.		⊠.		The policy does not address marking tools to ensure they are readily identifiable. Observations of tools revealed tools are not marked and readily identifiable.

	TOOL CONTI	ROL	<u> </u>		
POLICY: IT IS THE POLICY OF ALL FACILITIES THAT ALL EMPLOYEES SHALL BE RESPONSIBLE FOR COMPLYING WITH THE TOOL CONTROL POLICY. THE MAINTENANCE SUPERVISOR SHALL MAINTAIN A COMPUTER GENERATED OR TYPEWRITTEN MASTER INVENTORY LIST OF TOOLS AND EQUIPMENT AND THE LOCATION IN WHICH TOOLS ARE STORED. THESE INVENTORIES SHALL BE CURRENT, FILED AND READILY AVAILABLE FOR TOOL INVENTORY AND ACCOUNTABILITY DURING AN AUDIT.					
COMPONENTS		Y	N	NA	REMARKS
The facility has an approved tool storage sy  The system ensures that all st  Commonly used tools (tools stored in such a way that miss	vstem.  ored tools are accountable.  s that can be mounted) are sing tool is readily notice.		$\boxtimes$		Tools are stored within a Central Tool Room located inside the secure perimeter. Some tools are hung on hooks and surrounded by a black outline. Other tools are stored within large tool storage carts.
Each facility has procedures for the issi detainees.	nance of tools to staff and				The policy only addresses that food service utensils will be signed out and in. The policy does not address issuance of tools to detainees in any area.
The facility has policies and procedures to a The policy and procedures include:  • Verbal and written notification;  • Procedures for detainee access; an • Necessary documentation/review	nd .	×			
Broken or worn out tools are surveyed and and secure manner.	disposed of in an appropriate	Ø			
All private or contract repairs and maintena ICE, or other visitors, submit an inventory cinto or departure from the facility.		Ø			Contractors submit an inventory of all tools prior to coming to the facility. That inventory is checked by staff and maintained on file upon the contractor's departure.
· ACCEPTABLE	DEFICIENT	AT-RISH	ζ.		REPEAT FINDING
REMARKS:  Policy does not address the need for a tool classification system, marking tools to ensure they are readily identifiable, and the issuance of tools to detainees in any area.  b2High  Level 10, 2008					
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## TRANSPORTATION LAND TRANSPORTATION

**POLICY:** THE IMMIGRATION AND NATURALIZATION SERVICE WILL TAKE ALL NECESSARY PRECAUTIONS TO PROTECT THE LIVES, SAFETY, AND WELFARE OF OUR OFFICERS, THE GENERAL PUBLIC, AND THOSE IN ICE CUSTODY DURING THE TRANSPORTATION OF DETAINEES. STANDARDS HAVE BEEN ESTABLISHED FOR PROFESSIONAL TRANSPORTATION UNDER THE SUPERVISION OF EXPERIENCED AND TRAINED DETENTION ENFORCEMENT OFFICERS OR AUTHORIZED CONTRACT PERSONNEL.

STANDARD NA: CHECK THIS BOX IF ALL ICE TRANSPORTATION IS HANDLED ONLY BY THE ICE FIELD OFFICE OR SUB-OFFICE IN CONTROL OF THE DETAINEE CASE.

COMPONENTS	YES	No	NA	REMARKS
Transporting officers comply with applicable local, state, and federal motor vehicle laws and regulations. Records support this finding of				
compliance.			-	
Every transporting officer required to drive a commercial size bus has a valid Commercial Driver's License (CDL) issued by the state of employment.				
Supervisors maintain records for each vehicle operator.				
Officers use a checklist during every vehicle inspection.				
<ul> <li>Officers report deficiencies affecting operability; and</li> <li>Deficiencies are corrected before the vehicle goes back into service.</li> </ul>				
Transporting officers:				
<ul> <li>Limit driving time to 10 hours in any 15 hour period;</li> <li>Drive only after eight consecutive off-duty hours;</li> <li>Do not receive transportation assignments after having been on duty, in any capacity, for 15 hours;</li> <li>Drive a 50-hour maximum in a given work week; a 70-hour maximum during eight consecutive days;</li> <li>During emergency conditions (including bad weather), officers may drive as long as necessary and safe to reach a safe area—exceeding the 10-hour limit.</li> </ul>				
Two officers with valid CDLs required in any bus transporting detainees.				
When buses travel in tandem with detainees, there are two qualified officers per vehicle.				·
An unaccompanied driver may transport an empty vehicle.				
Before the start of each detail, the vehicle is thoroughly searched.	<u> </u>			
Positive identification of all detainees being transported is confirmed.				
All detainees are searched immediately prior to boarding the vehicle by staff controlling the bus or vehicle.				
The facility ensures that the number of detainees transported does not exceed the vehicles manufacturer's occupancy level.				
Protective vests are provided to all transporting officers.				
The vehicle crew conducts a visual count once all passengers are on		1.		
board and seated.     Additional visual counts are made whenever the vehicle makes a scheduled or unscheduled stop.				
Policies and procedures are in place addressing the use of restraining				
equipment on transportation vehicles.				
Officers ensure that no one contacts the detainees.  • One officer remains in the vehicle at all times when detainees are present.				

## TRANSPORTATION LAND TRANSPORTATION

POLICY: THE IMMIGRATION AND NATURALIZATION SERVICE WILL TAKE ALL NECESSARY PRECAUTIONS TO PROTECT THE LIVES, SAFETY, AND WELFARE OF OUR OFFICERS, THE GENERAL PUBLIC, AND THOSE IN ICE CUSTODY DURING THE TRANSPORTATION OF DETAINEES. STANDARDS HAVE BEEN ESTABLISHED FOR PROFESSIONAL TRANSPORTATION UNDER THE SUPERVISION OF EXPERIENCED AND TRAINED DETENTION ENFORCEMENT OFFICERS OR AUTHORIZED CONTRACT PERSONNEL.

STANDARD NA: CHECK THIS BOX IF ALL ICE TRANSPORTATION IS HANDLED ONLY BY THE ICE FIELD OFFICE OR SUB-OFFICE IN CONTROL OF THE DETAINEE CASE.

COMPONENTS	YES	No	NA	REMARKS
Meals are provided during long distance transfers.  • The meals meet the minimum dietary standards, as identified by				
dieticians utilized by ICE.				
The vehicle crew inspects all Food Service pickups before accepting				
delivery (food wrapping, portions, quality, quantity, thermos-transport				
containers, etc.).				
Before accepting the meals, the vehicle crew raises and resolves				
questions, concerns, or discrepancies with the Food Service		1	<u></u>	
representative;				
<ul> <li>Basins, latrines, and drinking-water containers/dispensers are</li> </ul>				
cleaned and sanitized on a fixed schedule.				
Vehicles have:				•
Two-way radios;	F3			-
Cellular telephones; and				
Equipment boxes stocked in accordance with the Use of Force				
Standard.			<del></del>	
The vehicles are clean and sanitary at all times.				· · · · · · · · · · · · · · · · · · ·
Personal property of a detainee transferring to another facility is:				
• Inventoried;				
Inspected; and	-			
Accompanies the detainee.	<u> </u>			
The following contingencies are included in the written procedures for				
vehicle crews:				
• Attack				
• Escape			l	
Hostage-taking				
Detainee sickness	Ì			
Detainee death				
Vehicle fire				
• Riot			Ì	
Traffic accident		Ì		·
Mechanical problems     Netural disasters				
Natural disasters			1	
Severe weather  Passanger list in all day warmen on min and				
Passenger list includes women or minors		<u> </u>	<u> </u>	<u> </u>
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#### REMARKS:

All ICE transportation is handled only by the ICE sub-office in the control of the detainee's case.

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### USE OF FORCE

POLICY: THE U.S. DEPARTMENT OF HOMELAND SECURITY AUTHORIZES THE USE OF FORCE ONLY AS A LAST ALTERNATIVE AFTER ALL OTHER REASONABLE EFFORTS TO RESOLVE A SITUATION HAVE FAILED. ONLY THAT AMOUNT OF FORCE NECESSARY TO GAIN CONTROL OF THE DETAINEE, TO PROTECT AND ENSURE THE SAFETY OF DETAINEES, STAFF AND OTHERS, TO PREVENT SERIOUS PROPERTY DAMAGE AND TO ENSURE INSTITUTION SECURITY AND GOOD ORDER MAY BE USED. PHYSICAL RESTRAINTS NECESSARY TO GAIN CONTROL OF A DETAINEE WHO APPEARS TO BE DANGEROUS MAY BE EMPLOYED WHEN THE DETAINEE:

COMPONENTS	YES	No	NA	REMARKS
Written policy authorizes staff to respond in an immediate-use-of-force situation without a supervisor's presence or direction.				The facility endorses and uses the Sheriff's Department Policy Use of Firearms, Use of Force, 03/15/15, dated February 6, 2008, which addresses staff response in an immediate use of force situation. It states the deputies may use only the degree of force which is reasonable and immediately necessary to protect themself.
When the detainee is in an area that is or can be isolated (e.g., a locked cell, a range), posing no direct threat to the detainee or others, officers must try to resolve the situation without resorting to force.				The policy addresses resolving the situation without resorting to force if possible.
Written policy asserts that calculated rather than immediate use of force is feasible in most cases.		×		The policy does not specifically assert that calculated rather than immediate use of force is feasible in most cases.
The facility subscribes to the prescribed Confrontation Avoidance Procedures.  • Ranking detention official, health professional, and others confer before every calculated use of force.		×		The policy does not specifically subscribe to prescribed Confrontation Avoidance Procedures. Interviews verified that a ranking detention official, a health professional, and others confer before every calculated use of force.
When a detainee must be forcibly moved and/or restrained, and there is time for a calculated use of force, staff uses the Use-of-Force Team Technique.  • Under staff supervision.		⊠		The policy does not endorse or address the Use of Force Team technique. Interviews and documentation reviewed indicate staff does not always use the Use of Force Team Technique under a supervisor's direction.
Staff members are trained in the performance of the Use-of-Force Team Technique.	⊠ ·			All staff receives training in the Use of Force Team Technique and CERT receives additional training in the technique.
All use-of-force incidents are documented and reviewed.				A Use of Force Incident Form is utilized for this purpose and reviewed by the Captain over Security and the Assistant Administrator of Security.

#### **USE OF FORCE**

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COMPONENTS	YES	No	NA	REMARKS
Staff:  Do not use force as punishment;  Attempt to gain the detainee's voluntary cooperation before resorting to force;  Use only as much force as necessary to control the detainee; and  Use restraints only when other non-confrontational means, including verbal persuasion, have failed or are impractical.	×			
Medication may only be used for restraint purposes when authorized by the Medical Authority as medically necessary.	$\boxtimes$			
Use-of-Force Team follows written procedures that attempt to prevent injury and exposure to communicable disease(s).	×			Universal precautions are used routinely.
Standard procedures associated with using four-point restraints include:  Soft restraints (e.g., vinyl);  Dressing the detainee appropriately for the temperature;  A bed, mattress, and blanket/sheet;  Checking the detainee at least every 15 minutes;  Logging each check;  Turning the bed-restrained detainee often enough to prevent soreness or stiffness;  Medical evaluation of the restrained detainee twice per eight-hour shift; and  When qualified medical staff is not immediately available, staff position the detainee "face-up".				Facility policy - Use of Restraints 03/15/08, dated February 6, 2008, addresses standard procedures associated with using four-point restraints. However, interviews with staff indicate four-point restraints are not used within the facility. Fixed restraints only occur with the use of the restraint chair.
The shift supervisor monitors the detainee's position/condition every two hours.  • He/she allows the detainee to use the rest room at these times under safeguards.				The restraint policy does not address the Shift Commander's role in monitoring the detainee's position and use of the rest room at these times.
All detainee checks are logged.				
In immediate-use-of-force situations, staff contacts medical staff once the detainee is under control.	$\boxtimes$			The restraint policy addresses contacting medical staff and their role.
<ul> <li>When the OIC authorizes use of non-lethal weapons:</li> <li>Medical staff is consulted before staff use pepper spray/non-lethal weapons.</li> <li>Medical staff reviews the detainee's medical file before use of a non-lethal weapon is authorized.</li> </ul>			. 🗆	The Use of Force policy does not address the use of non-lethal weapons. Interviews and documentation indicate medical staff is not routinely consulted before staff use chemical munitions.
Special precautions are taken when restraining pregnant detainees.  • Medical personnel are consulted		. 🖾		The restraint policy does not addresses special precautions when restraining pregnant detainees.
Protective gear is worn when restraining detainees with open cuts or wounds.	×			Universal precautions are routinely used.
Staff documents every use of force and/or non-routine application of restraints.	$\boxtimes$			

USE OF FOR	CE				
POLICY: THE U.S. DEPARTMENT OF HOMELAND SECURITY AUTHORIZES THE USE OF FORCE ONLY AS A LAST ALTERNATIVE AFTER ALL OTHER					
REASONABLE EFFORTS TO RESOLVE A SITUATION HAVE FAILED. ONLY T	HAT AMOU	NT OF FC	RCE NEC	ESSARY TO GAIN CONTROL OF THE	
DETAINEE, TO PROTECT AND ENSURE THE SAFETY OF DETAINEES, STAFF A	ND OTHER	s, to pri	EVENT SE	RIOUS PROPERTY DAMAGE AND TO	
ENSURE INSTITUTION SECURITY AND GOOD ORDER MAY BE USED. PHYSICAL	RESTRAIN	TS NECES	SARY TO	GAIN CONTROL OF A DETAINEE WHO	
APPEARS TO BE DANGEROUS MAY BE EMPLOYED WHEN THE DETAINEE:	· .				
COMPONENTS	YES	No	NA	REMARKS	
It is standard practice to review any use of force and the non-routine	$\boxtimes$	П	П		
application of restraints.		لسا			
All officers receive training in self-defense, confrontation-avoidance					
techniques and the use of force to control detainees.	$\boxtimes$				
<ul> <li>Specialized training is given and Officers are certified in all</li> </ul>	KZI	<u> </u>			
devices they use.					
In SPCs, is the Use of Force form is used? In other facilities (IGSAs /	$\square$	Г			
CDFs) is this form or its equivalent used?	KZI	السا			
🖾 ACCEPTABLE 🗌 DEFICIENT 🔲 AT-RISK 🔲 REPEAT FINDING					

#### REMARKS:

The Use of Force policy does not address the following: that calculated rather than immediate use of force is feasible in most cases; specifically subscribes to prescribed confrontation avoidance procedures where the ranking detention official, a health professional, and others confer before every calculated use of force; the use of special precautions when restraining pregnant detainees; the Shift Commander's role in monitoring the detainee's position and use of the rest room when prolonged use of restraints occurs; and when the use of non-lethal weapons is imminent that medical staff must be consulted before correctional staff uses chemical munitions.

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STAFF DETAINEE COMMUNICATIONS					
POLICY: PROCEDURES MUST BE IN PLACE TO ALLOW FOR FORMAL AND INFORMAL CONTACT BETWEEN KEY FACILITY STAFF AND ICE STAFF					
AND ICE DETAINEE AND TO PERMIT DETAINEES TO MAKE WRITTEN REQUEST	s to ICE si	TAFF AND	RECEIVE	AN ANSWER IN AN ACCEPTABLE TIME	
FRAME.					
COMPONENTS	Y	N	NA	Remarks	
The ICE Field Office Director ensures that weekly announced and unannounced visits occur at the IGSA.	×				
Detention and Deportation Staff conduct scheduled weekly visits with detainees held in the IGSA.	$\boxtimes$				
Scheduled visits are posted in ICE detainee areas.	$\boxtimes$				
Visiting staff observe and note current climate and conditions of confinement at each IGSA.	$\boxtimes$				
ICE information request Forms are available at the IGSA for use by ICE detainees.	$\boxtimes$				
The IGSA treats detainee correspondence to ICE staff as Special Correspondence.	$\boxtimes$			·	
ICE staff responds to a detainee request from an IGSA within 72 hours.	Ø				
ICE detainees are notified in writing upon admission to the facility of their right to correspond with ICE staff regarding their case or conditions of confinement.				Detainees are notified in writing upon admission to the facility of their right to correspond with ICE staff regarding their case or conditions of confinement.	
ACCEPTABLE DEFICIENT	AT-RISE	ζ΄	J	REPEAT FINDING	
REMARKS:			,		

The detainees are allowed formal and informal contact with key ICE staff, and are provided means for communication with ICE representatives via written requests. They receive adequate answers from ICE in a timely manner.

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AUDITOR'S SIGNATURE / DATE	1)	

#### DETAINEE TRANSFER STANDARD

POLICY: ICE WILL MAKE ALL NECESSARY NOTIFICATIONS WHEN A DETAINEE IS TRANSFERRED. IF A DETAINEE IS BEING TRANSFERRED VIA THE JUSTICE PRISONER ALIEN TRANSPORTATION SYSTEM (JPATS), ICE WILL ADHERE TO JPATS PROTOCOLS. IN DECIDING WHETHER TO TRANSFER A DETAINEE, ICE WILL TAKE INTO CONSIDERATION WHETHER THE DETAINEE IS REPRESENTED BEFORE THE IMMIGRATION COURT. IN SUCH CASES, THE FIELD OFFICE DIRECTOR WILL CONSIDER THE DETAINEE'S STAGE WITHIN THE REMOVAL PROCESS, WHETHER THE DETAINEE'S ATTORNEY IS LOCATED WITHIN REASONABLE DRIVING DISTANCE OF THE FACILITY, AND WHERE THE IMMIGRATION COURT PROCEEDINGS ARE TAKING PLACE

TAKING PLACE.		. ,		
COMPONENTS	Y	N	NA	REMARKS
<ul> <li>When a detainee is represented by legal counsel or a legal representative, and a G-28 has been filed, the representative of record is notified by the detainee's Deportation Officer.</li> <li>The notification is recorded in the detainee's file; and</li> <li>When the A File is not available, notification is noted within DACS</li> </ul>	⊠			
Notification includes the reason for the transfer and the location of the new facility.	×			
The deportation officer is allowed discretion regarding the timing of the notification when extenuating circumstances are involved.	$\boxtimes$			
The attorney and detainee are notified that it is their responsibility to notify family members regarding a transfer.	$\boxtimes$		. 🗆	
<ul> <li>Facility policy mandates that:</li> <li>Times and transfer plans are never discussed with the detainee prior to transfer;</li> <li>The detainee is not notified of the transfer until immediately prior to departing the facility; and</li> <li>The detainee is not permitted to make any phone calls or have contact with any detainee in the general population.</li> </ul>	⊠			
The detainee is provided with a completed Detainee Transfer Notification Form.	$\boxtimes$		· 🗆	·
Form G-391 or equivalent authorizing the removal of a detainee from a facility is used.	Ø			
The Detainee Immigration Health Service (or IGSA) (DIHS)     Medical Director or designee approves the transfer;     Medical transfers are coordinated through the local ICE office; and     A medical transfer summary is completed and accompanies the detainee.				
Detainees in ICE facilities having DIHS staff and medical care are transferred with a completed transfer summary sheet in a sealed envelope with the detainee's name and A-number, and the envelope is marked Medical Confidential.				
For medical transfers, transporting officers receive instructions regarding medical issues.	Ø			
Detainee's funds, valuables, and property are returned and transferred with the detainee to his/her new location.	×			
Transfer and documentary procedures outlined in Section C and D are followed.	×			
Meals are provided when transfers occur during normally schedule meal times.	Ø			
An A File or work folder accompanies the detainee when transferred to a different field office or sub-office.	×			

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TAKING PLACE.	r		·	-	
COMPONENTS	Y	N	NA	REMARKS	
Files are forwarded to the receiving office via overnight mail no later than					
one business day following the transfer.					
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ACCEPTABLE DEFICIENT	AT-RISI	K	1	REPEAT FINDING	
REMARKS:					
The facility has good precedures in place to answer that ICE makes all or	٠,	٠, ٠,٠٠٠	,		

The facility has good procedures in place to ensure that ICE makes all appropriate notifications when a detainee is transferred.

AUDITOR'S SIGNATURE / DATE

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