U.S. Department of Homeland Security 425 I Street, NW Washington, DC 20536



MEMORANDUM FOR:

Robin Baker

Field Office Director

San Diego Eield Offic

FROM:

John P. Torre

Director

SUBJECT:

El Centro Service Processing Center Annual Review

The annual review of the El Centro Service Processing Center conducted June 19-21, 2007, in El Centro, California has been received. A final rating of **Superior** has been assigned. No further action is required and this review is closed.

The rating was based on the Reviewer-In-Charge (RIC) Summary Memorandum and supporting documentation. The Field Office Director must now initiate the following actions in accordance with the Detention Management Control Program (DMCP):

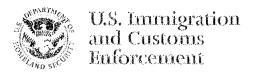
- 1) The Field Office Director, Detention and Removal Operations, shall notify the facility within five business days of receipt of this memorandum. Notification shall include copies of the Form G-324A, *Detention Facility Review Form*, the G-324A Worksheet, RIC Summary Memorandum, and a copy of this memorandum.
- 2) The Field Office Director shall schedule the next annual review on or before June 19, 2008.

Should you or your staff have any questions regarding this matter, please contact, Acting Deputy Assistant Director, Detention Management Division at (202) 732 b2 high

cc: Official File

b2 high, (b)(6), (b)(7)c

U.S. Department of Homeland Security 425 I Street, NW Washington, DC 20536



MEMORANDUM FOR:

John P. Torres

Director

FROM:

Detention and Deportation Officer

Detention Standards Compliance Unit

SUBJECT:

El Centro Service Processing Center Annual Review

The Detention Standards Compliance Unit conducted the annual headquarters detention review of the El Centro Service Processing Center (SPC) conducted June 19-21, 2007. Headquarters Staff Officer supervised the review and was assisted by team members be be by the base of the conducted the annual headquarters detention review of the El Centro Service Processing Center (SPC) conducted June 19-21, 2007. Headquarters

b6, b7c b6, b7c and b6, b7c

Type of Review

This review is a scheduled Headquarters Review and was conducted to determine overall compliance with the Immigration and Customs Enforcement (ICE) National Detention Standards.

Review Summary

The American Correctional Association (ACA), the National Commission on Correctional Health care (NCCHC) and the Joint Commission for Accreditation of Healthcare Organizations (JCAHO) accredit El Centro SPC. The following information summarizes last dates of successful accreditation and those standards that are not in compliance.

ACA:	August 2006
NCCHC:	June 2006
JCAHO:	August 2006

2006 Review		2007 Review	
Acceptable	38	Acceptable	38
Deficient	0	Deficient	0
Repeat Deficiency	0	Repeat	0
At-Risk	0	At-Risk	0

SUBJECT: El Centro Serve Processing Center Annual Detention Review

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RIC Observations

Areas of Best Practice

Staff-Detainee Communication

Detention and Deportation Officers conduct weekly scheduled visits with detainees and respond within 72 hours to Detainee Request Forms. Request Forms were tracked in a logbook. Management Staff also conduct unscheduled visits throughout the facility. The detainees seemed content and had no issues with the conditions of confinement or complaints against the staff.

Access to Legal Materials

The El Centro Service Processing Center exceeds the standard by permitting detainees to access the Law Library seven days a week, instead of the specified five days per week.

Correspondence and Other Mail

The facility exceeds the standard by permitting detainees and indigent detainees the opportunity to mail an unlimited number of outgoing mail per week. The current National Detention Standard (NDS) states that detainees are permitted to mail three one-ounce letters per week. The mailroom was found to be well organized and logbooks reviewed were accurate.

Tool Control

The tool room was found to be immaculate. As required, the Maintenance Supervisor maintains a computer generated Master Inventory List of all tools and equipment and the location in which tools are stored. The logbooks were found to be accurate during the review. There is an excellent system in place to immediately identify lost or broken tools.

Environmental Health and Safety

The El Centro Service Processing Center maintains excellent control of all flammable, toxic and caustic materials. Material Safety Data Sheets (MSDS) were located next to all chemicals as required by the NDS. The chemical control logs throughout the facility were found to be accurate with a running balance of chemicals received and distributed.

American Correctional Association (ACA) Accreditation Team

The facility's American Correctional Association (ACA) team conducts daily and weekly inspections to ensure compliance with chemical, tool control and sanitation of the facility.

Advisories

Hunger Strikes

In August 2006, it was documented that a detainee housed in segregation had been placed on a hunger strike. The detainee was then isolated and housed in the medical unit. Documentation

Page 2

in the detainee's record was unclear if the detainee was actually on a hunger strike or if he accepted a meal.

Recommended Plan of Action

If a detainee is officially placed on a Hunger Strike, ensure that everything is documented to on the appropriate forms to include if a detainee refuses a meal.

Sick Call

A detainee requested to see the Dentist on March 15, 2007 but was not seen by the provider until 5 days later on March 20, 2007. Another dental request on April 15, 2007 was never addressed. The Health Services Administrator (HSA) stated that this problem had been identified and corrected.

Recommended Plan of Action

Ensure that detainees are seen by the Dentist in a timely manner and that the follow-up is documented.

Refusal and Consent Forms

It was noted that several charts were found without documentation regarding medicine refusal forms. Additionally, the forms did not include the patient's signature.

Recommended Plan of Action

All detainees must be seen face-to-face and educated on the consequences of medicine refusal. The refusal form DIHS-820 must be completed with a witness signature.

Suicide Prevention and Intervention

Two cases of suicide observation were found to have one missing nurse check. Per procedure, nurses must access the patient and document this check every two hours.

Recommended Plan of Action

If a detainee is placed on suicide observation, the medical staff shall check the detainee every two hours and document the observation.

Recommended Rating and Justification

It is the RIC recommendation that the facility receive a rating of "Superior." The facility currently complies with 38 of 38 Immigration and Customs Enforcement, National Detention Standards.

RIC Assurance Statement

Findings of compliance are documented on the G-324a inspection form and are fully supported by documentation in the review file.

SUBJECT: El Centro Ser Ce Processing Center Annual Detention Review Page 2

cc: Official File

b2 high, (b)(6), (b)(7)

Department Of Homeland Security Immigration and Customs Enforcement

A. Type of Facility Reviewed
ICE Service Processing Center
☐ ICE Contract Detention Facility
ICE Intergovernmental Service Agreement
B. Current Inspection
Type of Inspection
Field Office HQ Inspection
Date[s] of Facility Review
June 19-21, 2007
C. Previous/Most Recent Facility Review
Date[s] of Last Facility Review
July 11-13, 2006
Previous Rating
Superior Good Acceptable Deficient At-Risk
D. Name and Location of Facility
Name El Centro Service Processing Center
Address (Street and Name)
1115 N. Imperial Avenue
City, State and Zip Code El Centro, CA 92243
County
Imperial
Name and Title of Chief Executive Officer (Warden/OIC/Superintendent) b6. b7c Officer-In-Charge
Telephone # (Include Area Code)
(760) 336 b6, b7c
Field Office / Sub-Office (List Office with oversight responsibilities) San Diego, CA
Distance from Field Office
120
E IOEL G
E. ICE Information Name of Inspector (Last Name, Title and Duty Station)
b6, b7c / DDO / Washington DC
Name of Team Member / Title / Duty Location
b6, b7c / IEA/ Portland
Name of Team Member / Title / Duty Location
b6, b7c / DO/ Phoenix
Name of Team Member / Title / Duty Location
b6, b7c PHS / San Diego
F. CDF/IGSA Information Only
Contract Number
Basic Rates per Man-Day
Other Charges: (If None, Indicate N/A)
; ; ;
Estimated Man-days Per Year

G. Accreditation Ce	ertificates				
List all State or Nation	List all State or National Accreditation[s] received:				
Charlehay if facili	to be a seconditation follows				
Check box if facili	ty has no accreditation[s]				
H. Problems / Comp	plaints (Copies must be attached)				
The Facility is under C	Court Order or Class Action Finding				
Court Order	Class Action Order				
The Facility has Signif	ficant Litigation Pending				
☐ Major Litigation	Life/Safety Issues				
Check if None.					
I. Facility History					
Date Built					
1975					
Date Last Remodeled	or Upgraded				
Ongoing					
Date New Constructio	n / Bedspace Added				
N/A					
Future Construction P	lanned				
Yes No Date:	<u></u>				
Current Bedspace	Future Bedspace (# New Beds only)				
544	Number: Date:				
J. Total Facility Po	pulation				
Total Facility Intake for	or previous 12 months				
5,409					
Total ICE Mandays fo	r Previous 12 months				
168,492					
K Classification Le	vel (ICE SPCs and CDFs Only)				

	L-1	L-2	L-3
Adult Male			
Adult Female		(b)(2)High	

L. Facility Capacity

	Rated	Operational	Emergency		
Adult Male	544	480	562		
Adult Female	0	0	0		
☐ Facility holds Juveniles Offenders 16 and older as Adults					

M. Average Daily Population

	ICE	USMS	Other
Adult Male	462	0	0
Adult Female	0	0	0

N. Facility Staffing Level

11. Tuchity Starling Devel	
Security:	Support:
b2 high	b2 high

Significant Incident Summary Worksheet

For ICE to complete its review of your facility, the following information <u>must be completed</u> prior to the scheduled review dates. The information on this form should contain data for the past twelve months in the boxes provided. The information on this form is used in conjunction with the ICE Detention Standards in assessing your Detention Operations against the needs of the ICE and its detained population. This form should be filled out by the facility prior to the start of any inspection. Failure to complete this section will result in a delay in processing this report and the possible reduction or removal of ICE' detainees at your facility.

Incidents	Description	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault:	Types (Sexual ² , Physical, etc.)	0	0	0	0
Offenders on Offenders ¹	With Weapon	0	0	0	0
	Without Weapon	6	4	4	2
Assault:	Types (Sexual Physical, etc.)	0	0	0	0
Detainee on Staff	With Weapon	0	0	0	0
	Without Weapon	0	0	0	0
Number of Forced Moves, incl. Forced Cell moves ³		0	0	0	0
Disturbances ⁴		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)	N/A	N/A	N/A	N/A
Restraints applied/used	Type (C=Chair, B=Bed, BB=Board, O=Other)	N/A	N/A	N/A	N/A
Offender / Detainee Medical Referrals as a result of injuries sustained.		49	12	58	51
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	28	20	5	18
	# Resolved in favor of Offender/Detainee	0	0	0	0
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	0	0	0	0
	Number	0	0	0	0
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	11	4	10	12
	# Psychiatric Cases referred for Outside Care	0	0	0	0

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

² 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.

	S/ICE Detention Standards Review Summary Report	
_	cceptable 2. Deficient 3. At Risk 4. Repeat Finding 5.Not Applicable	1 2 2 4
	al Access Standards	1. 2. 3. 4. 5
1.	Access to Legal Materials	
2.	Group Presentations on Legal Rights	
3.	Visitation	
4.	Telephone Access	
	ninee Services	
5.	Admission and Release	
6.	Classification System	
7.	Correspondence and Other Mail	
8.	Detainee Handbook	
9.	Food Service	
10.	Funds and Personal Property	
11.	Detainee Grievance Procedures	
12.	Issuance and Exchange of Clothing, Bedding, and Towels	
13.	Marriage Requests	
14.	Non-Medical Emergency Escorted Trip	
15.	Recreation	
16.	Religious Practices	
17.	Voluntary Work Program	
Heal	Ith Services	
18.	Hunger Strikes	
19.	Medical Care	
20.	Suicide Prevention and Intervention	
21.	Terminal Illness, Advanced Directives and Death	
	urity and Control	
22.	Contraband	
23.	Detention Files	
24.	Disciplinary Policy	
25.	Emergency Plans	
26.	Environmental Health and Safety	
27.	Hold Rooms in Detention Facilities	
28.	Key and Lock Control	
29.	Population Counts	
20. 30.	Post Orders	
31.	Security Inspections	
31. 32.	Special Management Units (Administrative Segregation)	
32. 33.	Special Management Units (Disciplinary Segregation)	
33. 34.	Tool Control	
	Transportation (Land management)	
35. 36.	Use of Force	
20		
37. 38.	Staff / Detainee Communication (Added August 2003) Detainee Transfer (Added September 2004)	

All findings (Deficient and At-Risk) require written comment describing the finding and what is necessary to meet compliance.

RIC Review Assurance Statement					
accomplishments are supported by sufficient and reliable eviden	at is sufficient and reliable. Furthermore, findings of noteworthy				
Reviewer-In-Charge: (Print Name)	Signature				
b6, b7c	b6, b7c () () () () ()				
Title & Duty Location	Date				
DDO/ Washington DC	June 28, 2007				
Team Members					
Print Name, Title, & Duty Location b6, b7c IEA/ Portland Oregon	Print Name, Title, & Duty Location b6. b7c DDO /Washington DC				
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location				
b6, b7c / DO/ Phoenix, Arizona	b6, b7c PHS/ San Diego				
Recommended Rating: Superior Good Acceptable Deficient At-Risk					

Comments:

It is the recommendation of the RIC that the facility receive a rating of "Superior." The facility now fully complies with 38 of 38 standards.

HEADQUA	RTERS EXECUT	TIVE REVIEW				
Review Author	rity			dentalismenterial de destala montralismente in instituti communitati.		WHAT IS THE CONTROL OF THE CONTROL O
_		w of this report and accepall findings and recomm	•	ew Authority. O	IC/CEO will have 30 da	ays from
John P. Torres	TIVE REVIEW: (Please Pr	rint Name)	Signature	my		
Title Director			Date		W PANELS	.viernios de A
Final Rating:	Superior Good Acceptable Deficient At-Risk					
Comments:		rity has recommended an out of 38 standards. Seveparture.				

Department of Homeland SecurityImmigration and Customs Enforcement Office of Detention and Removal

Condition of Confinement Review Worksheet

(This document must be attached to each G-324a Inspection Form)

This Form to be used for Inspections of all IGSA Facilities Used over 72 Hours



Field Office Detention Review Worksheet

Local Jail – IGSA
State Facility – IGSA
☐ ICE Service Processing Center
Name
El Centro Service Processing Center
Address (Street and Name)
1115 N. Imperial Avenue
City, State and Zip Code
El Centro, CA
County
Imperial
Name and Title of Chief Executive Officer (Warden/OIC/Superintendent)
b6, b7c 5, Officer-In-Charge (OIC)
Name and title of Reviewer-In-Charge
b6, b7c s/ Detention and Deportation Officer (DDO)
Date[s] of Review
June 19-21, 2007
Type of Review
☐ Headquarters ☐ Operational ☐ Special Assessment ☐ Other

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DETAINEE TRANSFER STANDARD

For each standard rated below 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

Detainee Services Standards

ACCESS TO LEGAL MATERIALS

Policy: Facilities holding ICE detainees shall permit detainees access to a law library, and provide legal materials, facilities, equipment and document copying privileges, and the opportunity to prepare legal documents.

Components	Υ	N	NA	Remarks
The facility provides a designated law library for detainee use.	\boxtimes			
The law library contains all materials listed in the "Access to Legal Materials" Standard, Attachment A. The listing of materials is posted in the law library.	\boxtimes			
The library contains a sufficient number of chairs, is well lit and is reasonably isolated from noisy areas.				
The law library is adequately equipped with typewriter, computers or both and has sufficient supplies for daily use by the detainees.				
In addition to the physical law library, ICE detainees have access to the Lexus Nexus electronic law library.	\boxtimes			
Where provided, the Lexus Nexus library is updated and is current.	\boxtimes			New and updated version is in use.
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 the ICE prior to inclusion.				
There is a designated ICE or facility employee who inspects, updates, and maintain/replace legal material 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.	\boxtimes			
Detainees may request material not currently in the law library. Each request is reviewed and where appropriate an acquisition request is initiate and timely pursued. Request for copies of court decisions are accommodated within 3 – 5 business days.	\boxtimes			Exceeds requirement. Detainees may access 7 days a week. May stay for more than 1 hour if permitted.
The facility permits detainees to assist other detainees, voluntarily and free of charge, in researching and preparing legal documents, consistent with security.	\boxtimes			
Staff ensures that illiterate or non-English-speaking detainees without legal representation receive more than access to English-language law books after indicating their need for help.	\boxtimes			
Detainees may retain a reasonable amount of personal legal material in the general population and in the special management unit. Stored legal materials are accessible within 24 hours of a written request.	\boxtimes			
Detainees housed in Administrative Segregation and Disciplinary Segregation units have the same law library access as the general population, barring security concerns. Detainees denied access to legal materials are documented and reviewed routinely for lifting of sanctions.				
All denials of access to the law library fully documented.				No denials.
Facility staff informs ICE Management when a detainee or group of detainees is denied access to the law library or law materials.				Reported directly to the OIC.

ACCESS TO LEGAL MATERIALS							
Policy: Facilities holding ICE detainees shall permit detainees access to a law library, and provide legal materials, facilities, equipment and document copying privileges, and the opportunity to prepare legal documents.							
Components	Υ	N	NA	Remarks			
Detainees who seek judicial relief on any matter are not subjected to reprisals, retaliation, or penalties.	t 🗵 🗆						

Remarks: (Record significant facts, observations, alternate source used for verification, etc.) **Best Practice-**

Detainees may have access to the law library seven days a week and for more than one hour if permitted. All software is up to date. The space provided is more than efficient. No detainee has been refused access. Excellent collection of legal books, materials, and references.

b6, b7c

6/21/07

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	Υ	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 service, religious programs, count procedures, access to and use of the law library and the general library; sick-call procedures, etc., and the detainee handbook.				Handbook is available in Spanish and English.			
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.				Performed by PHS.			
Each new arrival is classified according to criminal history and threat levels. Criminal history is provided for each detainee by the ICE field office.							
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.	\boxtimes						
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.	\boxtimes	·					
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.	\boxtimes						
All releases are properly coordinated with ICE using a Form I-203.				Verified by non-active detention files.			
Staff completes paperwork/forms for release as required.							

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

6/21/07

Auditor's Signature / Date

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	Υ	N	NA	Remarks
The facility has a system for classifying detainees. In CDFs and IGSAs, an Objective Classification System or similar is used.	\boxtimes			
 The facility classification system includes: Classifying detainees upon arrival. Separating individuals who cannot be classified upon arrival from the general population. The first-line supervisor or designated classification specialist reviewing every classification decision. 				
The intake/processing officer reviews work-folders, A-files, etc., to identify and classify each new arrival.				
Staff use only information that is factual, and reliable to determine classification assignments. Opinions and unsubstantiated/ unconfirmed reports may be filed but are not used to score detainees classifications.				Classification determined by criminal history reports and actual documentation.
Housing assignments are based on classification-level.	\boxtimes			
A detainee's classification-level does not affect his/her recreation opportunities. Detainees recreate with persons of similar classification designations.	\boxtimes			
Detainee work assignments are based upon classification designations.	\boxtimes			
The classification process includes reassessment/reclassification. At IGSA's, detainees may request reassessment 60 days after arrival.	\boxtimes			Audit of 15 detention files. All reviews were completed before deadlines.
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.				
Classification appeals are resolved within five business days and detainees are notified of the outcome within 10 business days.				
Classification designations may be appealed to a higher authority such as the Warden or equivalent.				
The Detainee Handbook or equivalent for IGSAs explains the classification levels, with the conditions and restrictions applicable to each.				
	☐ At-F	Risk		Repeat Finding

Remarks: (Record significant facts. of	bservations, other sources used, etc.)
b6, b7c	6/21/07
Auditor's Signature / Date	. , , ,

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.

Components	Yes	No	NA	Remarks
	162	INU	AZI	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.	\boxtimes			
The facility provides key information in languages other than English; In the language(s) spoken by significant numbers of detainees. List any exceptions.	\boxtimes			
Incoming mail distributed to detainees within 24 hours or 1 business day after it is received and inspected.	\boxtimes			Delivered same day.
Outgoing mail is delivered to the postal service within one business day of its entering the internal mail system (excluding weekends and holidays).				
Staff do not open and inspect incoming general correspondence and other mail (including packages and publications) without the detainee present unless documented and authorized in writing by the 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.	\boxtimes			
Staff are prohibited from reading or copying incoming special correspondence.	\boxtimes			
Staff are only authorized to inspect outgoing correspondence or other mail without the detainee present when there is reason to believe the item might present a threat to the facility's secure or orderly operation, endanger the recipient or the public, or might facilitate criminal activity.	\boxtimes			
Correspondence to a politician or to the media is processed as special correspondence and is not read or copied.				
The official authorizing the rejection of incoming mail sends written notice to the sender and the addressee.	\boxtimes			Verified log book.
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.	\boxtimes			
The Warden or equivalent monitors staff handling of discovered contraband and its disposition. Records are accurate and up to date.	\boxtimes			Verified log book.
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.				A receipt is issued. Al items stored in safe.

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.							
Original identity documents (e certificates) are immediately r ICE staff for placement in A-fi	emoved and forwarded to						
Staff provides the detainee a document(s) upon request.	copy of his/her identity	\boxtimes					
Staff disposes of prohibited ite in accordance with the "Contr Contraband" Standard or the IGSAs.	\boxtimes			IEA's provide control and disposal of all contraband.			
Every indigent detainee has the government expense: Reason about a legal matter: Three or Packages deemed necessary	nable correspondence ne ounce letters per week:	\boxtimes			Detainees may mail as many letters as they wish.		
The facility has a system for c stamps and for mailing all spe minimum of 5 pieces of gener week.	ecial correspondence and a	\boxtimes					
The facility provides writing papencils at no cost to ICE deta							
⊠ Acceptable	☐ Deficient ☐	☐ At-Risk ☐ Repeat Finding					

Remarks: (Record significant facts, observations, other sources used, etc.) **Best Practice-**

This area was very organized, log books were filled in with no blanks, every piece of mail was logged in and then handed out to the detainees with in an hour. Detainee letters that are received after a detainee has left the facility is documented and kept for 180 days and then destroyed. Money that is given to ICE Officers for mail is documented and receipt is issued. Every purpose dealing with mail has its own log book.

66, b7c

6/21/07

Auditor's Signature / Date

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	Υ	N	NA	Remarks
The detainee handbook is written in English and translated into Spanish or into the next most-prevalent Language(s).	\boxtimes			
The handbook supplements the facility orientation video where one is provided.	\boxtimes			Training video is used.
All staff members receive a handbook and training regarding the handbook contents.	\boxtimes			
The handbook is revised as necessary and there are procedures in place for immediately communicating any revisions to staff and detainees.	\boxtimes			Anually, New book updated March 2007.
There an annual review of the handbook by a designated committee or staff member.	\boxtimes			
 The detainee handbook address the following issues: Personal Items permitted to be retained by the detainee. Initial issue of clothes, bedding and personal hygiene items. 	\boxtimes			
The detainee handbook states in clear language basic detainee responsibilities.	\boxtimes			
The handbook clearly outlines the methods for classification of detainees, explains each level, and explains the classification appeals process.	\boxtimes			
The handbook states when a medical examination will be conducted.	\boxtimes			
The handbook describes the facility, housing units, dayrooms, In-dorm activities and special management units.	\boxtimes			
The handbook describes; Official count times and count procedures Meal times, feeding procedures, procedures for medical or religious diets, smoking policy, Clothing exchange schedules and if authorized, clothes washing and drying procedures and expected personal hygiene practices.				
The handbook describe times and procedures for obtaining disposable razors and allows that detainees attending court will be afforded the opportunity to shave first.	\boxtimes			
The handbook describes barber hours and hair cutting restrictions.	\boxtimes			
The handbook describes; the telephone policy, debit card procedures, direct and frees calls; locations of telephones; policy when telephone demand is high; and policy and procedures for emergency phone calls.	\boxtimes			
The handbook addresses religious programming.				
The handbook states times and procedures for commissary or vending machine usage. (where available)	\boxtimes			
The handbook describes the detainee voluntary work program.	\boxtimes			

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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	Υ	N	NA	Remarks
The handbook describes the library location and hours of operation and law library procedures and schedules.	\boxtimes			Also posted in barracks.
The handbook describes; attorney and regular visitation hours, policies, and procedures.	\boxtimes			Also posted in barracks.
The handbook describes the facility contraband policy.				
The handbook describes the facility visiting hours and				
schedule and visiting rules and regulations.				
The handbook describes the correspondence policy				
and procedures.				
The handbook describes the detainee disciplinary policy and procedures: Including: Prohibited acts and severity scale sanctions. Time limits in the Disciplinary Process.				
Summary of Disciplinary Process.				
 The grievance section of the handbook explains all steps in the grievance process – Including: Informal (if used) and formal grievance procedures; The appeals process; In CDF facilities: procedures for filing an appeal of a grievance with ICE. Staff/detainee availability to help during the grievance process. Guarantee against staff retaliation for filing/pursuing a grievance. How to file a complaint about officer misconduct with the Department of Homeland Security. 				
The detainee handbook describes the medical sick call procedures for general population and segregation.	\boxtimes			
The handbook describes the facility recreation policy including: Outdoor recreation hours. Indoor recreation hours.				
The handbook describes the detainee dress code for				
daily living; and work assignments.	<u> </u>	ļ		
The handbook specifies the rights and responsibilities of all detainees.				

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

The Law Library hours of operation are not printed in the handbook but referred to the bulletin boards. This information is currently posted on all bulletin boards in the common areas and living areas.

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6/21/07

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	Υ	N	NA	Remarks
The food service program is under the direct supervision of a <u>professionally trained</u> and certified service administrator. Responsibilities of cooks and cook foremen are in writing. The Food Service Administrator (FSA) determines the responsibilities of the Food Service Staff.	\boxtimes			Certified Service Administrator is b6, b7c
The Cook Foreman is on duty on days when the FSA is off duty and vice versa.	\boxtimes			
The FSA provides food service employees with training that specifically addresses detainee-related issues. • In ICE Facilities this includes a review of the ICE "Food Service" standard	\boxtimes			Video is used.
Knife cabinets close with an approved locking device and the on-duty cook foreman maintains control of the key that locks the device.				Log in order, everything shadow boarded.
All knives not in a secure cutting room are physically secured to the workstation and staff directly supervise detainees using knives at these workstations. Staff monitor the condition of knives and dining utensils	\boxtimes			
Special procedures (when necessary) govern the handling of food items that pose a security threat.	\boxtimes			Yeasts and Nutmeg not used in the facility.
Operating procedures include daily searches (shakedowns) of detainee work areas.	\boxtimes			Shakedowns performed every shift .
The FSA monitor staffs implementation of the facility's population counts procedures. Staff are trained in counts procedures.				
The detainees assigned to the food service department look neat and clean. Their clothing and grooming comply with the "Food Service" standard.	\boxtimes			
The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date.				
The Cook Foreman or equivalent instructs newly assigned detainee 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. Safety features of individual products/ pieces of equipment. Training covers the safe handling of hazardous material[s] the detainee are likely to encounter in their work. 				No Handouts used. All Training Videos.
The Cook Foreman documents all training in individual detainee detention files.	\boxtimes			
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.				

FOOD SERVICE

Policy: Every facility will provide detainees in its care with nutritious and appetizing meals, prepared in accordance with the highest sanitary standards.

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Components	Υ	N	NA	Remarks
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.			\boxtimes	No salad bar. Served through a portal.
The facility has a standard 35-day menu cycle. IGSAs use a 35 day or similar system for rotating meals.	\boxtimes			See attatched menu.
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.				Verified Creds.
The FSA has established procedures to ensure that items on the master-cycle menu are prepared and presented according to approved recipes.	\boxtimes			All recipes are computerized. Printed as needed.
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	\boxtimes			
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. 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 provides 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 commonfare diet items. A supervisor at the command level must approve a				Same as main menu. A substitute from the main menu may occur.
detainee's removal from the Common-Fare Program.				
The Warden, in conjunction with the chaplain and/or local religious leaders, provide the FSA a schedule of the ceremonial meals for the following calendar year.				

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	Υ	N	NA	Remarks
 The common-fare program accommodates detainees abstaining from particular foods or fasting for religious purposes at prescribed times of the year. Muslims fasting during Ramadan receive their meals after sundown. Jews who observe Passover but do not participate in the Common-Fare Program receive the same Kosher-for- Passover meals as those who do participate. Main-line offerings include one meatless meal (lunch or dinner) on Ash Wednesday and Fridays during Lent. 	\boxtimes			
The food service program addresses medical diets.				
satellite-feeding programs follow guidelines for proper sanitation.	\boxtimes			
Hot and cold foods are maintained at the prescribed, "safe" temperature(s) as served.	\boxtimes			
All meals provided in nutritionally adequate portions.	\boxtimes			
Food is not used to punish or reward detainees based upon behavior.	\boxtimes			
 The food service staff instructs detainee volunteers on: Personal cleanliness and hygiene; Sanitary techniques for preparing, storing, and serving food, and; The sanitary operation, care, and maintenance of equipment. 	\boxtimes			
Everyone working in the food service department complies with food safety and sanitation requirements.	\boxtimes			
Standard operating procedures include weekly inspections of all food service areas, including dining and food-preparation areas and equipment. • who conducts the inspections?	\boxtimes			Inspected by the Food Service Supervisor.
Equipment is inspected for compliance with health and safety codes and regulations. • When was the most recent inspection? • Which agency conducted the inspection?	\boxtimes			All equipment is checked daily. Inspected by Food Service Supervisor.
Reports of discrepancies are forwarded to the Warden or designated department head and corrective action is scheduled and completed.	\boxtimes			
Standard procedure includes checking and documenting temperatures of all dishwashing machines after each meal.				Cooks check 3 times daily.
Staff documents the results of every refrigerator/ freezer temperature check.	\boxtimes			Verified logs. IEA's check in AM hours.
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.				

	FOC	D SERVICE				
Policy: Every facility will accordance with the higher		ts care with nu	tritious	and appetiz	zing meals, prepared in	
Components Y N NA Remarks						

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

The dishwashing machine temperature gauge for the final rinse cycle was not working properly. A temp of 180 degrees was found using a hand thermometer. A requisition for it to be fixed was submitted immediately.

FUNDS AND PERSON	AL PRO	PERTY	•	
Policy: All facilities will implement procedures to con Procedures will provide for the secure storage of funds, valuation and receipting of surrendered property; and funds, valuables, and other property.	aluables,	baggag	ge and	other personal property; the
Standard NA: (IGSA ONLY) Check this box if all IC handled only by the ICE Field Office				
Components	Yes	No	NA	Remarks
Detainee funds and valuables are properly separated and stored away. Detainee funds and valuables are accessible to designated supervisor(s) only.				This is a restricted area.
Detainees' large valuables are secured in a location accessible to designated supervisor(s) or processing staff only.	\boxtimes			
Staff itemizes the baggage and personal property of arriving detainees, including funds and valuables). For IGSAs and CDFs, using a personal property inventory form that meets the ICE standard?				A detailed list is in the Detention files.
Staff forwards an arriving detainee's medicine to the medical staff.	\boxtimes			
Staff searches arriving detainees and their personal property for contraband.	\boxtimes			
There is a written policy for returning forgotten property to detainees and staff follows procedures?	\boxtimes			
Property discrepancies are immediately reported to the CDEO or Chief of Security.	\boxtimes			Reported to the SIEA.
Staff follows written procedures when returning property to detainees.	\boxtimes			
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; The notice state that the detainee has 30 days in which to claim the property, after which it will be considered abandoned. 				
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.	\boxtimes			Property unclaimed after 180 is disposed of. Verified logbooks.

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

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Auditor's Signature / Date

☐ Deficient

☐ At-Risk

□ Repeat Finding

GROUP	' LEGAL	RIGHTS	PRES	SENT	ATION	٤
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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 within the past 12 months. Mark Standard as Acceptable overall and continue on with next portion of worksheet.

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 proper notification to attorneys or accredited representatives in a timely manner.				
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 allows 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.				
The facility permits presenters to meet with small groups of detainees to discuss their cases after the group presentation. ICE or authorized detention staff are 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 disignee; 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.				

GROUP LEGAL RIGHTS PRESENTATIONS					
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 within the past 12 months. Mark Standard as					
Acceptable overall and continue on with next portion			743t 12 III	ontrio. Mark otanuaru ao	
Components	Yes	No	NA	Remarks	
A copy of the Group Legal Rights Presentation policy, including attachments, is available to detainees upon request					
including attachments, is available to detainees upon					

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

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6/21/07

DETAINEE GRIEVANCE PROCEDU	ΙR	Ε	S
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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.

grievances will receive supervisory review. Reprisal again				
Components	Υ	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.				
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.				
Every member of the staff knows how to identify emergency grievances, including the procedures for expediting them.				
There are documented or substantiated cases of staff harassing, disciplining, penalizing, or otherwise retaliating against a detainee who lodges a complaint. • If yes, explain.				
Procedures include maintaining a Detainee Grievance Log. If not, an alternative acceptable record keeping system is maintained. "Nuisance complains" are identified in the records. For quality control purposes, staff documents 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-R	isk		Repeat Finding

Remarks: (Record significant fact	s, observations, other sources used, etc.)
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Auditor's Signature / Date	 1

ISSUANCE AND EXCHA	NGE OF CLOTHING.	BEDDING	. AND TOWELS

Policy: ICE requires that all facilities housing ICE detainees provide clean clothing, bedding, linens and towels to every ICE detainee upon arrival. Further, facilities shall provide ICE detainees with regular exchanges of clothing, linens, and 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.	\boxtimes			Due to climate, changed daily.
All new detainees are issued clean, temperature- appropriate, presentable clothing during in-processing. Detainees receive One uniform shirt and one pair of uniform pants or one jumpsuit. One pair of socks. One pair of underwear (Daily change). One pair of facility-issued footwear.	×			
Additional clothing is available for changing weather conditions or is seasonally appropriate.	\boxtimes			
New detainees are issued clean bedding, linens and towel. They receive at a minimum: One mattress One blanket Two sheets One pillowcase One towel 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.				
Detainees are provided clean clothing, linen and towels. Socks and undergarments - exchanged daily. Outer garments - twice weekly. Sheets - weekly. Towels - weekly. Pillowcases - weekly.				
Food service detainee volunteer workers permitted to exchange outer garments daily.				
Volunteer detainee workers are permitted to exchanges of outer garments more frequently.	\boxtimes			Changed daily after work detail.
⊠ Acceptable ☐ Deficient ☐	At-Ris	sk		Repeat Finding

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

6/21/07

Policy: All detainee marriage requests will receive case-b	y-case	conside	eration f	rom ICE management	
Components	Y	N	NA	Remarks	
The Field Office considers detainee marriage requests on a case-by-case basis.	\boxtimes				
The Field Office Director reviews every marriage request rejected by a Warden/OIC or IGSA. Rejections are documented.	\boxtimes				
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.					
The Warden/OIC provides a written copy of his/her decision to the detainee and his/her legal representative.	\boxtimes				
When permission is denied, the Warden/OIC states the basis for his/her decision.	\boxtimes			No denials exist.	
The Warden/OIC provides the detainee with a place and time to make wedding arrangements.					

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6/21/07

NON MEDICAL EMEDOENCY ECOOPTED TRIPO							
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 NA: Check this box if all ICE Non-Medical Emergency Escorted Trips are handled only by the ICE Field Office or Sub-Office in control of the detainee case.							
Compo	nents	Yes	No	NA	Remarks		
The Field Office Director conscase-by-case basis, trips to ir Funeral Deathbed		\boxtimes					
The facility recognizes mothe spouse, child, stepparent, and "immediate family".							
The IGSA facility notifies ICE non-medical escorts.	of all detainee requests for	\boxtimes					
The detainee's Deportation O before forwarding a detainee' recommendation, to the approprecommendation addresses travel, e.g., the kind of supervision of the supervi	s request, with oving official. Each he individual's suitability for	\boxtimes					
Each escort includes at least							
Escorting officers report unex originating facility as a matter ranking supervisor on duty ha instructions for completion of	of procedure and the is the authority to issue the trip.	×					
Escorting officers have the didecrease minimum restraints procedures and classification	in accordance with written	\boxtimes					
Escort officers do not accept detainee, detainee's relative of the second secon	or friend for any reason.						
 discredit to the ICE. Do not violate federal, sta Do not purchase, posses administer narcotics, othe Make no unauthorized ph Know they are subject to 	manner that does not bring ate, or local laws. s, use, consume, or er drugs, or intoxicants. sone calls. search, urinalysis,						
breathalyzer, or compara Standard procedure requires facility of any detainee who vi	the immediate return to the						
⊠ Acceptable	☐ Deficient ☐	_ At-Ri	sk		Repeat Finding		

Remarks: (Record significant facts, observations, other sources used, etc.) 6/21/07

RECREATION

Policy: 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.

Components	Υ	N	NA	Remarks
The facility has a recreation program and facility.				
A recreational specialist (for facilities with more than 350 detainees) tailors the program activities and offerings to the detainee population.				
Regular maintenance keeps recreational facilities and equipment in good condition.	\boxtimes			
The recreational specialist or trained equivalent supervises detainee recreation workers.	\boxtimes			
The recreational specialist or trainee equivalent oversees recreation programs for Special Management Unit and special-needs detainees.	\boxtimes			
Dayrooms offer sedentary activities, e.g., board games, cards, television.	\boxtimes			
Outside activities are restricted to limited-contact sports.				
Each detainee has the opportunity to participate in daily recreation.	\boxtimes			
Detainees have access to recreation activities outside the housing units for at least one hour daily, 5 days a week.				Detainees are allowed 7 days a week. Weather permitting.
Staff checks all items for damage and condition when equipment is returned.				
Staff conducts searches of recreation areas before and after use.	\boxtimes			
All recreation areas under constant staff supervision.				
Supervising staff is equipped with radios.				
The facility provides detainees in the SMU at least one hour of outdoor recreation time daily, five times per week.				
Detainees in disciplinary/administrative segregation receive a written explanation when a panel revokes his/her recreation privileges.				
Special programs or religious activities are available to detainees.	\boxtimes			Contract services used.
Volunteers are required to sign a waiver of liability before entering a secure portion of the facility where detainees are present.	\boxtimes			
Visitors, relatives or friends are not allowed to serve as volunteers.				
☑ If outdoor recreation is offered check this box. No recreation is offered.	further	inform	ation is	s required when outdoor
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 six-month 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.				

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RECREATION							
Policy: 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.							
Staff notifies the detainee's legal representative of his/her decision to accept/decline a transfer.							
If no recreation is available, the ICE District routinely review transfer eligibility for all detainees after 60 days.							
Does the A-file of every detainee 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.							
Remarks: (Record significant facts, observations, other social Exceeds standard. 6/21/07 Auditor's Signature / Date	urces us	ed, etc.)				

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Policy: Facilities will provide ICE detainees of all faiths with reasonable and equitable opportunities to participate in the practices of their faith, limited only by the constraints of safety, security, the orderly operations of the facility and budgetary considerations.

Components	Υ	N	NA	Remarks	
Detainees are allowed to engage in religious services.	\boxtimes				
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. • Allowing activity restrictions.				Yearly calendar has been established.	
Each detainee is allowed religious items in his/her immediate possession.					
Volunteer's credentials are checked and verified before allowing participation in detainee programs.	\boxtimes				
Members of faiths not represented by clergy conduct may request to present their own services within security allowances.	\boxtimes				
Detainees in the Special Management Unit to participate in religious practices unless otherwise documented for the safety and security of the facility.					

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

DETAINEE TELEPHONE ACCESS

Policy: All facilities housing ICE detainees will permit detainees' reasonable and equitable access to telephones.

Y	N	NA	Remarks
\boxtimes			
\boxtimes			
			Exceeds the requirement.
\boxtimes			Inspected twice per month.
\boxtimes			
\boxtimes			
\boxtimes			
\boxtimes			
\boxtimes			
\boxtimes			
\boxtimes			

DETAINEE TELEPHONE ACCESS							
Policy: All facilities housing ICE detainees will per telephones.	mit detair	iees' re	asonabl	e and equitable access to			
Components	Υ	N	NA	Remarks			
Detainees in administrative segregation and protective custody afforded the same telephoning privileges as those in general population.	\boxtimes						
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	☐ Repeat Finding						

Remarks: (Record significant facts, observations, other sources used, etc.) Verified the phone system by making phone calls to multiple consular numbers. All in working order.

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Auditor's Signature / Date

VISITATION

Policy: ICE shall permit detainees to visit with family, friends, legal representatives, special interest groups and the news media.

Components	Υ	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.	\boxtimes			Posted in the visitation area. Handout also available.
The hours for all categories of visitation are posted in the visitation waiting area.				
A written copy of the rules regulating visitation and the hours of visitation is available to visitors.				
A general visitation log is maintained.	\boxtimes			Verified logs.
The detainees are permitted to retain personal property item specified in the standard.	\boxtimes			
A visitor dress code is available to the public.	\boxtimes			
Visitors are searched and identified according to standard requirements.				
The requirement on visitation by minors is complied with.				
At facilities where there is no provision for visits by minors, the ICE arranges for visits by children and stepchildren, on request, within the first 30 days.			\boxtimes	Minors are allowed to visit.
After that time, on request, ICE considers a transfer, when possible, to a facility that will allow minor visitation. At a minimum, monthly visits are allowed.	\boxtimes			
Detainees in special housing afforded visitation.				
Legal visitation is available seven (7) days a week, including holidays.				
On regular business days legal visitation hours provide for a minimum of eight (8) hours per day and a minimum of four hours per day on weekends and holidays.	\boxtimes			
On regular business days, detainees are given the option of continuing a meeting with a legal representative through a scheduled meal.	\boxtimes			
Private consultation rooms are available for attorney meetings. There is a mechanism for the detainee and his/her representative to exchange documents.				Contact visits are not allowed. Paperwork is passed through a portal.
There are written procedures governing detainee searches.				
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.				Contact visits not allowed.
Prior to each visit, legal service providers and assistants are identified per the standard.	\boxtimes			

VISITATI	ON			
Policy: ICE shall permit detainees to visit with family, frienthe news media.	ds, lega	ıl represe	entatives	s, special interest groups and
The current list of <i>pro bono</i> legal organizations is posted in the detainee housing areas and other appropriate areas.	\boxtimes			
The decision to permit or deny a tour is not delegated below the level of Field Office Director.				
Provisions for NGO visitation as stated in the Detention Standards are complied with.				
Law enforcement officials, requesting 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			
	At-R	Risk		☐ Repeat Finding
				••
Remarks: (Record significant facts, observations, other so	ources u	ised, etc	:.)	
6/21/07				
Auditor's Signature / Date				

29

VOLUNTARY WORK PROGRAM							
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 324A, page 3 and move to next section.	work at	the IG	SA faci	lity. Mark NA on Form G-			
Components	Y	N	NA	Remarks			
Does the facility have a voluntary work program? • Do ICE detainees participate?				All ICE detainee facility.			
Detainee housekeeping meets neatness and cleanliness standards.	\boxtimes			Cleaning done daily.			
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.	\boxtimes						
Where possible, physically and mentally challenged detainees participate in the program.	\boxtimes						
The facility complies with work-hour requirements for detainees, not exceeding: • Eight hours a day and Forty hours a week.	\boxtimes						
Detainee volunteers generally work according to fixed schedule.	\boxtimes						
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.	\boxtimes						
The voluntary work program meets: OSHA, NFPA, ACA standards	\boxtimes						
 Medical staff screens and formally certifies detainee food service volunteers. Before the assignment begins As a matter of written procedure 	\boxtimes			Verified detention files for workers.			
Detainees receive safety equipment/ training sufficient for the assignment				Video is used for initial and yearly training.			
Proper procedure is followed when an ICE detainee is injured on the job.							
	☐ At-Ri	sK		☐ Repeat Finding			
emarks: (Record significant facts, observations, other sources used, etc.)							

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

Section II

Health Services Standards

HUNGER STF	RIKES			
Policy: All facilities will follow standard guidelines for the detainees engaging in hunger strikes. By monitoring of t 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.	\boxtimes			
CDFs and IGSAs immediately report a hunger strike to the ICE.				
The facility has established procedures to ensure staff respond immediately to a hunger strike.				
Policy and procedure require that staff isolate a hunger- striking detainee from other detainees. • If yes, in an observation room?				
Medical personnel are authorized to place a detainee in the Special Management Unit or a locked hospital room.	\boxtimes			
Medical staff records the weight and vital signs of a hunger-striking detainee at least once every 24 hours.			\boxtimes	Not observed (last H.S. in 2002); no recent cases for monitoring.
The OIC of the facility obtains a hunger striker's consent before medical treatment.			\boxtimes	
A signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment.	\boxtimes			Per policy
During a hunger strike, staff documents and provides the hunger-striking detainee three meals a day.			\boxtimes	
Staff maintains the hunger striker's supply of drinking water/other beverages.				Available in medical unit rooms
During a hunger strike, staff removes all food items from the hunger striker's living area.				
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.				
The medical staff has written procedures for treating hunger strikers.				
Staff documents all treatment attempts, including attempts to persuade hunger striker of medical risks.	\boxtimes			

Remarks:

Staff has received training in identification of hunger strikes. Medical staff receives early training in hunger-

evaluation and treatment techniques.

strike evaluation and treatment. Staff remain current in

■ Deficient

Last "official" hunger strike was in 2002. In August 2006, detainee was reported to have been on "hunger strike" (however, this was per the detainee's self-report according to the initial provider). Patient was then isolated/housed in medical and medical staff began monitoring intake and output.

 \boxtimes

At-Risk

□ Repeat Finding

The Health Services Administrator explained that this detainee was not yet "officially" on hunger strike but was being housed in medical for the initial 72 hours. After this time frame, if he continued to refuse, then he would be "officially" on hunger strike and protocol would start.

This case had numerous notes in the chart by different providers/nursing documenting "hunger strike" in the diagnosis; "hunger strike continues", "refusal to come to medical for observation and monitoring of his hunger strike (per protocol)", "if cooperative do daily weight, VS (vital signs)...labs"; this charting would lead one (especially a layman with no medical background) to believe that the hunger strike was "official" and protocol (per the National Detention Standards) initiated.

ADVISORY:

1. According to the medical chart, this detainee was already housed in Special Management Unit. Upon interview, the detention officer in medical stated there is no commissary in SMU and the detention officers document if meals were refused. Therefore, it should be known that 9 documented meals (within 72 hours) were refused and Hunger Strike protocol would have been initiated (including the initial evaluation: height, weight, vital signs, psychiatric/psychological evaluation and DIHS-839 Hunger Strike Monitoring Form). However, if the detainee "accepted" the meal there is no further documentation by detention staff if the meals were actually eaten. The SMU log book for August 2006 was requested but not available (due to it being in their warehouse and it was unable to be located).

2. Documentation in the patient's record was unclear that this detainee was NOT on Hunger Strike. Therefore, clearer, concise documentation is advised to show if there is a true Hunger Strike and its protocol is "official."

Recommended Changes:

- 1. If detainee is already housed in SMU with no access to commissary in these rooms and meals are being recorded, medical staff could review with the SMU Officer their logs to see if 9 meals were refused. Recommend documenting for example "Detainee verbally reported he has not eaten in the last 3 days. Reviewed SMU log, this detainee has refused 4 of 6 meals" or "...has accepted 6 of 6 meals."
- 2. Avoid charting that would indicate or imply a hunger strike is actually taking place. Plan (interventions) in the patient record should not include charting such as "continue hunger strike protocol" or "hunger strike continues." Rather document "If patient continues to refuse 3 more meals, official Hunger Strike will begin and Hunger Strike protocol will be initiated." In the Diagnosis, rather than documenting "Hunger Strike", document "Refused to eat x 6 meals; POSSIBLE hunger strike IF continues to refuse 3 more meals."

b6. b7c

21 JUN 07

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	Υ	N	NA	Remarks
<u>Facilities</u> operate a health care facility in compliance with State and Local laws and guidelines.	\boxtimes			NCCH, JCAHO, ACA, NDS
The facility's in-processing procedures of arriving detainees include medical screening.	\boxtimes			
All detainees have access to and receive medical care.	\boxtimes			
The facility has access to a PHS/DIHS Managed Health Care Coordinator.	\boxtimes			
The medical staff is large enough to provide, examine, and treat the facility's detainee population.	\boxtimes			
The facility has sufficient space and equipment to afford each detainee privacy when receiving health care.	\boxtimes			
The medical facility has its own restricted-access area. The restricted access area is located within the confines of the secure perimeter.	\boxtimes			
The medical facility entrance includes a holding/waiting room.	\boxtimes			
The medical facility's holding/waiting room under the direct supervision of custodial staff.	\boxtimes			
Detainees in the holding/waiting room have access to a toilet and a drinking fountain.	\boxtimes			
 Medical records are kept apart from other files. They are: Secured in a locked area within the medical unit. With physical access restricted to authorized medical staff. Procedurally, no copies made and placed in detainee files. 				
Pharmaceuticals are stored in a secure area.				
 Medical screening includes a Tuberculosis (TB) test. Every arriving detainee receives a TB test. During the admission process. Detainee's TB-screening does not occur more than one business day after his/her arrival at the facility. Detainees not screened are housed separate from the general population. 				·
 All detainees receive a mental-health screening upon arrival. It is conducted: By a health care provider or specially trained officer; Before a detainee's assignment to a housing unit. 				
The facility health care provider promptly reviews all I-794s (or equivalent) to identify detainees needing medical attention.				I-794 no longer being used (per DIHS HQ); questions are included in Standard Initial Screening questionnaire.
The health care provider physically examines/assesses arriving detainees within 14 days of admission/arrival at the facility.	\boxtimes			

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.				rany modular programmes and	
Detainees in the Special Management Unit have access to health care services.					
Staff provides detainees with health- services (sick call) request slips daily, upon request. Request slips are available in the languages other than English, including every language spoken by a sizeable number of the facility's detainee population. Service-request slips are delivered in a timely fashion to the health care provider.					
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.				Medical staffed 24/7; outside hospitals available for 9-1-1	
The plan includes an on-call provider.					
The plan includes a list of telephone numbers for local ambulances 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.					
Where staff is used to distribute medication, a health care provider properly trains these officers.				OTC Acetaminophen per DIHS Standard Operating Procedure 11.9.6.2.	
The medical unit keeps written records of medication that is distributed.	\boxtimes				
The I-819 (or IGSA equivalent) is used to notify the Warden/Facility of a detainee that has special medical needs.	\boxtimes				
A signed and dated consent form is obtained from a detainee before medical treatment is administered.				Present in form of hard copy, but some infirmary patients' consents not yet scanned into electronic medical record. Problem was already identified and being addressed.	
Detainees use the I-813 (or IGSA equivalent) to authorize the release of confidential medical records to outside sources.	\boxtimes				
The facility health care provider is given advance notice prior to the release, transfer, or removal of a detainee.	\boxtimes				
Detainee's medical records or a copy thereof, are available and transferred with the detainee.					
Medical records are placed in a sealed envelope or other container labeled with the detainee's name and Anumber and marked "MEDICAL CONFIDENTIAL".					
	_ At-Ri	sk		☐ Repeat Finding	

Remarks:

Many I-794's (In-Processing Health Screening Form) were found in recent charts incomplete (questions were not filled out and the name/signature of screener was missing). According to NDS "Access to Care" – section

D: Medical Screening (new Arrivals): "In SPC's...the health care provider or officer will complete...l-794. For other facilities that do not use the...l-794...the INS Health Services Division must approve any substitute form."

However, per a DIHS HQ directive, the 794's were no longer required since it was substituted with I-795A Intake Screening Form. The HSA reported that she had e-mailed HQ in October 2006 (copy of this e-mail dated 10/05/06 of this inquiry given to this Reviewer) to confirm and did receive a verbal confirmation from two administrators at HQ. When asked for this in writing, the HSA e-mailed HQ immediately to confirm that this has been the case. She received a written reply confirming I-794's were discontinued since the 795 was implemented. Furthermore, the reply included an instruction to "put a line through the questions...and say see EMR." This reply dated that same day, June 20, 2007 was shown to this Reviewer in the form of a hard copy e-mail. HSA will now direct staff to follow this exact process.

Sick Calls: Dental – one request (dated 3/15) was seen by a provider 5 days later (3/20). Another request for dental 4/15 was never addressed. There is no on-site dentist so they must be addressed by nursing/provider. HSA reported this problem had already been identified and she showed this Reviewer a copy of an e-mail sent to all her staff (April 17, 2007) informing them that ALL dental requests (when on-site dentist was not present) must be seen by nursing and referred to a provider as needed.

Refusal forms: Some found without documentation of "the consequences of refusal" filled in; some found without a witness signature. These identified forms did have the patient signature and thus a face to face encounter was done, so the patient should have been educated at that time on the consequences of refusing treatment.

<u>ADVISORY:</u> all patients seen face to face should be educated on the consequences of refusing treatment/evaluation and documented on the Refusal Form DIHS-820 with a witness signature.

<u>RECOMMENDED CHANGES:</u> Ensure all blanks are filled (including Consequences of Refusal and all signature blocks, including the witness) before the detainee leaves the medical clinic. Medical Records should review all forms for completion prior to scanning into the electronic medical record.

Consent Forms: One chart found without a signed consent form. The HSA was informed of this finding and was able to show this Reviewer a hard copy of this patient's signed consent. She further showed an e-mail dated 06/05/07 from the Nurse Program Manager, identifying this problem; (consents of detainees admitted straight to infirmary from intake were being kept on-site but were not getting scanned into the record until after discharge from the infirmary). Nurse Manager directed staff to have hard copy scanned into eMR first and then return the paperwork to the Infirmary.

b6, b7c

21 JUN 07

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			
•	T	14	INA	Remarks			
Every new staff member receives suicide-prevention training. Suicide-prevention training occurs during the employee orientation program.	\boxtimes						
Training prepares staff to: Recognize potentially suicidal behavior; Refer potentially suicidal detainees, following facility procedures; Understand and apply suicide-prevention techniques.	\boxtimes						
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.	\boxtimes						
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			•			
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 suicidewatch detainee at least once every 15 minutes.	\boxtimes			Constant watch by detention staff.			

Remarks:

Two different cases of Suicide Observation were found to have one missing nursing check each. Per procedure, nurse assesses patient and documents every 2 hours. In August 2006, in reviewing the documentation in the patient's chart, there was a four hour gap in-between two nursing checks. Therefore, one "every 2 hour" nursing check was missed. In December 2006, in another case, a nursing check was not documented. An encounter (in the electronic medical record, this is similar to an appointment) was present, but there is no note or documentation within this blank shell.

Note: most recent Suicide Observation (June 2007) documentation was found to be more timely (only 1 nursing note was 40 minutes late) and all notes were present (every 2 hour nursing notes, provider notes with renewal orders at least every 24 hours per protocol).

ADVISORY: Nursing Checks must be documented in the patient's record every 2 hours.

<u>RECOMMENDED CHANGES:</u> 1. At the end of each shift, each nurse should review the electronic medical record to ensure their encounters for the every 2 hour nursing checks were documented. 2. If there is a delay in charting the every 2 hour nursing checks then this should be documented with a late entry or annotation specifying the actual time the check was done.

66,67c 21 JUN 07

TERMINAL ILLNESS, ADVANCED DIRECTIVES, AND DEATH					
Policy All facilities housing ICE detainees shall have policie illness or injury, medical advanced directives, and detained notification is provided to ICE officials, family members and becoming terminally ill or injured or death of a detainee occube taken if the death of a detainee occurs while in transit.	e death, d other i	to inclu	de the p ed partie	rocedures to ensure proper es in the event of a detainee	
☐ Check this box if the facility does not accept ICI Indicate NA in the appropriate box for this portion of the to detained death and related notifications.					
Components	Υ	N	NA	Remarks	
Detainees, who are chronically or terminally ill, are transferred to an appropriate offsite medical facility.			\boxtimes	No cases to review	
The facility or appropriate ICE office promptly notifies the next of kin of the detainee's: medical condition. • The detainee's location. • The limitations placed on visiting.			\boxtimes	Per policy. No cases to review.	
There are guidelines addressing State Advanced Directive Form for Implementing Living Wills and Advanced Directives. • The guidelines include instructions for detainees who wish to have a living will other than the generic form the DIHS provides or who wish to appoint another to make advance decisions for him or her.					
The guidelines provide the detainee the opportunity to have a private attorney prepare the documents.	\boxtimes				
There is a policy addressing "Do Not Resuscitate Orders"	\boxtimes				
Detainees with a "Do Not Resuscitate" order in the medical record receive maximal therapeutic efforts short of resuscitation?				Per written policy	
The facility notifies the DIHS Medical Director and Headquarters' Legal Counsel of the name and basic circumstances of any detainee with a "Do Not Resuscitate" order in the medical record. In the case of IGSAs, this notification is made through the local ICE representative.	\boxtimes			Per written policy	
The facility has written procedures to address the issues of organ donation by detainees.	\boxtimes				
The facility has written procedures to notify ICE officials, deceased family members and consulates, when a detainee dies while in Service.	\boxtimes				
The facility has a policy and procedure to address the death of a detainee while in transport.					
At all ICE locations the detainee's remains disposed of in accordance with the provisions detailed in this standard.	\boxtimes				
In the event that neither family nor consulate claims the remains, the Field Office schedules an indigent's burial, consistent with local procedures. • If the detainee's is a U.S. military veteran is the Department of Veterans Affairs notified.				No cases to review	
An original or certified copy of a detainee's death certificate is placed in the subject's a-file.				No cases to review	

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 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	Υ	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. Local transportation of the body.	×						
ICE staff follow established procedures to properly close the case of a deceased detainee.							

Remarks:

Per the HSA, there are no detainees with terminal illness here at El Centro, thus no actual patient records to review at this time.

Suicide Prevention Program Attachment C

PURPOSE: TO DESCRIBE THE PROCEDURES THAT MUST BE FOLLOWED WITH ALL DETAINEES WHO, VERBALLY OR BY THEIR ACTIONS INDICATE THAT THEY INTEND TO HARM THEMSELVES.

A. Referral, Evaluation and General Suicide Watch/Constant Observation Procedures

All detainees (new and those transferring from other detention facilities) will receive an initial mental health screening from PHS staff within 24 hours of arrival as per DIHS/ICE standards. The screening will include an assessment of suicide risk. The results of the screening will be documented in the mental health screening form and placed in the detainee's medical record. If there are no suicide or other mental health concerns the patient may be placed with the general population.

Patients threatening suicide are considered emergencies and require prompt attention. Detention staff shall notify the medical clinic and escort the detainee to the clinic immediately. The detainee will immediately be removed from the general population of the facility and be placed in a secure environment where they can be constantly observed until an evaluation can be conducted by the DIHS mental health staff. This is especially important if the suicide threat occurs during normal duty hours. Individuals voicing suicide threats or actions outside normal working hours shall be brought to the medical clinic for evaluation immediately.

If the detainee's behavior suggests that he/she presents an imminent risk for self-harm, the mental health clinician or other designated physician may write a medical order for Suicide Watch/Constant Observation. The order will be carried out by the nursing staff. The patient will then be placed in the Mental Health Short Stay Unit. Ordinarily, suicide watch will occur in the Mental Health Unit. Extenuating circumstances may dictate that Suicide Watch/Constant Observation occur in other locations (i.e., isolation, medical unit).

All patients on Suicide Watch/Constant Observation, regardless of their housing location, will be reviewed daily by the mental health provider or other physician. On weekends or holidays the NP/PA will do the review and discuss results with the physician on-call. The progress note must include, though not be limited to:

- 1. Assessment of suicide risk
- 2. Justification why continued housing under constant watch is the <u>least</u>

Section III

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 Components NA Remarks The facility follows a written procedure for handling illegal contraband. Staff inventories, holds, and reports \boxtimes it when necessary to the proper authority for action/possible seizure. Contraband that is government property is retained as evidence for potential disciplinary action or criminal \boxtimes prosecution. Staff returns property not needed as evidence to the proper authority. Written procedures cover the return of \boxtimes such property. Altered property is destroyed following documentation X and using established procedures. Before confiscating religious items, the OIC or \boxtimes П designated investigator contacts a religious authority. Staff follows written procedures when destroying hard \boxtimes contraband that is illegal. Hard contraband that is illegal (under criminal statutes) Contraband such as may be retained and used for official use, e.g. training knifes etc kept for training outside the perimiter, if purposes. X illegal substance it is If ves. under specific circumstances and using turned over to local specified written procedures. Hard contraband is authorities secured when not in use.

At-Risk

Repeat Finding

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

06/21/0

Deficient

b6, b7c

⊠ Acceptable

DETE	ΞΝ	TI	ON	ΙFΙ	LES
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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.

questionnaire, property inventory sneet, disciplinary docum				<u>-</u>			
Components	Υ	N	NA	Remarks			
A detention file is created for every new arrival whose stay will exceed 24 hours.				A file is created on every detainee.			
The detainee detention file contains either originals or copies of documentation and forms generated during the admissions process.							
 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 detention files are located and maintained in a secured area. If not the cabinets are lockable and distribution of the keys is limited to supervisors.				Limited to Supervisors and IEA assigned to processing			
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.	\boxtimes						
The officer closing the detention file makes a notation that the file is complete and ready to be archived.	\boxtimes			Notated on detention file check list.			
Staff makes copies and sends documents from the file when appropriately requested by supervisory personnel at the receiving facility or office.							
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.				File does not leave processing area			

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

66,670 06/21/07

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.

not in compliance with facility rules and regulations				
Components	Υ	N	NA	Remarks
The facility has a written disciplinary system using progressive levels of reviews and appeals.				
The facility rules state that disciplinary action shall not be capricious or retaliatory.	\boxtimes			
Written rules prohibit staff from imposing or permitting the following sanctions:				
corporal punishment				
deviations from normal food service]		
clothing deprivationbedding deprivation				Detainee hand book in spanish and english Also provided in the detainee hand book
denial of personal hygiene items				
 loss of correspondence privileges 				
deprivation of physical exercise				
The rules of conduct, sanctions, and procedures for				
violations are defined in writing and communicated to all				spanish and english
detainees verbally and in writing. The following items are conspicuously posted in				Also provided in the
Spanish and English or other dominate languages used				
in the facility:				
Rights and Responsibilities	\boxtimes			
Prohibited ActsDisciplinary Severity Scale				
Sanctions				
When minor rule violations or prohibited acts occur,	\square			
informal resolutions are encouraged.				
Incident reports and Notice of Charges are promptly	\boxtimes			
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 investigations end.]	
An intermediate disciplinary process is used to				
adjudicate minor infractions.				
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 		l	_	
evidence, and oral testimony		Ш		
 Hears pleadings by detainee and staff representative 				
Bases its findings on the preponderance of				
evidence				
Imposes only authorized sanctions				
A staff representative is available if requested for a detainee facing a disciplinary hearing	\boxtimes			
The facility permits hearing postponements or	_			
continuances when conditions warrant such a	\boxtimes			
continuance. Reasons for are documented.				

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 duration of punishment set by the OIC, as recommended by the disciplinary panel does not exceed established sanctions. The maximum time in disciplinary segregation does not exceed 60 days for a single offense.	\boxtimes								
Written procedures govern the handling of confidential- informant information. Standards include criteria for recognizing "substantial evidence"	\boxtimes								
All forms relevant to the incident, investigation, committee/panel reports, etc., are completed and distributed as required.	\boxtimes								
	☐ At-Ri	sk		Repeat Finding					

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

06/21/01

b6, b7c

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	Υ	N	NA	Remarks
No Detainee or detainee groups exercise control or authority over other detainees.	\boxtimes			
Detainees are protected from:				
Staff are trained to identify signs of detainee unrest. • What type of training and how often?				Trained during initial and annual training.
Staff effectively disseminates information on facility climate, detainee attitudes, and moods to the Officer In Charge (OIC)				
There is a designated person or persons responsible for emergency plans and their implementation. Sufficient time is allotted to the person or group for development and implementation of the plans.				ACA/Complinance team tasked with developing and implimenting plans
The plans address the following issues:				
Contingency plans include a comprehensive general section with procedures applicable to most emergency situations.	\boxtimes			
The facility has cooperative contingency plans with applicable: • Local law enforcement agencies • State agencies • Federal agencies				
All staff receive copies of Hostage Situation Management policy and procedures.	\boxtimes			Trained during initial and annual training.
Staff is trained to disregard instructions from hostages, regardless of rank. Within 24 hours after release hostages are screened for medical and psychological effects.				
Emergency plans include emergency medical treatment for staff and detainees during and after an incident.				
The food service maintain at least 3-days' worth of emergency meals for staff and detainees.	\boxtimes			
Written plans locate shut-off valves and switches for all utilities (water, gas, electric).	\boxtimes			

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	Υ	N	NA	Remarks	
Written procedures cover: Work/Food Strike Disturbances Escapes Bomb Threats Adverse Weather Internal Searches Facility Evacuation Detainee Transportation System Plan Internal Hostages Civil Disturbances					
⊠ Acceptable ☐ Deficient	☐ Deficient ☐ At-Risk ☐ Repeat				

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

66, 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

Components	Y	N	NA	Remarks
The facility has a system for storing, issuing, and maintaining inventories of hazardous materials.	\boxtimes			
Constant inventories are maintained for all flammable, toxic, and caustic substances used/stored in each section of the facility.			\boxtimes	Kept in fire proof locker in a secure area out of detainee area
 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. • Report hazards and spills to the • designated official.	\boxtimes			
The MSDSs are readily accessible to staff and detainees in the work areas.	\boxtimes			
Hazardous materials are always issued under proper supervision. • quantities are limited. • Staff always supervises detainees using these substances.				Only chemical issued in limited quantity is disenfectant used in barber shop
All "flammable" and "combustible" materials (liquid and aerosol) are stored and used according to label recommendations.				Flamable and combustible materials kept out of detainee area
Lighting fixtures and electrical equipment are installed in storage rooms and other hazardous areas meet National Electrical Code requirements.	\boxtimes			
All toxic and caustic materials stored in their original containers in a secure area.	\boxtimes			
Excess flammables, combustibles, and toxic liquids are disposed of properly and in accordance with MSDSs.	\boxtimes			
Staff directly supervises and accounts for products with methyl alcohol. Staff receive a list of products containing diluted methyl alcohol, e.g., shoe dye. All such products clearly labeled as such. "Accountability" includes issuing such products to detainees in the smallest workable quantities.			\boxtimes	Not used in facility
Every employee and detainee using flammable, toxic, or caustic materials receives advance training in their use, storage, and disposal.				
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			

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
A technically qualified officer conducts the fire and				
safety inspections.				
The Safety Office (or officer) maintains files of				
inspection reports; Including corrective actions taken.				
The facility has an approved fire prevention, control, and	\boxtimes			
evacuation plan.				
The plan requires:				
Monthly fire inspections.				
Fire protection equipment strategically located				
throughout the facility.				
Public posting of emergency plan with	\boxtimes			
accessible building/room floor plans.				
Exit signs and directional arrows.				
An area-specific exit diagram conspicuously				
posted in the diagrammed area.				
Fire drills are conducted and documented monthly.			Щ.	
A sanitation program covers barbering operations.		L		Very clean area
The barbershop has the facilities and equipment			П	
necessary to meet sanitation requirements.			ليسا	
The sanitation standards are conspicuously posted in	\boxtimes			
the barbershop.				
Written procedures regulate the handling and disposal				
of used needles and other sharp objects.				
All items representing potential safety or security risks	K-21	 		
are inventoried and a designated individual checks this				
inventory weekly.				
Standard cleaning practices include:				
 Using specified equipment; cleansers; 			l	
disinfectants and detergents.		LJ.		
An established schedule of cleaning and follow- increase attimes.				
up inspections.	N 7	 		
The facility follows standard cleaning procedures.		- -	<u> </u>	1
Spill kits are readily available.		┞-Ш-	Ш	In all housing units.
A licensed medical waste contractor disposes of	N 7	l		Kept in secure area untill
infectious/bio-hazardous waste.		🗀		contractor removes
Staff are trained to provent contact with blood and other				waste
Staff are trained to prevent contact with blood and other body fluids and written procedures are followed.				
Do the methods for handling/disposing of refuse meet				
all regulatory requirements.				
A licensed/Certified/Trained pest-control professional				Specific policy on indig
inspects for rodents, insects, and vermin.				african bees
·				amean bees
At least monthly.The pest-control program includes preventive		╽╙	-	
spraying for indigenous insects.]	
Drinking water and wastewater is routinely tested				Water is tested by the
according to a fixed schedule.				city.
according to a fixed confedero.	i .	1	I	1 -1.7.

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 NA Remarks Emergency power generators is tested at least every Emergency generators two weeks. are tested once a week Other emergency systems and equipment X П receive testing at least quarterly. Testing is followed-up with timely corrective actions (repairs and replacements).

At-Risk

Repeat Finding

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

06/2060

☐ Deficient

Extensive policies written to address local conditions, weather and indigenous Insects.

b6, b7c

⊠ Acceptable

HOLD ROOMS IN DETENTION FACILITIES

Policy: Hold rooms will be used only for temporary detention for deta	ainees awaiting removal, transfer, EOIR
hearings, medical treatment, intra-facility movement, or other proces	ssing into or out of the facility.

hearings, medical treatment, intra-facility movement, or other processing into or out of the facility.								
Components	Υ	N	NA	Remarks				
The hold room is situated within the secure perimeter.	\boxtimes							
The hold rooms are well ventilated, well lighted and all activating switches located outside the room.	\boxtimes							
The hold rooms contain sufficient seating for the number of detainees held.	\boxtimes							
No bunks/cots/beds or other related make shift sleeping apparatuses are permitted inside holdrooms.	\boxtimes							
The walls and ceilings of the hold rooms are tamper and escape proof.	\boxtimes							
Detention in hold rooms is limited to 12 hours.	\boxtimes							
Male and females are segregated from each other.				Females not held in ECC				
Every effort is made to ensure that detained detainees under the age of 18 are not held with adult detainees.			\boxtimes	Juveniles not held in ECC				
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.			\boxtimes					
All detainees are given a patdown search for weapons or contraband before being placed in the room.	\boxtimes							
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.	\boxtimes							
There is a written evacuation plan that includes a designated officer to remove detainees from holdrooms in case of fire and/or building evacuation.	\boxtimes							
An appropriate emergency service is called immediately upon a determination that a medical emergency may exist.	\boxtimes							
☐ Acceptable ☐ Deficient [At-R	Risk		☐ Repeat Finding				

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

66, 670 06 1/6/

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.	\boxtimes			
The security officer, or equivalent in IGSAs, has responsibly for all administrative duties and responsibilities relating to keys, locks etc.				
The security officer, or equivalent in IGSAs, provides training to employees in key control.	\boxtimes			
The security officer, or equivalent in IGSAs, maintains inventories of all keys, locks and locking devices.	\boxtimes			Keys sre inventoried every shift
The security officer follows a preventive maintenance program and maintains all preventive maintenance documentation.				Twice a year
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.				
Only dead bolt or dead lock functions are used in detainee accessible areas.	\boxtimes			
Non-authorized locks (as specified in the Detention Standard) are not used in detainee accessible areas.				
The facility does not use grand master keying systems.	\boxtimes			
All worn or discarded keys and locks cut up and properly disposed of .	\boxtimes			
Padlocks and/or chains are not used 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, Chapter 3 National Fire Protection Association Life Safety Code 101.				
The operational keyboard sufficient to accommodate all the facility key rings including keys in use is located in a secure area.	\boxtimes			Located in Central Control Center.
Procedures in place to ensure that key rings are: Identifiable Numbers of keys on the ring are cited? Keys cannot be removed from issued key rings				
Emergency keys are available for all areas of the facility.	\boxtimes			
The facilities use a key accountability system.	\boxtimes			
Authorization is necessary to issue any restricted key.	\boxtimes			
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.

Components	Υ	N	NA	Remarks				
The facility has a key accountability policy and procedures to ensure key accountability. The keys are physically counted daily.	\boxtimes			Log in a book kept in the control room				
 All staff members are trained and held responsible for adhering to proper procedures for the handling of keys. Issued keys are returned immediately in the event an employee inadvertently carries a key ring home. When a key or key ring is lost, misplaced, or not accounted for, the shift supervisor is immediately notified. Detainees are not permitted to handle keys assigned to staff. 								

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

66, 67c 06/21/6/

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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.

Components	Υ	N	NA	Remarks			
Staff conducts a formal count at least once each shift.	\boxtimes						
Activities cease or are strictly controlled while a formal count is being conducted.	\boxtimes						
Do certain operations continue during formal counts.	\boxtimes			Kitchen workers kept in area			
Is a certain amount of movement tolerated during a formal count.		\boxtimes					
Formal counts in all units take place simultaneously.	\boxtimes						
Officers do not allow detainee participation in the count.	\boxtimes						
A face-to-photo count follows each unsuccessful recount.							
Officers positively identify each detainee before counting him/her as present.	\boxtimes						
Written procedures cover informal and emergency counts. They followed during informal counts. During emergencies.	\boxtimes						
The control officer (or other designated position) maintains an out -count record of all detainees temporarily leaving the facility.	\boxtimes						
This training is documented in each officer's training folder.	\boxtimes						

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

14/21/09

b6, b7c

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	Υ	N	NA	Remarks		
Every Fixed post has a set of post orders.						
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.	\boxtimes			Compliance team assigned task		
The IGSA maintains a complete set (central file) of post orders.	\boxtimes					
The central file accessible to all staff.						
The OIC or Contract / IGSA equivalent initiate/authorizes all post-order changes.	\boxtimes					
The OIC or Contract / IGSA equivalent has signed and dated the last page of every section.	\boxtimes					
A review/updating/reissuing of post orders occurs regularly and at a minimum, annually.	\boxtimes			Post orders are reviewed and updated by compliance team		
Procedures keep post orders and logbooks secure from detainees at all times.	\boxtimes			Secured in the officers desk.		
Every armed-post officer qualifies with the post weapon(s) before assuming post duty.	\boxtimes					
Armed-post post orders provide instructions for escape attempts.	\boxtimes					
The post orders for housing units track the event schedule.	\boxtimes					
Housing-unit post officers record all detainee activity in a log. The post order include instructions on maintaining						

At-Risk

Repeat Finding

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

■ Deficient

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.

will be restricted to experienced personner with a thorough			your y	
Components	Yes	No	NA	Remarks
The facility has a comprehensive security inspection policy. The policy specifies: Posts to be inspected Required inspection forms Frequency of inspections Guidelines for checking security features Procedures for reporting weak spots, inconsistencies, and other areas needing improvement	\boxtimes			
Every officer is required to conduct a security check of his/her assigned area. The results are documented.	\square			Security inspections are conducted each shift.
Documentation of security inspections is kept on file.				
Procedures ensure that recurring problems and a failure to take corrective action are reported to the appropriate manager.	\boxtimes			
The front-entrance officer checks the ID of everyone entering or exiting the facility.				
All visits officially recorded in a visitor logbook or electronically recorded.	\boxtimes			
The facility has a secure visitor pass system.	\boxtimes			
Every Control Center officer receives specialized training.				
The Control Center is staffed around the clock.				
Policy restricts staff access to the Control Center.	\boxtimes			Supervisory or assigned Officer
Detainees do not have access to the Control Center.				
Communications are centralized in the Control Center.				
Officers monitor all vehicular traffic entering and leaving the facility.				
The facility maintains a log of all incoming and departing vehicles to sensitive areas of the facility. Each entry contains: • The driver's name • Company represented • Vehicle contents • Delivery date and time • Date and time out • Vehicle license number • Name of employee responsible for the vehicle during the facility visit	\boxtimes			
Officers thoroughly search each vehicle entering and leaving the facility.				
The facility has a written policy and procedures to prevent the introduction of contraband into the facility or any of its components.	\boxtimes			
Tools being taken into the secure area of the facility are inventoried before entering and prior to departure.				Inv. on a three part reciept and checked off when departing
The SMU entrance has a sallyport.				SMU Inside the facility
Written procedures govern searches of detainee housing units and personal areas.	\boxtimes			
Housing area searches occur at irregular times.				

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 Remarks Yes No Every search of the SMU and other housing units \boxtimes documented. Storage and supply rooms; walls, light and plumbing fixtures, accesses, and drains, etc. undergo frequent, M \Box irregular searches. These searches are documented. Walls, fences, and exits, including exterior windows, are M П inspected for defects once each shift. Daily procedures include: Once a shift by ICE and Perimeter alarm system tests. Security Supervisors \boxtimes Physical checks of the perimeter fence. Documenting the results. Visitation areas receive frequent, irregular inspections. $\overline{\boxtimes}$ **⊠** Acceptable ☐ Deficient At-Risk □ Repeat Finding

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

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b6, b7c

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	Υ	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.	\boxtimes			
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.	\boxtimes			A written order must accompany detainee being placed in SMU
The OIC (or equivalent) regularly reviews the status of detainees in administrative detention. • A supervisory officer conducts a review within 72 hours of the detainee's placement in the SMU (administrative).	\boxtimes			
A supervisory officer conducts another review after the detainee has spent seven days in administrative segregation. • Every week thereafter for the first month. • 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.	\boxtimes			
 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.	\boxtimes			
 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 detainee is given the right to appeal to the OIC (or equivalent) the conclusions and recommendations of any review conducted after the detainee has remained in administrative segregation for seven consecutive days.				

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Components	Υ	N	NA	Remarks
Administratively segregated detainees enjoy the same general privileges as detainees in the general	\boxtimes			
population.				
The SMU well ventilated.				
Adequately lighted.	\boxtimes			
Appropriately heated. Maintained in a position and discontinuous and discontin	_			
Maintained in a sanitary condition. All calls are acquired with hade.				
All cells are equipped with beds.		П		
 Every bed securely fastened to the floor or wall. 		Ш		
The number of detainees in any cell does not exceed				
the occupancy limit.				
When occupancy exceeds recommended				
capacity, do basic living standards decline?				
Do criteria for objectively assessing living	\boxtimes			
standards exist?				
 If yes, are the criteria included in the written 				
procedures?			******	
The segregated detainees do not have fewer	F3	_		Clthing exchanged on a
opportunities to exchange/launder clothing, bedding,	\boxtimes			daily basis
and linen than detainees in the general population.	:			
Detainees receive three nutritious meals per day.				
From the general population's menu of the day. Poddatainess and appropriate dispensable standile. The data in the second standard standard in the second standard stand	\boxtimes			
Do detainees eat only with disposable utensils. In food every read on purishment.	ļ			
 Is food ever used as punishment. Each detainee maintains a normal level of personal 				Daily
hygiene in the SMU.				Daily
The detainees have the opportunity to shower	\boxtimes	П		
and shave at least three times a week.	E.3			
If not, explain.				
The detainees are provided:			**	
Barbering services.				
 Recreation privileges in accordance with the 				
"Detainee Recreation" standard.				
 Non-legal reading material. 		_	_	
 Religious material. 				
The same correspondence privileges as				
detainees in the general population.				
Telephone access similar to that of the general Telephone access similar to that of the general		ļ		
population.				
 Personal legal material. A health care professional visits every detainee at least 				Health Services visits
three times a week.				daily.
The shift supervisor visits each detainee daily.				dany.
Weekends and holidays.				
Procedures comply with the "Visitation" standard.			_	
The detainee retains visiting privileges.		<u> </u>		
The visiting room available during normal		╽┕╜		
visiting hours.				

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	Υ	N	NA	Remarks
Visits from clergy are allowed.	\boxtimes			Weekly/and on needed basis
Detainees do not have less law-library access than the general population. • Are they required to use the law library separately, as a group? If so: • Legal materials brought to them.	\boxtimes			Daily at 1900
The SMU maintains a permanent log. • Detainee-related activity, e.g., meals served, recreation, visitors etc.	\boxtimes			
 SPC procedures include completing the SMU Housing Record (I-888) immediately upon a detainee's placement in the SMU. Staff completes the form at the end of each shift. CDFs and IGSA facilities use Form I-888 (or local equivalent). 				
Staff record whether the detainee ate, showered, exercised and took any medication during every shift. • 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 • The housing officer initials the record when all detainee services are completed or at the end of the shift.	\boxtimes			
A new record is created for each week the detainee is in Administrative Segregation. These weekly records are retained in the SMU until the detainee's return to the general population.				

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

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	Υ	N	NA	Remarks
Officers placing detainees in disciplinary segregation follow written procedures.	\boxtimes			
The sanctions for violations committed during one incident do not exceed 60 days.	\boxtimes			
 A completed Disciplinary Segregation Order accompanies the detainee into the SMU. The detainee receives a copy of the order within 24 hours of placement in disciplinary segregation. 	\boxtimes			Seg order must accompany detainee when placed in seg
Standard procedures include reviewing the cases of individual detainees housed in disciplinary detention at set intervals. • After each formal review, the detainee receives a written copy of the decision and reasons for it.	\boxtimes			
The conditions of confinement in the SMU are proportional to the amount of control necessary to protect detainees and staff.	\boxtimes			
Detainees in disciplinary segregation have fewer privileges than those housed in administrative segregation.				Disp. Seg. detainees not allowed to have cash
Living conditions in disciplinary SMUs modified to reinforce acceptable behavior. If yes, does staff prepare written documentation for this action. Does the OIC sign to indicate approval.	\boxtimes			All have same living conditions unless threat to themselves or others documentation prepared to support modifications
Every detainee in disciplinary segregation receive the same humane treatment, regardless of offense.	\boxtimes			
The quarters used for segregation are: • Well-ventilated. • Adequately lighted. • Appropriately heated. • Maintained in a sanitary condition.				
All cells are equipped with beds. The beds securely fastened to the floor or wall of the cell.				
The number of detainees confined to each cell or room do not exceed the 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 pillow, (in a dry cell setting) a justification is made and the decision is reviewed each shift. Items are returned as soon as it is safe.	\boxtimes			
Detainees in the SMU have the same opportunities to exchange clothing, bedding, etc., as other detainees.	\boxtimes			On a daily basis

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
Detainees in the SMU receive three nutritious				
meals/days.				
 Selected from the Food Service's menu of the 	\boxtimes			
day.				
 Food is not used as punishment. 				L
Detainees are allowed to maintain a normal level of				Ability to shower and
personal hygiene, including the opportunity to shower				shave on a daily basis
and shave at least three times/week.				
The detainees receive, unless documented as a threat				
to security:				
Barbering services.				
Recreation privileges.		_		
Other-than-legal reading material.				
Religious material.				
The same correspondence privileges as other				
detainees.				
Personal legal material. When the resonance is limited by supplied and the second s				
When phone access is limited by number or type of calls,				
limits do not apply to the following:				
 Calls about the detainee's immigration case or other legal matters. 				
 Calls to consular/embassy officials. Calls during family emergencies (as determined) 				
by the OIC/Warden).				
A health care professional visits every detainee in			·····	Health Services visits
disciplinary segregation every day, Monday through				daily.
Friday.		_	l	
The shift supervisor visit each segregated				
detainee daily				
 Weekends and holidays. 				
SMU detainees are allowed visitors, in accordance with				
the "Visitation" standard.				
SMU detainees receive legal visits, as provided in the				
"Visitation" standard.				
 Legal service providers notified of security 		"		
concerns arising before a visit.				
Visits from clergy are allowed.				Clergy visits segregation
The clergy member given the option of				weekly.
visiting/not visiting the segregated detainee.				
Violent/uncooperative detainees denied access to religious convince when perfets and accessity.				
to religious services when safety and security would otherwise be affected.				
SMU detainees have law library access.				Must have Supervisor
Violent/uncooperative detainees retain access				authorization
to the law library unless adjudicated a security				admonization
threat in writing.				
Legal material brought to individuals in the				
SMU on a case-by-case basis.		1		
Staff document every incident of denied				
access to the law library.		<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	Υ	N	NA	Remarks
All detainee-related activities are documented, e.g., meals served, recreation activities, visitors, etc.	\boxtimes			
Is the SPC's, the Special Management Housing Unit Record (I-888or equivalent) is prepared as soon as the detainee is placed in the SMU. • All I-888s filled out by the end of each shift • The CDF/IGSA facility use Form • I-888 (or equivalent local form).	\boxtimes			
 SMU staff records whether the detainee ate, showered, exercised, took medication, etc. Details about the detainee logged, e.g., a medical condition, suicidal/violent behavior, etc. The health care official sign individual records after each visit. The housing officer initials the record when all detainee services are completed or at the end of the shift. A new record is created weekly for each detainee in the SMU. The SMU retains these records until the detainee leaves the SMU. 				
⊠ Acceptable ☐ Deficient [At-R	lisk		Repeat Finding

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

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.	\boxtimes			
Department heads are responsible for implementing this standard in their departments.	\boxtimes			
Tool inventories are required for:				
 The facility has a facility 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. 				Inventoried on a daily basis
The facility has a tool classification system. Tools are classified according to: Restricted (dangerous/hazardous) Non Restricted (non-hazardous).				
Department heads are responsible for implementing tool-control procedures.	\boxtimes			
The facility has policies and procedures in place to ensure that all tools are marked and readily identifiable.	\boxtimes			Shadow board used each tool numbered, master list kept on file
 The facility has an approved tool storage system. The system ensures that all stored tools are accountable. Commonly used tools (tools that can be mounted) are stored in such a way that missing tool are readily notice. 	\boxtimes			Shadow board used
Each facility has procedures for the issuance of tools to staff and detainees.				Tools not issued to detainees.
The facility has policies and procedures to address the issue of lost tools. The policy and procedures include: • Verbal and written notification. • Procedures for detainee access. • Necessary documentation/review for all incidents of lost tools.	\boxtimes			
Broken or worn out tools are surveyed and disposed of in an appropriate and secure manner.				
All private or contract repairs and maintenance workers under contract to the ICE, or other visitors, submit an inventory of all tools prior to admittance into or departure from the facility.	\boxtimes			Contractors tools inventoried by security officer assigned to tool room upon admin/depart

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						
⊠ Acceptable	Deficient	☐ At-Ris	sk	[Repeat Finding	

Remarks: (Tool room officer very professional and knowledable excelent system in place to identify lost or broken tools I was able to pick up the master list and randomly select a tool and locate it on the shadow board.

06/21/01

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 profe experienced and trained Detention Enforcement Officers of	essional	transp	ortation	under the supervision of
Standard NA: Check this box if all ICE Transportates	ion are	handle	d only	by the ICE Field Office or
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.				State of Ca. P.U.L.L. system. Records kept by bus instructor
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. Officers report deficiencies affecting operability. Deficiencies are corrected before the vehicle goes back into service.	\boxtimes			
 Transporting officers: Limit driving time to 10 hours in any 15 hour period. Drive only after eight consecutive off-duty hours. Do not receive transportation assignments after having been on duty, in any capacity, for 15 hours. Drive a 50-hour maximum in a given work week; a 70-hour maximum during eight consecutive days. During emergency conditions (including bad weather), officers may drive as long as necessary and safe to reach a safe area-exceeding the 10-hour limit. 	\boxtimes			
Two officers with valid CDLs required in any bus transporting detainees. When buses travel in tandem with detainees, there two qualified officers per vehicle. An unaccompanied driver transport an empty vehicle.				
Before the start of each detail, the vehicle is thoroughly searched.	\boxtimes			
Positive identification of all detainees being transported is confirmed.	\boxtimes			Identification is confirmed by ICE staff.
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 manufacturers occupancy level.				
Protective vests are provided to all transporting officers.				

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 are handled only by the ICE Field Office or Sub-Office in control of the detainee case.					
Components	Yes	No	NA	Remarks	
The vehicle crew conducts a visual count once all passengers are on board and seated. • Additional visual counts are made whenever the vehicle makes a scheduled or unscheduled stop.					
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.	\boxtimes				
Meals are provided during long distance transfers. • The meals meet the minimum dietary standards, as identified by dieticians utilized by the Service.	\boxtimes			Meals provided if transp. occurs during reg feeding times	
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 representative. • Basins, latrines, and drinking-water containers/dispensers are cleaned and sanitized on a fixed schedule.					
Vehicles have: Two-way radios. Cellular telephones. Equipment boxes stocked in accordance with the Use of Force Standard.				Each officer issued cell phones	
The vehicles are clean and sanitary at all times.					
Personal property of a detainee transferring to another facility: Is inventoried. Is inspected. Accompanies the detainee.					

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(Land	Tran	spoi	tatio	n)

(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 are handled only by the ICE Field Office or Sub-Office in control of the detainee case.					
Components	Yes	No	NA	Remarks	
The following contingencies are included in the written procedures for vehicle crews:					

At-Risk

□ Repeat Finding

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

☐ Deficient

coluler

Auditor's Signature'/ Date

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.	\boxtimes			
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.				All methods are exhausted before using force
Written policy asserts that calculated rather than immediate use of force is feasible in most cases.	\boxtimes			
The facility subscribes to the prescribed Confrontation Avoidance Procedures. • Ranking detention official, health professional, and others confer before every calculated use of force.	\boxtimes			
When a detainee must be forcibly moved and/or restrained and there is time for a calculated use of force, staff use the Use-of-Force Team Technique. • Under staff supervision.	\boxtimes			
Staff members are trained in the performance of the Use-of-Force Team Technique.	\boxtimes			During firearms qualifications
All use-of-force incidents are documented and reviewed.				1
Does not use force as punishment. Attempts to gain the detainee's voluntary cooperation before resorting to force Uses only as much force as necessary to control the detainee. Uses restraints only when other non-confrontational means, including verbal persuasion, have failed or are impractical.	×			
Mecication may only be used for restraint purposes when authorized by the Medical Authority as medically necessary.	\boxtimes			
Use-of-Force Team follow written procedures that attempt to prevent injury and exposure to communicable disease(s).				

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
Components 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. When qualified medical staff is not immediately available, staff position the	Yes	No	NA	Remarks
detainee "face-up".				
The shift supervisor monitors the detainee's position/condition every two hours. • He/she allow the detainee to use the rest room at these times under safeguards.	\boxtimes			
All detainee checks are logged.	\boxtimes			
In immediate-use-of-force situations, staff contacts medical staff once the detainee is under control.	\boxtimes			
 When the OIC authorizes use of non-lethal weapons: Medical staff is consulted before staff use pepper spray/non-lethal weapons. Medical staff review the detainee's medical file before use of a non-lethal weapon is authorized. 				Pepper spray not used in facility close proximity to neighbor hood.
Special precautions are taken when restraining pregnant detainees. • Medical personnel are consulted				Females not held in ECC
Protective gear is worn when restraining detainees with open cuts or wounds.				
Staff documents every use of force and/or non-routine application of restraints.				Documentation includes housing cards w/pictures
It standard practice to review any use of force and the non-routine application of restraints.	\boxtimes			
All officers receive training in self-defense, confrontation-avoidance techniques and the use of force to control detainees. • Specialized training is given Officers are certified in all devices they use.	\boxtimes			During firearms training
The officers are thoroughly trained in the use of soft and hard restraints.	\boxtimes			
In SPCs is the Use of Force form is used. In other facilities (IGSAs / CDFs) this form or its equivalent is used.				

USE OF FORCE						
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Comp	Components Yes No NA Remarks					
⊠ Acceptable	☐ Deficient	☐ At-Risk			☐ Repeat Finding	

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

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 requests to ICE staff and receive an answer in an acceptable time frame. Components Υ Ν NA Remarks The ICE Field Office Director ensures that weekly \boxtimes announced and unannounced visits occur at the IGSA. Detention and Deportation Staff conduct scheduled Schedule times posted П \boxtimes П weekly visits with detainees held in the IGSA. on bulletin board. Scheduled visits are posted in ICE detainee areas. \boxtimes Visiting staff observe and note current climate and \boxtimes conditions of confinement at each IGSA. ICE information request Forms are available at the At officers desk. \boxtimes IGSA for use by ICE detainees. The IGSA treats detainee correspondence to ICE staff \boxtimes as Special Correspondence. ICE staff respond to a detainee request from an IGSA \boxtimes within 72 hours. ICE detainees are notified ion writing upon admission to the facility of their right to correspond with ICE staff \boxtimes П regarding their case or conditions of confinement. **⊠** Acceptable Deficient At-Risk Repeat Finding

Remarks: (Record significant facts, observations, other sources used, etc.) ICE staff needs to sign log book during every visit.

5, b7c - 06/21/07

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.

Components	Υ	N	NA	Remarks
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. The notification is recorded in the detainee's file When the A File is not available, notification is noted within DACS	. 🖂			
Notification includes the reason for the transfer and the location of the new facility,	\boxtimes			
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			
 Facility policy mandates that: Times and transfer plans are never discussed with the detainee prior to transfer. The detainee is not notified of the transfer until immediately prior to departing the facility. The detainee is not permitted to make any phone calls or have contact with any detainee in the general population. 				
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. 	\boxtimes			Signed by a supervisor
 For medical transfers: The Detainee Immigration Health Service (or IGSA)(DIHS) Medical Director or designee approves the transfer. Medical transfers are coordinated through the local ICE office. 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.	\boxtimes			
Detainee's funds and 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.	\boxtimes			

DETAINEE TRANSFER STANDARD

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Components	Υ	N	NA	Remarks
Meals are provided when transfers occur during normally schedule meal times.	\boxtimes			
An A File or work folder accompanies the detainee when transferred to a different field office or sub-office.	\boxtimes			
A Files are forwarded to the receiving office via overnight mail no later than one business day following the transfer.	\boxtimes			
⊠ Acceptable ☐ Deficient ☐	☐ At-Risk			☐ Repeat Finding

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

06/21/07

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The following items must be inspected for compliance with those Justice Core Standards not covered by the ICE Detention Standards:

	Standard – Policy Development and Monitoring			
	ltem	Α	U	NA
1	Written Policy and Procedures are in place to provide staff with the necessary		_	
	information to operate and maintain the facility on a daily basis and in accordance	\boxtimes		
	with local, state, and federal law		_	\neg
2	Written policy and procedure are reviewed annually and updated accordingly	\boxtimes		———
	Standard – Reporting Requirement			-
3 4	The facility provides for a system of monitoring through internal audits and reviews		님	片ㅣ
5	The internal administrative audit is separate from any external audits or reviews Audit or inspection reports identify areas of concern, identify necessary corrective		Ш	\square
ี	action, and provide for a system follow-up	\boxtimes		
6	Audit and Inspection reports are maintained on file until at least the next review is	_		_
	conducted	\boxtimes		
	Standard - Direct Supervision	_		
7	To the extent Possible, physical plant design facilitates continuous personal contact	_		
	and interaction between staff and detainees in the housing unit and recreation /	\boxtimes		
	leisure areas			
8	Written policies and procedures are in place that outline a comprehensive program			
	that promotes and encourages staff/detainee communications. A daily rotation	\bowtie		
	schedule should be established to ensure adequate staff coverage is provided		_	
	throughout the meal.			
	Standard - Cultural Diversity			
9	Staff are provided appropriate annual cultural diversity or sensitivity training. Such training is designed and implemented in a fashion that will further enhance	\square		
	staff members' ability to communicate with detainees in an effective manner.	\boxtimes	Ш	
	stan members ability to communicate with detaillees in an elective marrier.			
DOJ Core Standards - Rating				
IGSA's Only				
🖂 Acceptable 🗌 Deficient 🔲 Repeat Deficiency 🔲 At-Risk				
*Pamarka: (Pagard significant facts, observations, other sources used ata)				
*Remarks: (Record significant facts, observations, other sources used, etc.)				
66, b7c 06/21/01				