

**Condition of Confinement Inspection Worksheet**

(This document must be attached to each G-324A Inspection Worksheet)

**This Form is to be used for Inspections of Facilities Used Over 72 Hours**



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

**REVIEW TEAM USE: (Edits Permitted, ALL FIELDS REQUIRED)**

Facility Information			
Facility Name: Irwin County Detention Center		Review Purpose: Annual	
Facility Type: IGSA Intergovernmental Service Agreement (IGSA), ICE Service Processing Center (SPC), ICE Contract Detention Facility (CDF)			
Address:	132 Cotton Avenue		
City: Ocilla	State: GA	Zip: 31774	
County:	Irwin		
CEO Name: (b)(6); (b)(7)(C)	CEO Title: Warden		
Review Information (Use following format for dates: mm/dd/yyyy)			
Start Date: 6/20/2017	End Date: 6/22/2017	Review Type: Headquarters	
Lead Name: (b)(6); (b)(7)(C)	Lead Title: LCI		
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Error(s) Found:	0	Items Not Rated:	0

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

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

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## **INTRODUCTION TO THE G-324A OVER 72 HOUR FACILITY DETENTION INSPECTION WORKSHEETS**

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

### **WHAT IS “PERFORMANCE-BASED”?**

Unlike “policy and procedures” that focus solely on what is to be done, performance-based policy starts with a focus on the results or outcomes that the required procedures are expected to accomplish. Each performance-based standard has been revised to produce Expected Outcomes that are clearly stated. Each standard reflects the overall mission and purpose of the agency and contributes to the goal that has been articulated.

Expected Practices found in the PBNDS represent what is to be done to accomplish the Expected Outcomes that will meet the Purpose and Scope of the detention standard.

### **WORKSHEET OVERVIEW**

Detention Inspection Worksheets are used to assess facility compliance with ICE detention standards. This set of worksheets is derived from the policies and procedures set forth in the PBNDS 2008. The G-324A is for use with facilities that house detainees for over 72 hours.

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

### WORKSHEET COMPLETION

Reviewers are required to complete each item within each section of the G-324A Detention Inspection Worksheets. Worksheets are in a uniform format with three columns, with PBNDS purpose and scope stated at the top of the worksheet. Column one contains the relevant standard line item. Column two contains a dropdown menu for each row where a rating can be assigned to a given line item. In addition to rating options for “Meets Standard” and “Does Not Meet Standard,” there is an option for the review team to select “N/A.” The “N/A” rating should be used only rarely and where applicable. In addition, the remarks section for each line item should be filled out in as much detail as possible. If the review team fails to assign a rating to a given line item, the default rating and thus the assigned rating on the worksheet will show as “Not Rated.”

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

## ***Section I: SAFETY***

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

<b>PART 1 – 1. EMERGENCY PLANS</b> (Key: A)		
This Detention Standard ensures a safe environment for detainees and employees by having in place contingency plans to quickly and effectively respond to any emergency situations that arise and to minimize their severity.		
<b>Components</b>	<b>Rating</b>	<b>Remarks (1000 Char Max)</b>
1. Staff are trained to identify signs of detainee unrest.	Meets Standard	Personnel are trained to identify signs of detainee unrest. This training is provided during the initial 40-hour pre-service training and the 40-hour annual refresher training. Review of training records confirmed that employees are receiving the required training.
2. All staff receive training in the emergency plans during their orientation training as well as during their annual training.	Meets Standard	Training in the emergency plans is provided during initial pre-service and annual in-service training. Training records confirmed that training in emergency plans is being conducted.
3. <b>PRIORITY:</b> The facility shall have in place contingency plans for responding to emergencies, including a locally approved and annually updated evacuation plan.	Meets Standard	The facility has contingency plans for responding to emergencies, including a locally approved and annually updated evacuation plan which was last updated and approved on 05/02/2017.
4. The facility conducts emergency exercises to test specific emergency plans to assess their effectiveness.	Meets Standard	The most recent mock emergency exercise was conducted in conjunction with the county sheriff's department on 05/03/2017.
5. <i>(SPCs/CDFs) Each SPC and CDF shall develop contingency plans with local, State, and Federal law enforcement agencies and formalize those agreements with Memoranda of Understanding (MOUs). The facility administrator shall review and approve contingency plans at least annually.</i>	Meets Standard	This IGSA facility has formalized agreements with the local sheriff's office and federal law enforcement agencies. The warden (OIC) reviews and approves the contingency plans annually. The contingency plans were last reviewed and approved in May 2017.
6. Every plan that is being developed or is final must include a statement prohibiting unauthorized disclosure.	Meets Standard	
7. The facility shall establish written policy and procedures addressing, at a minimum: chain of command, command post/center, staff recall, staff assembly, emergency response components, use of force, video recording, records and logs, utility shutoff, employee conduct and responsibility, public relations, facility security, etc.	Meets Standard	Emergency plans address each of the requirements noted in this component.
8. <i>(SPCs/CDFs) The facility shall set up a primary command</i>	Meets Standard	At this IGSA, the primary

**PART 1 – 1. EMERGENCY PLANS** (Key: A)

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

Components	Rating	Remarks (1000 Char Max)
<i>post outside the secure perimeter that is equipped as per the Emergency Plan standard.</i>		command post is located outside the secure perimeter in the county sheriff's department and is equipped per the standard.
9. At least one video camera shall be maintained in the Control Center for use in emergency situations.	Meets Standard	(b)(7)(E)
10. Emergency plans include emergency medical treatment for staff and detainees during and after an incident.	Meets Standard	
11. The FSA shall make contingency plans for providing meals to detainees and staff during an emergency, including access to community resources, which the FSA shall negotiate during the planning phase.	Meets Standard	The food service director has made contingency plans for providing meals to detainees and employees during emergencies, including access to community resources which were negotiated during the planning phase.
12. The plan shall include post-emergency procedures.	Meets Standard	
13. Written procedures cover: <ul style="list-style-type: none"> <li>• Work/Food Strike</li> <li>• Fire</li> <li>• Environmental Hazard</li> <li>• Detainee Transportation System Emergency</li> <li>• ICE-wide Lockdown</li> <li>• Staff Work Stoppage</li> <li>• Disturbances</li> <li>• Escapes</li> <li>• Bomb Threats</li> <li>• Adverse Weather</li> <li>• Internal Searches</li> <li>• Facility Evacuation</li> <li>• Detainee Transportation System Plan</li> <li>• Hostages (Internal)</li> <li>• Civil Disturbances</li> </ul>	Meets Standard	Written emergency plans cover each of the events listed in this component.

**PART 1 – 1. EMERGENCY PLANS – Reviewer Summary**

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

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

Review of the facility emergency procedures and employee interviews confirmed the facility has plans in place for emergencies which are likely to occur. These plans are considered confidential and are handled accordingly. Officers are well versed in monitoring the detainee climate within the facility. All officers receive pre-service and annual training on the facility emergency plans.



**PART 1 – 1. EMERGENCY PLANS – Reviewer Summary**

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

The warden (OIC) is responsible for developing and implementing emergency contingency plans. All plans comply with standards for confidentiality, accountability, review and revision. Plans do not include procedures for rendering emergency assistance to other facilities in the form of supplies or transportation. In developing the plans, the expertise of all department directors is solicited and they are made aware of their responsibility for contributing to the plans. The assistant warden chairs a committee responsible for the development of all emergency plans.

An accurate inventory of equipment identified for use during implementation of the plans is maintained and reviewed at least every six months to ensure accuracy.

Emergency plans are updated as often as necessary and forwarded to the OIC for approval even if the review resulted in no changes. The master copy of the plan is maintained outside the secure perimeter, along with an itemized list of plans and where they can be found.

General requirements for emergency plans implementation does not include procedures for an alternative means for responding personnel to reach the facility if the main approach becomes too dangerous or inaccessible. Emergency plans contain procedures on how and when officers notify nearby residents of emergency situations, including the type of emergency; actions being taken; and evacuation routes if applicable. Emergency plans do not identify an alternate means of communication. However, the sheriff's department would provide this service if needed.

**Overall Rating:** Meets Standard

**Reviewer Name (Printed):**

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

**Completion Date:** 6/22/2017

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

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

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

Components	Rating	Remarks (1000 Char Max)
<p>1. Environmental health and safety conditions shall be maintained at a level that meets recognized standards of safety and hygiene, including those from the:</p> <ul style="list-style-type: none"> <li>• American Correctional Association,</li> <li>• Occupational Safety and Health Administration,</li> <li>• Environmental Protection Agency,</li> <li>• Food and Drug Administration,</li> <li>• National Fire Protection Association's Life Safety Code, and</li> <li>• National Center for Disease Control and Prevention.</li> </ul>	Meets Standard	<p>The facility meets the recognized safety and hygiene standards of all applicable regulatory agencies identified in this component. The Ocilla Fire Department conducts annual inspections of the facility. The state fire marshal conducts semi-annual inspections of the facility. The Georgia Department of Public Health performs annual inspections of food service.</p>
<p>2. A housekeeping plan will be developed for detainee living areas noted in the standards. The facility appears clean and well maintained.</p>	Meets Standard	<p>A housekeeping plan for detainee living areas is on file.</p>
<p>3. The facility has a system for storing, issuing, and maintaining inventories of hazardous materials</p>	Meets Standard	<p>Policy outlines the procedures for storing, issuing and maintaining inventories of hazardous materials.</p>
<p>4. The Maintenance Supervisor shall compile:</p> <ul style="list-style-type: none"> <li>• An up to date master index of all hazardous substances in the facility and their locations;</li> <li>• A master file of MSDSs; and</li> <li>• A comprehensive, up-to-date list of emergency phone numbers (fire department, poison control center, etc.).</li> </ul>	Meets Standard	<p>MSDS files were observed to be up- to-date for all hazardous substances used. The binders include a list of all storage areas, with a plant diagram and legend. The master MSDS binders also include the emergency contact numbers as required. Master MSDS binders are on file in the safety officer's (SO) office and the medical department. A copy of the binder is on file with the local fire department.</p>

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

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

Components	Rating	Remarks (1000 Char Max)
5. All personnel using flammable, toxic, and/or caustic substances follow prescribed safety procedures.	Does Not Meet Standard	Personal protective equipment is not always available as required by the MSDS. The proper personal protective equipment was purchased and distributed during the inspection. Portable eyewash stations were observed in designated areas throughout the facility; however, the portable eyewash station located in the laundry is not in close proximity to a plumbed system to allow the use of the portable system. Additionally, there is no documentation that staff and detainees working in these areas have been instructed in the use of the eyewash stations. It should be noted that during this inspection, the facility ordered and received four plumbed eyewash stations which were installed throughout the facility. Hazards or spills are immediately reported to a supervisor.
6. The MSDS are readily accessible to staff and detainees in the work areas.	Meets Standard	MSDS binders are located in every work and storage area and are available for review as required.
7. Hazardous materials are always issued under proper supervision.	Does Not Meet Standard	Hazardous chemicals used on the dish machine and pot and pan sink were stored in expanded metal cages; however, there were no locking devices to secure the cages. Hazardous chemicals were also discovered unsecured in the laundry. Padlocks were placed on the expanded metal cages and hazardous chemicals were secured during the review.
8. All toxic and caustic materials stored in their original containers in a secure area.	Meets Standard	All chemicals, solvents and other hazardous materials were labeled and in the original containers or approved miscellaneous containers as specified by OSHA regulations.

<b>PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY</b> (Key: B)		
This Detention Standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.		
<b>Components</b>	<b>Rating</b>	<b>Remarks</b> (1000 Char Max)
9. Excess flammables, combustibles, and toxic liquids are disposed of properly in accordance with MSDS.	Meets Standard	
10. The facility program will be supervised by a person who has been trained in accordance with OSHA standards.	Meets Standard	The SO has received OSHA general industry training and fire fighter training.
11. <u>PRIORITY</u> : A qualified departmental staff member shall conduct weekly fire and safety inspections.	Meets Standard	Weekly fire and safety inspections are conducted by the SO, who has received fire safety training.
12. Facility maintenance (safety) staff shall conduct monthly inspections.	Does Not Meet Standard	Monthly fire and safety inspections were not being conducted. A monthly fire and safety inspection form was developed during the inspection.
13. The facility maintains files of inspection reports, including corrective actions taken.	Meets Standard	
14. <u>PRIORITY</u> : The facility has an approved fire prevention, control, and evacuation plan.	Meets Standard	The fire prevention, control and evacuation plan was approved by the Ocilla Fire Department.
15. The plan requires: <ul style="list-style-type: none"> <li>• Monthly fire inspections.</li> <li>• Fire protection equipment strategically located throughout the facility.</li> <li>• Public posting of emergency plan with accessible building/room floor plans.</li> <li>• Exit signs and directional arrows.</li> <li>• An area-specific exit diagram conspicuously posted in the diagrammed area.</li> </ul>	Meets Standard	All of the bulleted requirements of this component are included in the fire prevention, control and evacuation plan.
16. Fire drills are conducted and documented quarterly in all facility locations including the administrative area.	Meets Standard	
17. <u>PRIORITY</u> : The facility administrator shall ensure licensed pest-control professionals perform monthly inspections to identify and eradicate rodents, insects and vermin, including a preventative spraying program for indigenous insects.	Meets Standard	Astro Exterminating Services, a licensed pest control company, performs monthly inspections to identify and eradicate rodents, insects and vermin. During each monthly visit, preventative spraying for indigenous pests is conducted. Provisions for a call back service are included in the contract.

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

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

Components	Rating	Remarks (1000 Char Max)
<p>18. At least annually, a state laboratory shall test samples of drinking and wastewater to ensure compliance with applicable Standards.</p>	<p>Does Not Meet Standard</p>	<p>The facility receives its water from the City of Ocilla Water Department, which regularly tests drinking water for compliance to state standards. There was no documentation certifying that wastewater was tested as required. During the inspection, documentation of annual wastewater testing by the City of Ocilla was provided.</p>
<p>19. Emergency power generators are tested as required by emergency plans and manufacturer’s recommendations.</p>	<p>Meets Standard</p>	<p>Emergency power generators are tested at least weekly for one half hour. It should be noted that the standard requires that testing be conducted at least every two weeks for one hour. The oil, water, hoses and belts are inspected for mechanical readiness in case of an emergency. Power generators are inspected weekly and load tested annually. The testing and maintenance service is provided through a contract with W.W. Williams, in compliance with the manufacturer’s recommendations. Starting battery voltage, generator voltage and amperage output are checked during these inspections. Other emergency equipment is tested quarterly and needed follow-up repair or replacement is accomplished as soon as feasible.</p>
<p>20. (Medical Operations) Written procedures, to include an exposure-control plan in the event of a needle stick, regulate the handling and disposal of used needles and other sharp objects.</p>	<p>Meets Standard</p>	<p>Policy describes the exposure control plan and procedures for the handling and disposal of used needles and other sharp medical objects.</p>

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

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

Components	Rating	Remarks (1000 Char Max)
21. (Medical Operations) Standard cleaning practices include: <ul style="list-style-type: none"> <li>Using specified equipment; cleansers; disinfectants and detergents.</li> <li>An established schedule of cleaning and follow-up inspections.</li> </ul>	Meets Standard	Medical cleaning procedures include daily infirmary cleaning, isolation cleaning, blood and body fluid clean-up and the use of specified equipment, cleansers, detergent and disinfectants. Follow-up is provided as needed.
22. (Medical Operations) Spill kits are readily available.	Meets Standard	
23. (Medical Operations) A licensed medical waste contractor disposes of infectious/bio-hazardous waste.	Meets Standard	Stericycle, a licensed medical waste contractor, disposes of infectious/biohazardous waste. Infectious waste is clearly labeled in bags that are impermeable and specifically used for biohazardous waste storage.
24. (Medical Operations) Staff are trained to prevent contact with blood and other body fluids and written procedures are followed.	Meets Standard	All employees are trained in universal precautions upon initial hire. Universal precautions are followed by all personnel when handling untreated infectious waste.
25. (Medical Operations) The Health Services Administrator conducts medical-facility inspections daily.	Meets Standard	
26. A qualified staff member shall: conduct special investigations and comprehensive surveys of environmental health conditions, and provide advisory, consultative, inspection, and training services regarding environmental health conditions.	Meets Standard	The SO and the health services administrator (HSA) perform all of the required duties listed in this component.
27. The assigned staff member is responsible for developing and implementing policies, procedures, and guidelines for the environmental health program.	Meets Standard	The SO and the HSA perform all of the required duties listed in this component.

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

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

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

A review of policies, interviews with staff and inspection of the physical plant verified that the facility protects employees, detainees and volunteers from injury and illness. The health services administrator (HSA) and safety officer (SO) are responsible for implementing policies, procedures and guidelines that facilitate proper sanitation practices in order to eliminate and/or control sources of injuries and modes of transmission of communicable diseases. The facility provides a safe environment for detainees through comprehensive fire prevention practices. The facility has a fire alarm and detection system that includes an automatic sprinkler system for fire suppression that meets all local and national fire safety codes. Garbage and refuse is collected and removed as necessary to maintain sanitary conditions and to avoid creating a health hazard. The methods for handling and disposing of refuse meet all regulatory requirements.

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

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

A review of training files indicated that staff and detainees who use a hazardous substance are trained. The facility has one barbershop which is located in a separate room not used for any other purpose. The floors were smooth, nonabsorbent and easily cleaned. The walls and ceiling were in good repair and painted in a light color. The lavatory had both hot and cold running water; however, the hot water took a couple of minutes to reach proper temperature. The barbershop had all the equipment and facilities necessary for maintaining sanitary procedures for hair care including all the tools being cleaned and effectively disinfected to prevent the transfer of infection associated with scalp diseases. Barbering sanitation regulations were conspicuously posted in the barbershop. Medical items that pose a security risk, such as sharp instruments, syringes, needles and scissors are inventoried at the beginning and ending of each shift by designated medical personnel. An inspection of several housing units, medical unit, and the facility overall reflected a positive environment with sanitation being properly maintained. Detainees in housing units A-1 and A-2 expressed a concern with the occasional odor and taste of drinking water within the last two months. Upon speaking to administrative staff, it was reported that the city had flushed its water lines which resulted in a temporary change in the drinking water. Staff stated that the housing units were provided ice and drinking water during this time. Drinking water is routinely tested by the City of Ocilla. Detainees in unit A-1 also expressed a concern with a water leak in the ceiling. Maintenance staff reported that a roofing contractor has been hired to replace the roof lining and is awaiting the proper weather to commence the installation. While inspecting the laundry, it was observed that maintenance staff had inadvertently left an access panel off of one washer. The panel was immediately replaced by staff. During this inspection, the facility had a power outage due to the local electric service being interrupted. Emergency generators were operable and staff responded to the situation effectively and efficiently. There were no other issues noted with the conditions of environmental health and safety.

**Overall Rating:** Meets Standard

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

**Completion Date:** 6/22/2017

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

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

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

Standard N/A

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

Components	Rating	Remarks (1000 Char Max)
1. The Facility Administrator shall develop and implement written policy, procedures and guidelines for the transportation of detainees.	Meets Standard	There are written plans and procedures for the transportation of detainees.
2. Documentation indicating annual inspection of vehicles and annual inspection in accordance with state statutes is available for review.	Meets Standard	Documentation of all annual vehicle inspections, which are done in accordance with state statutes, is available in the transportation supervisor's office.
3. To be assigned to a bus transporting detainees, an officer must have successfully completed the ICE/ERO bus-driver-training program or a comparable approved training program and all local state requirements for a Commercial Driver's License (CDL).	Meets Standard	Officers assigned to drive a bus are required to pass the facility's local competency examination and to have a commercial driver's license (CDL). Not all transportation officers are required to have CDL's. Some officers only drive passenger vehicles or small capacity vans which do not require a CDL to operate.
4. Supervisors maintain records for each vehicle operator. This includes certificate of completion from bus training program, most current physical exam used to obtain the CDL, and a copy of the CDL.	Meets Standard	The transportation supervisor maintains all the documents required by this component.
5. Maximum driving time (time on the road), for CDL operators, is governed by USDOT.	Meets Standard	
6. The transporting officer inspects the vehicle before the start of each detail.	Meets Standard	Officers inspect the vehicles prior to each detail and document the results.
7. Positive identification of all detainees being transported is confirmed.	Meets Standard	
8. The facility ensures that the number of detainees transported does not exceed the vehicle manufacturer's occupancy level.	Meets Standard	
9. Policies and procedures are in place addressing the use of restraining equipment on transportation vehicles.	Meets Standard	Policy addresses the use of restraints on transportation vehicles.



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

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

Standard N/A

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

Components	Rating	Remarks (1000 Char Max)
10. Meals are provided during long distance transfers. The meals meet the minimum dietary standards, as identified by dieticians utilized by ICE.	Meets Standard	
11. The facility administrator shall establish the procedures and schedule for sanitizing facility vehicles.	Meets Standard	
12. Personal property of a detainee transferring to another facility: <ul style="list-style-type: none"> <li>• Is inventoried.</li> <li>• Is inspected.</li> <li>• Accompanies the detainee.</li> </ul>	Meets Standard	The personal property of detainees being transferred is inventoried, inspected and accompanies the detainee.

**PART 1 – 3. TRANSPORTATION (BY LAND) – Reviewer Summary**

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

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

To evaluate this standard, policy, inspection sheets and logs were reviewed, the transportation supervisor was interviewed and two transportation vehicles were inspected. Inspection of the vehicles showed them to be clean and contain the required emergency equipment, logs and communication devices. Policies and procedures are designed to ensure the safe and secure transportation of detainees and their personnel property.

The transportation supervisor stated that bus driver trainees are not used to operate the vehicles during any segment of a run when detainees are on board.

Drivers operate the vehicle in accordance with the CDL manual, or the highest prevailing standard, and must maintain complete control of the vehicle at all times and obey all safety laws. Driving under the influence of drugs or alcohol is prohibited. Transporting officers comply with all state and federal motor vehicle regulations including: wearing seat belts, transporting detainees in a safe and humane manner, driving defensively, re-inspecting the vehicle after each trip and returning the vehicle keys to the control officer or supervisor. Expenses are recorded using local procedures and credit cards assigned to the vehicle are safeguarded.

The transportation officer post orders and the transportation policy specify that officers secure the vehicle before leaving it unattended, including removal of the keys from the ignition. Officers avoid parking in a spot where the vehicle would attract undue attention or be vulnerable to vandalism or sabotage. If such a location cannot be located, officers contact local law enforcement for advice or permission to use their parking areas.

Officers wear prescribed uniforms unless other attire is authorized by the OIC. Transportation officers are issued and wear protective vests while transporting detainees.

A form G-391 is completed prior to any detainee being removed from the facility. Before transferring detainees from one facility to another, the receiving office is informed of the estimated time of departure, the number of detainees being transferred, any special handling cases and any estimated delays in departure affecting ETAs.

**PART 1 – 3. TRANSPORTATION (BY LAND) – Reviewer Summary**

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

Armed officers are posted whenever detainees enter or exit a vehicle outside a secure area. A complete set of keys for every lock located in or on the vehicle travels with the vehicle at all times.

Armed officers do not enter the secure area of the vehicle. During any stop detainees are not allowed to leave the vehicle until the officers secure the area. Once disembarked officers keep detainees under constant observation to prevent external contact and/or contraband smuggling or exchange.

(b)(7)(E)

(b)(7)(E) The OIC has established written procedures in the transportation post orders addressing all the emergency situations noted in the transportation standard.

The transportation post orders do not specify that the transportation of female detainees will be done via special transportation using gender specific officers.

**Overall Rating:** Meets Standard

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

**Completion Date:** 6/22/2017

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

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

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

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

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

Components	Rating	Remarks (1000 Char Max)
1. The facility has implemented written policies and procedures for the intake and reception of newly arrived detainees and provided them with information about facility policies, rules and procedures.	Meets Standard	Policy includes intake procedures and requirements. The local handbook, given to all detainees upon admission, addresses rules, policies, programs and activities.
2. At intake, detainees are searched, and their personal property and valuables checked for contraband, inventoried, receipted, and stored.	Meets Standard	Detainees are pat searched by an intake officer of the same gender. Their personal property and valuables are searched for contraband, inventoried, receipted and securely stored.
3. Each detainee’s identification documents are secured in the detainee’s A-file.	Meets Standard	
4. A medical screening will be conducted to protect the health of the detainee and others in the facility, and the detainee shall be given an opportunity to shower and be issued clean clothing, bedding, towels, and personal hygiene items.	Meets Standard	A medical screening is conducted by medical staff. The detainee is given the opportunity to shower and is issued clean clothing, bedding, towels and personal hygiene items.
5. Staff shall not routinely require a detainee to remove clothing or require a detainee to expose private parts of his or her body to search for contraband.	Meets Standard	Detainees are pat searched. Reasonable suspicion that a detainee may be in possession of contraband and supervisory approval are required prior to conducting a strip search. There have been no strip searches conducted during the past year.
6. Staff shall issue those clothing and bedding items that are appropriate for the facility environment and local weather conditions.	Meets Standard	
7. Staff shall use the documentation accompanying each new arrival for identification and classification purposes. If the classification staff is not ICE/ERO employees ICE/ERO shall provide the information needed for classification. Under no circumstances may non-ICE/ERO personnel have access to the detainees A-File.	Meets Standard	Detainees are classified by ICE officers prior to admission. ICE officers provide the classification information to facility personnel who review the information and determine the proper housing location for the detainee. Non-ICE personnel do not have access to A-files.
8. An Order to Detain or Release the detainee (Form I-203 or I-203a), bearing the appropriate ICE/ERO Authorizing Official signature, must accompany each newly arriving detainee.	Meets Standard	A signed I-203 form accompanies each detainee admitted to the facility.

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

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

Components	Rating	Remarks (1000 Char Max)
9. <b>PRIORITY:</b> Facilities shall have a method to provide ICE/ERO detainees an orientation to the facility as soon as practicable, in a language or manner that detainees can understand.	Meets Standard	Detainees are issued the facility handbook during the admission process. Case managers provide a face-to-face orientation to all new admissions. The orientation takes place the day after arrival. Policy requires that the orientation is provided in a language and manner understood by the detainee.
10. The facility shall issue to each newly admitted detainee a copy of the ICE National Detainee Handbook and local supplement that fully describes all policies, procedures, and rules in effect at the facility.	Meets Standard	Detainees are given copies of the local handbook and the National Detainee Handbook during the intake process. The local handbook describes the policies, rules and procedures.
11. All releases are coordinated with ICE.	Meets Standard	All detainee releases are coordinated and authorized by ICE officials.
12. Staff complete paperwork/forms for release as required.	Meets Standard	
13. The facility returns each detainee’s property upon release, and each detainee receives a receipt for personal property secured by the facility.	Meets Standard	
14. <b>PRIORITY:</b> The facility has a system to maintain accurate records and documentation for admission, orientation, and release.	Meets Standard	Policy requires that all records and documents generated for admission, orientation and release be filed in his/her detention file and/or electronically documented in the jail management system.
15. ICE staff enter all information pertaining to release, removal, or transfer of all detainees into the Enforce Alien Detention Module (EADM) within 8 hours of action.	Meets Standard	According to the ICE officers, information pertaining to release, removal or transfer of all detainees is entered into the EARM/EADM system within eight hours.
16. All orientation material shall be provided in English, Spanish, and other language(s) as determined by the Field Office Director.	Meets Standard	All orientation material is available in English and Spanish. A face-to-face orientation was observed with four detainees and two case workers utilizing the Language Line.

**PART 2 – 4. ADMISSION AND RELEASE – Reviewer Summary**

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

**PART 2 – 4. ADMISSION AND RELEASE – Reviewer Summary**

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

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

Policy requires that if reasonable suspicion warrants a strip search to detect contraband, prior supervisory approval must be obtained. The search will take place in an area that affords a reasonable degree of privacy. All strip searches must be documented. Before strip searching a detainee, an officer must first attempt to resolve his/her suspicions through less intrusive means. There have been no strip searches of ICE detainees conducted during the inspection period.

Staff members are provided with adequate training on the intake process. Detainees are provided the opportunity to make one free telephone call during the admission process. Detainees are permitted to change clothing and shower in a private room without being visually observed by staff. A staff member of the same gender is present immediately outside the change room to maintain security and be responsive when necessary.

A review of policy, detention files, detainee rosters, classification documents and detainee handbook; observation of the intake area and admission process; and interviews with the intake supervisor, intake officers, case managers, the compliance lieutenant and detainees revealed the community, detainees, staff, volunteers and contractors are protected by ensuring secure and orderly operations when detainees are admitted and released from the facility. There were eleven ICE detainees admitted and 50 detainees released during the inspection. Processes were observed in both admission and release. Orientation of four detainees was observed.

Facility policy entitled "Assessment and Accommodations for Detainees with Disabilities" addresses procedures to identify detainees with disabilities and provide an interactive process to disabled detainees to request accommodations. Medically essential health care prosthetics, orthotics and other aids will be provided to disabled detainees in a timely manner when the health of an individual would otherwise be adversely affected. There is a Facility Multidisciplinary Team (FMT) that reviews issues or concerns. A Detainee Disability Accommodation Notification form was reviewed.

**Overall Rating:** Meets Standard (b)(6); (b)(7)(C)

**Reviewer Name (Printed)**

**Completion Date:** 6/22/2017

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

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

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

Components	Rating	Remarks (1000 Char Max)
<p>1. <b>PRIORITY:</b> SPC and CDF facilities use the required Objective Classification System. IGSA's use an objective classification system or similar system for classifying detainees.</p> <p>Staff shall use facts and other objective, credible evidence documented in detainee's A-file, criminal history checks, or work-folder during the classification process.</p> <p>The classification process includes reassessment/reclassification.</p>	Meets Standard	In this IGSA facility, ICE officers classify detainees using the Primary Assessment Classification form prior to arrival. Intake officers use objective and credible documents to formalize the classification. The classification process includes reassessment/reclassification.
<p>2. The facility classification system includes: Classifying detainees upon arrival.</p> <ul style="list-style-type: none"> <li>• Separating individuals who cannot be classified upon arrival from the general population.</li> <li>• The first-line supervisor or designated classification specialist reviews every classification decision.</li> </ul>	Meets Standard	Detainees are classified by ICE officers prior to arrival. Detainees who are not classified upon arrival would be separated from the general population. A supervisor reviews every classification decision.
<p>3. The intake/processing officer reviews work-folders, A-files, etc., to identify and classify each new arrival.</p>	Meets Standard	The processing officers review the classification documents to identify each new arrival. Detainees are classified by ICE officers prior to arrival. There are no A-files at the facility.
<p>4. In SPCs and CDFs detainees are assigned color-coded uniforms and IDs to reflect classification levels. In IGSA's a similar system is utilized for each level of classification.</p>	Meets Standard	At this IGSA facility, male ICE detainees are issued orange uniforms and female detainees are issued dark blue uniforms. Detainees are issued color-coded wristbands that reflect their classification level.
<p>5. <b>PRIORITY:</b> Housing assignments are based on classification-level. Level 1 detainees may not be commingled with Level 3 detainees in housing, recreation and feeding.</p>	Meets Standard	Housing assignments are based on classification levels. Level one detainees are not commingled with level three detainees in housing, recreation or feeding.
<p>6. <b>PRIORITY:</b> Level 1 detainees may not have felony convictions that included an act of physical violence, and may not be housed with any Level 2 detainee with a history of assaultive or combative behavior.</p>	Meets Standard	Level one detainees with a felony conviction or a history of physical violence are not housed or comingled with level two detainees.
<p>7. Detainee work assignments are based upon classification designations.</p>	Meets Standard	

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

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

Components	Rating	Remarks (1000 Char Max)
8. The classification process includes reassessment/reclassification. The first reassessment is to be completed 60 days to 90 days after the initial assessment.	Meets Standard	The programs manager processes reassessments and reclassifications according to component requirements.
9. (SPCs/CDFs) Subsequent classification reassessments are completed at 90 day to 120 day intervals. Special reassessments are completed within 24 hours.	Meets Standard	In this IGSA facility, reassessments and reclassifications are completed according to the component requirements.
10. The facility classification system shall include procedures for detainees to appeal their classification levels.	Meets Standard	Detainees may appeal their classification level through the grievance process. The grievance officer will forward a recommendation to the chief of security.
11. The Detainee Handbook or equivalent for IGSA explains the classification levels, with the conditions and restrictions applicable to each.	Meets Standard	

**PART 2 – 5. CLASSIFICATION SYSTEM – Reviewer Summary**

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

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

A review of policy, detention files, detainee reclassification assessment forms, housing rosters, initial primary assessment classification forms, the local handbook, and interviews with intake officers, the programs manager and ICE officers revealed the community, staff, contractors, volunteers and detainees are protected from harm by a documented and formal classification process that manages and separates detainees into compatible categories. Classification is based on verifiable and documented data.

The classification system ensures that detainees are placed and remain in the appropriate category and physically separated from detainees with non-compatible classification levels. Officers assigned to classification duties are trained in the facility's classification process.

Detainees are processed for housing assignments within twelve hours of arrival at the facility. If the process takes longer, documentation is maintained as to what delayed the process. During the inspection period, all detainees were admitted and classified within twelve hours.

Medium custody detainees have no recent convictions for any offense listed under the highest section of the severity of offense guideline and no pattern or history of violent assaults, whether convicted or not. High custody detainees are considered a high-risk category and are assigned to high security housing. High custody detainees are always monitored and escorted.

**Overall Rating:** Meets Standard

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

**Completion Date:** 6/22/2017

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



**PART 2 – 6. CONTRABAND** (Key: F)

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

Components	Rating	Remarks (1000 Char Max)
1. <b>PRIORITY:</b> The facility follows a written procedure for disposition and handling contraband to include proper destruction of contraband and return of property not needed as evidence.	Meets Standard	There is a written procedure which addresses the handling of contraband and fully addresses each of the other issues noted in this component.
2. Contraband is retained as evidence for potential disciplinary action or criminal prosecution.	Meets Standard	
3. (SPCs/CDFs) Before confiscating religious items, the Facility Administrator or designated investigator contacts a religious authority.	Meets Standard	At this IGSA, policy requires that the facility administrator or designee consult with a religious authority prior to confiscating religious items.
4. Facilities with canine units only use them for contraband detection and not in the presence of ICE detainees.	N/A	This facility does not use canines for contraband detection.
5. Detainees receive notification of contraband rules and procedures in the Detainee Handbook.	Meets Standard	All detainees receive a copy of the detainee handbook and local supplement. The handbook contains the contraband rules and procedures.

**PART 2 – 6. CONTRABAND – Reviewer Summary**

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

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

The evaluation of this standard was based on review of facility policy, interview of the security captain, and review of contraband, evidence logs and a single incident report. These logs and reports showed the facility is preserving, inventorying, controlling and disposing of seized contraband in accordance with policy. Review of a single incident report and the evidence log showed that the seizure, storage and disposal of contraband is being fully documented.

Contraband is classified as either "Hard" or "Soft" in compliance with the standard.

When a detainee's claimed ownership of potential contraband material is in question, officers inventory and store the item pending verification of ownership; detainees receive a copy of the inventory. Procedures specify state that once notified, detainees have seven days to prove ownership of the listed items.

As long as the contraband property is not illegal under criminal statutes and does not pose a security threat, the property is inventoried, receipted to the detainee, and at the detainee's request, mailed to a third party or stored with the detainee's other property. Contraband that is government property is retained as evidence for possible disciplinary action or criminal prosecution.

There are written procedures for the destruction of contraband items.

**Overall Rating:** Meets Standard

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

**Completion Date:** 6/22/2017

**PART 2 – 6. CONTRABAND – Reviewer Summary**

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

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

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

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

Components	Rating	Remarks (1000 Char Max)
1. At least one male and one female staff are on duty where both males and females are housed.	Meets Standard	
2. Comprehensive annual staffing analysis determines staffing needs and plans and is reviewed and updated annually.	Meets Standard	An annual staffing analysis is conducted each year and must be reviewed and approved by the OIC.
3. Essential posts and positions are filled with qualified personnel.	Meets Standard	
4. <i>(SPCs/CDFs) Detainees do not have access to the Control Center.</i>	Meets Standard	At this IGSA, detainees are not allowed into central control.
5. Facility security and safety will be monitored and coordinated by a secure, well-equipped, and continuously staffed control center.	Meets Standard	Central control is continuously staffed seven days a week and is well equipped and capable of monitoring the security and safety of the employees and the facility.
6. <i>(SPCs/CDFs) The facility administrator shall establish procedures to implement the following Control Center requirements: Communications center; Maintenance of a list of the current home and cellphone number of every officer, administrative/support services staff, Situation Response Teams (SRTs), Hostage Negotiation Teams (HNTs), and law enforcement agencies. Watch calls (officer safety checks) to the Control Center by all staff ordinarily shall occur every half-hour between 6:00 P.M. and 6:00 A.M. Individual facility policy may designate another post to conduct watch calls. Any exception for staff to not make watch calls as described requires approval of the facility administrator.</i>	N/A	The OIC at this IGSA has established and implemented procedures which address each of the requirements of this component, with one exception. Watch calls between the hours of 6:00 p.m. and 6:00 a.m. are made at 45 minute intervals rather than 30 minute intervals.
7. The front-entrance officer checks the identification of everyone entering or exiting the facility.	Meets Standard	The front entrance officer checks the identification of everyone entering or exiting the facility. A photo copy of each visitor's ID (driver's license) is made and retained by the entrance officer.
8. All visits are officially recorded in a visitor logbook or electronically recorded.	Meets Standard	All visitors and contractors entering the facility are recorded in the visitor logbooks maintained by the front entrance officer. The log was reviewed and found to be current and maintained in accordance with policy.

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

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

Components	Rating	Remarks (1000 Char Max)
9. The facility has a secure visitor pass system.	Meets Standard	Secure visitor passes are issued to each visitor by the entrance officer.
10. Information about routine procedures, emergency situations, and unusual incidents will be continually recorded in permanent post logs and shift reports.	Meets Standard	Pre-shift briefings and "pass along" logs are used to keep officers updated on operational issues.
11. <i>(SPCs/CDFs) Housing unit Post Orders in SPCs and CDFs shall follow the event schedule format, for example, "0515 Lights on" and shall direct the assigned officer to maintain a unit log of pertinent information regarding detainee activity. The shift supervisor shall visit each housing area and initial the log on each shift.</i>	Meets Standard	The housing unit post orders at this IGSA were reviewed and found to follow the daily event schedule and contain direction for the assigned officer to maintain a unit log of pertinent information regarding detainee activity. The shift supervisor visits each housing unit each shift and records his/her visits in the unit log. Logs were reviewed throughout the facility and were found to be properly maintained.
12. Security officer posts shall be located in or immediately adjacent to detainee living areas to permit officers to see or hear and respond promptly to emergency situations.	Meets Standard	
13. Detainee movement from one area to another area is controlled by staff.	Meets Standard	
14. <b>PRIORITY:</b> No detainee may ever be given authority over, or be permitted to exert control over, any other detainee.	Meets Standard	Policy and employee practices do not allow for any detainee to have authority or exert control over any other detainee.
15. The facility administrator, designated assistant facility administrator, security supervisors, and others designated by the facility administrator shall be required to visit all housing units at least weekly to observe living conditions and interact informally with detainees.	Meets Standard	
16. The facility has a comprehensive security inspection policy.	Meets Standard	
17. Documentation of security inspections is kept on file.	Meets Standard	

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

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

Components	Rating	Remarks (1000 Char Max)
<p>18. Daily procedures include:</p> <ul style="list-style-type: none"> <li>• Perimeter alarm system tests.</li> <li>• Physical checks of the perimeter fence.</li> <li>• Documenting the results.</li> </ul>	<p>Meets Standard</p>	<p>(b)(7)(E)</p> <div style="border: 1px solid black; width: 100%; height: 100%; margin-top: 10px;"> <p>(b)(7)(E) The results are documented in the central control log.</p> </div>

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

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

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

Review of policies, facility logs and post orders and detainee interviews and employee interviews confirmed that the facility has an inspection process and other necessary controls in place to control the introduction of contraband and to ensure facility safety, prevent harm to employees and detainees, prevent escapes and maintain the facility in a sanitary condition for employees and detainees. Employees assigned to the front entrance post were observed to present a neat and professional appearance and exercise good public relations skills of courtesy and tact. All ICE/ERO employees wear ICE/ERO issued identification cards.

The OIC has established procedures for tracking the arrivals and departures of contract employees who must sign in/out with the front entrance officer.

Interview of the perimeter patrol officer verified that he/she controls all vehicular traffic entering/leaving the facility grounds. The officer checks the driver’s license of every delivery person driving into the facility. The officer does not currently maintain a log with the following vehicle information noted: tag number, driver’s name, firm represented, vehicle contents, date, time in/out, and facility employee responsible for the vehicle on site. The officer does not search vehicles because no vehicle enters any secure portion of the facility.

Written policies/procedures are in place to keep the SMU secure from contraband. All items allowed into the unit are thoroughly inspected. All tools allowed into the unit are inventoried prior to entering and are checked against the inventory upon departing the unit. The SMU has a sally port type entrance that is operated so that the inner and outer door cannot both be opened simultaneously. Food delivered to the SMU is pre-portioned and is delivered to the SMU under officer escort. SMU officers do not have keys to both the inner and outer sally port doors as both doors are electronically controlled by the officers in central control.

Officers, upon assuming their post, conduct a security check of the area and record the results in the post logbook. The OIC has established written policy for the searching of housing units and personal areas. Officers conduct searches of storage and supply rooms, plumbing access, walls etc.

A total of twenty-four detainees (eight females and sixteen males) from the general population housing units were interviewed. All stated that they felt safe at the facility and were being treated respectfully by security officers. There were several detainee complaints regarding the quality of medical care they were receiving. Each of these complaints were examined by the medical SME who confirmed that in each instance the detainee was in fact receiving the appropriate medical

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

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

care and/or medication. All detainees stated that they had good access to ICE agents. There were no complaints regarding access to the law library or recreation. All detainees stated the telephones worked and they were receiving personal hygiene items.

**Overall Rating:** Meets Standard

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

**Completion Date:** 6/22/2017

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

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

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

Standard N/A

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

Components	Rating	Remarks (1000 Char Max)
1. All detention facilities are required to have written policies and procedures to: <ul style="list-style-type: none"> <li>• Account for and safeguard detainee property from time of admission until date of release;</li> <li>• Inventory and receipt detainee funds and valuables;</li> <li>• Inventory and receipt detainee baggage and personal property (other than funds and valuables);</li> <li>• Inventory and audit detainee funds, valuables and personal property;</li> <li>• Return funds, valuables and personal property to detainees being transferred or release; and</li> <li>• Provide a way for a detainee to report missing or damaged property.</li> </ul>	Meets Standard	Written policies and procedures are in place for all bulleted requirements of this component.
2. All facilities, at a minimum shall provide: <ul style="list-style-type: none"> <li>• A secured locker for holding large valuables, that can be accessed only by designated supervisor(s); and</li> <li>• A baggage and property storage area that is secured when not attended by assigned admissions processing staff.</li> </ul>	Meets Standard	The facility has a secure locker for holding large valuables that is accessible by the intake supervisor and shift supervisor. Two baggage and property storage areas are secured when not attended by the property officer.
3. The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property.	Meets Standard	
4. At admission, staff search and inventory detainee property only in the presence of the detainee, unless instructed otherwise by the facility administrator.	Meets Standard	
5. The facility administrator shall establish whether and, how much cash each detainee may have in personal possession while in detention.	Meets Standard	Detainees are not authorized to personally possess cash at this facility. All funds are credited to and held in each detainee's commissary account.

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

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

Standard N/A

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

Components	Rating	Remarks (1000 Char Max)
6. Identity documents, such as passports, birth certificates, are held in each detainee's A-file but, upon request, staff shall provide the detainee a copy of a document, certified by an ICE/ERO official to be a true and correct copy.	Meets Standard	Policy requires that identity documents, such as passports, birth certificates etc., are inventoried and then given to ICE for placement in the detainee's A-file. If a detainee requests a copy, ICE staff will provide a certified true and correct copy to the detainee.
7. <i>(SPCs /CDFs) Every housing area shall have lockers or other securable space for storing detainees' authorized personal property. The amount of storage space shall correspond to the number of detainees assigned to that housing area.</i>	N/A	This is an IGSA facility and is not required to provide lockers or other securable space for storing detainees authorized personal property. The facility does provide each detainee individual unsecured plastic storage containers to store their personal property in the housing units. The amount of storage space corresponds to the number of detainees assigned to the housing units.
8. Property discrepancies are immediately reported to the Chief of Security or equivalent.	Meets Standard	



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

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

Standard N/A

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

Components	Rating	Remarks (1000 Char Max)
<p>9. <u>PRIORITY</u>: Procedure ensures that:</p> <ul style="list-style-type: none"> <li>• Detainee funds and small and large valuables are placed in a secure location;</li> <li>• Medical staff determine the disposition of all medicine accompanying an arriving detainee</li> <li>• Detainees are able to keep a reasonable amount of personal property in their possession, provided it poses no threat to detainee safety or facility security; and</li> <li>• Facilities return funds and valuables to detainees being transferred or released.</li> </ul>	<p>Meets Standard</p>	<p>Detainee funds are placed in a locked drop safe until processed by business office staff and deposited into detainee commissary accounts. Large and small valuables are processed and secured in the valuable property room. Medical staff takes possession of any medication that comes into the facility through the intake process. Policy outlines the allowable personal property that can be retained by detainees. The allowable property is reasonable in quantity and poses no security or safety threat to detainees. Policy also dictates the procedures to be used to return funds and valuables to detainees being released.</p>
<p>10. (SPCs/CDFs) For recordkeeping and accounting purposes, use of the G-589 Property Receipt form is mandatory to inventory any funds removed from a detainee's possession, and a separate form G-589 is required for each kind of currency and negotiable instrument.</p>	<p>Meets Standard</p>	<p>This IGSA facility is not required to use a G-589 property form. The facility uses a local equivalent property receipt form to inventory funds removed from the detainee. Separate forms are used for currency, checks and valuable property.</p>
<p>11. (SPCs/CDFs) The supervisory security officer or equivalent shall remove the contents of the drop safe during his or her shift and initial the G-589 accountability log. The supervisor shall:</p> <ul style="list-style-type: none"> <li>• Verify the correctness of all G-589s;</li> <li>• Record the amount of cash and describe each item in the supervisors' property log; and</li> <li>• Verify the proper disposition of funds and valuables by checking the sealed envelopes in the cash box, the property envelopes in the safe, and the safekeeping of all large valuables in the designated secured locked area.</li> </ul>	<p>Meets Standard</p>	<p>At this IGSA facility, the intake officers verify and document all property inventories and receipts. Funds are placed in sealed envelopes and placed inside the drop safe by the intake officers, and picked up daily from the drop safe by a business office employee who again verifies and documents the funds in each of the individual envelopes and initials the receipt. Large valuables are secured in a locked area.</p>

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

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

Standard N/A

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

Components	Rating	Remarks (1000 Char Max)
12. The Facility Administrator has established quarterly audits of baggage and non-valuable property.	Meets Standard	Staff conduct and document weekly audits of baggage and non-valuable property.
13. All facilities shall report and turn over to ICE/ERO all detainee abandoned property.	Meets Standard	
14. <b>PRIORITY:</b> Facilities have and follow procedures for reporting and investigating incidents of detainee property loss or damage, and for reimbursing detainees for all validated property losses caused by facility negligence. The senior contract officer immediately notifies the designated ICE/ERO officer of all claims and outcomes.	Meets Standard	Policy outlines the procedures for handling detainee property loss or damage caused by facility negligence. ICE is notified regarding any property loss or damage of detainee property and the resulting claim and reimbursement.

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

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

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

Interviews with employees, observation of the intake area, and a review of policy indicate that procedures are in place to safeguard and control detainee personal property. The property storage area is maintained in a clean and orderly manner. Small valuables are maintained inside the secure property room in a sealed plastic bag that prohibits unauthorized entry. Weekly audits of personal property are conducted and documented. Detainees and their property are searched during the intake process to ensure contraband is not introduced into the facility.

During the evaluation of this standard, the tracking of incoming detainees' funds was verified. There were no discrepancies noted during the process of tracking the funds from surrender to the deposit into their commissary account. Detainees can purchase items from a commissary. The handbook informs detainees of policies and procedures concerning funds and personal property. Detainees are permitted to possess reasonable quantities of personal property, if the particular items do not pose a threat to the security or good order of the facility. To prevent overcrowding and related storage problems, detainees are permitted to send extra property to a third party of his/her choosing. If property is shipped during the detainee's stay, staff inventories and maintains a record of the property being shipped with a copy of the record being placed in the detention file. When a detainee is being released from the facility and becomes aware that he/she is missing property or that their property is damaged, they can file a facility's lost property claim form. The claim is properly investigated by a supervisor.

**Overall Rating:** Meets Standard

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

**Completion Date:** 6/22/2017

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

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

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

Components	Rating	Remarks (1000 Char Max)
1. (SPCs/CDFs) Each Hold Room shall contain sufficient seating for the maximum room-capacity but shall contain no moveable furniture.	Meets Standard	The hold rooms at this IGSA contain sufficient seating for the maximum room capacity and no moveable furniture is located in the rooms.
2. (SPCs/CDFs) Each Hold Room shall be equipped with stainless steel, combination lavatory/toilet fixtures with modesty panels, in compliance with the Americans with Disabilities Act of 1990.	N/A	Each hold room at this IGSA is equipped with stainless steel combination lavatory/toilet fixtures. However, there are no modesty panels in any of the hold rooms.
3. <b>PRIORITY:</b> Detainees are not held in hold rooms for more than 12 hours.	Meets Standard	The security captain confirmed that detainees are not held in the hold rooms longer than twelve hours.
4. Male and females detainees are segregated from each other at all times.	Meets Standard	
5. Unaccompanied minors (under 18) and parent(s) or legal guardians accompanied by minor children shall not be placed in Hold Rooms, unless they have shown or threatened violent behavior, have a history of criminal activity, or have given staff reasonable grounds to expect an escape attempt.	Meets Standard	Juvenile detainees are not placed in hold rooms as juvenile detainees are not held at this facility.
6. Persons exempt from placement in a Hold Room due to obvious illness, special medical, physical and or psychological needs, or other documented reasons shall be seated in an appropriate area designated by the facility administrator outside the Hold Room, or in separate rooms, under direct supervision and control, barring an emergency.	Meets Standard	Any detainee meeting the criteria noted in this component is not placed into a hold room but is moved to the common area in the intake area and processed or moved to the medical unit.
7. To the extent practicable in a hold room situation, detainees with known or readily apparent disabilities, including temporary disabilities, shall be housed in manner that accommodates their mental and/or physical condition(s) and provides for their safety, comfort and security.	Meets Standard	
8. Detainees are provided with basic personal hygiene items such as water, soap, toilet paper, cups for water, feminine hygiene items, diapers and wipes.	Meets Standard	
9. If the hold room is not equipped with toilet facilities, an officer is posted within visual or audible range to allow detainees access to such on a regular basis.	Meets Standard	Each hold room is equipped with toilet facilities inside the individual rooms.
10. All detainees are given a pat down search for weapons or contraband before being placed in the hold room.	Meets Standard	

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

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

Components	Rating	Remarks (1000 Char Max)
11. Before placing a detainee in a room, an officer shall observe each individual to screen for obvious mental or physical problems.	Meets Standard	Intake officers closely screen/observe each detainee for obvious mental or physical problems prior to placing them in a hold room.
12. Each detention facility maintains a detention log for each detainee placed in a hold cell.	Meets Standard	
13. Officers provide a meal to any detainee detained in a hold room for more than six hours. Pregnant women have access to snacks, milk or juice.	Meets Standard	Detainees held longer than six hours in the intake unit are provided a meal. Pregnant detainees have access to snacks, milk or juice.
14. Staff shall ensure that sanitation, temperatures and humidity in Hold Rooms are maintained at acceptable and comfortable levels. Pregnant women and others with evident medical needs will have temporary access to temperature appropriate clothing and blankets.	Meets Standard	
15. <b>PRIORITY:</b> Officers closely supervise hold rooms through direct supervision, to ensure: <ul style="list-style-type: none"> <li>• Continuous auditory monitoring,</li> <li>• Visual monitoring at irregular intervals at least every 15 minutes,</li> <li>• Constant surveillance of any detainee exhibiting signs of hostility, depression, or similar behaviors.</li> </ul>	Meets Standard	Officers are located so they can observe and hear any noises or other commotion inside the rooms. Officers visually monitor the hold rooms at irregular intervals at least every fifteen minutes. A log is maintained of the fifteen minute observations for each detainee. Constant surveillance is provided any detainee exhibiting signs of hostility, depression or other unusual behavior.
16. The maximum occupancy for the hold room will be posted.	Meets Standard	
17. When the last detainee has been removed, officers shall ensure the Hold Room is thoroughly cleaned and inspected.	Meets Standard	
18. <i>(SPCs/CDFs) Evacuation procedures shall include posting the evacuation map and advance designation of the officer responsible for removing detainees from the Hold Room(s) in case of fire and/or building evacuation.</i>	Meets Standard	At this IGSA, the evacuation plan is posted in the intake area. The intake officer is designated to remove detainees from the hold rooms in the event of an emergency.

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

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

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

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

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

Review of policy and practice, inspection of the intake area, officer interviews and interview of the captain showed the facility is using the hold rooms for temporary detention of detainees being processed into/out of the facility. Detainees are not held more than twelve hours in the hold rooms. The hold rooms were observed to be clean and well maintained.

The hold rooms are located within the secure perimeter and contain the prescribed square footage for single and multiple occupancy rooms. The hold rooms are well ventilated and lighted. All activating switches and controls are located outside the hold rooms. Sleeping apparatus is not allowed in the hold rooms and none was observed. The hold rooms have floor drains and are escape and tamper resistant.

Each hold room has two-inch-thick, detention grade, fourteen-gauge steel doors that swing outward, with fourteen-gauge steel doorframes grouted into the surrounding walls. The solid doors are equipped with security glass that meets or exceeds the impact resistant standard of glass clad polycarbonate laminate for convenient visual checks. Visual observation of the inside of the hold rooms is made via a large window located in the upper portion of each hold room door.

Procedures do not state that an officer is not to enter a hold room unless another officer is outside the door ready to respond as needed. In practice, a second officer is present whenever the intake officer must enter an occupied hold room or process a group of detainees.

Officers immediately contact medical emergency services when a detainee appears to be in need of urgent medical treatment.

**Overall Rating:** Meets Standard

**Reviewer Name (Printed)**

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

**Completion Date:** 6/22/2017

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

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

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

Components	Rating	Remarks (1000 Char Max)
1. All staff shall be trained and held responsible for adhering to proper procedures for the care and handling of keys, including electronic key pads where they are used. Initial training shall be accomplished before staff is issued keys, and key control shall be among the topics covered in subsequent annual training.	Meets Standard	All officers are trained and held responsible for the proper care and handling of keys. Key control training is provided prior to officers being issued keys and annual training covers key control. Electronic key pads are not used.
2. Each facility administrator shall establish the position of Security Officer, or at a minimum, assign a staff member the collateral security officer. The Security Officer shall have a written position description that includes duties, responsibilities, and chain of command.	Meets Standard	There is an officer assigned the duties of key control officer. The post orders for this position contain a description of the duties, responsibilities and the chain of command for the position.
3. The Security Officer is responsible for all administrative duties, including recordkeeping, concerning keys, locks, and related security equipment.	Meets Standard	The key control officer is responsible for all administrative duties including recordkeeping concerning keys, locks and related security equipment.
4. The Security Officer shall train and direct employees in key control, including electronic key pads where they are used.	Meets Standard	The training officer provides all key control training to officers and other employees.
5. The facility maintains inventories of all keys, locks and locking devices. Lock shop inventories include a secure master-key cabinet containing at least one pattern key.	Meets Standard	The key control officer maintains inventories of all keys, locking devices and locks. There is no lock shop and there are no pattern keys maintained. The key control officer maintains a complete set of back up keys in the event a key is broken or lost.
6. Facility policies and procedures address the issue of compromised keys, locks, and to ensure safe combination integrity.	Meets Standard	
7. Either deadbolts or deadlocks shall be used in detainee-accessible areas. Grand master-keying systems are not authorized. A master-keying system may be used only in housing units where detainees have individual room keys.	Meets Standard	Deadbolt locks are used in detainee accessible areas. Grand master-keying systems are not authorized.
8. The Security Officer shall implement a preventive maintenance program. The Security Officer shall maintain all preventive maintenance records.	Meets Standard	A maintenance employee is responsible for all preventive maintenance work. The key control officer conducts monthly checks of locking devices and insures that maintenance work is performed.

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

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

Components	Rating	Remarks (1000 Char Max)
<p>9. The Security Officer shall implement procedures for identifying every key ring and every key on each key ring, and for preventing keys from being removed from key rings, once issued.</p>	<p>Does Not Meet Standard</p>	<p>Key rings were inspected and with the exception of one key ring, each key ring was found to be identifiable. The number of keys was noted and keys cannot be removed from key rings once issued. One key ring was found to have a single key attached to the key ring using a split key ring. The key on this ring needed to be added to the ring but the facility did not have a secure key ring available and temporarily attached the key to the ring using the split ring which would potentially allow the added key to be removed from the ring. The key chit for this ring did not reflect that a key had been added to the key ring.</p>
<p>10. Emergency keys shall be on hand for every area to or from which entry or exit might be necessary in an emergency.</p>	<p>Meets Standard</p>	
<p>11. The facility has a written policy and implementation procedures to ensure key accountability. Facilities shall use standard system for the issuance and accountability of key rings.</p>	<p>Meets Standard</p>	<p>There is written policy and practice to ensure key accountability. The facility follows a standardized system for the issuance and accountability of key rings. All key rings are accounted for at the start and end of each 12-hour shift. Individual keys are accounted for on a daily basis by the shift supervisor and on a monthly basis by the key control officer. For keys in 24-hour use, officers, upon assuming their posts, are required to physically check their key rings and account for each key assigned to the key ring. The results are recorded in the officer's log book. Inspection of numerous log books verified that key checks were being done and recorded.</p>
<p>12. The facility administrator shall establish rules and procedures for authorizing use of restricted keys.</p>	<p>Meets Standard</p>	

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

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

Components	Rating	Remarks (1000 Char Max)
13. Pharmacy keys shall be strictly controlled.	Meets Standard	Pharmacy keys are classified as restricted and are strictly controlled.
14. Keys to ICE and EOIR (Executive Office for Immigration Review) office and courtroom areas shall similarly be restricted and controlled. If a key is authorized for emergency withdrawal, a copy of the Restricted Key form is to be provided to ICE.	Meets Standard	
15. Officers shall store all their weapons in individual lockers before entering the facility. The facility administrator shall develop and implement site-specific procedures for controlling gun-locker access.	Meets Standard	There are site-specific procedures for controlling gun-locker access. All weapons are stored in individual gun lockers.

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

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

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

The evaluation of this standard was based on review of policy and procedures; interviews of the captain, the key control officer and maintenance supervisor; inspection of individual key rings; and visual observation of key control areas. These reviews confirmed that policies and procedures for the use, accountability and maintenance of keys are in place. Multiple operational keyboards are located in central control and are large enough to accommodate all facility key rings, including keys in use.

A key chit system with the employee’s photo is used for the issuance and accountability of key rings. Pharmacy keys are strictly controlled. In the event of an emergency the highest-ranking officer can authorized the withdrawal of pharmacy keys. The OIC authorizes the uses of all 24-hour use keys.

**Overall Rating:** Meets Standard

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

**Completion Date:** 6/22/2017

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



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

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

Components	Rating	Remarks (1000 Char Max)
1. Staff conduct a formal count at least once each 8 hours (no less than three counts per day). At least one of these counts shall be a face to photo count.	Meets Standard	Formal counts are conducted seven times each day. The 11:00 p.m. count is a face to photo count.
2. Each officer shall make irregular but frequent checks to verify the presence of all detainees in his or her charge.	Meets Standard	
3. The facility Control Center shall maintain a master count.	Meets Standard	The master count is maintained electronically and kept current by an officer in the intake unit.
4. The control officer (or other designated position) maintains an "out-count" record of all detainees temporarily out of the facility.	Meets Standard	The central control officers maintain the official "out-count" record of all detainees temporarily out of the facility.
5. An emergency count shall be conducted when there is reason to believe a detainee is missing, or after a major disturbance has occurred.	Meets Standard	Policy requires an emergency count be taken whenever there is reason to believe a detainee is missing or after a major disturbance.

**PART 2 – 11. POPULATION COUNTS – Reviewer Summary**

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

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

The evaluation of this standard was based on review of facility policy, employee interviews and observation of the 10:00 a.m. count on multiple days. The overall count process accounts for all detainees throughout each 24-hour period. Formal counts take place at least every eight hours.

Officers were not observed to make positive identification of a living body before counting him/her present. Observation of the count process showed that officers were counting individuals who were completely covered up with no visible skin or identifiable body part showing which would indicate the officers were in fact counting a live individual.

If the accuracy of a count is in doubt, officers conduct a recount. Officers never rely on a roll call in performing the count. Unaccompanied officers do not perform a count in an open areas such a housing unit or in food service. One officer was observed to conduct the count while a second officer observed. Once the first count is completed, the officers switch positions and count again. Officers performing the count have primary responsibility for the count accuracy.

Officers remain in the count area until the count clears. Detainees do not participate in the count nor the preparation or documentation of the count process. No detainee movement is allowed during the count process. All detainee units/areas were counted simultaneously with all detainees being counted at a specific location. Movement does not resume until the count is verified and cleared.

Counting officers report their count and then deliver a signed count slip to the to the shift lieutenant's office. The shift lieutenant records the count in the log. If a recount fails to clear, the shift supervisor conducts a face to photo count. Emergency counts are conducted in the same manner as formal counts and all detainees are returned to their housing units during such counts.

<b>PART 2 – 11. POPULATION COUNTS – Reviewer Summary</b> <i>(Use following format for dates: mm/dd/yyyy)</i>	
<b>Overall Rating:</b> Meets Standard	
<b>Reviewer Name (Printed)</b> (b)(6); (b)(7)(C)	<b>Completion Date:</b> 6/22/2017
<b>Reviewer Signature (for printed form submission):</b>	

**PART 2 – 12. POST ORDERS** (Key: L)

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

Components	Rating	Remarks (1000 Char Max)
1. The facility administrator shall ensure that: <ul style="list-style-type: none"> <li>• There are written Post Orders for each security post,</li> <li>• Copies are available to all employees,</li> <li>• Written facility policy and procedures:                             <ul style="list-style-type: none"> <li>○ Provide official on-duty time for officers to read the applicable Post Orders when assigned to a post, and</li> <li>○ Ensure that officers read those applicable Post Orders prior to assuming their posts.</li> </ul> </li> </ul>	Meets Standard	Written procedures and practice fully address each of the issues noted in this component.
2. Supervisors shall ensure that officers understand the Post Orders, regardless of whether the assignment is temporary, permanent, or due to an emergency.	Meets Standard	The shift supervisors review all post orders daily to ensure that officers understand their post orders.
3. Anyone assigned to an armed post qualifies with the post weapons before assuming post duty.	Meets Standard	Each officer assigned to an armed post must qualify with the post weapons before assuming the position.
4. Post Orders for armed posts, and for posts that control access to the institution perimeter, clearly state that: Any staff member who is taken hostage is considered to be under duress, and Any order issued by such a person, regardless of his or her position of authority, is to be disregarded.	Meets Standard	The only armed post is the transportation officer positions. The post orders for this position were reviewed and found to contain clear instructions "that any hostage is considered to be under duress and any orders issued by such a person, regardless of rank, are to be disregarded".
5. Specific instructions for escape attempts shall be included in the Post Orders for armed posts.	Meets Standard	
6. Post Orders shall be kept current at all times and formally reviewed at least annually and updated as needed.	Meets Standard	Post orders throughout the facility were reviewed and found to be current and all had been formally reviewed. Post orders are required to be updated annually by the chief of security.
7. Post Orders and logbooks are confidential and must be kept secure at all times and never left in an area accessible to detainees.	Meets Standard	
8. The facility administrator authorizes all Post Orders and changes.	Meets Standard	

**PART 2 – 12. POST ORDERS – Reviewer Summary**

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

**PART 2 – 12. POST ORDERS – Reviewer Summary**

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

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

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

The post orders are based on the ICE detention standards, policies and facility practices. The post orders do not state the duty hours for each post. The OIC signs and dates the last page of all post orders but does not initial and date each page of the post orders.

Written policy provides official time for officers to read post orders upon assuming their post. Procedures require the shift supervisor and the training coordinator to ensure that all officers read applicable post orders.

All officers and supervisors use the post orders to familiarize themselves with the duties of their posts. The chief of security determines if the post orders need updating during the period between annual reviews. Prior to annual reviews, supervisors solicit written suggestions for changes or additions from ICE staff, contract staff and other affected personnel.

The chief of security reviews and comments on all suggested post order changes prior to submitting them for possible inclusion in the post orders. The revised post orders are forwarded to the OIC for approval. The chief of security ensures that all post orders are transcribed on a computer and that all back-up disks are properly accounted for and maintained in a secure location.

The post orders for armed posts do not describe and explain the proper care and safe handling of firearms. The circumstances and conditions when use of a firearm is authorized is contained in the use of force policy, transportation policy and post orders for transportation and perimeter patrol officers.

**Overall Rating:** Meets Standard

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

**Reviewer Name (Printed)**

**Completion Date:** 6/22/2017

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

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

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

Components	Rating	Remarks (1000 Char Max)
1. <b>PRIORITY:</b> The facility has written policy and procedures governing searches of detainees and housing or work areas. The policies and procedures include the requirement that staff employ the least intrusive method of body search practicable, based on security concerns involved; and conduct searches without unnecessary force and in ways that preserve the dignity of detainees.	Meets Standard	Policy and written procedures govern searches of detainees and all housing, work and common areas. Policy states that searches must be conducted in a manner that preserves the detainee's dignity to the greatest extent possible and must be the least intrusive necessary to satisfy safety and security needs.
2. All staff who do housing or work area searches or body searches shall receive initial training regarding search procedure prior to entering on duty, and annual training in effective techniques thereafter.	Meets Standard	Officers receive pre-service and annual in-service training regarding search procedures.
3. The facility shall establish procedures to ensure all housing units and work areas are searched routinely, but irregularly.	Meets Standard	
4. Staff shall maintain written documentation of each housing unit search within the individual housing unit.	Meets Standard	Housing unit searches are documented on the housing unit search log.
5. Work areas shall be searched each workday by shop supervisors, and these inspections shall be supplemented with periodic searches by designated search teams.	Meets Standard	Security inspections and inventories are conducted daily in every work area inside the secure perimeter of the facility. Facility assigned search teams conduct additional searches.
6. Strip searches are conducted only when there is reasonable belief or suspicion that contraband may be concealed on the person, or a good opportunity for concealment has occurred, and when properly authorized by a supervisor.	Meets Standard	A strip search is conducted only when there is reasonable suspicion that a detainee is in possession of contraband. Prior approval from a supervisor is required for a strip search. The search must be documented. There have been no strip searches during this inspection period.
7. <b>PRIORITY:</b> Strip searches are performed by an officer of the same gender as the detainee.	Meets Standard	Strip searches must be performed by an officer of the same gender as the detainee.
8. Body cavity searches are conducted by designated health personnel only when authorized by the facility administrator (or acting administrator) on the basis of reasonable belief or suspicion that contraband may be concealed in or on the detainee's person.	Meets Standard	

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

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

Components	Rating	Remarks (1000 Char Max)
9. "Dry cells" are used for contraband detection only when there is reasonable belief of concealment, with proper authorization, and in accordance with required procedures.	Meets Standard	
10. The chief of security shall have post orders for closely observing a detainee in dry cell status.	Meets Standard	Post orders address dry cell observation requirements. There have been no detainees placed in dry cell status during the inspection period.

**PART 2 – 13. SEARCHES OF DETAINEES – Reviewer Summary**

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

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

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

The facility has procedures in place to order an x-ray examination for the purpose of determining if contraband is concealed in or on the detainee. The body cavity search procedures require that staff documents the examination. The required documentation includes authorizations and the reasons for the examination. This information will be maintained in the detention file. Any contraband found in conjunction with the search will be handled in accordance with the contraband standard. There have been no cavity searches during the inspection period.

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

The evaluation of this standard included a review of policy, cell/bunk search forms, training curricula, training rosters, post orders and search logs; observation of the intake area, recreation areas and housing units; and interviews with the chief of security, shift supervisor and housing unit officers. Detainee pat down searches were observed during the admission process and release process. All procedural guidelines were followed.

**Overall Rating:** Meets Standard

**Reviewer Name (Printed):**

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

**Completion Date:** 6/22/2017

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

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

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

Components	Rating	Remarks (1000 Char Max)
<p>1. <b>PRIORITY:</b> The facility has a Sexual Abuse and Assault Prevention and Intervention Program that includes, at a minimum:</p> <ul style="list-style-type: none"> <li>• Measures to prevent sexual abuse and sexual assault;</li> <li>• Policy and procedures for required chain-of-command reporting to the highest facility official and the ICE Field Office Director;</li> <li>• Measures for prompt and effective intervention to address the safety and treatment needs of detainee victims if an assault occurs; and</li> <li>• Investigation of incidents of sexual assault, and discipline of assailants.</li> </ul>	Meets Standard	The sexual abuse and assault prevention and intervention (SAAPI) program includes a written policy which addresses all of the items listed in this component.
<p>2. (SPCs/CDFs) The written policy and procedure has been approved by the Field Office Director.</p>	Meets Standard	At this IGSA facility, the policy has been approved by the OIC and the LaSalle Corrections corporate office.
<p>3. <b>PRIORITY:</b> All staff are trained, during orientation and in annual refresher training, in the prevention and intervention areas required by the Detention Standard.</p>	Meets Standard	All employees are trained during orientation and annually thereafter in the prevention and intervention areas as required by the standard. A review of the training documentation and employee interviews verified the provision of this training. As per interviews with selected employees, they understand the policy and their responsibilities.
<p>4. <b>PRIORITY:</b> Detainees are informed about the program in facility orientation and the detainee handbook (or equivalent).</p>	Meets Standard	Detainees are informed about the SAAPI program and the zero-tolerance policy regarding sexual abuse and assault through a verbal orientation by a case manager, the detainee handbook, and postings in housing units. The information and handbook are available in English and Spanish
<p>5. The Sexual Assault Awareness Notice is posted on all housing unit bulletin boards.</p>	Meets Standard	The Sexual Assault Awareness Notice is posted on all housing unit bulletin boards, including special and medical housing areas.

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

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

Components	Rating	Remarks (1000 Char Max)
6. (SPCs/CDFs) <i>The Sexual Assault Awareness Information brochure is available for detainees.</i>	Meets Standard	At this IGSA facility, the Sexual Assault Awareness Information brochure is posted in the housing units and made available in various locations in the facility.
7. <b>PRIORITY:</b> Detainees are screened upon arrival for “high risk” sexual assaultive and sexual victimization potential and housed and counseled accordingly.  Detainees who are likely to become victims will be placed in the least restrictive housing that is available and appropriate.	Meets Standard	Detainees are screened during in-processing for high risk sexual assaultive and sexual victimization potential, as verified by a review of selected medical records and review of PREA screening forms completed by detention staff. Detainees identified as at risk are placed in the least restrictive appropriate housing which would include another housing unit, a medical observation cell or in administrative segregation. Since the last inspection, there were no detainees identified during the intake screening process as either victims or assaultive high risk cases.
8. <b>PRIORITY:</b> There is prompt and effective intervention when any detainee is sexually abused or assaulted and policy and procedures for required chain-of-command reporting.	Meets Standard	Policy provides for prompt and effective intervention, with required chain-of-command reporting, when a detainee is sexually abused or assaulted. There were five allegations since the last inspection period and a review of the documentation reflected prompt and effective intervention and reporting via the chain-of-command. An interview with the local ICE representative confirmed notification.



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

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

Components	Rating	Remarks (1000 Char Max)
9. When there is an alleged sexual assault, staff conduct a thorough investigation, gather and maintain evidence, and make referrals to appropriate law enforcement agencies for possible prosecution.	Meets Standard	When there is an alleged sexual assault, trained investigators conduct an investigation, gather and maintain evidence and make referrals to appropriate law enforcement agencies for possible prosecution. There is one pending criminal allegation that is awaiting results from a forensic examination. This case is pending review and disposition by the sheriff's office.
10. <u>PRIORITY</u> : When there is an alleged or proven sexual assault, the required notifications to ICE, facility management, and the appropriate law enforcement agency are promptly made.	Meets Standard	Policy requires chain-of-command reporting of alleged or proven sexual assaults, to include ICE and local law enforcement and LaSalle Corrections corporate office. As confirmed by a review of documented ICE notifications and an interview with the local ICE representative, notifications are prompt.
11. Victims of sexual abuse or assault are referred to specialized community resources for treatment and gathering of evidence.	Meets Standard	Victims are transferred to The Haven for sexual assault examination and treatment and forensic evidence gathering by a sexual assault nurse examiner.
12. All records associated with claims of sexual abuse or assault is maintained, and such incidents are specifically logged and tracked by a designated staff coordinator.	Meets Standard	Policy requires the logging, maintenance and tracking of all records associated with allegations of sexual abuse or assault, by the program coordinator. All records and logs are maintained in the program coordinator's office in a locked cabinet. The log was reviewed by the inspector.
13. Tracking statistics and reports are readily available for review by the inspectors.	Meets Standard	Tracking statistics and reports were reviewed by the inspector.

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

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

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

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

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

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

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

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

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

There were a total of five allegations since the last inspection: There were two staff-on-detainee allegations which centered on inappropriate touching and verbal threats, both of which were unfounded. There were three detainee-on-detainee allegations with one case waiting final review and disposition by the sheriff's office. This incident centered on a rape allegation but the victim was vague and unspecific as to what occurred. Nevertheless, as a precaution, he was transferred to the Haven program for a forensic examination and the results have not been received by the sheriff or facility staff to date. The other two detainee-on-detainee allegations centered on inappropriate touching and verbal threats, with one being unfounded and one unsubstantiated.

The facility has an effective sexual abuse and assault prevention and intervention program that affirmatively respond to such incidents. A multidisciplinary team effectively responds to allegations and incidents with appropriate classification and medical/mental health post-crises follow-up. Policy and procedures ensure timely and appropriate responses, evaluation, treatment and notification to ICE. Evaluation of this standard was based on a review of policy, records and training documentation, interviews with the program coordinator, selected employees and the local ICE representative.

**Overall Rating:** Meets Standard

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

**Completion Date:** 6/22/2017

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

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

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

Components	Rating	Remarks (1000 Char Max)
1. Written policy and procedures are in place for special management units, including Administrative Segregation and Disciplinary Segregation, as well as documenting the reason(s) for placement and periodic reviews.	Meets Standard	There are policy and procedures in place concerning operation of the special management unit (SMU), including administrative segregation and disciplinary segregation. Policy requires that employees document the reasons for placement and addresses the frequency of periodic reviews.
2. The number of detainees confined to each cell or room does not exceed the capacity for which it was designed.	Meets Standard	The number of detainees in each cell does not exceed the rated capacity for the cell.
3. Cells and rooms are well ventilated, adequately lit, appropriately heated and maintained in a sanitary condition at all times.	Meets Standard	
4. Each facility shall issue guidelines concerning the privileges detainees may have in both Administrative and Disciplinary status.	Meets Standard	
5. <u>PRIORITY</u> : Detainees in SMUs are personally observed at least every 30 minutes in an irregular schedule and more often when warranted.	Meets Standard	All detainees in the SMU are observed every thirty minutes on an irregular schedule and more often if warranted.
6. <u>PRIORITY</u> : A detainee is placed in protective custody status in Administrative Segregation only when there is documentation that it is warranted and that no reasonable alternatives are available.  A detainee is placed in Administrative Segregation only for non-punitive reasons, when necessary to ensure the safety of detainees or others, the protection of property, or the security or good order of the facility.	Meets Standard	Detainees are placed in protective custody status only when there is documentation that it is warranted and that no reasonable alternative is available. Detainees are placed in administrative segregation only for non-punitive reasons, when necessary to ensure the safety of detainees or others, protect property or the security or good order of the facility.
7. The facility administrator or designee shall complete the Administrative Segregation Order (Form I-885 or equivalent), detailing the reasons for placing a detainee in Administrative Segregation, before his or her actual placement.	Meets Standard	This IGSA uses a local segregation order form to document the reasons for placing a detainee in administrative segregation, before his/her actual placement. The supervisor/manager ordering the placement signs the form.

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Components	Rating	Remarks (1000 Char Max)
8. A copy of the decision and justification for each review is given to the detainee, unless, in exceptional circumstances, this provision would jeopardize security. The detainee is given an opportunity to appeal a review decision to a higher authority within the facility.	Meets Standard	
9. A detainee will be placed in Disciplinary Segregation only after a finding by a Disciplinary Hearing Panel that the detainee is guilty of a prohibited act or rule violation classified at a "Greatest," "High," or "High-Moderate" level, as defined in the Detention Standard on Disciplinary System.	Meets Standard	Policy mandates that only a disciplinary hearing panel may place a detainee in disciplinary segregation and only after the detainee is found guilty of a prohibited act classified as "Greatest", "High" or "High-Moderate" level as defined in the detention standard on discipline.
10. A written order shall be completed and signed by the chair of the IDP (or disciplinary hearing officer) before a detainee is placed into Disciplinary Segregation. A copy of the order shall be given to the detainee within 24 hours, unless delivery would jeopardize the safety, security, or the orderly operation of the facility or the safety of another detainee.	Meets Standard	Policy states a written order shall be completed and signed by the chair of the IDP or disciplinary hearing officer before a detainee is placed into disciplinary segregation. A copy of the order is given to the detainee within 24 hours.
11. Upon a detainee's release from the SMU, the releasing officer attaches the entire housing unit record to the Administrative Segregation Order or Disciplinary Segregation Order and forwards it to the Supervisor for inclusion in the detainee's detention file.	Meets Standard	

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Components	Rating	Remarks (1000 Char Max)
<p>12. <b>PRIORITY:</b> There are implemented written procedures for the regular review of all detainees in Administrative Segregation.</p> <p>A supervisor conducts a review within 72 hours of the detainee’s placement in Administrative Segregation to determine whether segregation is still warranted. The review includes an interview with the detainee, and a written record is made of the decision and the justification.</p> <p>If a detainee is segregated for the detainee's protection, but not at the detainee's request, continued detention requires the authorizing signature of the facility administrator or assistant facility administrator.</p> <p>When a detainee has spent seven days in Administrative Segregation, and every week thereafter for the first 60 days and at least every 30 days thereafter, a supervisor conducts a similar review, including an interview with the detainee, and documents the decision and justification.</p>	<p>Meets Standard</p>	<p>Written procedures and employee practices address each of the requirements noted in this component. All reviews are documented on a local segregation review form.</p>
<p>13. Permanent housing logs are maintained in SMUs to record pertinent information on detainees upon admission to and release from the unit, and in which supervisory staff and other officials record their visits to the unit.</p>	<p>Meets Standard</p>	
<p>14. (SPCs/CDFs) <i>A separate log is maintained in the SMU that all persons visiting the unit must sign and record:</i></p> <ul style="list-style-type: none"> <li>• <i>The time and date of the visit, and</i></li> <li>• <i>Any unusual activity or behavior of an individual detainee, with a follow-up memorandum sent through the facility administrator to the detainee's file.</i></li> </ul>	<p>Meets Standard</p>	<p>At this IGSA, officers in the SMU maintain a separate log which all visitors must sign recording the date and time of their visit. Any unusual activity or behavior of a detainee is documented and a follow-up memorandum is sent through the facility administrator to the detainee's file. The visitors log was reviewed and found to be current.</p>
<p>15. A Special Management Housing Unit Record is maintained on each detainee in an SMU.</p>	<p>Meets Standard</p>	
<p>16. Health care personnel are immediately informed when a detainee is admitted to an SMU to provide assessment and review as indicated by health care protocols.</p>	<p>Meets Standard</p>	<p>Policy requires that health care personnel are immediately notified when a detainee is placed in SMU and they must conduct a health care assessment.</p>

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

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

Components	Rating	Remarks (1000 Char Max)
<p>17. <b>PRIORITY:</b> A health care provider visits every detainee in an SMU at least once daily, and detainees are provided any medications prescribed for them.</p> <p>Detainees will have access to regularly scheduled sick call regardless of housing assignment.</p> <p>Any action taken is documented in a separate logbook, and the medical visit is recorded on the detainee’s SMU Housing Record (Form I-888).</p>	Meets Standard	<p>A health care provider visits the SMU daily and sees every detainee. Prescribed medication is provided as required. All SMU detainees have access to regularly scheduled sick call. Any action taken is documented by health care staff and the medical visits are recorded in the SMU log and the detainee observation log. Review of multiple detainees' previous daily activity logs verified that a health care provider is seeing each detainee at least once each day.</p>
<p>18. Detainees in SMUs may shave and shower three times weekly and receive other basic services (laundry, hair care, barbering, clothing, bedding, linen) on the same basis as the general population.</p>	Meets Standard	
<p>19. Detainees in Administrative Segregation are provided opportunities to spend time outside their cells (over and above the required recreation periods), for such activities as socializing, watching TV, and playing board games and may be assigned to work details (for example, as orderlies in the SMU).</p>	Meets Standard	<p>Detainees in administrative segregation are provided opportunities to spend time outside their cell in a TV/dayroom area which is located on the second tier of the unit.</p>
<p>20. The shift supervisor sees each segregated detainee daily, including weekends and holidays.</p>	Meets Standard	
<p>21. The facility administrator (or designee) visits each SMU daily.</p>	Meets Standard	
<p>22. Detainees in SMUs are provided three nutritionally adequate meals per day, ordinarily from the general population menu.</p>	Meets Standard	
<p>23. Only for documented medical or mental health reasons are detainees denied such items as clothing, mattress, bedding, linens, or a pillow. If a detainee is so disturbed that he or she is likely to destroy clothing or bedding or create a disturbance risking harm to self or others, the medical department is notified immediately and a regimen of treatment and control instituted by the medical officer.</p>	Meets Standard	<p>Policy states that clothing and bedding items are denied only for documented medical or mental health reasons. If a detainee is so disturbed he is destroying clothing or bedding, health care professionals are notified immediately and a treatment plan is developed and instituted by the medical officer.</p>

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

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

Components	Rating	Remarks (1000 Char Max)
24. Detainees in an SMU may write and receive letters the same as the general population.	Meets Standard	
25. Detainees in an SMU ordinarily retain visiting privileges.	Meets Standard	
26. Adequate documentation is generated for any restricted or disallowed general visits for a detainee in an SMU who violated visiting rules or whose behavior indicated the detainee would be a threat to the security or good order of the visiting room in the past year.	Meets Standard	Any visiting restriction or denial is documented. Staff advised that there have been no documented cases of any detainee being restricted or denied visits during the inspection period.
27. Under no circumstances is a detainee permitted to participate in general visitation while in restraints.	Meets Standard	Detainees are not allowed to visit in restraints.
28. <i>(SPCs/CDFs) Detainees in protective custody and violent and disruptive detainees are not permitted to use the visitation room during normal visitation hours.</i>	Meets Standard	At this IGSA, detainees in protective custody and violent and disruptive detainees are not permitted to use the visiting room during normal visiting hours. Alternate hours of visitation are provided.
29. <i>(SPCs/CDFs) Violent and disruptive detainees are limited to non-contact visits and, in extreme cases, not permitted to visit.</i>	Meets Standard	At this IGSA, all visiting is non-contact. In extreme cases of violent/disruptive detainees, visiting would not be permitted. During the inspection period, there have been no denials of visiting.
30. Ordinarily, detainees in SMUs are not denied legal visitation.	Meets Standard	
31. Detainees in SMUs are allowed visits by members of the clergy, upon request; unless it is determined a visit presents a risk to safety, security, or orderly operations.	Meets Standard	
32. Detainees in SMUs have access to reading materials, including religious materials. <i>In SPCs and CDFs, the Recreation Specialist offers each detainee soft-bound, non-legal books on a rotating basis, provided no detainee has more than two books (excluding religious material) at any one time.</i>	Meets Standard	At this IGSA, detainees have access to reading materials including religious materials.

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

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Components	Rating	Remarks (1000 Char Max)
<p>33. Detainees in SMUs have access to legal materials, in accordance with the Detention Standard on Law Libraries and Legal Material. Detainees are permitted to retain a reasonable amount of personal legal material in the SMU, provided it does not create a safety, security and/or sanitation hazard.</p> <p>Detainee requests for access to legal material in their personal property are accommodated as soon as possible and always within 24 hours of a detainee’s request.</p>	Meets Standard	All the requirements of this component are fully addressed in policy and practice. Detainees needing law library access are escorted to the main law library individually.
<p>34. Any denial of access to the law library is always:</p> <ul style="list-style-type: none"> <li>• Supported by compelling security concerns,</li> <li>• For the shortest period required for security, and</li> <li>• Fully documented in the SMU housing logbook.</li> </ul> <p>ICE/ERO is notified every time law library access is denied.</p>	Meets Standard	Any denial of access to the law library must be consistent with the bulleted items in this component. Since the last inspection there have been no denials of access to the law library.
<p>35. Recreation for detainees in the SMU is separate from the general population.</p>	Meets Standard	There are three individual recreation yards for use by SMU detainees. These recreation yards are separate from the general population.
<p>36. The facility has policy and procedures to ensure detainees who must be kept apart never participate in activities in the same location at the same time.</p>	Meets Standard	
<p>37. Detainees in the SMU are offered at least one hour of recreation per day, scheduled at a reasonable time, at least five days per week. Where cover is not provided to mitigate inclement weather, detainees are provided weather-appropriate equipment and attire.</p>	Meets Standard	
<p>38. The recreation privilege is denied or suspended only if it would unreasonably endanger safety or security.</p> <p>When a detainee in an SMU is deprived of recreation (or any usual authorized items or activity), a report of the action is forwarded to the facility administrator.</p>	Meets Standard	
<p>39. The case of a detainee denied recreation privileges is reviewed at least once each week, as part of the reviews required for all detainees in SMU status. The reviewer documents whether the detainee continues to pose a threat to self, others, or facility security and, if so, why.</p>	Meets Standard	



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

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

Components	Rating	Remarks (1000 Char Max)
<p>40. Denial of recreation privileges for more than 15 days requires the concurrence of the facility administrator and the health authority.</p> <p>The facility notifies ICE/ERO when a detainee is denied recreation privileges for more than 15 days.</p>	<p>Meets Standard</p>	<p>Policy requires that the OIC and a health authority must approve any denial of recreation privileges for more than fifteen days. The ICE/ERO are required to be notified when a detainee is denied recreation privileges for than fifteen days. Staff verified that since the last annual inspection there have been no documented cases of detainees being denied recreation for fifteen days.</p>
<p>41. Ordinarily, detainees in Administrative Segregation have telephone access similar to detainees in the general population, in a manner consistent with the special security and safety requirements of an SMU.</p> <p>Detainees in Disciplinary Segregation may be restricted from using telephones to make general calls as part of the disciplinary process; however, ordinarily, they are permitted to make direct and/or free and legal calls as described in the Detention Standard on Telephone Access, except for compelling and documented reasons of safety, security, and good order.</p>	<p>Meets Standard</p>	<p>All detainees in administrative segregation have telephone access similar to detainees in the general population. Detainees in disciplinary segregation who have phone privileges restricted can ordinarily make direct and or free and legal calls as described in the standard. Any denial of these privileges is for safety and security reasons and is documented.</p>
<p>42. After seven consecutive days in Administrative Segregation, the detainee may exercise the right to appeal to the facility administrator the conclusions and recommendations of any review conducted.</p>	<p>Meets Standard</p>	
<p>43. If a detainee has been in Administrative Segregation for more than 30 days and objects to this status, the facility administrator reviews the case to determine whether that status should continue, taking into account the views of the detainee. A written record is made of the decision and the justification.</p> <p>A similar review is done every 30 days thereafter.</p>	<p>Meets Standard</p>	<p>If a detainee objects to being held in administrative segregation after thirty days, policy requires the OIC to review the case and determine whether the status should continue. Policy requires a written record be made of this review and justification. A similar review is done every thirty days thereafter.</p>
<p>44. When a detainee has been held in Administrative Segregation for more than 30 days, the facility administrator notifies the Field Office Director.</p>	<p>Meets Standard</p>	

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

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

Components	Rating	Remarks (1000 Char Max)
<p>45. A permanent log is maintained in each SMU to record all activities concerning SMU detainees (meals served, recreation, visitors, etc.).</p> <p><i>In SPCs and CDFs, the SMU log records the detainee's name, A-number, housing location, date admitted, reasons for admission, tentative release date for detainees in Disciplinary Segregation, the authorizing official, and date released.</i></p>	<p>Meets Standard</p>	<p>At this IGSA, a permanent log is maintained in the SMU to record all detainee daily activities as required by this component. Review of all current SMU detainee daily activity sheets verified that officers are recording all daily activities.</p>

**PART 2 – 15. SPECIAL MANAGEMENT UNITS – Reviewer Summary**

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

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

The evaluation of this standard was based on review of facility policy; interviews of the SMU sergeant and assistant OIC; tours of the special management unit and the medical unit holding cells; and detainee interviews. The unit and cells were clean, well maintained and adequately furnished. SMU logs were found to contain the required information and were current. All detainees housed in segregated housing receive a copy of the documentation placing them in segregation status. Detainees in the SMU are visited daily by medical personnel and are interviewed face to face to ascertain their physical and mental health status. The SMU provides a safe housing environment for detainees who cannot live in the general population or require segregated status for disciplinary reasons. Female detainees requiring either administrative or disciplinary segregation status are housed in the medical unit in one of the six holding/isolation cells. At the time of this inspection there were sixteen male ICE detainees on either disciplinary or administrative segregation status in the SMU. One of these detainees was housed in the medical unit on administrative segregation status. There were no female ICE detainees in the SMU.

All four of the detainees on disciplinary segregation status were individually interviewed as were eight of the twelve detainees housed on administrative segregation status. These detainees stated that they were treated respectfully and had access to all programs and privileges afforded to detainees in their status. All stated they were seen daily by medical staff and none voiced any concerns regarding their overall treatment. One detainee voiced a complaint about medication administration. Medical SME review of this detainee's medical file verified the detainee was in fact receiving medical treatment and appropriate medications. Two of the administrative segregation detainees interviewed were transgender detainees (male to female) and both stated they were being treated well and felt safe in the facility and had no concerns about their treatment.

Policy and procedures are in place to control and secure the SMU entrances, contraband, tools and food carts. Manual housing logs are maintained to record specific data on detainees upon admission to and release from the unit and for supervisors to record their visits. Detainees in disciplinary segregation have more stringent personal property restrictions and control than those in administrative segregation. Detainees housed in the SMU have the same law library access as the general population.

Detainees are provided translation services or interpretation services while in the SMU to assist with their understanding of condition of confinement as well as their rights and responsibilities. Detainees are provided appropriate accommodations and professional assistance such as medical and therapeutic or mental health treatment for special needs.

Written procedures are in place requiring a review of a detainee in disciplinary segregation every seven days. The review includes an interview with the detainee and documentation of the review; a written copy of the decision and basis for the findings are given to the detainee.

**PART 2 – 15. SPECIAL MANAGEMENT UNITS – Reviewer Summary**

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

**Overall Rating:** Meets Standard

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

**Completion Date:** 6/22/2017

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

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

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

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

Components	Rating	Remarks (1000 Char Max)
<p>1. <b>PRIORITY:</b> ICE/ERO detainees shall have frequent informal access to and interaction with key facility staff members, in a language they can understand.</p> <p>Facility staff shall conduct scheduled visits to address detainees’ personal concerns and monitor living conditions.</p>	<p>Meets Standard</p>	<p>Detainees have frequent informal access to and interaction with key facility personnel in languages they understand. ICE officers, facility supervisors, housing unit officers and case managers conduct visits to detainee housing units in order to monitor overall living conditions and to listen and respond to detainee concerns. Case managers visit each housing unit on a daily basis.</p>
<p>2. Each facility shall develop a method to document the unannounced visits by ICE/ERO staff.</p>	<p>Meets Standard</p>	<p>ICE officer visits are documented in logbooks located in the gatehouse and housing unit.</p>
<p>3. <i>In SPCs, CDFs, and IGSAs with On-Site ICE/ERO Presence: The facility administrator or Supervisory Detention and Deportation Officer (SDDO) shall develop written schedules of weekly visits and ensure they are posted in detainee living and other appropriate areas. Each facility shall have specific procedures for documenting each visit.</i></p>	<p>Does Not Meet Standard</p>	<p>This IGSA facility has on-site ICE/ERO presence. There is a written schedule of weekly visits posted in the housing units. The June 2017 schedule did not include every week of the month. Documents were not available to confirm the weekly schedule from July 2016 through October 2016. January 2017 and May 2017 schedules did not include every week during the respective month.</p>

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

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

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

Components	Rating	Remarks (1000 Char Max)
<p>4. <b>PRIORITY:</b> Detainees may submit written questions, requests, or concerns to ICE/ERO staff, using the detainee request form, a local IGSA form, or a sheet of paper.</p> <p>Each facility administrator shall:</p> <ul style="list-style-type: none"> <li>• Ensure that adequate supplies of detainee request forms, envelopes, and writing implements are available.</li> <li>• Have written procedures to promptly route and deliver detainee requests to the appropriate ICE/ERO officials by authorized personnel (not detainees) without reading, altering, or delaying.</li> <li>• Ensure that the standard operating procedures accommodate detainees with special assistance needs based on, for example, disability, illiteracy, or limited use of English.</li> <li>• Ensure that each facility provides a secure drop box for ICE detainees to correspond directly with ICE management, and that only ICE personnel have access to the drop box.</li> </ul>	<p>Meets Standard</p>	<p>Detainees may submit written questions, requests, grievances or concerns to ICE officers using a detainee request form. The required supplies are available. The case managers ensure that standard operating procedures accommodate detainees who require special assistance. In each housing unit, there is a secure drop box for detainees to correspond directly with ICE management. Only ICE personnel have access to the drop box.</p>
<p>5. <i>In SPCs and CDFs and in IGSAs with ICE/ERO on-site presence: The staff member receiving the request shall normally respond in person or in writing as soon as possible and practicable, but no longer than within 72 hours of receipt.</i></p>	<p>Does Not Meet Standard</p>	<p>In this IGSA facility with ICE/ERO on-site presence, the electronic log indicated that staff members receiving the requests did not consistently respond to the requests within 72 hours.</p>
<p>6. In IGSA facilities without ICE/ERO on-site presence, each detainee request shall be forwarded to the ICE/ERO office of jurisdiction within two business days.</p>	<p>N/A</p>	<p>This IGSA facility has onsite ICE presence.</p>
<p>7. All requests to ICE/ERO staff shall be recorded in a logbook (or electronic logbook) specifically designed for that purpose. At a minimum, the log shall record:</p> <ul style="list-style-type: none"> <li>• Date of receipt;</li> <li>• Detainee’s name;</li> <li>• Detainee’s A-number;</li> <li>• Detainee’s nationality;</li> <li>• Name of the staff member who logged the request;</li> <li>• Date the request, with staff response and action, was returned to the detainee; and</li> <li>• Any other pertinent site-specific information.</li> </ul> <p>In IGSAs, the date the request was forwarded to ICE/ERO and the date it was returned shall also be recorded.</p>	<p>Does Not Meet Standard</p>	<p>In this IGSA facility, the date the request was forwarded to ICE/ERO and the date it was returned was not consistently recorded. All other component requirements were recorded.</p>

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

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

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

Components	Rating	Remarks (1000 Char Max)
8. As required by the ICE/ERO Detention Standard on Detainee Handbook, each facility’s handbook (or supplement) shall advise detainees of the procedures to submit written questions, requests, or concerns to ICE/ERO staff, as well as the availability of assistance to prepare such requests.	Meets Standard	
9. The facility administrator shall ensure that OIG Hotline posters are posted at appropriate common areas (recreation areas, dining areas, processing areas, etc.) to include each housing area in SPC/CDFs.	Meets Standard	At this IGSA facility, OIG hotline posters are displayed in common areas and each housing unit.

**PART 2 – 16. STAFF-DETAINEE COMMUNICATION – Reviewer Summary**

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

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

ICE officers provide general information to detainees pertaining to the immigration court process. Written requests to ICE officers may be delivered in a sealed envelope with the name and title of the ICE official to whom it should be forwarded. Detainees are informed that they can obtain assistance from other detainees or case managers in preparing a request form. Detainees transferring from the facility were interviewed upon exit. Each detainee stated, without exception, that ICE officials were available upon request. Detainee requests are not filed in the detention file.

ICE officers test all detainee telephones at least weekly to verify serviceability. ICE officers make random calls to pre-programmed numbers for attorney and consulate services, interview a sampling of detainees regarding telephone services, and check the TTY or other reasonable accommodations to ensure the devices are working and available for hearing-impaired detainees. ICE/ERO staff document each serviceability test and maintain monthly reports.

Evaluation of the standard was based on interviews with ICE officers, case managers, housing unit officers, shift supervisors and detainees; review of site-visit logbooks, handbooks, electronic logs, Facility Audit Liaison Sheets and telephone serviceability reports; and observation of facility staff and ICE officers interacting with detainees. An ICE officer was observed conducting a facility visit. The officer was observed talking to detainees, checking telephones and visiting housing units.

**Overall Rating:** Meets Standard

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

**Completion Date:** 6/22/2017

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

**PART 2 – 17. TOOL CONTROL** (Key: Q)

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

Components	Rating	Remarks (1000 Char Max)
1. The use of tools, keys, medical equipment and culinary equipment is controlled.	Meets Standard	Tool control procedures and practices were reviewed throughout the facility and the use of all tools, keys, medical equipment and culinary equipment is closely controlled.
2. <u>PRIORITY</u> : There is an individual who is responsible for developing a tool control procedure and an inspection system to insure accountability.	Meets Standard	The maintenance supervisor and key control/tool control officer are jointly responsible for overall tool control procedures and the inspection system to insure accountability.
3. <u>PRIORITY</u> : Each facility administrator shall develop and implement a written tool control and storage system to include a tool classification system, and there are policies and procedures in place to ensure that all tools are properly marked and readily identifiable.	Meets Standard	There is a tool control and storage system in place which includes a tool classification system and procedures are in place to ensure that all tools are properly marked and identifiable. All tools and utensils stored throughout the facility were found to be marked and stored appropriately.
4. The facility has developed and implemented a tool classification system.	Meets Standard	
5. Tool inventories are required for: <ul style="list-style-type: none"> <li>• Facility Maintenance Department</li> <li>• Medical Department</li> <li>• Food Service Department</li> <li>• Electronics Shop</li> <li>• Recreation Department</li> <li>• Armory</li> </ul>	Meets Standard	There is no electronics shop and there are no tools used in the recreation department. All other departments noted in this component are required to have tool inventories. Tool storage areas throughout the facility were inspected and all tool inventories posted.
6. Tool Inventories are conspicuously posted on all tool boards, tool boxes and tool kits.	Meets Standard	Tool inventories were observed to be conspicuously posted on all tool boards, tool boxes and tool kits.
7. <i>(SPCs/CDFs) The new tools shall be issued only after the Tool Control Officer has marked and inventoried them. Inventories that include any portable power tools shall provide brand name, model, size, description, and inventory control/AMIS number.</i>	Meets Standard	At this IGSA, no tool is issued until it has been marked and added to the appropriate inventory. Portable power tools are inventoried using the brand name, model, name, size, description and control number.

**PART 2 – 17. TOOL CONTROL** (Key: Q)

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

Components	Rating	Remarks (1000 Char Max)
8. The facility administrator shall schedule, and establish procedures for, the quarterly inventoring of all tools.	Meets Standard	
9. (SPCs/CDFs) Tool inventories shall be numbered and posted conspicuously on all corresponding shadow boards, toolboxes, and tool kits. While all posted inventories must be accurate, only the Master Tool Inventory Sheet in the office of the chief of security requires the certifiers' signatures.	N/A	At this IGSA, tool inventories were observed to be posted at all locations storing tools. However, the inventories are not numbered. All inventory sheets are conspicuously posted on the corresponding shadow boards, toolboxes and tool kits. The master tool inventory requires the certifiers' signatures.
10. The facility administrator shall develop and implement procedures governing lost tools.	Meets Standard	
11. (SPCs/CDFs) When a restricted or non-restricted tool is missing or lost, staff shall notify the chief of security in writing as soon as possible.  When the tool is a restricted (Class "R") tool, staff shall inform the shift supervisor orally immediately upon discovering the loss. Any detainee(s) who may have had access to the tool shall be held at the work location pending completion of a thorough search.  The facility administrator shall implement quarterly evaluations of lost/missing tool files.	Meets Standard	At this IGSA, policy fully addresses all the requirements of this component.
12. All visitors, including repair and maintenance workers who are not ICE/ERO or facility employees, shall submit to an inspection and inventory of all tools, tool boxes, and equipment that could be used as weapons before entering and leaving the facility. The contractor shall maintain a copy of the tool inventory with them while inside the facility.	Meets Standard	All visitors and vendors/repair workers must submit to an inspection and inventory of all tools and equipment before entering and leaving the facility. The contractor must maintain a copy of the tool inventory with them while inside the facility.

**PART 2-17. TOOL CONTROL – Reviewer Summary**

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

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

The evaluation of this standard was based on review of policies; interviews of the maintenance supervisor, tool control officer and numerous officers; and physical inspection of locations storing tools. Review of tool control practice, inventories and accountability throughout the facility found that procedures were being followed. Tools used at all locations inside the facility were accurately inventoried and stored in a secure manner. All tools are marked and each tool must appear on an inventory.

Personnel remove all restricted tools from work areas at the end of each workday for safekeeping in a secure tool room. The maintenance department does not use/store any acetylene or acetylene tanks at the facility. The only time acetylene is used is by an outside contractor who removes all such material at the end of each work day.



**PART 2-17. TOOL CONTROL – Reviewer Summary**

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

The OIC has established written procedures for marking tools and ensuring accountability. All commonly used tools are stored so that a tool's disappearance is easily detected. Tools not adaptable to shadow boards are kept in a locked tool room. Individual tool boxes used daily are secured with a hasp and padlock, with an inventory sheet inside the box. The chief of security maintains copies of all inventory sheets.

All new tools are received by the maintenance supervisor at the maintenance shop in accordance with procedures approved by the OIC. New tools are not issued until they are marked and inventoried. Tools such as band saw blades, files and all restricted tools are immediately placed in storage outside the facility.

Procedures are in place for the issuance of ladders, extension cords and ropes.

**Overall Rating:** Meets Standard

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

**Completion Date:** 6/22/2017

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

**PART 2 – 18. USE OF FORCE AND RESTRAINTS** (Key: R)

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

Components	Rating	Remarks (1000 Char Max)
<p>1. <b>PRIORITY:</b> Staff use physical force only as a last resort after all reasonable efforts to otherwise resolve a situation have failed, and use only the degree of force necessary to gain control of the situation, employing confrontation avoidance techniques and the use-of-force continuum.</p>	<p>Meets Standard</p>	<p>Policy and training require that officers use physical force only as a last resort and after all reasonable efforts to resolve a situation have failed and use only the degree of force necessary to gain control of the situation, employing confrontation avoidance techniques and the use-of-force continuum.</p>
<p>2. Staff:</p> <ul style="list-style-type: none"> <li>• Does not use force as punishment.</li> <li>• Attempts to gain the detainee's voluntary cooperation before resorting to force.</li> <li>• Uses only as much force as necessary to control the detainee.</li> <li>• Uses restraints only when other non-confrontational means, including verbal persuasion, have failed or are impractical.</li> </ul>	<p>Meets Standard</p>	<p>The use-of-force policy fully addresses each of the issues in this component.</p>
<p>3. <b>PRIORITY:</b> All officers receive training in self-defense, confrontation avoidance techniques and the use of force to control detainees.</p> <p>Specialized training is given to officers ensuring they are certified in all devices including chemical agents, approved for use.</p>	<p>Meets Standard</p>	<p>All officers receive training in self-defense, confrontation avoidance techniques and the use of force to control detainees. Security staff receive specialized training to ensure they are certified in all devices including chemical agents approved for use.</p>
<p>4. <b>PRIORITY:</b> Staff will consult with medical staff prior to a calculated use of force regarding the following:</p> <ul style="list-style-type: none"> <li>• Use of pepper spray/non-lethal weapons.</li> <li>• Pregnant detainees.</li> <li>• Detainees with wounds or cuts.</li> <li>• Detainees with special medical or mental health needs.</li> </ul>	<p>Meets Standard</p>	<p>The use-of-force procedures require that medical personnel are consulted prior to any calculated use of force involving the eventualities noted in this component.</p>
<p>5. Special precautions are taken when restraining pregnant detainees.</p> <p>Medical personnel are consulted.</p>	<p>Meets Standard</p>	
<p>6. Intermediate force weapons, when not in use, are stored in areas where access is limited to authorized personnel and to which detainees have no access.</p>	<p>Meets Standard</p>	

**PART 2 – 18. USE OF FORCE AND RESTRAINTS** (Key: R)

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

Components	Rating	Remarks (1000 Char Max)
7. When the detainee is in an area that is or can be isolated (e.g., a locked cell, a range), posing no direct threat to the detainee or others, staff must try to resolve the situation without resorting to force.	Meets Standard	
8. The facility subscribes to the prescribed confrontation avoidance procedures. The ranking detention official, health professionals, and others confer before every calculated use of force.	Meets Standard	The facility subscribes to the prescribed confrontation avoidance procedures. Policy requires that ranking detention officials, health care staff and others confer to assess the situation before each calculated use of force incident.
9. When a detainee must be forcibly moved and/or restrained and there is time for a calculated use of force, staff use the use of force team technique.	Meets Standard	
10. Staff members are trained in the performance of the use-of-force team technique.	Meets Standard	
11. <u>PRIORITY</u> : All use of force incidents are documented and reviewed. All use of force incidents are properly audio-visually documented and forwarded for review. Use of Force documentation at a minimum, shall include the medical examination through the conclusion of the incident. All calculated uses of force incidents must be audio-visually recorded in its entirety from the beginning of the incident to its conclusion.	Meets Standard	All use of force incidents are required to be documented and reviewed by the OIC, assistant OIC, chief of security and health services administrator. Policy and practice address all the other requirements of this component.
12. Staff shall store and maintain audio-visual recording equipment under the same conditions as “restricted” tools.	Meets Standard	

**PART 2 – 18. USE OF FORCE AND RESTRAINTS** (Key: R)

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

Components	Rating	Remarks (1000 Char Max)
<p>13. Standard procedures associated with using four/five point restraints include:</p> <ul style="list-style-type: none"> <li>• Soft (nylon/leather) restraints.</li> <li>• Dressing the detainee appropriately for the temperature.</li> <li>• A bed, mattress, and blanket/sheet.</li> <li>• Checking the detainee at least every 15 minutes.</li> <li>• Logging each check.</li> <li>• Repositioning detainee often enough to prevent soreness or stiffness.</li> <li>• Medical evaluation of the restrained detainee twice per eight-hour shift.</li> </ul> <p>When qualified medical staff are not immediately available, staff position the detainee "face-up."</p>	N/A	This facility does not use four/five point restraints or the restraint chair.
<p>14. In immediate use of force situations, officers contact medical staff once the detainee is under control.</p>	Meets Standard	
<p>15. The shift supervisor monitors the detainee's position/condition every two hours. He/she allows the detainee to use the restroom at these times under safeguards.</p>	N/A	This facility does not use four/five point restraints or the restraint chair.
<p>16. All detainee checks are logged.</p>	N/A	This facility does not use four/five point restraints or the restraint chair.
<p>17. When any detainee is restrained for more than eight hours, the facility administrator shall telephonically notify the Assistant Field Office Director and provide updates every eight hours until the restraints are removed.</p>	N/A	This facility does not use four/five point restraints or the restraint chair.
<p>18. It is standard practice to review any use of force and the non-routine application of restraints.</p>	Meets Standard	
<p>19. <i>In SPCs, the use of force form is used. In other facilities (IGSAs / CDFs) this form or its equivalent is used.</i></p>	Meets Standard	This IGSA uses a local use of force form.

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

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

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

The evaluation of this standard was based on review of facility policy, interviews of the chief of security and assistant OIC and review of use of force incident reports. This review showed that force is used only after all other reasonable means to resolve the situation have failed. Policy and training asserts that only the minimum force needed to control the situation will be used. All uses of force are documented and reviewed. The use of Tasers is not permitted. The only chemical agent approved for use is OC/pepper spray.

Since the last inspection there have been nineteen use of force incidents. Seventeen were immediate uses of force and two

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

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

were calculated. The two calculated use of force incidents involved the same detainee and were nearly identical in nature. The detainee became aggressive towards staff, flooding his cell and covering up the cell window and throwing urine at staff. In both incidents OC was used and a cell extraction team was used to subdue and remove the detainee from the cell and rehouse appropriately. In both incidents, the use of force was appropriate and the incidents were videotaped. However, the camera malfunctioned in one incident and the film cannot be downloaded from the camera. Review of the video showed the incident was recorded in accordance with the requirements of the standard. Medical care was immediate and the only injury was OC exposure.

Of the immediate use of force incidents, one involved a detainee refusing staff orders to submit to handcuffs; three involved detainee on detainee fights; five involved detainees being physically assaultive towards staff; six involved detainees with mental health issues in the medical clinic exhibiting self-injury behavior or being combative towards staff and two cases involved staff restraining detainees so medical staff could administer medication. In each of these cases, staff used physical force or holds to control the detainees and apply restraints. In three of the incidents, staff used OC to gain control of the detainees. Except for minor cuts suffered in the detainee on detainee fights and OC exposure, there were no injuries suffered. In each case medical attention was prompt and the use of force was appropriate for the circumstances. Every use of force was reviewed by facility administrative staff within specified time frames.

Canines are not used for contraband detection. Policy prohibits the use of unsafe types of force such as choke holds, carotid control holds and neck restraints. The use of neck restraints; using batons to apply choke holds, intentional baton strikes to the head, groin, solar plexus, kidneys and striking a detainee for failure to obey an order are prohibited.

The use of force is authorized after all reasonable efforts to otherwise resolve a situation have failed and only for the protection of self, detainees or others, and for the prevention of property damage or to maintain the security and orderly operation of the facility. Officers are trained and required to only use the level of force necessary and reasonable to gain control of a detainee. Depending on circumstances, officer may escalate or de-escalate through the use of force continuum.

**Overall Rating:** Meets Standard (b)(6); (b)(7)(C)

**Reviewer Name (Printed)**

**Completion Date:** 6/22/2017

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

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

### **Disciplinary System**

**PART 3 – 19. DISCIPLINARY SYSTEM** (Key: 5)

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

Components	Rating	Remarks (1000 Char Max)
<p>1. <b>PRIORITY:</b> The facility has a written disciplinary system using progressive levels of reviews and appeals. Written disciplinary policy and procedures shall clearly define detainee rights and responsibilities. The policy, procedures, and rules shall be reviewed at least annually.</p>	<p>Meets Standard</p>	<p>There is a written disciplinary policy which uses progressive levels of reviews and appeals. Policy clearly defines detainee rights and responsibilities. The policy, procedures and rules are reviewed annually by the facility administrator.</p>
<p>2. Detainees will receive translation or interpretation services throughout the investigative, disciplinary, and appeal process, including accommodation for the hearing impaired. The facility shall not hold a detainee accountable for his or her conduct if a medical authority finds him or her mentally incompetent.</p>	<p>Meets Standard</p>	<p>Detainees may be afforded translation or interpretation services through the entire disciplinary and appeal process, including accommodation for the hearing impaired. Detainees are not held accountable for their conduct if a medical authority finds him/her mentally incompetent.</p>
<p>3. <b>PRIORITY:</b> Time in disciplinary segregation or withholding of privileges imposed for disciplinary violations do not generally exceed 60 days per violation. Staff do not impose or allow imposition of the following sanctions: corporal punishment; deprivation of food services (to include use of Nutraloaf or “food loaf”); deprivation of clothing, bedding, or items of personal hygiene; deprivation of correspondence privileges; deprivation of legal access and legal materials; or deprivation of physical exercise, unless such activity creates a documented unsafe condition.</p>	<p>Meets Standard</p>	<p>Policy does not allow time in disciplinary segregation or withholding of privileges to exceed sixty days except in extraordinary circumstances. Policy does not allow for the imposition of any of the sanctions noted in this component.</p>
<p>4. <b>PRIORITY:</b> The facility supplemental handbook issued to each detainee upon admittance, shall provide notice of the facility’s rules of conduct and prohibited acts, the sanctions imposed for violations of the rules, the disciplinary severity scale, the disciplinary process and the procedure for appealing disciplinary findings.</p>	<p>Meets Standard</p>	<p>Rules of conduct, prohibited acts, sanctions, the disciplinary severity scale and procedures for violations are contained in the facility supplemental handbook. The handbook is issued to all detainees and communicated face to face in verbal orientation sessions.</p>

**PART 3 – 19. DISCIPLINARY SYSTEM** (Key: 5)

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

Components	Rating	Remarks (1000 Char Max)
5. Copies of the rules of conduct, rights, and disciplinary sanctions shall be provided to all detainees and posted in English, Spanish, and/or other languages spoken by significant numbers of detainees, as follows: <ul style="list-style-type: none"> <li>• Disciplinary Severity Scale</li> <li>• Prohibited Acts</li> <li>• Sanctions</li> </ul>	Meets Standard	Rules of conduct, rights and sanctions are contained in the facility handbook, communicated to all detainees in verbal orientation sessions and were observed to be posted in English and Spanish in all detainee living units.
6. All facilities shall have graduated scales of offenses and disciplinary consequences as provided in this section.	Meets Standard	
7. <b>PRIORITY:</b> Incident reports are investigated within 24 hours of the incident by an officer who had no involvement in the incident. Low or moderate infractions are adjudicated by a Unit Disciplinary Committee (UDC). Unresolved cases and cases involving serious charges are forwarded by the UDC to the Institution Disciplinary Panel (IDP) for adjudication.	Meets Standard	Policy requires that incident reports are investigated within 24 hours of the incident by an officer who was not involved in the incident. Low or moderate infractions are adjudicated by the unit disciplinary committee and unresolved cases or cases involving serious charges are forwarded to the institution disciplinary panel for adjudication.
8. A staff representative is available if requested for a detainee facing an IDP disciplinary hearing.	Meets Standard	
9. The facility permits hearing postponements or continuances when conditions warrant such a continuance. Reasons are documented.	Meets Standard	
10. Written procedures govern the handling of confidential-source information. Procedures include criteria for recognizing "substantial evidence."	Meets Standard	
11. All forms relevant to the incident, investigation, committee/panel reports, etc., are completed and distributed as required.	Meets Standard	

**PART 3 – 19. DISCIPLINARY SYSTEM – Reviewer Summary**

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

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

The evaluation of this standard was based on review of facility policy, employee interviews and review of a completed disciplinary report. A completed rule violation report was reviewed and was found to have been issued and adjudicated in accordance with policy and in a manner which protected the detainee’s due process rights.

The facility has a progressive disciplinary policy. The actions of the disciplinary officer are reviewed by the OIC or designee. Incident reports are not placed or retained in the detainee's file if he/she is found not guilty at any stage of the disciplinary process, even if they are retained elsewhere for statistical or historical purposes. Disciplinary action is not capricious nor retaliatory, nor based on race, religion, national origin, sex, sexual orientation, disability or political beliefs.



**PART 3 – 19. DISCIPLINARY SYSTEM – Reviewer Summary**

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

This IGSA uses local disciplinary and incident report forms. The shift supervisor reviews all incident reports before going off duty. Only the disciplinary committee/officer places a detainee in disciplinary segregation after a guilty finding. Detainees held in administrative segregation pending a disciplinary hearing are not held longer than 72 hours, barring an emergency. Time served in administrative segregation pending the outcome of the proceedings is credited to the number of days to be spent in the segregation unit after an adverse decision is adjudicated.

**Overall Rating:** Meets Standard

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

**Completion Date:** 6/22/2017

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

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

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

**PART 4 – 20. FOOD SERVICE** (Key: T)

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

Components	Rating	Remarks (1000 Char Max)
<p>1. <b>PRIORITY:</b> The food service program shall be under the direct supervision of an experienced food service administrator (FSA) who is responsible for:</p> <ul style="list-style-type: none"> <li>• Planning, controlling, directing, managing, and evaluating food service;</li> <li>• Managing budget resources;</li> <li>• Establishing standards of sanitation, safety and security;</li> <li>• Developing nutritionally adequate menus and evaluating detainee acceptance of them;</li> <li>• Developing specifications for the procurement of food, equipment, and supplies; and</li> <li>• Establishing a training program that ensures operational efficiency and a high quality food service program.</li> </ul>	Meets Standard	The food service program is under the direction of a food service director (FSD) who is experienced and responsible for all of the bulleted requirements of this component.
<p>2. The knife cabinet must be equipped with an approved locking device. Knives must be physically secured to workstations for use outside a secure cutting room. Any detainee using a knife outside a secure area must receive direct staff supervision.</p>	N/A	Knives are not used in this facility. Dough cutters are used for processing food items.
<p>3. Special procedures govern the handling of food items that pose a security threat.</p>	Does Not Meet Standard	Special procedures for handling security threat food items are not in place. Sugar is not properly secured and a perpetual inventory is not being maintained. During the inspection, an inventory log was created for sugar products maintained in the food service department.
<p>4. The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date.</p>	Meets Standard	
<p>5. During orientation and training session(s), the cook supervisor or equivalent explains and demonstrates:</p> <ul style="list-style-type: none"> <li>• Safe work practices and methods.</li> <li>• Safety features of individual products/ pieces of equipment.</li> <li>• Training covers the safe handling of hazardous material[s] the detainee are likely to encounter in their work.</li> </ul>	Meets Standard	Detainees working in the food service department receive training on safe work practices and methods, safety features of equipment they are authorized to use and training regarding the safe handling of hazardous materials they are likely to encounter.
<p>6. The cook supervisor documents all training.</p>	Meets Standard	

**PART 4 – 20. FOOD SERVICE** (Key: T)

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

Components	Rating	Remarks (1000 Char Max)
7. Detainees assigned to the food service department shall have a neat and clean appearance.	Meets Standard	
8. Detainees are served three meals every day, at least two of which are hot meals. No more than 14 hours elapse between the last meal served and the first meal of the following day.	Meets Standard	At least two of the three daily meals are served hot. No more than fourteen hours elapse between the evening meal which is scheduled at 4:00 p.m. and the breakfast meal which is scheduled at 4:15 a.m.
9. Meals shall always be prepared, delivered, and served under staff supervision.	Meets Standard	
10. <b>PRIORITY:</b> Before and during the display, service and transportation of food, sanitary guidelines are observed, with hot foods maintained at a temperature of at least 140 F degrees (120 degrees in food trays) and foods that require refrigeration maintained at 41 F degrees or below.	Meets Standard	All foods are maintained at proper temperatures. Sanitary guidelines are observed before plating and during transportation and service.
11. Servers must wear food grade plastic gloves and hair nets whenever there is direct contact with a food or beverage. Serving food without use of utensils is strictly prohibited.	Meets Standard	Servers were observed wearing the proper gloves and hair coverings during the preparation and service of the lunch meal. It was observed that utensils were used on all food items when plating the meal.
12. Utensils shall be sanitized as often as necessary to prevent cross-contamination and other food-handling hazards during food preparation and service.	Meets Standard	
13. If the facility does not have enough equipment to maintain the minimum or maximum temperature required for food safety, the affected items (for example, salad bar staples such as lettuce, meat, eggs, cheese) must be removed and discarded after two hours at room temperature.	Meets Standard	The facility's equipment is appropriate and adequately maintains proper food temperatures.
14. Food shall be delivered from one place to another in covered containers.	Meets Standard	
15. If food carts are delivered to housing units by detainees, they must be locked unless they are under constant supervision of staff. All food safety procedures (sanitation, safe-handling, storage, etc.) apply without exception to food in transit.	Meets Standard	Food carts are delivered to the housing units by detainees. The detainees are escorted by staff. All safety and sanitation guidelines were followed during the transit.

**PART 4 – 20. FOOD SERVICE** (Key: T)

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

Components	Rating	Remarks (1000 Char Max)
16. <b>PRIORITY:</b> A registered dietitian shall conduct a complete nutritional analysis that meets U.S. Recommended Daily Allowances (RDA), at least annually, of every master-cycle menu planned by the FSA. The dietitian must certify menus before they are incorporated into the food service program.	Meets Standard	A complete nutritional analysis is conducted annually by a dietitian. The dietitian certifies that all of the master cycle menus meet the U.S. Recommended Daily Allowances prior to incorporation into the food service program. The most recent analysis was conducted on 06/07/2017.
17. The FSA has established procedures to ensure that items on the master-cycle menu are prepared and presented according to approved recipes.	Meets Standard	Approved corporate recipes are used for all prepared menu items.
18. The FSA or designee has the authority to change menu items if necessary, documenting each substitution, along with its justification, with a copy to the FSA. Menu substitutions will be in accordance with dietician approved substitution guidelines.	Meets Standard	Food service employees are authorized to make menu substitutions and are required to document the substitution and justification to the FSD. Substitutions are in accordance with dietician approved guidelines and are reported to the OIC and corporate office.
19. Food service staff and detainee workers involved in cooking shall ensure that potentially hazardous foods are cooked at the required safe temperatures, as listed in the Detention Standard on Food service.	Meets Standard	
20. Facilities are required to provide detainees requesting a religious diet a reasonable and equitable opportunity to observe their religious dietary practice by offering a Common Fare Menu. Detainees whose religious beliefs require the adherence to particular religious dietary laws are referred to the Chaplain or FSA.	Meets Standard	The facility provides religious diets through the use of a common fare menu. Detainees requesting religious diets are referred to the chaplain.
21. <i>(SPCs/CDFs) Once a religious diet has been approved, the FSA shall issue, in duplicate, a special-diet identification card.</i>	N/A	This is an IGSA facility and is not required to issue a special diet identification card. Special diet identification cards are not issued. The FSD provides staff with a daily list of detainees approved to receive a religious diet.
22. The common fare menu shall be based on a 14 day cycle. The menus must be certified as exceeding minimum daily nutritional requirements. Hot entrees shall be offered at least three times a week.	Meets Standard	The fourteen day common fare menu is certified by a dietician as exceeding minimum daily nutritional requirements. Hot entrees are offered at least three times a week.

**PART 4 – 20. FOOD SERVICE** (Key: T)

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

Components	Rating	Remarks (1000 Char Max)
23. The chaplain, in consultation with local religious leaders if necessary, shall develop the ceremonial meal schedule for the following calendar year and provide it to the facility administrator.	Meets Standard	A religious ceremonial meal schedule for 2017 has been developed by the facility chaplain; however, the schedule does not include the special foods required and the estimated number of participants.
24. The Common Fare Program shall accommodate detainees abstaining from particular foods or fasting for religious purposes at prescribed times of the year, such as Ramadan, Passover, and Lent.	Meets Standard	The facility recognizes all major religious ceremonial observances and accommodates detainees abstaining from particular foods or fasting for religious purposes at those prescribed times of year.
25. Detainees with certain conditions – chronic or temporary; medical, dental, and/or psychological – shall be prescribed special diets as appropriate.	Meets Standard	
26. The sanitary standards, including proper temperature maintenance, are required in the food service department also apply to satellite meals, from preparation to actual delivery.	Meets Standard	
27. Food for satellite meals must be prepared and held at the proper temperatures until served. Satellite tray meals must be delivered and served within two hours of food being plated.	Meets Standard	Food prepared for detainees is prepared and held at the proper temperatures. Satellite trays are prepared, delivered and served in approximately thirty minutes.
28. In segregation units, food rations shall not be reduced or changed or otherwise used as a disciplinary tool.	Meets Standard	
29. Sack meals shall be provided for detainees being transported from the facility, and detainees arriving or departing between scheduled meal hours, and detainees in the SMU, as provided in the standard.  Sack meals shall be of the same nutritional quality as other meals prepared by the food service.	Meets Standard	Sack meals for transport and/or segregation are prepared as provided in the standard and are consistent with the nutritional content of other meals prepared by food service.
30. The food service staff instruct detainee volunteers on: <ul style="list-style-type: none"> <li>• Personal cleanliness and hygiene;</li> <li>• Sanitary techniques for preparing, storing, and serving food, and;</li> <li>• The sanitary operation, care, and maintenance of equipment.</li> </ul>	Meets Standard	Food service employees instructs all detainee volunteers regarding personal cleanliness and hygiene and the sanitary operation, care and maintenance of equipment. Detainees also receive training on the sanitary techniques for preparing, storing and serving food.

**PART 4 – 20. FOOD SERVICE** (Key: T)

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

Components	Rating	Remarks (1000 Char Max)
<p>31. All food service personnel, including staff and detainees, shall receive a pre-employment medical examination. The Cook Foreman or detention staff assigned to food service shall inspect all detainee food service workers on a daily basis at the start of each work period. Detainees who exhibit signs of illness, skin disease, diarrhea (admitted or suspected), or infected cuts or boils shall be removed from the work assignment and immediately referred to Health Services for determination of duty fitness.</p>	<p>Meets Standard</p>	<p>Detainees assigned to the food service program receive pre-employment medical clearances. Food service employees receive a pre-employment physical prior to being assigned to food service. Daily hygiene checks are conducted by food service employees. Detainees with signs of illness are referred to medical officials for determination of duty fitness.</p>
<p>32. The food service department complies with food safety and sanitation requirements as prescribed by the governing health inspection authority, applicable laws and contract provisions.</p>	<p>Meets Standard</p>	<p>The Georgia Department of Public Health conducts inspections of food service facilities and equipment at least annually. A review of the most current inspection indicates the department complies with food safety and sanitation requirements and received a rating of 100% compliance.</p>
<p>33. All facilities shall meet environmental standards for safety and sanitation.</p>	<p>Meets Standard</p>	
<p>34. The FSA shall develop a schedule for the routine cleaning of equipment consistent with the information obtained from manufacturers or local distributors, the National Sanitation Foundation International (NSF) standards or equivalent standards of other agencies about the operation, cleaning, and care of equipment.</p>	<p>Meets Standard</p>	<p>The schedule for routine cleaning is consistent with industry standards such as the National Sanitation Foundation International.</p>
<p>35. Spray or immersion dishwashers or devices – including automatic dispensers for detergents, wetting agents, and liquid sanitizer – shall be maintained in good repair. Utensils and equipment placed in the machine must be exposed to all cycles.</p>	<p>Meets Standard</p>	

**PART 4 – 20. FOOD SERVICE** (Key: T)

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

Components	Rating	Remarks (1000 Char Max)
<p>36. Adequate, sanitary, properly equipped, and conveniently located toilet facilities shall be provided for all food service staff and detainee workers.</p>	<p>Meets Standard</p>	<p>The food service department provides restroom facilities for detainee workers within the department. Staff use the restroom facilities in the medical department which is adjacent to the food service department. A correctional officer is assigned to the food service department at all times. This position provides supervision for food service staff needing to utilize the restroom in the medical department. Food service staff are not inconvenienced by the absence of a staff restroom inside of the food service department.</p>
<p>37. The FSA is responsible for pest control in the food service department. Air curtains or comparable devices shall be used on outside doors where food is prepared, stored, or served to protect against insects and other rodents.</p>	<p>Meets Standard</p>	<p>Astro Exterminating, a licensed pest control company, performs monthly inspections to identify and eradicate rodents, insects and vermin. Air curtains are present and operable on all outside doors where food is prepared, stored and served.</p>
<p>38. The facility shall implement written procedures requiring administrative, medical, and/or dietary personnel to conduct the weekly inspections of all food service areas, including dining, storage, equipment, and food-preparation areas.</p>	<p>Does Not Meet Standard</p>	<p>Policy requires that the FSD conducts weekly inspections of all food service areas to include storage, equipment and food preparation areas. A review of documentation revealed that there were several instances when weekly inspections were not conducted. Additionally, dining areas were not included in the weekly inspections.</p>



**PART 4 – 20. FOOD SERVICE** (Key: T)

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

Components	Rating	Remarks (1000 Char Max)
<p>39. <b>PRIORITY:</b> Staff shall check refrigerator and water temperatures daily and record the results. The FSA or designee will verify and document requirements of food and equipment temperatures.</p> <p>The FSA or CS shall inspect food service areas at least weekly.</p> <p>An independent, external inspector shall conduct annual inspections to ensure that the food service facilities and equipment meet governmental health and safety codes.</p>	Does Not Meet Standard	A review of temperature logs indicated that temperatures are not recorded during every shift as required by the food service standard. The FSD has not conducted inspections of the department, at least weekly, as required by the standard. The Georgia Department of Public Health conducts inspections of food service facilities and equipment at least annually.
40. The FSA shall develop a cleaning schedule for each food service area and post it for easy reference.	Meets Standard	Cleaning schedules were posted throughout the department; however, the schedules were not developed according to the format described in the standard.
41. Each FSA shall establish procedures for storing, receiving, and inventorying food.	Meets Standard	
42. Store all products at least six inches from the floor and sufficiently far from walls to facilitate pest-control measures.	Meets Standard	
43. Perishables shall be stored at 35-40 F degrees to prevent spoilage and other bacterial action, and maintain frozen foods at or below zero degrees.	Meets Standard	
44. Inventory levels are established, monitored and periodically adjusted to correct excesses or shortages.	Meets Standard	

**PART 4 – 20. FOOD SERVICE – Reviewer Summary**

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

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

Observation of actual work processes, review of policies, and interviews with employees indicated that the food service department provides detainees with nutritious meals prepared in accordance with the industry standards. Sanitation within the food service department was maintained at a good level. Medical and religious diets are made available to detainees through coordination with the medical department and chaplain. Department employees are knowledgeable in food safety and the ICE food service standards. ICE detainee workers are appropriately trained in safe food practices, food service sanitation and equipment operation. There is an established meal schedule for the food service workers and detainee workers receive the same food products as other detainees. Meals are served in an unregimented manner as possible. Detainees receive their meals either in the housing unit, or in a dining room, via a satellite feeding program. Detainees are allotted ample time to consume their meals in an unregimented manner. The food service department does not save leftover food products. A sink with three labeled compartments, is used for manually washing, rinsing, and sanitizing utensils and equipment. When detainees were queried regarding their conditions of confinement a common complaint centered on the quality of food served. It should be noted that the food service department recently experience a thirty day renovation due to the installation of a new floor. During the renovation, meals were prepared in a temporary kitchen. The food service staff have been able to work out of the renovated kitchen for only the past two weeks. The lunch meal served on 06/21/2017 was observed and found to be more than adequate in quantity and quality. It is quite possible that the production capabilities of a

**PART 4 – 20. FOOD SERVICE – Reviewer Summary**

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

temporary kitchen had a negative impact on the quality of food prepared. Detainees in E-9 and E-10 complained about food carts being late. Per the major, it was discovered that some food trays were inadvertently passed out to detainees who were observing Ramadan. The detainees observing Ramadan were not supposed to receive trays due to their fasting schedule of having to eat after sundown. The result of this mistake resulted in not having enough trays to serve E-9 and E-10 units. Additional trays had to be prepared and sent to the units, resulting in late delivery.

**Overall Rating:** Meets Standard

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

**Completion Date:** 6/22/2017

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

**PART 4 – 21. HUNGER STRIKES** (Key: U)

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

Components	Rating	Remarks (1000 Char Max)
<p>1. All staff receive initial and annual training on recognizing the signs of a hunger striker and on the procedures for referral for medical assessment. Medical staff receive training in hunger-strike evaluation and treatment and remain up-to-date on these techniques.</p>	<p>Meets Standard</p>	<p>All personnel receive training in recognizing the signs of a hunger striker and the referral procedures, during orientation and annual refresher training. Medical personnel receive additional training in the evaluation and treatment of hunger strikers and are current in these techniques. A review of the training documentation verified both detention and medical personnel training.</p>
<p>2. Procedures for identifying and referring to medical staff a detainee suspected or announced to be on a hunger strike shall include obtaining from qualified medical personnel an assessment of whether the detainee's action is reasoned and deliberate or the manifestation of a mental illness.</p>	<p>Meets Standard</p>	<p>As per policy and a review of selected medical records, any detainee who declares a hunger strike is given a mental health assessment to determine if the action is reasoned or the result of a mental illness.</p>
<p>3. <b>PRIORITY:</b> Facility immediately reports via the chain of command a hunger strike to ICE/ERO.</p>	<p>Meets Standard</p>	<p>ICE is immediately notified of any hunger strike via an email, per the health services administrator (HSA).</p>
<p>4. <b>PRIORITY:</b> Staff shall consider any detainee observed to have not eaten for 72 hours to be on a hunger strike, and shall refer him or her to the clinical medical authority for evaluation and management.</p>	<p>Meets Standard</p>	<p>As per policy and practice, a detainee is referred to medical staff when he/she has not eaten for 72 hours.</p>
<p>5. During the initial evaluation of a detainee on a hunger strike, medical staff shall:</p> <ul style="list-style-type: none"> <li>• Measure and record height and weight;</li> <li>• Measure and record vital signs;</li> <li>• Perform urinalysis;</li> <li>• Conduct psychological/psychiatric evaluation;</li> <li>• Examine general physical condition; and</li> <li>• If clinically indicated, proceed with other necessary studies.</li> </ul> <p>Medical staff record the weight and vital signs and repeat other procedures as medically indicated of a hunger-striking detainee at least once every 24 hours.</p> <p>Medical staff shall record all examination results in the detainee's medical file.</p>	<p>Meets Standard</p>	<p>Per policy the listed items are required as part of the initial evaluation. Weight and vital signs are recorded daily with the results documented in the medical file, as observed by the inspector.</p>

**PART 4 – 21. HUNGER STRIKES** (Key: U)

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

Components	Rating	Remarks (1000 Char Max)
<p>6. All physical and mental examinations, treatments, and other medical procedures require the documented informed consent of the detainee.</p>	<p>Meets Standard</p>	<p>General informed consent to treatment is obtained from each detainee as a part of the intake process. Subsequent invasive procedures require a specific consent form.</p>
<p>7. A signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment. If the detainee will not cooperate by signing, staff shall note this on the "Refusal of Treatment" form. Any detainee refusing medical treatment will be monitored by medical staff to evaluate whether the hunger strike poses a risk to the detainee's life or permanent health.</p>	<p>Meets Standard</p>	<p>Signed refusal of treatment documentation is obtained any time a detainee refuses an evaluation, medication or recommended treatment. If the detainee refuses to sign the form, medical personnel note this on the form. In accordance with policy, medical personnel monitor the detainee to determine whether the hunger strike poses a risk to the detainee's life or permanent health. Signed refusal forms were observed during the medical record review.</p>
<p>8. After the hunger strike, medical staff shall provide appropriate medical and mental health follow-up care. Only the clinical medical authority may order a detainee's release from hunger strike treatment and shall document that order in the detainee's medical record. A notation will be made in the detention file when the detainee has ended the hunger strike.</p>	<p>Does Not Meet Standard</p>	<p>There were four hunger strikes since the last inspection and a review of two of the medical records revealed that the clinical medical authority did not document the discharge from the hunger strike. Additionally, there was no notation made in the detention file. During the inspection, the HSA incorporated this requirement in policy.</p>
<p>9. After consultation with the clinical medical authority, the facility administrator may require staff to measure and record food and water intake and output until terminated by the clinical medical authority. An IHSC Hunger Strike Form or equivalent must be used.</p>	<p>Meets Standard</p>	<p>During a hunger strike, and until terminated by the medical director, medical personnel record food and water intake and output on a local hunger strike form.</p>
<p>10. Unless otherwise directed by the medical authority, staff physically deliver three meals per day to the detainee's room, regardless of the detainee's response to a verbally offered meal and document those meal offers.</p>	<p>Meets Standard</p>	<p>Detention personnel deliver three meals a day to the detainee, regardless of the detainee's response to an offered meal and document the meals offered in a log book.</p>

**PART 4 – 21. HUNGER STRIKES** (Key: U)

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

Components	Rating	Remarks (1000 Char Max)
11. Provide an adequate supply of drinking water or other beverages.	Meets Standard	An adequate supply of drinking water and other beverages is provided to the detainee on hunger strike.
12. Remove from the detainee’s room all food items not authorized by the clinical medical authority.	Meets Standard	All unauthorized food items are removed from the room, unless specifically authorized by the clinical medical authority.
13. Before involuntary medical treatment is administered, staff shall make reasonable efforts to educate and encourage him or her to accept treatment voluntarily. Involuntary medical treatment shall be administered in accordance with established guidelines and applicable laws and only after the clinical medical authority determines the detainee’s life or health is at risk.	Meets Standard	Prior to the administration of involuntary medical treatment, medical personnel make reasonable efforts to educate and encourage the detainee to accept treatment voluntarily. Per the HSA, if a detainee requires involuntary treatment, the detainee would be transported to a local community hospital for care and treatment. Involuntary treatment would not be administered at the facility, and there have been no cases which required this form of treatment since the last inspection.

**PART 4 – 21. HUNGER STRIKES – Reviewer Summary**

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

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

Medical personnel place hunger striking detainees in a medical observation cell, for monitoring and measurement of food and liquid intake/output.

During the initial medical evaluation and management, medical staff monitors the health of a detainee on a hunger strike. If a detainee engaging in a hunger strike has been previously diagnosed with a mental health condition, or is incapable of giving informed consent due to age or illness, appropriate medical/administrative action is taken in the best interest of the detainee. Only qualified medical personnel modify or augment standard treatment protocols.

Detainees on hunger strikes may not purchase food/snacks. Detainees refusing to accept treatment are counseled by medical staff regarding the medical risks associated with refusal of treatment. When clinical assessment and laboratory results indicate the detainee’s weakening condition threatens the life or long-term health of the detainee, a physician recommends involuntary treatment. The facility administrator notifies ICE if a detainee is refusing treatment, and any plans or the need for involuntary treatment. ICE would be contacted for any detainee who requires involuntary treatment so that a transfer can be affected to a more appropriate facility, such as a community hospital. Medical personnel continue clinical and laboratory monitoring as necessary until the detainee’s life or health is out of danger and continue medical and mental health follow-up as necessary.

There have been four hunger strikes since the last inspection, with all four strikes centered on detainees attempting to expedite review and disposition of their cases. All four hunger strikes were successfully resolved with the detainees eating. A

**PART 4 – 21. HUNGER STRIKES – Reviewer Summary**

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

review of selected medical records revealed that the cases were appropriately managed with respect to the standard. Policy, procedures and practice are in place to protect the well-being of a detainee who is on a hunger strike, with effective identification, evaluation and treatment. Evaluation of this standard was based on a review of policy, training records and medical records and an interview with the HSA.

**Overall Rating:** Meets Standard

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

**Completion Date:** 6/22/2017

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

**PART 4 – 22. MEDICAL CARE** (Key: V)

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

Components	Rating	Remarks (1000 Char Max)
<p>1. Every facility shall directly or contractually provide its detainee population:</p> <ul style="list-style-type: none"> <li>• Initial medical, mental health, and dental screening,</li> <li>• Primary medical and dental care, Emergency care, Specialty health care,</li> <li>• Timely responses, Mental health care, and</li> <li>• Hospitalization as needed within the local community.</li> </ul>	<p>Meets Standard</p>	<p>The facility provides all the requirements of the component including an initial medical, mental health and dental screening. Primary medical is provided on site, by LaSalle Corrections employees and its contractors. Specialty care, to include dental, is available through contracted community providers. Timely responses to health care issues were evidenced by review of the medical records and detainee interviews. Emergency medical care is available in the community.</p>
<p>2. A designated administrative health authority shall have overall responsibility for health care services pursuant to a written agreement, contract, or job description. The administrative health authority is a physician, health services administrator, or health agency. When the administrative health authority is other than a physician, final clinical judgment shall rest with the facility's designated clinical medical authority. In no event should clinical decisions be made by non-clinicians.</p>	<p>Meets Standard</p>	<p>Pursuant to a job description, the health services administrator (HSA), a health care professional, is the designated administrative health authority. The medical director (physician) has final clinical authority. All clinical decisions are made by clinicians, and the final clinical judgment rests with the medical director (physician).</p>

**PART 4 – 22. MEDICAL CARE** (Key: V)

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

Components	Rating	Remarks (1000 Char Max)
<p>3. <b>PRIORITY:</b> All facilities shall provide a medical staff and sufficient support personnel to meet these Standards. A staffing plan, which is reviewed at least annually by the administrative health authority, identifies the positions needed to perform the required services.</p>	<p>Meets Standard</p>	<p>Staffing is adequate to examine and treat the detainee population. Current staffing includes the HSA, who is also a registered nurse (RN), four RNs, sixteen licensed practical nurses (LPNs), two part-time LPNs, a physician/clinical medical authority who works one day a week, a nurse practitioner (NP), a mental health provider (licensed professional counselor) and medical support staff. A contract psychiatrist is available via telepsychiatry, Monday thru Friday for four hours a day. The facility utilizes a local dentist on an as needed basis with care provided off site. The staffing plan describes the positions and is reviewed annually by the HSA. An additional NP position will be starting in August 2017.</p>
<p>4. <b>PRIORITY:</b> All health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements. Health care personnel only perform duties for which they are credentialed by training, licensure, certification, job descriptions, and/or written standing or direct orders by personnel authorized by law to give such orders.</p>	<p>Meets Standard</p>	<p>A review of the credentialing file revealed that all medical personnel have licenses that are current and in compliance with state and federal requirements. Medical personnel perform only those duties for which they have been authorized by licensure.</p>
<p>5. The facility administrator, in collaboration with the clinical medical authority and administrative health authority, negotiates and maintains arrangements with nearby medical facilities or health care providers to provide required health care not available within the facility, as well as identifying custodial officers to transport and remain with detainees for the duration of any off-site treatment or hospital admission.</p>	<p>Meets Standard</p>	<p>The HSA, in collaboration with the OIC and clinical medical authority, ensures that services not available at the facility are provided by Tift Regional Medical Center, Irwin County Hospital, or specialists in the community. The facility has identified officers to transport and remain with detainees during off-site treatment visits and hospital admissions.</p>



**PART 4 – 22. MEDICAL CARE** (Key: V)

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

Components	Rating	Remarks (1000 Char Max)
<p>6. <b>PRIORITY:</b> Each facility shall have written plans that address the management of infectious and communicable diseases, including prevention, education, identification, surveillance, immunization (when applicable), treatment, follow-up, isolation (when indicated), and reporting to local, state, and federal agencies.</p> <p>Plans shall include:</p> <ul style="list-style-type: none"> <li>• Coordination with public health authorities;</li> <li>• Ongoing education for staff and detainees;</li> <li>• Control, treatment and prevention strategies;</li> <li>• Protection of individual confidentiality;</li> <li>• Media relations;</li> <li>• Procedures for the identification, surveillance, immunization, follow-up and isolation of patients;</li> <li>• Manage infectious diseases and report them to local and/or state health departments in accordance with established guidelines and applicable laws; and</li> <li>• Management of bio-hazardous waste and decontamination of medical and dental equipment that complies with applicable laws and Detention Standard on Environmental Health and Safety.</li> </ul>	<p>Meets Standard</p>	<p>The facility has an infection control policy that addresses the management of infectious diseases to include prevention, reporting to state and federal agencies, education and identification. The manual/plan covers all of the required items listed in this component.</p>
<p>7. <b>PRIORITY:</b> All new arrivals shall receive TB screening within 12 hours of intake and using methods in accordance with CDC guidelines for non-minimal risk detention facilities.</p>	<p>Meets Standard</p>	<p>All new arrivals receive TB screening and an x-ray within twelve hours of intake, as confirmed by a review of the medical records. Detainees not screened are housed separately until the screening is completed.</p>
<p>8. Detainees with symptoms suggestive of TB shall be placed in a functional airborne infection isolation room with negative pressure ventilation and promptly evaluated for TB disease. Suspected and confirmed active TB patients shall be placed in a functional airborne infection isolation room with negative pressure ventilation (on- or off-site) until determined by a qualified provider to be noninfectious in accordance with CDC guidelines for non-minimal risk detention facilities.</p>	<p>Meets Standard</p>	<p>Detainees with symptoms suggestive of TB and those suspected or confirmed to have active TB disease are placed in one of two functional negative pressure isolation cells located in the medical department, until determined by a qualified provider to be noninfectious in accordance with CDC guidelines.</p>

**PART 4 – 22. MEDICAL CARE** (Key: V)

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

Components	Rating	Remarks (1000 Char Max)
<p>9. For all confirmed and suspected active tuberculosis cases, designated medical staff shall report:</p> <ul style="list-style-type: none"> <li>• All cases to local and/or state health departments within one working day of meeting reporting criteria and in accordance with established guidelines and applicable laws.</li> <li>• All cases to the ICE HQ Epidemiology Unit within one working day.</li> <li>• Any movement of TB patients, including hospitalizations, facility transfers, releases, or removals/deportations to the local and/or state health department and the ICE HQ Epidemiology Unit.</li> </ul>	Meets Standard	The facility reports confirmed or suspected active TB cases to the local health department and the ICE headquarters epidemiology unit, via the chain-of-command. Any movement of TB patients is reported to the local health department and the ICE headquarters epidemiology unit. A review of a log maintained for this purpose confirmed this practice.
<p>10. <b>PRIORITY:</b> Designated medical staff shall report to the ICE Epidemiology Unit all cases of nationally notifiable infectious diseases as per the CDC guidelines, including, but not limited to: TB, varicella (herpes zoster [shingles], chicken pox), and recent exposures of varicella among non-immune contacts.</p>	Meets Standard	Per the HSA, the facility contacts its designated ICE representative who communicates the required information up the chain-of-command to include the ICE Epidemiology Unit.
<p>11. Facilities must develop a plan to ensure the highest degree of confidentiality regarding HIV status and medical condition.</p>	Meets Standard	Knowledge of a detainee's HIV status is limited to those employees with a need to know. Additionally, the detention personnel receive orientation and annual refresher training in medical information confidentiality. All detainees are treated with standard precautions.
<p>12. When current symptoms are suggestive of HIV infection, clinical evaluation shall determine the medical need for isolation.</p>	Meets Standard	A detainee who presents symptoms suggestive of HIV would be placed in medical isolation, if clinically indicated.
<p>13. Each facility shall establish a plan to address exposure to blood-borne pathogens, including reporting.</p>	Meets Standard	There is a plan for exposure to blood-borne pathogens, to include reporting procedures.
<p>14. The facility shall provide each detainee, upon admittance, a copy of the detainee handbook and local supplement, in which procedures for access to health care services are explained; access to health care services, sick call and a medical grievance process shall be included in the orientation curriculum for newly admitted detainees.</p>	Meets Standard	The local handbook, given to each detainee on admission, explains medical care access and the grievance process. The elements of this component are also discussed during the orientation program.

**PART 4 – 22. MEDICAL CARE** (Key: V)

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Components	Rating	Remarks (1000 Char Max)
15. <b>PRIORITY:</b> Medical, dental, and mental health interviews, examinations, and procedures shall be conducted in settings that respect detainee’s privacy.	Meets Standard	Interviews and examinations for medical, dental and mental health care are conducted in settings that respect detainees' privacy.
16. A holding/waiting area shall be located at the entrance to the medical facility that is under the direct supervision of custodial officers. A detainee toilet and drinking fountain shall be accessible from the holding/waiting area.	Meets Standard	There are two waiting areas in the medical department. One is located at the entrance of the medical unit and the second area is separated by a door and is also located within the medical department. A custodial officer post exists for this area and detainees are maintained under the officer's direct supervision. A toilet and drinking water are accessible to detainees.
17. Medical records shall be kept separate from detainee detention records and stored in a securely locked area within the medical unit.	Meets Standard	Medical records are stored separate from detention records in a locked records room in the medical department. Access is restricted to medical personnel.
<p>18. If there is a specific area, separate from other housing areas, where detainees are admitted for health observation and care under the supervision and direction of health care personnel, the following minimum standards shall be met:</p> <ul style="list-style-type: none"> <li>• Clearly defined scope of care services available;</li> <li>• Physician on call or available 24 hours per day;</li> <li>• Health care personnel are on duty 24 hours per day when patients are present;</li> <li>• All patients within sight or sound of a staff member;</li> <li>• Housing record that is a separate and distinct section of the complete medical record; and</li> <li>• Compliance with all established guidelines and applicable laws.</li> </ul> <p>Facilities are expected to provide detainees in medical housing access to other services such as telephone, legal access and materials consistent with their medical condition.</p>	N/A	The medical unit has six medical observation cells located within the medical department, two of which are designated for suicide watches and hunger strike observation. The facility does not provide infirmary care in this area.
19. <b>PRIORITY:</b> Each facility shall have written policy and procedures for the management of pharmaceuticals that include procurement, inventory, prescription, dispensing, and secure storage and disposal of all prescription and nonprescription medicines.	Meets Standard	Policy provides written procedures for the management of pharmaceuticals. The procedures address all of the items listed in the component.

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<p>20. The facility administrator and administrative health authority shall jointly approve any non-prescription medications that are available to detainees outside of health services and they shall jointly review the list annually.</p>	<p>Meets Standard</p>	<p>The OIC and the HSA have developed and approved a list of non-prescription medications that are available to detainees in the commissary. The OIC and the HSA jointly review the list annually.</p>
<p>21. <u>PRIORITY</u>: Initial medical, dental, and mental health screening shall be done within 12 hours of arrival by a health care provider or a detention officer specially trained to perform this function.</p> <p>The screening shall inquire into the following:</p> <ul style="list-style-type: none"> <li>• Any past history of serious infectious or communicable illness, and any treatment or symptoms;</li> <li>• Current illness and health problems, including communicable diseases;</li> <li>• Pain assessment;</li> <li>• Current and past medication;</li> <li>• Allergies;</li> <li>• Past surgical procedures;</li> <li>• Symptoms of active TB or previous TB treatment;</li> <li>• Dental problems;</li> <li>• Use of alcohol and other drugs;</li> <li>• Possibility of pregnancy;</li> <li>• Other health programs designated by the responsible clinical medical authority;</li> <li>• Observation of behavior, including state of consciousness, mental status, appearance, conduct, tremor, sweating;</li> <li>• Observation and interview items related to the detainee’s potential suicide risk and possible mental disabilities, including mental illness;</li> <li>• History of suicide attempts or current suicidal/homicidal ideation or intent;</li> <li>• Observation of body deformities and other physical abnormalities;</li> <li>• Questions and an assessment regarding past or recent sexual victimization.</li> </ul>	<p>Meets Standard</p>	<p>All detainees receive an intake screening by medical staff at the point of admission to the facility. A review of selected medical records reflected that the screenings were consistently conducted within the time requirements and that all items listed in this component were covered during the screening process.</p>

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22. If screening is performed by a detention officer, the facility shall maintain documentation of the officer’s special training, and the officer shall have available for reference the training syllabus, to include education on patient confidentiality of disclosed information.	N/A	All intake screenings are completed by nursing staff.
23. <u>PRIORITY:</u> If at any time during the screening process there is an indication of need, or request for, mental health services, the health authority must be notified within 24 hours. The clinical medical authority will ensure a full mental health evaluation if indicated.	Meets Standard	Medical personnel conduct the intake medical and mental health screening, and refer detainees who request or need a mental health evaluation to the HSA within 24 hours, for follow-up and evaluation as indicated. A full mental health evaluation is performed if clinically indicated. A review of selected medical records confirmed this practice.
24. All facilities shall have policies and procedures to ensure the initial health screening and assessment is documented.	Meets Standard	Policy is in place that ensures documentation of the initial health screening and assessment in the medical record.
25. <u>PRIORITY:</u> Upon completion, the in-processing health screening form shall be forwarded to the facility medical staff for appropriate action. The clinical medical authority shall be responsible for review of all health screening forms within 24 hours or next business day to assess the priority for treatment (for example, Urgent, Today, or Routine).	Meets Standard	Medical personnel conduct the intake medical, dental and mental health screenings and are, therefore, immediately aware of any detainee requiring urgent attention. All completed intake screening forms are either reviewed by the physician or a mid-level provider.
26. <u>PRIORITY:</u> Non-English speaking detainees and detainees who are deaf or hard of hearing will be provided interpretation or translation services or other assistance as needed for medical care activities.  Language assistance may be provided by another staff member competent in the language or by a professional service, such as a telephone translation service.	Meets Standard	Bilingual employees and a telephone language line service are available for translation assistance. Detainees who are hearing impaired are provided assistance as needed. The medical unit maintains a log book for the documentation of usage of the telephone translation service.

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<p>27. The clinical medical authority shall establish guidelines for evaluation and treatment of new arrivals who require detoxification.</p>	<p>Meets Standard</p>	<p>The facility has a physician developed treatment protocol for the evaluation and treatment of newly arriving detainees who require detoxification. Detox cases will be transferred to a community hospital for care and treatment.</p>
<p>28. <b>PRIORITY:</b> Each facility’s health care provider shall conduct a health appraisal including a physical examination on each detainee within 14 days of the detainee’s arrival unless more immediate attention is required due to an acute or identifiable chronic condition, in accordance with the most recent ACA Adult Local Detention Facility standards for Health Appraisals. If there is documentation of one within the previous 90 days, the facility health care provider upon review may determine that a new appraisal is not required.</p>	<p>Meets Standard</p>	<p>A review of the medical records confirmed that physical examinations are being performed by trained RNs within fourteen days of the detainee’s admission to the facility. Acute or identified chronic conditions are examined within 48 hours of admission.</p>
<p>29. Detainees will be provided same sex chaperones as appropriate or as requested.</p>	<p>Meets Standard</p>	<p>Detainees are provided chaperones of the same gender as the detainee making the request.</p>
<p>30. <b>PRIORITY:</b> The facility performs mental health intake screening, as well as mental health evaluations based on screening results, medical documentation, or subsequent observations, that include prior history of mental health treatment, medications, drug use, suicidal tendencies, and abuse, observations of current physical and intellectual condition, and recommendations for any appropriate medical or custodial treatment.</p> <p>Detainees are appropriately referred to a mental health provider for diagnosis, treatment, and/or intervention, and transferred to licensed mental health facilities where detainee mental health needs exceed the capabilities of the facility.</p>	<p>Meets Standard</p>	<p>Review of selected medical records indicated that mental health intake screenings and evaluations inquire into prior history, medications, drug use, suicidal tendencies, abuse and observations. If appropriate, recommendations are made for medical or custodial treatment such as housing. Detainees are referred for mental health evaluation and/or treatment as clinically indicated. If a detainee's mental health condition exceeds the capability of the facility, the detainee is transferred to a mental health facility, in coordination with ICE.</p>

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<p>31. <b>PRIORITY:</b> Any detainee referred for mental health treatment shall receive a comprehensive evaluation by a licensed mental health provider as clinically necessary, but no later than 14 days of the referral.</p> <p>The provider shall develop an overall treatment/management plan that may include transfer to a mental health facility if the detainee’s mental illness or developmental disability needs exceed the treatment capability of the facility.</p>	<p>Meets Standard</p>	<p>Per medical record reviews, a referred detainee receives a comprehensive evaluation by mental health staff within fourteen days of the referral or sooner if indicated. If applicable, a treatment plan would be developed to manage the case. If the detainee's mental health treatment needs exceed the capability of the facility, the detainee is transferred to a mental health facility in coordination with ICE.</p>
<p>32. The clinical medical authority may place in medical isolation a detainee who is at high risk for violent behavior because of a mental health condition. The clinical medical authority must provide for reassessment on a daily basis the need for continued medical isolation for the health and safety of the detainee.</p>	<p>Meets Standard</p>	<p>The mental health director may place a detainee who is considered to be at high risk for violent behavior because of a mental health condition in medical isolation. Mental health personnel would reassess the detainee on a daily basis to determine the need for continued isolation. There have been no detainees placed in medical isolation for high risk violent behavior because of a mental health condition since the last inspection.</p>
<p>33. <b>PRIORITY:</b> The facility shall have written procedures for restraints for medical or mental health purposes that specify:</p> <ul style="list-style-type: none"> <li>• The conditions under which restraints may be applied;</li> <li>• The types of restraints to be used;</li> <li>• The proper use, application, and monitoring of restraints;</li> <li>• Requirements for documentation, including efforts to use less restrictive alternatives; and</li> <li>• After-incident review.</li> </ul>	<p>Meets Standard</p>	<p>There are written procedures for restraints for medical or mental health purposes which incorporate the elements of the component. There have been no instances of the use of restraints for this purpose since the last inspection.</p>

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<p>34. <b>PRIORITY:</b> Involuntary administration of psychotropic medications to detainees shall comply with established guidelines and applicable laws and only pursuant to the specific, written and detailed authorization of a physician. When psychotropic medication is involuntarily administered, it is required that the administrative health authority contact ERO Management, who shall contact respective DHS/ICE Chief Counsel.</p> <p>The authorizing physician shall:</p> <ul style="list-style-type: none"> <li>• Review the medical record of the detainee and conduct a medical examination;</li> <li>• Specify the reasons for and duration of therapy and whether the detainee has been asked if he or she would consent to such medication;</li> <li>• Specify the medication to be administered, the dosage, and the possible side effects of the medication;</li> <li>• Document that less restrictive intervention options have been exercised without success;</li> <li>• Detail how the medication is to be administered;</li> <li>• Monitor the detainee for adverse reactions and side effects; and</li> <li>• Prepare treatment plans for less restrictive alternatives as soon as possible.</li> </ul>	<p>Meets Standard</p>	<p>Involuntary administration of psychotropic medications will comply with guidelines and laws, with ICE being notified of any such consideration. There have been no cases of involuntary administration of psychotropic medication and if a case does arise, the facility will comport with the items listed in the component.</p>
<p>35. A detainee that is in ICE custody for over a year shall receive health examinations on an annual basis. Detainees shall have access to age and gender appropriate exams annually, including rescreening for tuberculosis.</p>	<p>Meets Standard</p>	<p>Detainees receive health examinations on an annual basis and have access to age and gender appropriate exams, to include TB screening. A review of selected medical records confirmed that annual physical examinations are being performed.</p>
<p>36. An initial dental screening exam shall be performed within 14 days of the detainee’s arrival.</p> <ul style="list-style-type: none"> <li>• Emergency dental treatment shall be provided for immediate relief of pain, trauma and acute oral infection.</li> <li>• Routine dental treatment may be provided to detainees in ICE custody for whom dental treatment is inaccessible for prolonged periods because of detention for over six (6) months.</li> </ul>	<p>Meets Standard</p>	<p>Dental screening exams are being performed by a trained RN during the fourteen day physical examination. Routine care and oral surgery is available offsite, by licensed dental personnel. Emergency dental treatment is provided to relieve pain and acute dental issues. Routine dental treatment is provided to detainees who are in custody for over six months.</p>



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<p>37. <b>PRIORITY:</b> Each facility shall have a sick call procedure that allows detainees the unrestricted opportunity to freely request health care services (including mental health and dental services) provided by a physician or other qualified medical staff in a clinical setting.</p> <p>This procedure shall include:</p> <ul style="list-style-type: none"> <li>• Clearly written policies and procedures;</li> <li>• Sick call process will be communicated in writing and verbally to detainees during their orientation;</li> <li>• Regularly scheduled “sick call” times will be established and communicated to detainees;</li> <li>• All facilities must have an established procedure in place to ensure that all sick call requests are received and triaged by appropriate medical personnel within 48 hours after the detainee submits the request. In an urgent situation, the housing unit officer shall notify medical personnel immediately.</li> </ul> <p>All detainees, including those in Special Management Units, regardless of classification, shall have access to sick call.</p>	<p>Meets Standard</p>	<p>Detainees have access to medical services via the submission of a sick call request to medical personnel. The sick call policy and procedure satisfy the items listed in the component. Urgent medical issues can be communicated to the detention staff who will contact medical staff for follow-up. Medical staff retrieves the medical requests from the housing unit mail boxes on a daily basis. A review of completed sick call requests in the medical records confirmed timely responses. Detainees in the special management unit have the same access to medical care as those in the general population. They can submit a sick call request or communicate their request to detention officers or medical employees who visit the unit on a daily basis and make face-to-face contact.</p>
<p>38. If the procedure uses a written request slip, they shall be provided in English and the most common languages spoken by the detainee population of that facility. Non-English speaking detainees and detainees who are deaf or hard of hearing will be provided interpretation/translation services as needed or other assistance as needed to complete a request slip.</p>	<p>Meets Standard</p>	<p>Detainee sick call request slips are provided in English and Spanish. Any language difficulties are addressed through the use of bilingual staff or a language line. Services for the deaf or hard of hearing are provided if needed.</p>

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<p>39. <b>PRIORITY:</b> Each facility shall have a written emergency services plan for the delivery of 24-hour emergency health care.</p> <p>A plan shall be prepared in consultation with the facility's clinical medical authority or the administrative health authority. The plan will include the following:</p> <ul style="list-style-type: none"> <li>• An on-call physician, dentist, and mental health professional, or designee, that are available 24 hours per day;</li> <li>• A list of telephone numbers for local ambulances and hospital services available to all staff;</li> <li>• An automatic external defibrillator (AED) will be maintained for use at each facility and accessible to staff;</li> <li>• All detention staff shall receive cardio pulmonary resuscitation (CPR, AED) , and emergency first aid training annually;</li> <li>• Security procedures that ensure the immediate transfer of detainees for emergency medical care.</li> </ul>	<p>Meets Standard</p>	<p>The written plan for emergency medical services, prepared in consultation with the HSA, includes all of the items listed in this component. There are two automated external defibrillators (AEDs) and first aid kits are strategically located in the facility. All employees receive training in cardiopulmonary resuscitation (CPR), use of an AED and first aid on an annual basis. Security procedures are in place to facilitate the transfer of detainees for emergency medical care.</p>
<p>40. Medical personnel shall review the request slips and determine when the detainee will be seen. All facilities shall maintain a permanent record of all sick call requests.</p>	<p>Meets Standard</p>	<p>Sick call slips are collected on a daily basis by medical personnel and taken to the medical unit where they are triaged, to determine urgency. As confirmed by a review of the medical records, the request slips are maintained in the medical record.</p>

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<p>41. <b>PRIORITY:</b> Training is provided to all detention and health care personnel at least annually by a responsible medical authority in cooperation with the facility administrator, and includes:</p> <ul style="list-style-type: none"> <li>• Responding to health-related situations within four (4) minutes;</li> <li>• Recognizing of signs of potential health emergencies and the required responses;</li> <li>• Administering first aid and cardiopulmonary resuscitation (CPR);</li> <li>• Obtaining emergency medical assistance through the facility plan and its required procedures;</li> <li>• Recognizing signs and symptoms of mental illness, suicide risk, retardation, and chemical dependency;</li> <li>• The facility’s established plan and procedures for providing emergency medical care including, when required, the safe and secure transfer of detainees for appropriate hospital or other medical services, including by ambulance when indicated.</li> </ul>	<p>Meets Standard</p>	<p>All employees are trained during orientation and annual refresher training to respond to health-related emergencies within four minutes. The training covers all items listed in this component. The emergency medical plan includes procedures for providing emergency medical care and safe and secure transport, as needed, to outside medical facilities.</p>
<p>42. The designated health authority and facility administrator shall determine the contents, number, location(s), use protocols, and procedures for monthly inspections of first aid kits.</p>	<p>Meets Standard</p>	<p>Per policy and practice, the HSA and OIC determine the contents, number, location, use protocols and procedures for monthly inspections of first aid kits. First aid kits are located throughout the facility and monthly inspections are conducted.</p>
<p>43. Distribution of medication shall be in accordance with specific instructions and procedures established by the administrative health authority. Written records of all medication given to detainees shall be maintained. Detainees may not deliver or administer medications to other detainees.</p>	<p>Meets Standard</p>	<p>Per policy, medical personnel administer all medications, recording administration on detainee specific medication administration records (MAR). Detainees are not permitted to deliver or administer medications to other detainees.</p>
<p>44. If medication must be delivered at a specific time when medical staff is not on duty, it may only be distributed by detention officers who have received proper training by the administrative health authority.</p> <p>The facility shall maintain documentation of the training given any officer required to distribute medication, and the officer shall have available for reference the training syllabus or other guide or protocol provided by the health authority.</p>	<p>N/A</p>	<p>Medical personnel are on duty 24- hours a day, seven days a week. Only medical personnel distribute medication.</p>

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45. The health authority shall provide detainees health education and wellness information.	Meets Standard	Health and wellness information is available to the detainee in the medical unit and from the health care provider during a medical encounter.
46. The health administrative authority for each facility must have a plan to notify ICE for any detainee with special needs. The written notification must become part of the detainee’s health record file.	Meets Standard	The IHSC managed care coordinator is notified via e-mail or telephone. The notification is documented in the detainee's medical record.
47. <u>PRIORITY:</u> When a detainee requires close medical supervision, including chronic and convalescent care, a written treatment plan that includes access to health care and other personnel regarding care and supervision, shall be developed and approved by the appropriate physician, dentist, or mental health practitioner, in consultation with the patient, with periodic review. The written treatment plan will conform to NCCHC and TJC requirements.	Meets Standard	Chronically ill detainees and those who require close medical supervision are managed and followed by the medical providers who complete written treatment plans, which conform to NCCHC requirements. Dental and mental health cases are managed in accordance with the elements of this component. Periodic reviews are conducted in consultation with the detainee, as evidenced by medical file reviews.
48. <u>PRIORITY:</u> Female detainees shall have access to pregnancy testing and pregnancy management services that include routine prenatal care, addiction management, comprehensive counseling and assistance, nutrition, and postpartum follow-up.	Meets Standard	As confirmed by medical record review, female detainees receive pregnancy testing during the in-screening process and any indicated pregnancy management services as outlined in the component.
49. Detainees shall have access to age- and gender-appropriate examinations.	Meets Standard	Age and gender appropriate examinations are available to detainees.
50. The facility administrative health authority must ensure that a plan is developed that provides for continuity of medical care in the event of a change in detention placement or status.  Upon transfer to another facility or release, the medical provider shall ensure that all relevant medical records and at least 7 days (or, in the case of TB medications, 15 days) supply of medication shall accompany the detainee.	Meets Standard	A medical transfer summary is completed and provided when a detainee is removed from the facility. The summary notes any current acute and/or chronic conditions and includes a listing of medications, allergies and the detainee's TB status. Per the HSA, a minimum of a seven-day supply of medication is provided. A fifteen-day supply of TB medication is provided.

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<p>51. <b>PRIORITY:</b> Documented informed consent, consistent with standards of the jurisdiction, is obtained from a detainee before medical treatment is administered. If a detainee refuses consent to treatment, medical staff explain the medical risks if treatment is declined and document their efforts in the detainee’s medical record.</p>	<p>Does Not Meet Standard</p>	<p>Informed consent is obtained from the detainee during the intake process. If an intrusive procedure is subsequently needed, a separate consent form is obtained. Refusals are documented in the medical record, along with an explanation of the risks if treatment is declined. Consent forms and refusals were observed in detainee medical records. The medical staff does not, however, obtain informed consent from detainees being administered psychotropic medication.</p>
<p>52. If a detainee refuses treatment and the clinical medical authority determines that the treatment is necessary, ICE/ERO shall be consulted in determining whether involuntary treatment shall be pursued.</p> <p>Involuntary treatment is a decision made only by medical staff under strict legal restrictions. Prior to any contemplated action involving involuntary medical treatment, DHS/ICE respective Chief Counsel will be consulted.</p>	<p>Meets Standard</p>	<p>Per procedure, ICE is notified of any detainee who refuses medical treatment when it is clinically indicated and necessary. Any involuntary treatment would comply with the administrative and legal requirements of the component.</p>
<p>53. <b>PRIORITY:</b> The administrative health authority shall maintain a complete health record on each detainee that is:</p> <ul style="list-style-type: none"> <li>• Organized uniformly in accordance with recognized medical records standards;</li> <li>• Available to all practitioners and used by them for health care documentation;</li> <li>• Properly maintained and safeguarded in a securely locked area within the medical unit separately from other detention records.</li> </ul>	<p>Meets Standard</p>	<p>The facility utilizes an organized medical record system in accordance with recognized medical records standards. Access is restricted to health care personnel and practitioners for the provision of health care and documentation. Medical records are maintained and secured in a locked room within the medical department.</p>
<p>54. All medical providers shall protect the privacy of detainees’ medical information in accordance with established guidelines and applicable laws. These protections apply, not only to records maintained on paper, but also to electronic records where they are used. Staff training must emphasize the need for confidentiality and procedures must be in place to limit access to health records to only authorized individuals and only when necessary.</p>	<p>Meets Standard</p>	<p>Policy and training for medical and detention personnel address the confidentiality of medical records and information. Access to medical records is restricted to authorized personnel and only when necessary.</p>

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<p>55. The administrative health authority shall provide the facility administrator and designated staff information that is necessary:</p> <ul style="list-style-type: none"> <li>• To preserve the health and safety of the detainee, other detainees, staff, or any other person.</li> <li>• For administrative and detention decisions such as housing, voluntary work assignments, security, and transport.</li> <li>• For management purposes such as audits and inspections.</li> </ul>	<p>Meets Standard</p>	<p>The OIC and other designated personnel are provided the information listed in the component through weekly department head meetings or verbally for more urgent needs.</p>
<p>56. Copies of health records shall be released by the administrative health authority directly to a detainee or their designee, at no cost to the detainee, upon receipt by the administrative health authority of a written authorization from the detainee that complies with the Health Insurance Portability and Accountability Act (HIPAA).</p>	<p>Meets Standard</p>	<p>Before a detainee can receive copies of documentation from his/her medical record, the detainee must submit a written request which is HIPAA compliant. The requested documentation is provided within a reasonable time frame, at no cost to the detainee.</p>
<p>57. Detainees who indicate they wish to obtain copies of their medical records shall be provided with the appropriate request form. ICE/ERO, or the facility administrator, shall provide non-English speaking detainees and detainees who are deaf or hard of hearing with interpretation or translation services or other assistance as needed to make the written request and assist in transmitting the request to the facility administrative health authority.</p>	<p>Meets Standard</p>	<p>Detainees who desire copies of their medical records are provided with a request form and offered any translation or other assistance as needed for language or disability issues.</p>
<p>58. <b>PRIORITY:</b> Medical staff shall notify the facility administrator in writing, when they determine that a detainee’s medical or psychiatric condition requires:</p> <ul style="list-style-type: none"> <li>• Clearance by the medical staff prior to release or transfer, or</li> <li>• Medical escort during removal, deportation, or transfer.</li> </ul>	<p>Meets Standard</p>	<p>Policy includes procedures for medical and/or psychiatric clearances prior to a release or transfer and for medical escorts when needed. The procedures include written notification to the OIC.</p>

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

Components	Rating	Remarks (1000 Char Max)
<p>59. <b>PRIORITY:</b> The administrative health authority shall be given advance notice prior to the release, transfer, or removal of a detainee, so that medical staff may determine and provide for any medical needs associated with the transfer or release.</p> <p>A summary of the detainee’s medical care (transfer summary) shall be marked “CONFIDENTIAL MEDICAL RECORDS” and shall accompany the detainee who is being transferred.</p> <p>A transfer summary must include:</p> <ul style="list-style-type: none"> <li>• TB clearance, including PPD and Chest x-ray results, with the test dates;</li> <li>• Current mental and physical health status, including all significant health issues;</li> <li>• Current medications, with specific instructions for medications that must be administered en route; and</li> <li>• The name and contract information of the transferring medical facility.</li> </ul>	<p>Meets Standard</p>	<p>Per the HSA, she normally receives advance notice of any detainee who is going to be transferred or removed. Upon notification, a transfer summary is prepared, reflecting TB clearance, any medical or mental health alerts, and current medications with instructions, if indicated, and contact information of the transferring facility. Records are marked "medical confidential".</p>
<p>60. Detainees will not participate in medical, pharmaceutical or cosmetic research while under the care of ICE detention facilities. This does not preclude the use of approved clinical trials that may be warranted for a specific inmate’s diagnosis or treatment when recommended and approved by the clinical medical director. Such measures require documented informed consent.</p>	<p>Meets Standard</p>	<p>Detainees do not participate in medical, pharmaceutical or cosmetic research, and no detainees were participating in any clinical trials.</p>
<p>61. <b>PRIORITY:</b> The administrative health authority shall implement a system of internal review and quality assurance that includes data analysis, a multidisciplinary committee with regular monitoring of health service outcomes, and assessment of ongoing education and training needs.</p>	<p>Meets Standard</p>	<p>The HSA has implemented a Quality Assurance system of internal review and data analysis. The multi-disciplinary committee meets quarterly for review of current data analysis, monitoring of health service systems, and assessment of education or training needs.</p>
<p>62. The administrative health authority shall implement an intra-organizational, external peer review program for all independently licensed medical professionals. Reviews are conducted at least every two years.</p>	<p>Meets Standard</p>	<p>There is an external peer review program for all independently licensed medical professionals, with reviews being conducted at least every two years.</p>

**PART 4 – 22. MEDICAL CARE – Reviewer Summary**

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

**PART 4 – 22. MEDICAL CARE – Reviewer Summary**

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

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

When TB treatment is indicated, multi-drug, anti-TB therapy is administered using directly observed therapy (DOT). Active TB disease is ruled out before treatment for latent TB infection. International referrals are coordinated with the IHSC Epidemiology Unit and local/state health departments. There is a written plan to address the management of hepatitis A, B, and C, and HIV. Detainees may request hepatitis and HIV testing at any time. Medical personnel provide all detainees diagnosed with HIV/AIDS medical care consistent with national recommendations and guidelines. Medical and pharmacy personnel ensure that all FDA medications currently approved for the treatment of HIV/AIDS are accessible. Detainees with active tuberculosis are evaluated for possible HIV infection. New HIV-positive diagnoses are reported to government bodies according to state and local laws and requirements; the HSA is responsible for ensuring that all applicable state requirements are met.

Pharmaceutical management policy includes: a formulary, obtaining non-formulary medications, prescription practices, perpetual inventory, medication administration error reports, training, and storage in a secure area.

The emergency medical services plan includes provisions for expedited entrance to and exit from the facility. Non-medical personnel contact medical personnel when questioning the need for emergency care. All medications and treatments are provided on schedule.

Detainees who arrive with prescribed medications or who report being on such medications, are evaluated by a qualified health care professional as soon as possible, but not later than 24 hours after arrival, and provisions are made to secure medically necessary medications. Detainees are not charged for any medical services to include pharmaceuticals dispensed by medical personnel. Detainee health education and wellness information is provided per standard.

Informed consent is obtained on admission. Detainee treatment questions are answered by medical personnel. Refusals are reviewed to determine reasons for refusal. The written authorization for release of health information is retained in the medical record. Lab results are made available to detainees post transfer or release. The agenda of quarterly administrative meetings includes items per standard. The quality assurance review includes items per standard.

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

A review of the completed physical examinations in the medical records revealed that the clinical medical authority is not reviewing and signing all completed examinations. This issue was discussed with the HSA.

The facility has sufficient medical personnel and resources to provide for the basic medical, dental and mental health needs of the detainee population. Detainees were interviewed and their comments pertaining to medical care were generally positive, with several detainees, however, voicing complaints with the inspectors concerning medical care and response timeliness. An inquiry with the HSA and a review of the medical records revealed that the detainees were being managed appropriately with respect to medical care and timeliness with no required follow-up issues being noted. Urgent issues can be brought to the attention of the unit officer who contacts medical staff for follow-up. An inspection of the housing units for detainees reflected acceptable sanitation and conditions of confinement. The facility does not charge medical co-pay fees. Medical records included timely and appropriate documentation. The evaluation of this standard was based on interviews with medical personnel, a review of policy, and an observation of the medical unit and practices.

**Overall Rating:** Meets Standard

**Reviewer Name (Printed)**

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

**Completion Date:** 6/22/2017

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



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

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

Components	Rating	Remarks (1000 Char Max)
1. Each detention facility shall have a written policy and procedures for the regular issuance and exchange of clothing, bedding, linens, towels, and personal hygiene items.	Meets Standard	Written policy and procedure address the issuance and exchange of all items listed in this component.
2. Clothing that is worn out, indelibly stained, or bears offensive or otherwise unauthorized markings should be discarded and replaced as soon as practicable.	Meets Standard	Clothing is replaced as appropriate in accordance with the requirements of the component. An observation of the detainee population revealed clean clothing without any unauthorized markings.
3. All new detainees shall be issued clean, indoor/outdoor temperature-appropriate, size appropriate, presentable clothing during in-processing at no cost to the detainee.	Meets Standard	Detainees are issued clean, temperature and size appropriate clothing upon admission. The clothing issued at the time of admission was presentable and at no cost to the detainee.
4. Each detainee assigned to a special work area shall be clothed in accordance with the requirements of the job and, when appropriate, provided protective clothing and equipment.	Meets Standard	Detainees are provided clothing appropriate for their work areas. Per policy, detainee workers are also permitted additional outer garment exchanges based on job assignment.
5. Staff shall provide male and female detainees personal hygiene items appropriate for their gender and shall replenish supplies as needed. The distribution of hygiene items shall not be used as reward or punishment.	Meets Standard	Gender appropriate personal hygiene items are provided as listed in this component. The distribution of hygiene items is not used as a reward or punishment.
6. Razors must be strictly controlled. Disposable razors will be provided to detainees on a daily basis. Razors will be issued and collected daily by staff.	Meets Standard	Razors are strictly controlled. Disposable razors are issued and collected daily by correctional officers.
7. Female detainees shall be issued and may retain feminine hygiene items as needed.	Meets Standard	Female detainees are issued feminine hygiene items as needed and may retain them as needed.

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

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

Components	Rating	Remarks (1000 Char Max)
8. Detainees shall be provided an adequate number of toilets 24 hours per day that can be used without staff assistance when detainees are confined to their cells or sleeping areas.	Does Not Meet Standard	Each cell has a toilet that is available to the detainee without assistance 24 hours per day. There are, however, six 100 bed dorms that do not have an adequate number of toilets; there are a total of four toilets which does not satisfy the ratio requirement of 1 to12.
9. An adequate number of washbasins with temperature controlled hot and cold running water 24 hours per day.	Does Not Meet Standard	Each cell has a washbasin with temperature controlled hot and cold running water that is available to the detainee 24 hours per day. There are, however, six 100 bed dorms that do not have an adequate number of washbasins; there are a total of four washbasins which does not satisfy the ratio requirement of 1 to12.
10. Operable showers that are thermostatically controlled to temperatures between 100 and 120 degrees Fahrenheit, to ensure safety and promote hygienic practices.	Meets Standard	The review of weekly inspection reports confirmed that operable shower temperatures were between 100 and 120 degrees Fahrenheit.
11. Detainees with disabilities shall be provided the facilities and support needed for self-care and personal hygiene in a reasonably private environment in which the individual can maintain dignity.	Meets Standard	There are handicapped-accessible facilities on each housing unit which provide a reasonably private environment for self-care. Support for self-care and personal hygiene is provided, as needed.

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

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

Components	Rating	Remarks (1000 Char Max)
<p>12. <b>PRIORITY:</b> Detainees shall be provided with clean clothing, linen and towels on the following basis:</p> <ul style="list-style-type: none"> <li>• A daily change of socks and undergarments. An additional exchange of undergarments shall be made available to detainees if necessary for health or sanitation reasons.</li> <li>• At least twice weekly exchange of outer garments (with a maximum of 72 hours between changes). An additional exchange of outer garments shall be made available to detainees if necessary for health or sanitation reasons.</li> <li>• At least weekly exchange of sheets, towels, and pillowcases.</li> </ul> <p>More frequent exchanges of outer garments may be appropriate, especially in hot and humid climates.</p>	<p>Meets Standard</p>	<p>Detainees receive undergarments (three pairs) to ensure a daily change is available. The issuance of outer garments (two sets), and the laundry exchange schedule ensures that outer garments can be changed, with no more than 72 hours between changes. Sheets (two), and towels (one), can be laundered three times a week. Allowances for more frequent changes of outer garments during hot and humid weather would be considered as appropriate.</p>

**PART 4 – 23. PERSONAL HYGIENE – Reviewer Summary**

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

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

The facility maintains an excess clothing inventory of at least two hundred percent of the maximum funded detainee capacity. Personal items of clothing are not permitted. Personal hygiene items from other sources are permitted with the approval of medical personnel and the chief of security. Detainees are provided with a reasonably private environment in accordance with safety and security needs.

An inspection of the housing units, medical unit, and the facility overall revealed a facility that is adequately maintained and provides a reasonably clean and safe environment. No concerns were noted with the conditions of confinement, although a significant number of ICE female detainees voiced concerns with difficulty in getting into a top bunk assignment. A follow-up with medical staff revealed that there have been no reported injuries associated with their concerns. The evaluation for this standard was based on a review of the policy, an interview with staff and detainees and observation of the detainee population.

**Overall Rating:** Meets Standard

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

**Completion Date:** 6/22/2017

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

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

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

Components	Rating	Remarks (1000 Char Max)
<p>1. <b>PRIORITY:</b> The facility has a written suicide prevention and intervention program that is reviewed and approved by the clinical health authority, approved and signed by the administrative health authority and Facility Administrator and reviewed annually.</p> <p>At a minimum, the Program shall include procedures to address suicidal detainees. Key components of this program include:</p> <ul style="list-style-type: none"> <li>• Staff training,</li> <li>• Identification,</li> <li>• Referral,</li> <li>• Evaluation,</li> <li>• Treatment,</li> <li>• Housing,</li> <li>• Monitoring,</li> <li>• Communication,</li> <li>• Intervention,</li> <li>• Notification and reporting,</li> <li>• Review, and</li> <li>• Debriefing.</li> </ul>	<p>Meets Standard</p>	<p>The written suicide prevention and intervention program has been approved by the clinical medical authority, the health services administrator (HSA) and the OIC and is reviewed on an annual basis. The program covers all of the bulleted items listed in this component.</p>
<p>2. Every new staff member receives suicide-prevention training. Suicide-prevention training occurs during the employee orientation and annual training.</p>	<p>Meets Standard</p>	<p>All personnel receive suicide prevention training during orientation and annual refresher training. Training documentation was reviewed for verification.</p>
<p>3. If a detainee is identified as being suicidal, the detainee is removed from general population, placed on suicide precautions, and is referred immediately to qualified medical staff.</p>	<p>Meets Standard</p>	<p>When a detainee is identified as suicidal, he/she is removed from general population and placed in a medical observation cell on suicide precautions, with a referral to medical personnel.</p>

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

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

Components	Rating	Remarks (1000 Char Max)
<p>4. <u>PRIORITY</u>: All facility staff who interact with and/or are responsible for detainees are trained at least annually on the facility’s Suicide Prevention and Intervention Program, to include:</p> <ul style="list-style-type: none"> <li>• Identifying the warning signs and symptoms of impending suicidal behavior,</li> <li>• Demographic, cultural, and precipitating factors of suicidal behavior,</li> <li>• Responding to suicidal and depressed detainees,</li> <li>• Communication between correctional and health care personnel,</li> <li>• Referral procedures,</li> <li>• Housing observation and suicide-watch level procedures, and</li> <li>• Follow-up monitoring of detainees who have attempted suicide.</li> </ul>	<p>Meets Standard</p>	<p>All personnel receive suicide prevention and intervention training during annual refresher training, covering all of the bulleted items mentioned in the component. Training documentation was reviewed for verification.</p>
<p>5. <u>PRIORITY</u>: Detainees who are identified as being “at risk” for suicide shall immediately be referred to the mental health provider or other appropriately trained medical staff member for evaluation. Appropriately trained and qualified medical staff shall evaluate the detainee within 24 hours of the referral, and re-evaluate any detainee placed on suicide watch on a daily basis. All evaluation is documented in the detainee’s medical record. Only the mental health professional, clinical medical authority, or designee may terminate a suicide watch after a current suicide risk assessment is completed.</p>	<p>Meets Standard</p>	<p>Per policy and medical file review, any detainee identified as being at risk for suicide is immediately referred to mental health staff or appropriately trained medical personnel. Evaluation of the detainee occurs within 24 hours. Detainees placed on suicide watch are re-evaluated every 24 hours. All associated documentation is included in the detainee's medical record. Release from suicide watch will only occur following an in-person evaluation by the treating provider wherein he or she concludes that the detainee is no longer at risk for suicide or self-harm. Only the mental health professional can terminate a suicide watch, as verified by a medical file review.</p>

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

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

Components	Rating	Remarks (1000 Char Max)
<p>6. Evaluation by a mental health provider of detainees who are identified as being “at risk” for suicide will be documented in the medical record and include:</p> <ul style="list-style-type: none"> <li>• Relevant history,</li> <li>• Environmental factors,</li> <li>• Lethality of suicide plan,</li> <li>• Psychological factors,</li> <li>• A determination of level of suicide risk,</li> <li>• Level of supervision needed,</li> <li>• Referral/transfer for inpatient care (if needed),</li> <li>• Instructions to medical staff for care, and</li> <li>• Reassessment time frames.</li> </ul>	<p>Meets Standard</p>	<p>Per review of selected medical records, detainees identified as at risk for suicide are evaluated with the listed items being covered and documented in the medical record.</p>
<p>7. Detainees who are placed on suicide watch are to be re-evaluated by appropriately trained and qualified medical staff on a daily basis and this re-evaluation is documented in the detainee’s medical record. Only the mental health professional, clinical medical authority, or designee may terminate a suicide watch after a current suicide risk assessment is completed. A detainee may not be returned to the general population until this assessment has been completed.</p>	<p>Meets Standard</p>	<p>Detainees on suicide watch are seen and re-evaluated on a daily basis by mental health staff. Evaluations are documented in the medical record, as verified by the medical file review. Only mental health staff can remove a detainee from suicide watch after a suicide risk assessment is completed. Once removed from watch status, the detainee is returned to the general population, if appropriate.</p>

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

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

Components	Rating	Remarks (1000 Char Max)
<p>8. <b>PRIORITY:</b> Suicidal detainees should be housed in a room that has been made as suicide resistant as possible. Security staff shall ensure that the area for suicide observation is initially inspected so that there are no objects that pose a threat to the detainee’s safety.</p>	<p>Does Not Meet Standard</p>	<p>Detainees placed on suicide watch are housed in one of two designated medical observation cells. Inspection of the cells revealed there were two objects that could be used in a suicide attempt. Specifically, a cable jack was protruding from the wall and electrical outlets were located in each of the designated watch cells. The cable jack and electrical outlets were covered with plates during the inspection. The cells have been made as suicide resistant as possible. Prior to placing a detainee on suicide watch, the observation cell is inspected by detention personnel to ensure there are no objects that pose a safety threat. The cell inspections are documented in a log book.</p>
<p>9. When standard-issue clothing presents a security or medical risk, the detainee is to be provided an alternative garment that promotes detainee and staff safety, while preventing the humiliation and degradation of the detainee. The clinical medical authority or designee will determine appropriate clothing.</p>	<p>Meets Standard</p>	<p>A detainee placed on suicide watch status is clothed in a suicide-resistant smock and blanket. Clothing items can be added or removed as deemed appropriate by the physician or mental health professional.</p>
<p>10. Suicidal detainees will be monitored by assigned security officers who maintain constant one-to-one visual observation, 24 hours a day, until the detainee is released from suicide watch. The assigned security officer makes a notation every 15 minutes on the behavioral observation checklist.</p>	<p>Meets Standard</p>	<p>Detainees on suicide watch are under constant, direct monitoring by detention personnel who are also responsible for documenting behavioral observations every fifteen minutes. The observation cell is also under video surveillance by correctional staff.</p>
<p>11. Following a suicide attempt, security staff shall initiate and continue appropriate life-saving measures until relieved by arriving medical personnel.</p>	<p>Meets Standard</p>	<p>All employees are trained in first aid and certified in CPR and AED use. As per the HSA, correctional personnel respond to medical emergencies and provide initial life-saving measures until relieved by medical personnel.</p>

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

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

Components	Rating	Remarks (1000 Char Max)
<p>12. In the event of a suicide attempt or a completed suicide, all appropriate ICE and IHSC officials shall be notified through the chain of command. The victim’s family and appropriate outside authorities, as appropriate, shall also be immediately notified.</p> <p>Medical staff shall complete an Incident Report Form within 24 hours.</p>	<p>Meets Standard</p>	<p>Per policy, in the event of a suicide or attempted suicide, the HSA/designee immediately provides email and telephonic notification to facility administration and ICE. ICE is responsible for other required notifications. Medical personnel are required to complete an incident report within 24 hours.</p>
<p>13. Every completed suicide and serious suicide attempt shall be subject to a mortality review process. A critical incident debriefing shall be provided to all affected staff and detainees.</p>	<p>Meets Standard</p>	<p>A completed suicide is subject to mortality review. Critical incident debriefing would be offered to staff and detainees within 24-72 hours, as per the HSA, although this is not articulated in policy.</p>

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

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

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

When medical personnel determine that a detainee is at imminent risk of bodily injury, they may recommend hospitalization for the purposes of evaluation or treatment. A court order is sought, if necessary.

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

When transferred into ICE custody, ICE inquiries into any known prior suicidal behaviors, and if identified, ICE ensures detainee safety pending medical provider evaluation.

Facility policy and training support effective management of detainees at risk for suicide, including appropriate identification, evaluation and documentation on their management, care and treatment. Treatment plans are developed for those detainees who have problems associated with suicide ideation.

Consistent communication is maintained between medical, mental health and correctional personnel through a variety of mechanisms to include intake forms, daily briefings, shift change briefings, and medical progress notes.

There were no ICE detainee suicides or serious attempts since the last inspection. There were fifteen ICE detainees on suicide watch and a review of their medical records reflected they were properly managed with respect to the requirements of the standard. Documentation in reviewed medical records was detailed, timely and appropriate.

The evaluation for this standard was based on a review of the policy and medical records and an interview with the HSA.

**Overall Rating:** Meets Standard

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

**Completion Date:** 6/22/2017



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

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

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

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

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

Standard N/A

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

Components	Rating	Remarks (1000 Char Max)
1. Detainees, who are chronically or terminally ill, are transferred to an appropriate off-site medical facility, if necessary. Immediately notify the facility administrator and/or ICE/ERO Field Office Director (FOD) of the detainee's condition by phone or in person and document the detainee's condition in a memorandum to the facility administrator that briefly describes the illness and prognosis.	Meets Standard	The facility does not have the medical resources to care for either the severely or terminally ill. If this situation should arise, the facility administrator and ICE are notified, telephonically and via email, so that a transfer can be made to a more appropriate facility for care and treatment.
2. The FOD or designee shall immediately notify (or make reasonable efforts to notify) the detainee’s next-of-kin of the medical condition and status, the detainee's location, and the visiting hours and rules at that location, in a language or manner which they can understand.	Meets Standard	ICE is responsible for contacting family members and informing them of the detainee's condition, location and possible visiting privileges, in a language that is understandable by the detainee's family or point of contact.
3. When the detainee is at an off-site facility, that facility is expected to assist the detainee in completing an Advance Directive and/or Living Will.  All facilities shall use the State Advance Directive form (in which the facility is located) for implementing Living Wills and Advance Directives.	Meets Standard	The HSA/designee contacts local off-site facilities to communicate the expectation of the facility assisting any ICE detainee in completing an advance directive/living will, when applicable. The state advance directive form for implementing living wills and advance directives is used.
4. When the terms of the advanced directive must be implemented, the medical professional overseeing the detainee’s care will contact the ICE/ERO FOD or designee and the respective ICE Chief Counsel.	Meets Standard	ICE/ERO will be contacted by the HSA, and the implementation of advance directives will be coordinated between the facility and ICE.
5. Each facility holding detainees shall establish written policy and procedures governing DNR orders in accordance with the laws of the state in which the facility is located.	Meets Standard	There is written policy and procedure addressing DNR orders.
6. Health care will continue to be provided consistent with the DNR order.	Meets Standard	Per policy, detainee health care will continue to be provided consistent with the DNR order.
7. The detainee's medical file shall include documentation validating the DNR order.	Meets Standard	Per policy, the detainee's medical file would include documentation validating the DNR order.

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

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

Standard N/A

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

Components	Rating	Remarks (1000 Char Max)
8. The facility shall follow written procedures for notifying attending medical staff of the DNR order.	Meets Standard	The facility has written procedures for notifying medical personnel of a DNR order.
9. The facility has written procedures to address the issues of organ donation by detainees.	Meets Standard	Procedures address detainee organ donation.
10. Each facility shall have written policy and procedures that are followed to notify ICE/ERO officials, next-of-kin, and consulate officials of a detainee's death while in custody.	Meets Standard	Policy addresses the notification of ICE in the event of a detainee's death. ICE is responsible for notification of next of kin and consulate officials of a detainee's death while in custody.
11. The facility has a policy and procedure to address the death of a detainee while in transport.	Meets Standard	Procedures address the death of a detainee while in transport.
12. The body must be transferred to the local coroner or medical examiner in the jurisdiction where the death occurred.	Meets Standard	A deceased detainee's body is transferred to the local coroner or medical examiner in the jurisdiction where the death occurred.
13. The Chaplain shall telephone the person named as the next-of-kin in the United States to communicate the circumstances surrounding the death.	Meets Standard	A detainee death is reported to ICE who makes all the required notifications including next-of-kin. As per the chaplain, he would be involved in the next-of-kin notification process only after initial contact and notification by ICE.
14. Within seven calendar days of the date of notification (in writing or in person), the family shall have the opportunity to claim the remains.	Meets Standard	Per ICE personnel, the family has the opportunity to claim the remains of a deceased detainee within seven calendar days of the date of written or in-person notification.
15. If family members cannot be located or decline orally or in writing to claim the remains, ICE/ERO shall notify the consulate.	Meets Standard	ICE notifies the consulate if family members cannot be located or decline verbally or in writing to claim the remains.
16. The facility administrator shall specify policy and procedures regarding responsibility for proper distribution of the death certificate.	Meets Standard	Policy addresses the distribution of death certificates in accordance with the standard.

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

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

Standard N/A

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

Components	Rating	Remarks (1000 Char Max)
17. The facility’s written procedures shall address, at a minimum: <ul style="list-style-type: none"> <li>• Contacting the local coroner or medical examiner, in accordance with established guidelines and applicable laws;</li> <li>• Scheduling the autopsy;</li> <li>• Identifying the person who will perform the autopsy;</li> <li>• Obtaining the official death certificate; and</li> <li>• Transporting the body to the coroner or medical examiner’s office.</li> </ul>	Meets Standard	Written procedures for autopsies address the bulleted items listed in this component.
18. Medical staff shall arrange for the approved autopsy to be performed by the local coroner or medical examiner in accordance with established guidelines and applicable laws.	Meets Standard	The HSA arranges for an autopsy to be performed by a local coroner or medical examiner in accordance with established guidelines and applicable laws.

**PART 4 – 25. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH – Reviewer Summary**

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

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

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

DNR policy complies with the following stipulations: A DNR order written by a staff physician is approved by the CMA; it protects basic patient rights and complies with state requirements. A decision to withhold resuscitative services would only be considered under specified conditions (the detainee has a terminal illness, the detainee has requested and signed the order, the decision is consistent with sound medical practice and is not in any way associated with any measures to hasten death). The medical file would include explicit directions regarding DNR and forms and memoranda regarding diagnosis and prognosis, express wishes of the detainee, immediate family's wishes, consensual decisions and recommendations of medical professionals identified by name and title, mental competency evaluation and informed consent; and the CD or HSA notifies the IHSC medical director who notifies the ICE chain-of-command.

Procedures for organ donation include: the organ recipient is an immediate family member; no blood or blood products are donated; all costs are at the expense of the detainee; the detainee signs a statement documenting his/her decision to donate the organ to a specific family member, his/her understanding of the risks, that the decision is undertaken without coercion or duress, and that the government is not responsible for any resulting medical complications or financial obligations; medical staff assist in the preliminary medical evaluation and the facility coordinates arrangements for the donation.

ICE may assist the family with transporting the remains to a location in the U.S. The chaplain may advise the OIC about religious considerations in remains disposition. ICE does not authorize cremation or donation of the remains for medical research. The original death certificate would be sent to the person who claims the remains and a certified copy is placed in

**PART 4 – 25. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH – Reviewer Summary**

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

the A-file. Written policy and procedures on autopsies include: the chaplain is involved in formulation of the procedures for religious purposes; the ICE Office of Chief Counsel is consulted via the ICE chain-of-command; and a written copy of the autopsy is forwarded to the ICE Office of Chief Counsel. While an autopsy decision is pending, no actions are taken that could affect the validity of the results. ICE is responsible for verifying and accommodating the detainee's religious preference prior to autopsy or embalming.

There have been no ICE detainee deaths since the last inspection and as a result, the inspector could not fully assess compliance with the standard. The facility does not have the necessary medical resources to care for the severely or terminally ill detainee. If these cases arise, the detainee is transferred to an appropriate facility for care and treatment. Policy and procedures are in place to properly manage advance directives, a continuum of care, terminal illness and the steps to follow in the event of a detainee death. Medical and ICE personnel have a good understanding of the standard requirements and the procedures to follow in the event of a detainee death. Evaluation of this standard was based on a review of the policy and interviews with medical and ICE personnel.

**Overall Rating:** Meets Standard

**Reviewer Name (Printed)**

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

**Completion Date:** 6/22/2017

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

## ***Section V: ACTIVITIES***

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

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

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

Components	Rating	Remarks (1000 Char Max)
1. Each facility shall have written policy and procedures concerning detainee correspondence and other mail.	Meets Standard	Policy and the local handbook outline the rules and regulations governing detainee correspondence and other mail.
2. <u>PRIORITY</u> : A detainee is considered "indigent" if he or she has less than \$15.00 in his or her account. Indigent detainees will be permitted to mail a reasonable amount of mail each week at government expense, as determined by the Facility Administrator, including the following: <ul style="list-style-type: none"> <li>• At least five pieces of special correspondence or Legal Mail.</li> <li>• Three pieces of general correspondence.</li> <li>• Packages as deemed necessary by ICE.</li> </ul>	Meets Standard	ICE detainees are considered indigent if they have less than \$15.00 in their commissary account. All component requirements are included in policy and practice.
3. The facility shall notify detainees of its rules on correspondence and other mail through the Detainee Handbook, or supplement, provided to each detainee upon admittance.	Meets Standard	The rules on correspondence and other mail are outlined in the facility handbook. The handbook is provided to each detainee upon arrival.
4. The facility shall provide key information to detainees in languages spoken by any significant portion of the facility's detainee population.	Meets Standard	Key information is provided in English and Spanish, the languages spoken by the majority of detainees. Additional language translation is available through Language Line, a telephone-based translation service.
5. <u>PRIORITY</u> : Detainee correspondence and other mail shall be delivered to the detainee and to the postal service on regular schedules. <ul style="list-style-type: none"> <li>• Incoming correspondence shall be distributed to detainees within 24 hours (one business day) of receipt by the facility.</li> <li>• Outgoing correspondence shall be delivered to the postal service no later than the day after it is received by facility staff or placed by the detainee in a designated mail depository, excluding weekends and holidays.</li> </ul>	Meets Standard	Incoming and outgoing mail service is provided each weekday according to component requirements.
6. All facilities shall implement procedures for the inspection of all incoming general correspondence and other mail (including packages and publications) for contraband.	Meets Standard	

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

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

Components	Rating	Remarks (1000 Char Max)
7. All facilities shall implement procedures for inspecting special correspondence and legal mail for contraband in the presence of the detainee. Detainees shall sign a logbook upon receipt of special correspondence and/or legal mail to verify that the special correspondence or legal mail was opened in their presence.	Meets Standard	Detainees sign a log indicating that special correspondence and legal mail was opened in their presence.
8. Outgoing special correspondence and legal mail shall not be opened, inspected, or read.	Meets Standard	The facility does not open, read or inspect outgoing special correspondence or legal mail.
9. All facilities shall implement policies and procedures addressing acceptable and non-acceptable mail.	Meets Standard	
10. When an officer finds an item that must be removed from a detainee’s mail, he or she shall make a written record.	Meets Standard	
11. Prohibited items discovered in the mail shall be handled as follows: <ul style="list-style-type: none"> <li>• A receipt shall be issued to the detainee for all cash, which shall be safeguarded and credited to the detainee’s account in accordance with the Detention Standard on Funds and Personal Property.</li> <li>• Identity documents, such as passports, birth certificates, etc., shall be placed in the detainee's A-file. Upon request, the detainee shall be provided with a copy of the document, certified by an ICE/ERO officer to be a true and correct copy.</li> </ul>	Meets Standard	
12. The facility shall provide a postage allowance at government expense to all detainees, if the facility does not have a system for detainees to purchase stamps.	N/A	Stamps may be purchased from the commissary.
13. The facility shall provide writing paper, envelopes, and pencils at no cost to ICE detainees.	Meets Standard	
14. All facilities shall have written policy and procedures regarding mail privileges for detainees housed in a Special Management Unit.	Meets Standard	

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

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

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

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

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



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

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

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

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

The evaluation of this standard included a review of policy, mail logs, money release forms and correspondence forms; observation of the mail processing area; and interviews with the programs manager, case workers, intake officers, gatehouse officer and mailroom officer.

**Overall Rating:** Meets Standard

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

**Completion Date:** 6/22/2017

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

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

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

Standard N/A

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

Components	Rating	Remarks (1000 Char Max)
1. On a case-by-case basis, and with approval of the respective Field Office Director, the facility administrator may allow a detainee, under ICE/ERO staff escort: <ul style="list-style-type: none"> <li>To visit a critically ill member of his or her immediate family.</li> <li>To attend an immediate-family member's funeral.</li> </ul>	N/A	
2. The facility notifies ICE of all detainee requests for non-medical escorts. Each recommendation addresses the individual's suitability for travel, e.g., the kind of supervision required. The Field Office Director is the approving official for all non-medical escorted trips.	N/A	
3. Escorts shall ensure that detainees with physical disabilities are provided reasonable accommodations in accordance with security and safety concerns.	N/A	

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

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

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

According to the ICE officer, all non-medical emergency trips are handled by the ICE Field Office.

**Overall Rating:** N/A

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

**Reviewer Name (Printe**

**Completion Date:** 6/22/2017

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

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

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

Components	Rating	Remarks (1000 Char Max)
1. All facilities shall have in place policy and procedures to enable eligible ICE/ERO detainees to marry.	Meets Standard	The facility has policy and procedures in place to enable detainees to marry.
2. A detainee, or his or her legal representative, may submit the request for permission to marry to the facility administrator or Field Office Director in writing.	Meets Standard	
3. The Field Office Director or Facility Administrator considers detainee marriage requests on a case-by-case basis.	Meets Standard	
4. The facility administrator or designated Field Office staff shall notify the detainee in a timely manner of a time and place for the ceremony.	Meets Standard	Field office staff notifies the detainee on whether or not the marriage request has been approved or denied. Facility officials notifies the detainee, in a timely manner, of the place and time for the ceremony. The ceremony takes place in the court room.
5. Once the marriage has taken place, the facility administrator shall forward original copies of all documentation to the detainee's A-file and maintain copies in the facility's detention File.	Meets Standard	Facility staff maintains copies of all marriage request documentation in the detainee's detention file. Original documents are forwarded to ICE staff who files them in the detainee's A-File.

**PART 5 – 28. MARRIAGE REQUESTS – Reviewer Summary**

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

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

A review of policy and interviews with the SDDO and chaplain indicate that policy and procedures are in place to enable detainees to marry. Detainees are informed about the marriage request procedures through the local detainee handbook and the National Detainee Handbook. If a detainee's marriage request is denied, ICE notifies the detainee in writing of the reasons for the denial within thirty days from the date of request. Detainees may seek legal assistance throughout the marriage application process. Guidelines for denying a detainee's marriage request include the following: the detainee is not legally eligible to be married; the detainee is not mentally competent, as determined by a qualified medical practitioner; the intended spouse has not affirmed, in writing, his/her intent to marry the detainee; the marriage would present a threat to the security or orderly operation of the facility; or there are compelling government interests for denying the request. A detainee may file an appeal to the FOD if the request is denied. When a request is approved, the following guidelines are followed: the detainee, legal representative or other individual acting on the detainee's behalf makes all the marriage arrangements, including, but not limited to blood tests, obtaining the marriage license, and retaining an official to perform the marriage ceremony. ICE personnel do not participate in making marriage arrangements nor serve as witnesses in the ceremony. The marriage does not interrupt nor stay any hearing, transfer to another facility or removal from the United States, and transfers do not occur solely to prevent a marriage. Arrangements made are consistent with the security and orderly operation of the facility according to the following stipulations: the ceremony will take place in the courtroom; all expenses relating to the marriage shall be borne by the detainee or person acting on the detainee's behalf; and the ceremony shall be private with no media publicity and only individuals essential for the marriage ceremony may attend. The OIC has the right of final approval

**PART 5 – 28. MARRIAGE REQUESTS – Reviewer Summary**

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

concerning the time, place and manner of all arrangements. The FOD may revoke approval of a marriage request for good cause and notifies the detainee in writing. The detainee may file an appeal in such instances.

**Overall Rating:** Meets Standard

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

**Completion Date:** 6/22/2017

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

**PART 5 – 29. RECREATION** (Key: AC)

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

Components	Rating	Remarks (1000 Char Max)
1. The facility provides an indoor recreation program.	Meets Standard	Indoor recreation consists of dayroom activities as well as access to one of two indoor gymnasiums.
2. The facility provides an outdoor recreation program.	Meets Standard	Outdoor recreation activities take place on one of two outdoor recreation yards.
3. <u>PRIORITY</u> : If outdoor recreation is available at the facility, each detainee shall have access for at least one hour daily, at a reasonable time of day, weather permitting. Detainees shall have access to clothing appropriate for weather conditions. If only indoor recreation is available, detainees shall have access for at least one hour each day to a large recreation room with exercise equipment and access to natural sunlight. All detainees participating in outdoor recreation shall have access to drinking water and toilet facilities.	Meets Standard	Outdoor recreation is available to detainees at least one hour per day, weather permitting. Detainees are issued sweatshirts for the winter months. The facility also has two gymnasiums to utilize when inclement weather prohibits access to the outdoor recreation areas. Detainees participating in outdoor recreation have access to drinking water and toilet facilities.
4. If a detainee is housed for more than 45 days in a facility that provides neither indoor nor outdoor recreation, he or she may be eligible for a voluntary transfer to a facility that does provide recreation.  Likewise, if a detainee is housed for more than six months in a facility that provides only indoor recreation, he or she may be eligible for a voluntary transfer to a facility that also provides outdoor recreation.	Meets Standard	Indoor and outdoor recreation is provided at this facility.
5. <u>PRIORITY</u> : All facilities shall have an individual responsible for the development and oversight of the recreation program. In SPCs/CDFs, a recreational specialist (for facilities with more than 350 detainees) assesses the needs and interests of the detainees.	Meets Standard	A recreation specialist has oversight of the recreation program.
6. All facilities shall provide recreational opportunities for detainees with disabilities.	Meets Standard	
7. Exercise areas shall offer a variety of equipment. Weight training, if offered, must be limited to fixed equipment. Free weights are prohibited.	Meets Standard	Outdoor recreation areas provide basketball goals, soccer and stationary exercise bars. Free weights are not available at this facility.
8. Cardiovascular exercise shall be available to detainees for whom outdoor recreation is unavailable.	Meets Standard	Outdoor recreation is provided at this facility.

**PART 5 – 29. RECREATION** (Key: AC)

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

Components	Rating	Remarks (1000 Char Max)
9. <b>PRIORITY:</b> Dayrooms in general population housing units shall offer board games, television, and other sedentary activities.	Meets Standard	Day room activities include television, leisure reading, playing cards, and board games.
10. Recreational activities shall be based on the facility's size and location. With the facility administrator's approval, recreational activities may include limited-contact sports, such as soccer, basketball, volleyball, and table games, and may extend to intramural competitions among units. Detention personnel shall supervise dayroom activities, distributing games and other recreation materials daily.	Meets Standard	Recreational activities include ping pong, basketball, soccer, cardio, playing cards, board games, television and leisure reading. Detention personnel supervise dayroom activities to include distributing games and recreation materials. Intramural competitions are conducted on occasion.
11. Recreation areas shall be under continuous supervision by staff equipped with radios or other communication devices to maintain contact with the Control Center.	Meets Standard	
12. <b>PRIORITY:</b> Recreation for detainees housed in the SMU shall be separate from the general population. Detainees in the SMU shall be offered at least one hour of recreation per day, outside their cells and scheduled at a reasonable time, at least five days per week. Where cover is not provided to mitigate inclement weather, detainees shall be provided weather-appropriate equipment and attire.	Meets Standard	Detainees housed in special management units receive outdoor recreation at least one hour a day, five days a week, at a reasonable time. Recreation is conducted in individual recreation areas, separate from the general population. The individual recreation areas are not covered. Sweatshirts are provided on a seasonal basis, when climate conditions require additional attire. When inclement weather prohibits outdoor recreation, detainees are allotted one hour of recreation time outside of their cell in the common area.
13. When a detainee in an SMU is deprived of recreation (or any usual authorized items or activity), a written report of the action is forwarded to the facility administrator. Denial of recreation must be evaluated daily by a shift supervisor.	Meets Standard	
14. When recreation privileges are suspended, the disciplinary panel or facility administrator shall provide the detainee written notification, the reason for the suspension, any conditions that must be met before restoration of privileges, and the duration of the suspension provided the requisite conditions are met for its restoration.	Meets Standard	The required information would be included in the disciplinary report of which the detainee receives a copy.

**PART 5 – 29. RECREATION** (Key: AC)

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

Components	Rating	Remarks (1000 Char Max)
15. The case of a detainee denied recreation privileges shall be reviewed at least once each week as part of the reviews required for all detainees in SMU status.	Meets Standard	
16. Denial of recreation privileges for more than 15 days requires the concurrence of the facility administrator and a health care professional.	Meets Standard	
17. The facility shall notify the ICE/ERO Field Office in writing when a detainee's denied recreation privileges exceeds 15 days.	Meets Standard	

**PART 5 - 29. RECREATION – Reviewer Summary**

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

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

The recreation program consists of day room activities and outdoor recreation activities. A review of the facility's policies, interviews with employees and observation of the recreation programs indicate that the recreation is provided under conditions of security that protect the safety and welfare of the detainees. The recreation program is overseen by a recreation specialist who ensures that the program is operated in an orderly, safe and secure manner. Both the indoor and outdoor recreation exercise areas provide the appropriate square footage for detainees to comfortably participate in recreation. The two indoor gymnasiums have at least eighteen-foot ceilings. Per policy, detainees are not required to forgo basic law library privileges for recreation privileges. Officers search the recreation areas before and after each use to detect altered or damaged equipment, hidden contraband, and security breaches. All recreational issued equipment is checked for damage and general condition by officers. Searches of detainees moving from locked areas are conducted in accordance with the standard. The OIC has established policy and procedures for television viewing in housing units dayrooms. All television viewing schedules are subject to the OIC's approval. Volunteers and detainee workers are not used in the recreation program. During this inspection, recreation activities were impacted by a power outage and inclement weather. Outdoor recreation areas were not in use due to significant rainfall. Indoor gymnasiums were used to provide recreational activities when possible.

**Overall Rating:** Meets Standard

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

**Completion Date:** 6/22/2017

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

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

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

Components	Rating	Remarks (1000 Char Max)
<p>1. <b>PRIORITY:</b> Detainees have opportunities to engage in practices of their religious faiths (including observance of important holy days, observance of special diets, and use of personal religious property) consistent with safety, security, and the orderly operation of the facility. Attendance at all religious activities is voluntary.</p>	Meets Standard	<p>Detainees participate in the practices of their religious faiths including the observance of holy days, accommodation of special religious diets, and the use of personal religious property. Attendance at religious functions is voluntary.</p>
<p>2. Religious activities shall be open to the entire detainee population, without discrimination based on a detainee’s race, ethnicity, religion, national origin, gender, sexual orientation, or disability.</p> <ul style="list-style-type: none"> <li>• The facility chaplain shall endeavor to provide opportunities for religious practice in major languages spoken by the residents.</li> <li>• Accommodations will be provided to residents who are deaf or hard of hearing to provide them access to the service should they wish to participate.</li> </ul>	Meets Standard	
<p>3. Facility records shall reflect the limitation or discontinuance of a religious practice along with the reason for such limitation or discontinuance.</p>	Meets Standard	<p>There have been no limitations or discontinuance of any religious practice at this facility.</p>
<p>4. <b>PRIORITY:</b> A facility religious services coordinator manages and coordinates religious activities for detainees, which are augmented and enhanced by community clergy, contractors, volunteers, and groups that provide individual and group assembly religious services and counseling that the facility religious services coordinator cannot personally deliver.</p>	Meets Standard	<p>A facility chaplain is currently working three days a week and will be converting to a full time position the week following this inspection. The chaplain has been working in a part time position for the last two and one half months. The duties of chaplain were previously assigned to other facility staff as a collateral duty prior to the chaplain's hiring. Volunteers from the local community assist the chaplain in providing individual and group religious services and counseling.</p>
<p>5. The chaplain or other religious coordinator shall have physical access to all areas of the facility to minister to detainees and staff.</p>	Meets Standard	<p>The chaplain has full access to all areas of the facility.</p>
<p>6. All facilities shall designate space for religious activities.</p>	Meets Standard	<p>The chaplain utilizes the two court rooms, the briefing room and multi-purpose rooms to provide religious services.</p>



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

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

Components	Rating	Remarks (1000 Char Max)
7. When recruiting citizen volunteers, the chaplain and other staff shall be cognizant of the need for representation from all cultural and socioeconomic parts of the community.	Meets Standard	
8. Detainees who are members of faiths not represented by clergy may conduct their own services, provided they do not interfere with facility operations.	Meets Standard	
9. If requested by a detainee, the chaplain or designee shall facilitate arrangements for pastoral visits by a clergy person or representative of the detainee’s faith.	Meets Standard	
10. Detainees may make a request for the introduction of a new component to the Religious Services program (schedule, meeting time and space, religious items and attire) to the chaplain. The chaplain shall ask the detainee to provide additional information to use in deciding whether to include the practice.	Meets Standard	
11. Each facility shall have written policy and procedures to facilitate detainee observance of important holy days, consistent with maintaining safety, security and orderly operations, and the chaplain shall work with detainees to accommodate proper observances.	Meets Standard	Written policy outlines the procedures for the proper observance of religious holy days. The chaplain works closely with detainees to accommodate their religious needs. Ramadan is currently being observed with 59 detainees participating.
12. Each facility administrator shall allow detainees access to personal religious property, as is consistent with safety, security and orderly operation of the facility.	Meets Standard	Personal religious property that can be retained by detainees includes, but is not limited to: rosaries, soft cover religious texts, prayer beads, prayer rugs and headgear.
13. When a detainee’s religion requires special food services, daily or during certain holy days or periods that involve fasting, restricted diets, etc., staff shall make all reasonable efforts to accommodate those requirements (for example, modifying menus to exclude certain foods or food combinations, or providing meals at unusual hours).	Meets Standard	Food service accommodates detainees' dietary religious needs through special religious diets and/or menu modifications and/or serving meals at unusual hours. Ramadan is currently being observed with 59 detainees participating.
14. The chaplain shall develop the religious fast schedule for the calendar year and provide it to the facility administrator or designee.	Meets Standard	The chaplain develops the fast schedule and provides it to staff and detainees.

**PART 5 – 30. RELIGIOUS PRACTICES – Reviewer Summary**

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

**PART 5 – 30. RELIGIOUS PRACTICES – Reviewer Summary**

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

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

Policy allows for religious services to be provided to detainees through a facility chaplain and the use of community volunteers. Volunteers are scrutinized as to their theological qualifications and required to pass a background investigation to be eligible for participation within the program. Detainees are provided with reasonable and equitable opportunities to participate in the practices of their faith. Interviews with employees and a review of policy indicate that the religious needs of detainees are being addressed. The religious program provides detainees the opportunity to participate in their respective religious faiths. The program also recognizes holy days and offers special meals. Per policy, the facility does not disparage the religious beliefs of a detainee, nor coerce or harass a detainee to change religious affiliation. ICE does not require a detainee to profess a religious belief. Detainees can designate any or no religious preference during in-processing. With a written request to the chaplain, a detainee can request to change this designation at any time, and the change will be effected in a timely fashion. In the interest of maintaining the security of the facility and to prevent abuse or disrespect by detainees of religious practices or observances, changes in declarations of religious preferences are monitored. When a determination of a request to allow a detainee to participate in specific religious activities is under consideration, the information contained both on the initial classification and the detainee’s religious designation is considered. Detainees showing "No Preference" can be restricted from participation in those activities deemed appropriate for members only. During the booking process officers enter the religious designation. When a request for change of religious preference is approved, the classification officer is responsible for making the necessary change in the detention file.

There is no dedicated chapel for religious activities. Religious services are conducted in the court rooms, the briefing room and in the multipurpose rooms. The rooms are sufficient to accommodate the needs of all religious groups in the detainee population fairly and equitably. The religious service areas are maintained in a neutral fashion suitable for use by various faith groups. Current program schedules are posted on all housing unit bulletin boards. When scheduling approved religious activities, both the availability of staff supervision and the need to allot time and space equitably among the different groups is considered. The particular needs of special-needs detainees can be addressed via a request for spiritual counselors or advisers for religious needs other than those of a specific faith tradition. The facility seeks representatives of faith groups in the community to provide specific religious services that are not otherwise provided. Decisions regarding the expansion of the religious services program are subject to the facility's parameters for maintaining a safe and secure facility and availability of staff for supervision. All volunteers are subject to background and criminal history checks, credential verification and must attend an orientation program before entering the secure portion of the facility. Pastoral visits take place in the visiting room during regular visiting hours, or in the chaplain's office. Religious volunteers from the community have endorsements by an appropriate religious-certifying body. Detainees in the SMU are allowed to participate in religious practices, consistent with the safety, security, and orderly operation of the facility.

**Overall Rating:** Meets Standard

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

**Completion Date:** 6/22/2017

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

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

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

Components	Rating	Remarks (1000 Char Max)
1. To ensure sufficient access, each facility shall provide at least one operable telephone for every 25 detainees.	Does Not Meet Standard	Housing unit C-2, a 100 bed dormitory, has three operable telephones. The dormitory housed 99 detainees during the inspection.
2. <u>PRIORITY</u> : Each facility shall ensure that detainees have access to reasonably priced telephone services. Contracts for such services shall comply with all applicable state and federal regulations and be based on rates and surcharges commensurate with those charged to the general public. Any variations shall reflect actual costs associated with the provision of services in a detention setting.	Meets Standard	According to the compliance sergeant, the telephone contract with Correct Solutions Group adheres to all applicable laws and regulations. A local prepaid collect and debit call costs \$0.18 per minute, \$0.19 per minute in-state and \$0.21 per minute out-of-state. International rates are \$1.00 per minute. There is also a processing fee ranging from \$3.00 to \$5.95. Cost per minute does not include applicable taxes.
3. Each facility shall maintain detainee telephones in proper working order. Designated facility staff shall inspect the telephones daily, promptly report out-of-order telephones to the repair service and ensure that required repairs are completed quickly. This information will be logged.	Meets Standard	The facility maintains detainee telephones in proper working order. The housing unit officers and/or sergeants check the telephones on every shift. An ICE officer checks the telephones weekly. Telephone repair logs are maintained.
4. Facility staff is responsible for ensuring on a daily basis that telephone systems are operational. Any problems identified must immediately be logged and reported to the appropriate facility and ICE staff personnel.	Meets Standard	
5. Each facility shall have a written policy on the monitoring of detainee telephone calls. If telephone calls are monitored, the facility shall include a recorded message on its phone system stating that all telephone calls are subject to monitoring. At each monitored telephone, place a notice that states that detainee calls are subject to monitoring. A detainee’s call to a court, a legal representative, OIG, or CRCL, or for the purposes of obtaining legal representation, may not be electronically monitored.	Meets Standard	Policy and the local handbook address telephone monitoring. Each housing unit telephone has a placard mounted by the telephone casings indicating that telephone calls are subject to monitoring. A telephonic announcement is made prior to each call connection. Special/legal telephone calls to a court, a legal representative, OIG, CRCL or for the purpose of obtaining legal representation are not monitored.

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

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

Components	Rating	Remarks (1000 Char Max)
6. Each facility shall provide telephone access rules in writing to each detainee upon admission, and also shall post these rules where detainees may easily see them in a language they can understand. Updated telephone and consulate lists shall be posted in the detainee housing units. Translation and interpretation services shall be provided as needed.	Meets Standard	Telephone access rules are in the handbook and posted in the housing units. Information is available in English and Spanish. Current telephone and consulate contact information is posted in each housing unit. A language line translation service is available.
7. Each facility administrator shall establish and oversee rules and procedures that provide detainees reasonable and equitable access to telephones during established facility "waking hours."	Meets Standard	Telephones are accessible daily from 5:00 a.m. to 11:00 p.m. Sunday through Thursday and from 5:00 a.m. to 1:00 a.m. Friday and Saturday.
8. Detainees are afforded a reasonable degree of privacy for legal phone calls.	Meets Standard	
9. A procedure exists to assist a detainee who is having trouble placing a confidential call.	Meets Standard	The programs department assists detainees having trouble placing a confidential telephone call.
10. The facility provides the detainees with the ability to make non-collect (special access) calls.	Meets Standard	
11. Even if telephone service is generally limited to collect calls, each facility shall permit detainees to make direct or free calls to the offices and individuals listed below. Updated lists need to be posted in the detainee housing units.	Meets Standard	The telephone system provides for direct calls, free calls and collect calls to standard required telephone numbers. Updated telephone lists are posted in the housing units.
12. If detainees are required to complete request forms to make direct or free calls, facility staff must assist them as needed, especially illiterate or non-English speaking detainees.	Meets Standard	Detainees complete a request form to make direct or free calls. Follow-up is completed by the programs department.

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

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

Components	Rating	Remarks (1000 Char Max)
<p>13. <b>PRIORITY:</b> All detainees are able to call their consulate, the DHS Office of the Inspector General, and any organization on the ICE/ERO-provided list of free legal service providers at no charge to the detainee or receiving party. The FOD will ensure that all information is kept current and provided to each facility. Updated contact lists are posted in the detainee housing units.</p> <p>Indigent detainees are afforded the same telephone access and privileges as detainees in the general population. The indigent detainee may also request a free call to immediate family or others in personal or family emergencies or for a compelling need (to be interpreted liberally).</p>	<p>Meets Standard</p>	<p>Detainees may call all component required organizations at no charge to the detainee or the receiving party. Current contact information is available in each housing unit. ICE officers check the lists during weekly visits to ensure they remain current. Indigent detainees are afforded the same telephone access as other detainees. They are also assisted in calling family or others in an emergency at no cost to either party. This inspector reached the OIG hotline number during the second and third days of the inspection in several different housing units.</p>
<p>14. A facility may neither restrict the number of calls a detainee places to his/her legal representatives nor limit the duration of such calls by rule or automatic cut-off, unless necessary for security purposes or to maintain orderly and fair access to telephones.</p>	<p>Meets Standard</p>	
<p>15. The facility has a system for taking and delivering emergency detainee telephone messages.</p>	<p>Meets Standard</p>	<p>The detainee handbook addresses outgoing emergency calls. Incoming emergency calls are handled by the on-duty supervisor. Messages are delivered without delay and detainees are given the opportunity to return calls immediately if warranted.</p>
<p>16. The facility shall take and deliver telephone messages to detainees as promptly as possible. When facility staff receive an emergency telephone call for a detainee, the caller’s name and telephone number will be obtained and given to the detainee as soon as possible. The detainee shall be permitted to return the emergency call as soon as reasonably possible within the constraints of security and safety. The facility shall enable indigent detainees to make a free return emergency call.</p>	<p>Meets Standard</p>	<p>Telephone messages are delivered to detainees as promptly as possible. Detainees are permitted to return emergency calls as soon as reasonably possible. Indigent detainees are permitted to make a free return emergency call.</p>

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

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

Components	Rating	Remarks (1000 Char Max)
<p>17. The facility shall provide a TTY device or Accessible Telephone (telephones equipped with volume control and telephones that are hearing-aid compatible for detainees who are deaf or hard of hearing). Detainees who are hard of hearing will be provided access to the TTY on the same terms as hearing detainees.</p> <p>Accommodations shall also be made for detainees with speech disabilities.</p>	<p>Meets Standard</p>	<p>Accommodations are made for detainees who are hard of hearing and/or have a speech disability. A TTY device is available and provided to detainees with special needs upon request.</p>
<p>18. Detainees in Disciplinary Segregation may be restricted from using telephones to make general calls as part of the disciplinary process. Even in Disciplinary Segregation, however, detainees shall have some access for special purposes.</p>	<p>Meets Standard</p>	
<p>19. Generally, detainees in administrative segregation should receive the same privileges that are available to detainees in the general population, subject to any safety and security considerations that may exist.</p>	<p>Meets Standard</p>	
<p>20. Upon a detainee’s request, facility staff shall make special arrangements to permit the detainee to speak by telephone with an immediate family member detained in another facility.</p>	<p>Meets Standard</p>	<p>The programs department makes special arrangements to permit a detainee to speak by telephone with an immediate family member detained in another facility.</p>
<p>21. <b>LYON AGREEMENT:</b> When a detainee requests a direct or free Legal Call to an attorney, court, or government agency or demonstrates a compelling need for other direct or free calls, access is granted within 24 hours of the request and ordinarily within 8 facility waking hours. Further delays may be justified by extraordinary circumstances.</p>	<p>Meets Standard</p>	<p>When a detainee requests a direct or free legal call to an attorney, access is granted within eight facility waking hours. There have been no delays in meeting this requirement during the inspection period. The programs manager facilitates the calls during the week. Shift supervisors facilitate emergency calls during the weekend.</p>
<p>22. <b>LYON AGREEMENT:</b> The facility documents and reports to ICE/ERO any delays in responding to requests for free or direct Legal Calls beyond 8 facility waking hours.</p>	<p>Meets Standard</p>	<p>Policy requires that delays in responding are documented. There have been no delays in responding during this inspection period.</p>
<p>23. <b>LYON AGREEMENT:</b> Detainees are provided private settings for Legal Calls such that calls cannot be overheard by officers, other staff, or other detainees.</p>	<p>Meets Standard</p>	<p>Case managers provide detainees a private setting, upon request.</p>

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

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

Components	Rating	Remarks (1000 Char Max)
24. <b>LYON AGREEMENT:</b> The facility has a system for taking and delivering telephone messages to detainees, including but not limited to attorney messages, other messages related to a detainee’s legal case, and emergency messages, and ensures the timeliness of such message delivery.	Meets Standard	
25. <b>LYON AGREEMENT:</b> The facility provides translation and interpretation services to detainees who are unable to read written telephone access rules in the languages provided.	Meets Standard	
26. <b>LYON AGREEMENT:</b> Detainees in segregation or other environments with limited physical access to telephones have reasonable and equitable access to telephones during waking hours (i.e., they can request telephone calls and receive them in a timely manner).	Meets Standard	

**PART 5 – 31. TELEPHONE ACCESS – Reviewer Summary**

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

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

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

Evaluation of this standard included reviewing policy, procedures, facility liaison visit checklist, request forms, serviceability reports, emergency telephone response times and the local handbook; interviewing staff; and placing telephone calls to the OIG hotline from several housing unit telephones. Detainees stated that telephones are not readily accessible in the larger housing units, "because there are not enough telephones".

Telephone calls are limited to fifteen minutes during high demand times in the housing units.

There is also Video Conferencing (VTC) technology available for virtual attorney-client meetings. Private rooms have been set aside to accommodate VTC meetings. Computers programmed with free Skype internet are available in the VTC rooms. A camera and video monitor allows the detainee to see and speak with his/her legal representative. VTC meetings are confidential and are scheduled for sixty minutes.

**Overall Rating:** Meets Standard

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

**Reviewer Name (Printed)**

**Completion Date:** 6/22/2017

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

<b>PART 5 – 32. VISITATION</b> (Key: AF)		
This Detention Standard ensures that detainees will be able to maintain ties through visitation with their families, the community, legal representatives, and consular officials, within the constraints of safety, security, and good order.		
Components	Rating	Remarks (1000 Char Max)
1. There is a written visitation procedure, schedule, and hours for general visitation.	Meets Standard	
2. Each facility administrator shall decide whether to permit contact visits, as is appropriate for the facility’s physical plant and detainee population.	Meets Standard	All general and legal visitation is non-contact.
3. A facility administrator may temporarily restrict visiting when necessary to ensure the security and good order of the facility. Each restriction or denial of visits shall be documented in writing, including the duration of and reasons for the restriction.	Meets Standard	
4. Each facility shall: <ul style="list-style-type: none"> <li>• Make the schedule and procedures available to the public, both in written form and telephonically.</li> <li>• Post that information in the visitor waiting area in English, Spanish, and other major languages spoken in the facility.</li> </ul>	Meets Standard	
5. <b>PRIORITY:</b> General visitation is permitted during set hours on Saturdays, Sundays, and holidays, and, to the extent practicable, the facility accommodates the scheduling needs of visitors for whom weekends and holidays pose a hardship. The number of visitors a detainee receives and the length of visits are limited only by reasonable constraints of space, scheduling, staff availability, safety, security, and good order. The minimum duration for a visit is 30 minutes.	Meets Standard	General visitation is available Thursday through Sunday, including holidays. A detainee is permitted one one-hour visit each week. Accommodations are made for individuals traveling long distances. Two adults and three minor visitors are permitted at a time. Restrictions or limitations occur only to maintain safety and good order.
6. Each facility shall maintain a log of all general visitors, and a separate log of legal visitors.	Meets Standard	
7. If the facility establishes and maintains a dress code for visitors, it shall be made available to the public.	Meets Standard	
8. The facility’s visiting areas shall be appropriately furnished and arranged, and as comfortable and pleasant as practicable.	Meets Standard	
9. The facility’s written rules shall specify time limits for visits. The minimum time limit is 30 minutes.	Meets Standard	A detainee is permitted one one-hour visit each week.
10. At facilities where there is no provision for visits by minors, ICE arranges for visits by children and stepchildren, on request, within the first 30 days.	N/A	Minors may visit if accompanied by an adult.
11. Written procedures shall detail the limits and conditions of contact visits in facilities permitting them.	Meets Standard	



<b>PART 5 – 32. VISITATION</b> (Key: AF)		
This Detention Standard ensures that detainees will be able to maintain ties through visitation with their families, the community, legal representatives, and consular officials, within the constraints of safety, security, and good order.		
<b>Components</b>	<b>Rating</b>	<b>Remarks</b> (1000 Char Max)
12. Anytime a visit is denied, to either a general population detainee or SMU detainee, the denial is documented.	Meets Standard	Denials are documented. There have been no visitation denials during the inspection period.
13. While in administrative or disciplinary segregation status, a detainee ordinarily retains visiting privileges.	Meets Standard	
14. <b>PRIORITY:</b> Legal visitation is available seven (7) days a week, including holidays. Legal visitation hours provide for a minimum of eight (8) hours per day on regular business days, and a minimum of four (4) hours per day on weekends and holidays.	Meets Standard	Legal visitation is available seven days a week, including holidays from 8:00 a.m. until 5:00 p.m. Additional hours are available upon request.
15. Private consultation rooms are available for attorney meetings. There is a mechanism for the detainee and his/her representative to exchange documents.	Meets Standard	A non-contact visiting booth is available for attorney meetings. The booth is equipped with a document exchange port for the detainee and his/her representative to exchange documents.
16. Legal representatives and assistants are subject to a non-intrusive search such as a pat-down search of the person or a search of the person’s belongings – at any time for the purpose of ascertaining the presence of contraband.	Meets Standard	Legal representatives and their assistants must pass through a metal detector. Their personal belongings are searched prior to being admitted.
17. The current list of pro bono legal organizations is posted in the detainee housing areas and other appropriate areas.	Meets Standard	The current list of pro bono legal organizations is posted in each housing unit, law library areas and common areas.
18. All requests by NGOs and other organizations to send representatives to visit detainees must be submitted in advance and in writing to the ICE/ERO facility administrator or ICE/ERO Field Office supervising the contract, state or local facility. The written request must state the number of visitors, exact reason for the visit and issues to be discussed.	Meets Standard	
19. Facility visitation procedures shall cover law enforcement officials requesting interviews with detainees. Facilities will notify and seek approval from ICE ERO of any proposed law enforcement officer visit with a detainee.	Meets Standard	
20. Former ICE/ERO detainees, individuals with criminal records and individuals in deportation proceedings shall not be automatically excluded from visiting. Individuals in any of these categories must so notify the facility administrator before registering for visitation privileges.	Meets Standard	

**PART 5 – 32. VISITATION – Reviewer Summary**  
(Use following format for dates: mm/dd/yyyy)

**PART 5 – 32. VISITATION – Reviewer Summary**

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

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

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

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

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

There is also Video Conferencing (VTC) technology available for virtual attorney-client meetings. Private rooms have been set aside to accommodate VTC meetings. Computers programmed with free Skype internet are available in the VTC rooms. A camera and video monitor allows the detainee to see and speak with his/her legal representative. VTC meetings are confidential and are scheduled for sixty minutes.

Established procedures govern the circumstances that animals may accompany visitors.

Evaluation of this standard was based on review of policy, handbook and visitor logs; observation of visiting booths; and interviews with the shift supervisor, case manager and detainees. There were no general visits scheduled during the inspection period. VTC meetings were observed.

**Overall Rating:** Meets Standard

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

**Reviewer Name (Print)**

**Completion Date:** 6/22/2017

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

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

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

Standard N/A

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

Components	Rating	Remarks (1000 Char Max)
1. Detainees who are physically and mentally able to work shall be provided the opportunity to participate in any voluntary work program.	Meets Standard	Policy and procedure describe the detainee volunteer work program. It is also outlined in the handbook. Physically and mentally able detainees are allowed to participate.
2. The detainee’s classification level shall determine the type of work assignment for which he/she is eligible. Level 3 detainees shall not be given work opportunities outside their housing units/living areas.	Meets Standard	The detainee's classification level is used to determine their placement in the work program. High custody detainees are not allowed to work outside the housing area.
3. ICE detainees may not work outside the secure perimeter of local jails and facilities used under Intergovernmental Service Agreements.	Meets Standard	The facility does not allow detainees to work outside the secure perimeter of the facility.
4. The facility administrator shall develop site-specific rules for selecting work detail volunteers in a facility procedure that will include a voluntary work program agreement.	Meets Standard	Each participating detainee must sign a work agreement form and receive training prior to performing work duties.
5. Detainees shall not be denied voluntary work opportunities on the basis of such factors as a detainee's race, religion, national origin, gender, sexual orientation or disability.	Meets Standard	
6. While medical or mental health restrictions may prevent some physically or mentally challenged detainees from working, those with less severe disabilities shall have the opportunity to participate in the voluntary work program in appropriate work assignments.	Meets Standard	Policy and procedures support the inclusion of handicapped detainees in the work program.
7. Detainees who participate in the volunteer work program are required to work according to a fixed schedule.	Meets Standard	The facility does not allow detainees to work more than eight hours per day or forty hours per week. They are assigned to a fixed schedule.
8. Detainees shall receive monetary compensation for work completed in accordance with the facility’s standard policy.	Meets Standard	

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

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

Standard N/A

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

Components	Rating	Remarks (1000 Char Max)
9. The facility administrator shall establish procedures for informing detainee volunteers about on-the-job responsibilities and reporting procedures.	Meets Standard	Detainees are required to sign a voluntary work program agreement before beginning a work assignment. Completed agreements are filed in the detainee's detention file.
10. When a detainee is removed from a work detail, staff place the written justification for the action in the detainee's detention file.	Meets Standard	Detainees can be removed from work assignments for various reasons including unsatisfactory performance, physical inability to do the work, prevention of injury and removal sanctions imposed during a disciplinary hearing. Detainees may file a formal grievance if they believe they were unfairly removed from their work assignment.
11. All detention facilities shall comply with all applicable health and safety regulations and standards, to include training.	Meets Standard	The facility complies with applicable health and safety standards and maintains a detainee training program.
12. The facility administrator shall ensure that all department heads, in collaboration with the facility's safety/training officer, develop and institute appropriate training for all detainee workers.	Meets Standard	Policy requires that each participating detainee must receive training prior to performing work duties.
13. Upon a detainee's assignment to a job or detail, the supervisor shall provide thorough instructions regarding safe work methods and, if relevant, hazardous materials.	Meets Standard	Detainees receive appropriate training as required prior to starting their assignments.
14. The facility shall provide detainees with safety equipment that meets OSHA and other standards associated with the task performed.	Meets Standard	
15. The facility administrator shall implement procedures for immediately and appropriately responding to on-the-job injuries, including immediate notification of ICE/ERO.	Meets Standard	Policy and procedure outline the requirement of notifying ICE officials if a detainee sustains a work related injury.

**PART 5 – 33. VOLUNTARY WORK PROGRAM – Reviewer Summary**

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

**PART 5 – 33. VOLUNTARY WORK PROGRAM – Reviewer Summary**

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

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

Evaluation of this standard was based on a review of policy, documentation of detainee worker training and interviews with employees. The facility provides detainees the opportunity to work and earn money while assigned to the facility. Detainees work in various jobs within the facility providing support. They are only allowed to work inside the secure perimeter of the facility. Detainees are allowed to work one position daily up to eight hours. Detainees are required to obtain medical approval prior to beginning work duties.

**Overall Rating:** Meets Standard

**Reviewer Name (Printed):**

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

**Completion Date:** 6/22/2017

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

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

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

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

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

Components	Rating	Remarks (1000 Char Max)
<p>1. <b>PRIORITY:</b> Upon admission to a facility, as part of the orientation program, each detainee shall be provided a copy of the ICE National Detainee Handbook and that facility’s local supplement to the handbook.</p>	<p>Meets Standard</p>	<p>Copies of the National Detainee Handbook and the local handbook are provided to detainees during admission, and are available in English and Spanish versions.</p>
<p>2. The facility administrator shall ensure that the local supplement is translated into Spanish and any other language spoken by significant numbers of detainees in that facility.</p>	<p>Meets Standard</p>	<p>The local handbook is available in English and Spanish, which are the predominant languages spoken by detainees at this facility.</p>
<p>3. Staff shall require each detainee to verify, by signature, receipt of the handbook and maintain that acknowledgement in the detainee’s detention file.</p>	<p>Meets Standard</p>	<p>Detainees are required to verify by signature that they are in receipt of both the National Detainee Handbook and the local supplement. A review of 37 random detention files verified 100% accuracy. It should be noted that the acknowledgement forms were located in each detainee's detention file and included the detainee’s signature; however, the forms did not include the detainee's printed name and/or A-file number. In the event that the form was removed from the file, some illegible signatures would be difficult to determine who had signed the form.</p>
<p>4. If a detainee cannot read or does not understand the language of the handbook, the facility administrator shall arrange for the orientation materials to be read to the detainee, provide the material using audio or video tapes in a language the detainee does understand, or provide a translator.</p>	<p>Meets Standard</p>	<p>Policy allows for orientation materials to be read to detainees who cannot read or do not understand the languages in which the handbook is provided. The facility has access to Language Line for interpretation services.</p>

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

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

Components	Rating	Remarks (1000 Char Max)
5. The facility administrator shall provide a copy of the ICE National Detainee Handbook and the local supplement to every staff member who has contact with detainees, and cover its contents in initial and annual staff training.	Meets Standard	Each staff member is provided a copy of, and training regarding, the National Detainee Handbook and the local handbook. Training is provided during pre-service and in-service training.
6. The facility administrator shall appoint a committee to review the local supplement annually and recommend changes. While the handbook does not have to be immediately revised and reprinted to incorporate every change, the facility administrator shall establish procedures for immediately communicating such changes to staff and detainees.	Meets Standard	A committee revises the handbook annually. Until new handbooks are printed, changes to the handbook are communicated to detainees through postings in the housing units. Staff are notified via internal communications.
7. The detainee handbook (local supplement) address the following issues: <ul style="list-style-type: none"> <li>• Personal Items permitted to be retained by the detainee.</li> <li>• Initial issue of clothes, bedding and personal hygiene items.</li> <li>• How to access care.</li> </ul>	Meets Standard	Personal items permitted to be retained by the detainee and the initial issue of clothing; bedding and personal hygiene items are delineated in the initial admissions section of the handbook. The handbook also includes a section which describes how to access care.
8. The detainee handbook (local supplement) states in clear language basic detainee responsibilities.	Meets Standard	
9. The handbook (local supplement) clearly outlines the methods for classification of detainees, explains each level, and explains the classification appeals process.	Meets Standard	
10. The handbook (local supplement) states when a medical examination will be conducted.	Meets Standard	
11. The handbook (local supplement) describes the facility, housing units, dayrooms, In-dorm activities and special management units.	Meets Standard	
12. The handbook (local supplement) describes official count times and count procedures, meal times, feeding procedures, procedures for medical or religious diets, smoking policy, clothing exchange schedules and if authorized, clothes washing and drying procedures and expected personal hygiene practices.	Meets Standard	All of the required information listed in this component is included in the handbook.
13. The handbook (local supplement) describes times and procedures for obtaining disposable razors and explains that detainees attending court will be afforded the opportunity to shave first.	Meets Standard	



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

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

Components	Rating	Remarks (1000 Char Max)
14. The handbook (local supplement) describes barber hours and hair cutting restrictions.	Does Not Meet Standard	The local handbook informs detainees that barbering is provided seven days a week at a designated time. The barber hours are subject to change and are posted in the housing unit. The handbook did not include the haircutting restrictions as outlined in the environmental health and safety standard. During the inspection, the handbook was revised to include the haircutting restrictions.
15. The handbook (local supplement) describes; the telephone policy, debit card procedures, direct and frees calls; locations of telephones; policy when telephone demand is high; and policy and procedures for emergency phone calls.	Meets Standard	All of the required information listed in this component is included in the handbook.
16. The handbook (local supplement) addresses religious programming.	Meets Standard	
17. The handbook (local supplement) states times and procedures for commissary or vending machine usage (where available).	Meets Standard	The handbook outlines the procedures and times for commissary usage. Vending machines are not available at this facility.
18. The handbook (local supplement) describes the detainee voluntary work program.	Meets Standard	
19. The handbook (local supplement) describes the library location and hours of operation and law library procedures and schedules.	Meets Standard	
20. The handbook (local supplement) describes: attorney and regular visitation hours, policies, and procedures, location of the list of pro bono legal organizations; group legal rights presentations schedule and sign up procedures.	Meets Standard	The handbook describes the hours, policies and procedures of regular and attorney visitation. The handbook informs detainees that the lists of pro-bono legal organizations is available in the library. It also informs detainees that sign-up sheets for group legal rights presentations, when available, are posted in each housing unit.
21. The handbook (local supplement) provides local ICE contact information.	Meets Standard	

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

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

Components	Rating	Remarks (1000 Char Max)
22. The handbook (local supplement) describes the facility contraband policy.	Meets Standard	
23. The handbook (local supplement) describes the facility visiting hours and schedule and visiting rules and regulations.	Meets Standard	
24. The handbook (local supplement) describes the correspondence policy and procedures.	Meets Standard	
25. The handbook (local supplement) describes the detainee disciplinary policy and procedures, including: Prohibited acts and severity scale sanctions. <ul style="list-style-type: none"> <li>• Time limits in the Disciplinary Process.</li> <li>• Summary of Disciplinary Process.</li> </ul>	Meets Standard	The disciplinary section of the handbook describes the policy and procedures to include the prohibited acts and severity scale, time limits in the disciplinary process and a summary of the process.
26. The grievance section of the handbook (local supplement) explains all steps in the grievance process, including informal (if used) and formal grievance procedures.	Meets Standard	All procedures for the informal and formal grievance systems are described in the handbook to include the applicable time limits and appeal process.
27. The handbook (local supplement) describes the medical sick call procedures for general population and segregation.	Meets Standard	
28. The handbook (local supplement) describes the facility recreation policy.	Meets Standard	
29. The handbook (local supplement) describes the detainee dress code for daily living; and work assignments and the meaning of color-coded uniforms.	Does Not Meet Standard	The handbook describes the detainee dress code for daily living and the meaning of color coded uniforms. The handbook did not include the dress code for work assignments. During the inspection, the handbook was revised to include the dress code for detainee work details.
30. The handbook (local supplement) specifies the rights and responsibilities of all detainees.	Meets Standard	

**PART 6 - 34. DETAINEE HANDBOOK – Reviewer Summary**

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

**PART 6 - 34. DETAINEE HANDBOOK – Reviewer Summary**

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

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

Every detainee receives a copy of the facility handbook and the National Detainee Handbook. A review of the handbooks verifies that they accurately describe the rules, programs, procedures and requirements for detainees during their detention. The detainee handbook was free from derogatory or insensitive statements about detainee religion or culture. The site-specific handbook, written in English and Spanish, is comprehensive and accurately describes the facility's rules, programs, procedures and requirements for detainees during their detention. The facility's handbook and the National Detainee Handbook informs detainees, in detail, as to how to report allegations of abuse and civil rights violations, along with violations of officer misconduct, directly to ICE/ERO headquarters or the DHS OIG. Policy and practice address all areas required by the detention standard. During the evaluation of this standard, policy and the standard were reviewed, employees were interviewed, and the detainee handbook and other documentation were reviewed.

**Overall Rating:** Meets (b)(6); (b)(7)(C)

**Reviewer Name (Print)** [Redacted]

**Completion Date:** 6/22/2017

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

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

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

Components	Rating	Remarks (1000 Char Max)
<p>1. <b>PRIORITY:</b> Each facility shall have written policy and procedures for a detainee grievance system that:</p> <ul style="list-style-type: none"> <li>• Establishes a procedure for any detainee to file a formal grievance;</li> <li>• Establishes a procedure to track or log all formal grievances;</li> <li>• Establishes reasonable time limits for:                             <ul style="list-style-type: none"> <li>○ Processing, investigating, and responding to grievances, including medical grievances;</li> <li>○ Convening a grievance committee (or actions of a single designated grievance officer) to review formal complaints; and</li> <li>○ Providing written responses to detainees who filed formal grievances, including the basis for the decision.</li> </ul> </li> <li>• Ensures a procedure in which all medical grievances are received by the administrative health authority within 24 hours or the next business day;</li> <li>• Establishes a special procedure for time-sensitive, emergency grievances;</li> <li>• Ensures each grievance receives supervisory review;</li> <li>• Provides at least one level of appeal;</li> <li>• Includes guarantees against reprisal; and</li> <li>• Ensures information, advice, and directions are provided to detainees in a language or manner they can understand, or that interpretation/translation services are utilized. Illiterate, disabled, or non-English speaking detainees shall be provided additional assistance, upon request.</li> </ul>	<p>Meets Standard</p>	<p>Policy addresses all of the bulleted requirements of this component.</p>
<p>2. Written procedures require that detainees are informed about the facility’s informal and formal grievance system.</p>	<p>Meets Standard</p>	<p>The handbook describes the formal and informal grievance systems and procedures.</p>
<p>3. The grievance section of the handbook explains all steps in the grievance process.</p>	<p>Meets Standard</p>	<p>All procedures for the informal and formal grievance systems are described in the handbook to include the applicable time limits and appeal process.</p>
<p>4. Written procedures provide for the informal resolution of oral grievances.</p>	<p>Meets Standard</p>	

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

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

Components	Rating	Remarks (1000 Char Max)
<p>5. The facility administrator, or designee, shall allow a detainee to submit a formal, written grievance to a single designated grievance officer or the facility's grievance committee and shall be given the opportunity to obtain preparation assistance from another detainee or facility staff.</p> <p>Formal written grievances regarding medical care shall be submitted directly to medical personnel designated to receive and respond to medical grievances at the facility.</p>	Meets Standard	Policy allows for detainees to submit a written grievance to the grievance officer. The handbook informs detainees that assistance in the preparation of grievances can be obtained from staff or other detainees. There have been no formal written grievances of a medical nature.
<p>6. Each facility shall implement written procedures for identifying and handling a time-sensitive emergency grievance that involves an immediate threat to a detainee's health, safety or welfare.</p>	Meets Standard	
<p>7. All staff will be trained to appropriately respond to emergency grievances in an expeditious matter.</p>	Meets Standard	Staff receives training on emergency grievances during pre-service and in-service training.
<p>8. The facility’s established grievance system protocol must provide for at least one level of appeal but may establish more than one. In all instances detainees must receive written decisions about their appeals within reasonable and specified time limits.</p>	Meets Standard	
<p>9. <u>PRIORITY</u>: Each facility shall devise a method for documenting detainee grievances, at a minimum, a Detainee Grievance Log. The documentation shall include the date of the grievance, nature of the grievance in detail, and the date the grievance was resolved. A copy of the grievance disposition shall be placed in the detainee’s detention file and provided to the detainee. Medical grievances are maintained in the detainee’s medical file.</p>	Meets Standard	The facility uses a computerized grievance log that includes the date the grievance was received, detainee name and number, grievance category (nature of the grievance), and disposition date. A copy of the disposition is given to the detainee and a copy is filed in the detainee's detention file. Although there have been no formal written medical grievances, since the last inspection, staff stated that all medical grievances are maintained in detainee's medical files.

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

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

Components	Rating	Remarks (1000 Char Max)
<p>10. <b>PRIORITY:</b> Staff must forward all detainee grievances containing allegations of staff misconduct to a supervisor or higher-level official in the chain of command. While such grievances are to be processed through the facility’s established grievance system, CDFs and IGSA facilities must also forward a copy of any grievances alleging staff misconduct to ICE/ERO.</p>	<p>Does Not Meet Standard</p>	<p>The facility had one formal grievance submitted since the last inspection. The grievance alleged staff misconduct. Grievances with allegations of staff misconduct are forwarded to the warden. However, in this instance, a copy had not been forwarded to ICE.</p>
<p>11. Staff shall not harass, discipline, punish, or otherwise retaliate against a detainee who files a complaint or grievance or who contacts the Inspector General or the Office for Civil Rights and Civil Liberties.</p>	<p>Meets Standard</p>	<p>Policy states that detainees shall not be subject to retaliation, reprisal, harassment, or discipline for use or participation in the informal resolution process or grievance process. Employees confirmed that detainees will not be subject to retaliation for contacting the Inspector General or the Office of Civil Rights or Civil Liberties.</p>

**PART 6 – 35. GRIEVANCE SYSTEM – Reviewer Summary**

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

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

The facility has a full time grievance officer (GO) that makes daily rounds to speak to detainees regarding their concerns. The GO encourages detainees to file an informal grievance prior to escalating to a formal grievance. The GO has been so successful in this endeavor that there has only been one formal grievance filed since the last inspection. The GO is timely in providing responses to the informal grievance requests, answering many of them the same day they are filed. The GO has developed a form that detainees must sign upon the resolution of the informal grievance that indicates they have received a response and agree with it, or they disagree and they will be issued a formal grievance form. The informal grievances and responses are maintained in the detainee's detention file. A log for both the formal and informal grievances is maintained. A review of the informal grievances that were submitted revealed that the GO is successfully resolving a variety of concerns at the lowest possible level and in an expedient manner. The grievance program establishes the grievance process, protects detainee rights and ensures that detainees are treated fairly. The facility has policy and procedures to address patterns of abuse of the grievance system.

**Overall Rating:** Meets Standard

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

**Completion Date:** 6/22/2017

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

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

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

Components	Rating	Remarks (1000 Char Max)
<p>1. Each facility shall provide a properly equipped law library in a designated, well-lit room that is reasonably isolated from noisy areas and large enough to provide reasonable access to all detainees who request its use. It shall be furnished with a sufficient number of tables and chairs to facilitate detainees’ legal research and writing.</p>	<p>Meets Standard</p>	<p>The facility has a main law library and two satellite law libraries. The satellite libraries are located in a separate room adjacent the dormitories. The main library has one computer and a printer. Each satellite has two computer work stations and a printer. One of the satellite computers was out of order during the inspection. According to the ICE officer, IT is scheduled to fix the computer on Friday of inspection week. The rooms are well lit and reasonably isolated from noisy areas.</p>
<p>2. <u>PRIORITY</u>: Each detainee shall be permitted to use the law library for a minimum of five hours per week and may not be forced to forego his or her minimal recreation time to use the law library, consistent with the security needs of the institution and the detainee.</p>	<p>Meets Standard</p>	<p>Detainees may use the law library a minimum of five hours per week and do not have to forego recreation time to use the library. Detainees are permitted to use the satellite law libraries during facility wake-up times.</p>
<p>3. <u>PRIORITY</u>: The law library shall provide an adequate number of computers with printers, access to one or more photocopiers and sufficient writing implements, paper, and related office supplies to enable detainees to prepare documents for legal proceedings. Typewriters, carbon paper, and correction tape may be substituted for computers and printers only if approved by ICE/ERO. Each facility administrator shall designate an employee to inspect the equipment at least weekly and ensure it is in good working order and to stock sufficient supplies.</p>	<p>Meets Standard</p>	<p>Each law library includes a computer workstation with LexisNexis software. Writing materials to include paper and pencils are available in the dormitories and in the law libraries. Posters note that the programs manager will assist detainees in making copies of legal materials. The library officer inspects each library location weekly to ensure that the equipment is operating properly and that there are adequate supplies.</p>
<p>4. Detainees are provided with the means to save legal work in a private electronic format for future use.</p>	<p>Meets Standard</p>	<p>Detainees may save their legal work on a flash drive issued by the library officer. Flash drives are available from the library officer Monday through Friday and weekends by request.</p>

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

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

Components	Rating	Remarks (1000 Char Max)
<p>5. The facility subscribes to updating services where applicable and legal materials requiring updates are current.</p>	<p>Meets Standard</p>	<p>This component was rated Does Not Meet Standard because the LexisNexis software was updated on 2/23/2016. Normal procedures required the LexisNexis software to be updated quarterly. ICE had not provided the facility with an updated version. It was confirmed during this inspection that LexisNexis was updated in March 2017.</p>
<p>6. Each facility administrator shall designate a facility law library coordinator to be responsible for updating legal materials, inspecting them weekly, maintaining them in good condition and replacing them promptly as needed.</p>	<p>Meets Standard</p>	<p>The OIC has designated a law library coordinator who is responsible for updating legal materials, inspecting them weekly and maintaining all law library equipment.</p>
<p>7. <u>PRIORITY</u>: The law library contains all materials listed in the “Law Libraries and Legal Materials” Standard, Attachment A. As an alternative to obtaining and maintaining the paper-based publications in Attachment A, a facility may substitute the Lexis/Nexis publications on CD ROM. Any materials listed in Attachment A which are not loaded onto the Lexis/Nexis CD ROM must be maintained in paper form.</p>	<p>Meets Standard</p>	<p>The library's computer has a current and functioning LexisNexis program. The installed LexisNexis application includes the materials referenced in this component.</p>
<p>8. The facility administrator must certify to the respective Field Office Director – and the Field Office Director must verify – that the facility provides detainees sufficient:</p> <ul style="list-style-type: none"> <li>• Operable computers that are capable of running the Lexis/Nexis CEROM,</li> <li>• Operable printers,</li> <li>• Supplies for both, and</li> <li>• Instructions for detainees on the basic use of the system.</li> </ul>	<p>Meets Standard</p>	<p>The OIC has certified to the field office director that the facility provides detainees with component required equipment, supplies and instructions.</p>
<p>9. Outside persons and organizations may submit published or unpublished legal material for inclusion in a facility’s law library. If the material is in a language other than English, an English translation must be provided. Outside published material is forwarded and reviewed by the ICE prior to inclusion.</p>	<p>Meets Standard</p>	



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

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

Components	Rating	Remarks (1000 Char Max)
10. Detainees who require legal material not available in the law library may make a written request to the facility law library coordinator, who shall inform the Field Office of the request as soon as possible.	Meets Standard	Detainees may submit a request for legal materials not available in the law library to the ICE officer. If approved, the requests are addressed in a timely manner. There have been no such requests during the inspection period.
11. The facility shall ensure that detainees can obtain photocopies of legal material when such copies are reasonable and necessary for a legal proceeding involving the detainee.	Meets Standard	
12. The facility permits detainees to assist other detainees, voluntarily and free of charge, in researching and preparing legal documents.	Meets Standard	
13. Unrepresented illiterate or non-English speaking detainees who wish to pursue a legal claim related to their immigration proceedings or detention, and who indicate difficulty with the legal materials, must be provided with more than access to a set of English-language law books. To the extent practicable and consistent with the good order and security of the facility, all efforts will be made to assist disabled persons in using the law library.	Meets Standard	
14. The facility shall permit a detainee to retain all personal legal material upon admittance to the general population or Administrative Segregation or Disciplinary Segregation units, unless this would create a safety, security, or sanitation hazard. Stored legal materials are accessible within 24 hours of a written request.	Meets Standard	
15. Detainees housed in Administrative Segregation and Disciplinary Segregation units have the same law library access as the general population, unless compelling security concerns require limitations.	Meets Standard	Detainees in administrative and disciplinary segregation are permitted the same law library access as those in the general population, unless there is a threat to safety. Policy dictates that any denial or restriction of detainee law library access must be documented. No such restrictions or denials have occurred during the inspection period.

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

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

Components	Rating	Remarks (1000 Char Max)
<p>16. Denial of access to the law library must be:</p> <ul style="list-style-type: none"> <li>Supported by compelling security concerns,</li> <li>For the shortest period required for security,</li> <li>Fully documented in the Special Management Unit housing logbook, and</li> <li>The reason should be documented and placed in the detention file.</li> </ul> <p>The facility shall notify the Field Office every time access is denied and send a copy of the proper documentation.</p>	Meets Standard	
<p>17. The facility shall provide assistance to any unrepresented detainee who requests a notary public, certified mail, or other such services to pursue a legal matter, if the detainee is unable do so through a family member, friend, or community organization.</p>	Meets Standard	
<p>18. Staff shall not permit a detainee to be subjected to reprisals, retaliation, or penalties because of a decision to seek judicial or administrative relief or investigation of any matter.</p>	Meets Standard	Policy specifically prohibits negative actions towards detainees pursuing their legal options.

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

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

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

The facility permits detainees access to a law library and provides legal materials, equipment and document copying privileges, and the opportunity to prepare legal documents. Law library and legal materials are handled in accordance with this standard. The facility has procedures in place that effectively prevent detainees from damaging, destroying or removing equipment, materials or supplies from the law library. Officers and the case managers accommodate detainee requests for additional law library time to the extent that is consistent with the orderly and secure operation of the facility. Special priority is given to such requests from a detainee who is facing a court deadline. The facility provides indigent detainees with free envelopes and stamps for mail related to a legal matter, including correspondence to a legal representative, a potential legal representative or any court. Requests to send international mail are honored as is reasonable. The detainee handbook outlines the rules and procedures governing access to legal materials. Procedures are also posted in the law library areas. The list of the law library's holdings is available in LexisNexis.

Evaluation of this standard included review of policy, emails certifying equipment and supplies, law library flash drive system documents; observation of the main law library, satellite libraries and the special management units; and interviews with detainees, ICE officers, library officer, and housing unit officers.

**Overall Rating:** Meets Standard

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

**Completion Date:** 06/22/2017

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

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

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

Standard N/A

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

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

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

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

Standard N/A

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

Components	Rating	Remarks (1000 Char Max)
7. The facility may discontinue or temporarily suspend group presentations by any or all presenters, if they: <ul style="list-style-type: none"> <li>• Pose an unreasonable security risk;</li> <li>• Interfere substantially with the facility’s orderly operation;</li> <li>• Deviate materially from approved presentation material, procedures or presenters; or if</li> <li>• The facility is operating under emergency conditions.</li> </ul>	N/A	
8. <u>PRIORITY:</u> If ICE/ERO approves an electronic presentation submitted by qualified individuals or organizations, the facility shall provide regularly scheduled and announced opportunities for detainees in the general population to view or listen to the electronic presentation(s). Each facility shall present only ICE/ERO-approved electronic presentations on detainee legal rights.	N/A	
9. The facility shall maintain electronically-formatted presentations and equipment in good condition.	N/A	

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

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

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

There have been no Legal Rights Group Presentations in the last twelve months.

**Overall Rating:** N/A

**Reviewer Name (Printed)**

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

**Completion Date:** 6/22/2017

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

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

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

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

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

Components	Rating	Remarks (1000 Char Max)
1. For every new arrival whose stay will exceed 24 hours, a designated officer shall create a detainee detention file.	Meets Standard	A detention file is created for each new arrival during the admissions process.
2. The detainee detention file contains either originals or copies of documentation and forms generated during the admissions process.	Meets Standard	
3. The detention files are located and maintained in a secured area.	Meets Standard	The detention files are securely maintained in the booking area, a restricted access area.
4. Each detention file remains active during the detainee's stay. When the detainee is released from the facility, staff add copies of completed release documents, the original closed-out receipts for property and valuables, the original I-385 or equivalent and other documentation.	Meets Standard	Detention files remain active during a detainee's stay. Signed release documents and closed-out receipts were maintained in the inactive files.
5. At a minimum, a logbook entry recording the file's removal from the cabinet shall include: <ul style="list-style-type: none"> <li>• The detainee's name and A-File number;</li> <li>• Date and time removed;</li> <li>• Reason for removal;</li> <li>• Signature of person removing the file, including title and department;</li> <li>• Date and time returned; and</li> <li>• Signature of person returning the file.</li> </ul>	Does Not Meet Standard	The logbook entry recording the file's removal from the cabinet does not include the "reason for removal". Other component requirements are included on the log. The log was updated during the inspection to include the reason for removal requirement.
6. Electronic record-keeping systems and data are protected from unauthorized access.	Meets Standard	According to the programs manager, all recordkeeping systems and data are password protected.

**PART 7 – 38. DETENTION FILES – Reviewer Summary**

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

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

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

The evaluation of this standard was based on the observation of detention file storage; interviews with the programs manager, case managers and intake officers; and reviews of active and inactive detention files.

**Overall Rating:** Meets Standard

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

**Completion Date:** 6/22/2017

**PART 7 – 38. DETENTION FILES – Reviewer Summary**

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

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

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

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

Components	Rating	Remarks (1000 Char Max)
1. Interviews by reporters, other news media representatives, academics and parties not included in other visitation categories in the Detention Standard on Visitation shall be permitted access to facilities only by special arrangement and with prior approval of the respective ICE/ERO Field Office Director.	Meets Standard	According to the ICE officer, the FOD must approve all news media interviews. There has been one tour during the inspection period. The field office coordinated, scheduled and escorted the tour group.
2. News media organizations shall abide by the policies and procedures of the facility being visited or toured. Media representatives must obtain advance permission from the facility administrator and FOD before taking photographs in or of any facility. The facility administrator shall advise both media representatives and detainees that use of any detainee's name, identifiable photo, or recorded voice requires his or her prior permission.	Meets Standard	Policy addresses component requirements. There have been no news media tours during the inspection period.
3. Media representatives shall obtain a signed release from the detainee before photographing or recording his or her voice. The original of the form is to be filed in the detainee’s A-file with a copy in the facility’s Detention File.	Meets Standard	Policy addresses component requirements. There have been no news media tours during the inspection period.
4. When the alien is the center of a controversy or of a special interest or high profile case, the Field Office Director shall consult with the Headquarters Deputy Assistant Director, Detention Management Division, before deciding whether to allow the interview.	Meets Standard	According to the ICE officer, the field office will be consulted regarding any issues concerning the case of a high profile detainee.
5. A press pool may be established when the Field Office Director and facility administrator determine that the volume of interview requests warrants such action. The facility administrator shall notify all media representatives with pending or requested interviews, tours, or visits that, effective immediately and until further notice, all media representatives must comply with the press pool guidelines established by the Field Office Director.	Meets Standard	

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

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

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

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

During the evaluation of this standard, policy and procedures were reviewed and the ICE officers were interviewed.

**Overall Rating:** Meets Standard

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

**Completion Date:** 6/22/2017



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

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

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

**PART 7 – 40. STAFF TRAINING** (Key: AN)

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

Components	Rating	Remarks (1000 Char Max)
1. The facility conducts appropriate orientation, initial training, and annual training for all staff, contractors, and volunteers with appropriate assessment measures.	Meets Standard	The facility conducts a forty hour orientation/pre-service training program. The facility also conducts a forty hour in-service training program. Both programs utilize a post test to assess the effectiveness of the training.
2. The amount and content of training is consistent with the duties and function of each individual and the degree of direct supervision that individual receives.	Meets Standard	
3. At least one qualified individual with specialized training for the position coordinates and oversees the staff development and training program. At a minimum, full-time training personnel complete a 40-hour training-for-trainers course.	Meets Standard	The training coordinator oversees the facility training program. Training for the position includes an eighty hour Training for Trainers course.
4. Training is governed and guided by a training plan that is reviewed and approved annually by the facility administrator.	Meets Standard	The training plan that governs training for 2017 was reviewed and approved by the OIC.
5. Training shall be conducted by trainers certified in the subject matter.	Meets Standard	The training coordinator conducts all facility training courses.
6. Each trainee shall be required to pass a written or practical examination to ensure the subject matter has been mastered.	Meets Standard	A post test is conducted following pre-service and in-service training.
7. The formal training received by each trainee shall be fully documented in permanent training records.	Meets Standard	

**PART 7 – 40. STAFF TRAINING** (Key: AN)

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

Components	Rating	Remarks (1000 Char Max)
<p>8. Each new employee, contractor, and volunteer is provided an orientation prior to assuming duties. While tailored specifically for staff, contractors, and volunteers, the orientation programs include, at a minimum:</p> <ul style="list-style-type: none"> <li>• ICE/ERO National Detention Standards</li> <li>• Working conditions</li> <li>• Cultural diversity for understanding staff and detainees</li> <li>• Requirements of special-needs detainees</li> <li>• Code of ethics</li> <li>• Personnel policy manual</li> <li>• Employees' rights and responsibilities</li> <li>• Drug-free workplace</li> <li>• Health-related emergencies</li> <li>• Signs of suicide risk, suicide precautions, prevention, and intervention</li> <li>• Hunger strikes</li> <li>• Use of force</li> <li>• Key and lock control</li> <li>• Overview of the criminal justice system</li> <li>• Tour of the facility</li> <li>• Facility goals and objectives</li> <li>• Facility organization</li> <li>• Staff rules and regulations</li> <li>• Sexual harassment/sexual misconduct awareness</li> <li>• Hostage situations and staff conduct if taken hostage</li> <li>• Program overview.</li> </ul>	<p>Does Not Meet Standard</p>	<p>All bulleted training subjects are included in the orientation for new employees and contractors. Volunteers have received all required training with the exception of special needs detainees' requirements, hunger strikes and use of force.</p>
<p>9. Clerical/support employees who have minimal detainee contact receive the facility initial training and training specific to their job duties.</p>	<p>Meets Standard</p>	

**PART 7 – 40. STAFF TRAINING** (Key: AN)

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

Components	Rating	Remarks (1000 Char Max)
<p>10. Professional and support employees (including contractors) who have regular or daily detainee contact will receive training on the following subjects, at a minimum:</p> <ul style="list-style-type: none"> <li>• ICE/ERO National Detention Standards update</li> <li>• Security procedures and regulations</li> <li>• Code of Ethics</li> <li>• Health-related emergencies</li> <li>• Drug-free workplace</li> <li>• Supervision of detainees</li> <li>• Signs of hunger strike</li> <li>• Signs of suicide risk, suicide precautions, prevention, and intervention</li> <li>• Use-of-force regulations and tactics</li> <li>• Hostage situations and staff conduct if taken hostage</li> <li>• Report writing</li> <li>• Detainee rules and regulations</li> <li>• Key and lock control</li> <li>• Rights and responsibilities of detainees</li> <li>• Safety procedures</li> <li>• Emergency plan and procedures</li> <li>• Interpersonal relations</li> <li>• Social and cultural lifestyles of the detainee population</li> <li>• Cultural diversity for understanding staff and detainees</li> <li>• Communication skills</li> <li>• Cardiopulmonary resuscitation (CPR)/First aid</li> <li>• Counseling techniques</li> <li>• Sexual harassment and sexual misconduct awareness</li> </ul>	<p>Meets Standard</p>	<p>All bulleted training components are included in the training for new professional and support staff (including contractors) having daily or regular detainee contact.</p>

**PART 7 – 40. STAFF TRAINING** (Key: AN)

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

Components	Rating	Remarks (1000 Char Max)
<p>11. Full-time health care employees receive at least 40 hours of formal orientation before undertaking their assignments. In addition to the training areas above, the health-care employee orientation program includes instruction in the following:</p> <ul style="list-style-type: none"> <li>• ICE/ERO National Detention Standards update</li> <li>• The purpose, goals, policies, and procedures for the facility and parent agency security and contraband regulations</li> <li>• Key and lock control; appropriate conduct with detainees</li> <li>• Medical grievance procedures and protocols</li> <li>• Emergency medical procedures</li> <li>• Requirements of special-needs detainees</li> <li>• Code of ethics</li> <li>• Drug-free workplace</li> <li>• Responsibilities and rights of employees</li> <li>• Standard precautions</li> <li>• Occupational exposure</li> <li>• Personal protective equipment</li> <li>• Bio-hazardous waste disposal</li> <li>• Overview of the detention operations</li> <li>• Hostage situations and staff conduct if taken hostage</li> </ul>	<p>Meets Standard</p>	<p>All bulleted training subjects are included in the formal orientation for new full time health care employees prior to undertaking their assignments.</p>

**PART 7 – 40. STAFF TRAINING** (Key: AN)

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

Components	Rating	Remarks (1000 Char Max)
<p>12. Security personnel (including contractors) will receive training on the following subjects, at a minimum:</p> <ul style="list-style-type: none"> <li>• ICE/ERO National Detention Standards update</li> <li>• Security procedures and regulations</li> <li>• Supervision of detainees</li> <li>• Searches of detainees, housing units, and work areas</li> <li>• Signs of suicide risk, suicide precautions, prevention, and intervention</li> <li>• Indicators of hunger strike</li> <li>• Code of Ethics</li> <li>• Health-related emergencies</li> <li>• Drug-free workplace</li> <li>• Self-defense techniques</li> <li>• Use-of-force regulations and tactics</li> <li>• Hostage situations and staff conduct if taken hostage</li> <li>• Report writing</li> <li>• Detainee rules and regulations</li> <li>• Key and lock control</li> <li>• Rights and responsibilities of detainees</li> <li>• Safety procedures</li> <li>• Emergency plans and procedures</li> <li>• Interpersonal relations</li> <li>• Social/cultural lifestyles of the detainee population</li> <li>• Cultural diversity for detainees and staff</li> <li>• Communication skills</li> <li>• Cardiopulmonary resuscitation (CPR) and first aid</li> <li>• Counseling techniques</li> <li>• Sexual abuse and assault awareness</li> </ul>	<p>Meets Standard</p>	<p>All bulleted training components are included in the orientation for new security personnel (including contractors).</p>
<p>13. Situation Response Teams (SRTs) receive:</p> <ul style="list-style-type: none"> <li>• Specialized training before undertaking their assignments.</li> </ul>	<p>N/A</p>	<p>The facility does not have a situation response team.</p>
<p>14. Facility management and supervisory staff receive Management and Supervisory training.</p>	<p>Meets Standard</p>	

**PART 7 – 40. STAFF TRAINING** (Key: AN)

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

Components	Rating	Remarks (1000 Char Max)
<p>15. <b>PRIORITY:</b> Personnel authorized to use firearms receive training that covers their use, safety, and care and constraints on their use – before being assigned to a post involving their possible use.</p> <p>All personnel authorized to use firearms demonstrate competency in their use at least annually.</p>	Meets Standard	All personnel authorized to use firearms receive training in the use, safety, care and constraints on their use prior to being assigned to an armed post. Personnel authorized to use firearms are required to demonstrate competency in their use on a quarterly basis.
<p>16. <b>PRIORITY:</b> Personnel authorized to use chemical agents receive training in the use of chemical agents and in the treatment of individuals exposed to a chemical agent before being assigned to a post involving their possible use.</p>	Meets Standard	All staff authorized to use chemical agents receive training in the use of chemical agents and in the decontamination of individuals exposed to a chemical agent prior to being assigned to a post involving their use.

**PART 7 – 40. STAFF TRAINING – Reviewer Summary**

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

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

A review of policy, interviews with the training coordinator, and a review of training records indicate that the facility is providing initial and ongoing training to employees, contractors and volunteers. The facility ensures personnel are properly trained and competent in their assigned duties. Training records are comprehensive, with documents supporting the training provided. All training is documented in permanent training files. Before assuming duties, each new employee is provided appropriate pre-service orientation as required. All employees receive annual in-service training as required. The amount and content of the training is consistent with the duties and function of each individual.

**Overall Rating:** Meets Standard

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

**Completion Date:** 6/22/2017

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

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

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

Components	Rating	Remarks (1000 Char Max)
<p>1. Facility policy mandates that:</p> <ul style="list-style-type: none"> <li>• Times and transfer plans are never discussed with the detainee prior to transfer.</li> <li>• The detainee is not notified of the transfer until immediately prior to departing the facility.</li> <li>• The detainee is not permitted to make any phone calls or have contact with any detainee in the general population.</li> </ul>	Meets Standard	Policy includes component requirements.
<p>2. A detainee may not be removed from any facility without a Form I-203 or I-203A or equivalent authorizing the removal of the detainee the facility.</p>	Meets Standard	
<p>3. The facility health care provider shall be notified sufficiently in advance of the transfer that medical staff may determine and provide for any associated medical needs.</p>	Meets Standard	Medical personnel are notified as soon as the I-203 is forwarded to the facility. According to the medical staff, they are normally notified 24 hours in advance of the transfer.
<p>4. The sending facility's medical staff shall prepare a Transfer Summary that must accompany the transferee. Either the USM 553 Form or a facility-specific form may be used, provided it shows:</p> <ul style="list-style-type: none"> <li>• TB clearance, including PPD and Chest x-ray results, with the test dates;</li> <li>• Current mental and physical health status, including all significant health issues;</li> <li>• Current medications, with specific instructions for medications that must be administered en route; and</li> <li>• The name and contact information of the transferring medical official.</li> </ul>	Meets Standard	Medical personnel prepare a USM 553 form that includes all of the required information.
<p>5. Transportation staff may not transport a detainee without the required Transfer Summary, which is essential for detainee safety while in transit.</p>	Meets Standard	
<p>6. Medical staff shall notify the facility administrator when they determine that a detainee's medical or psychiatric condition requires:</p> <ul style="list-style-type: none"> <li>• Clearance by the medical staff prior to transfer, or</li> <li>• Medical escort during transfer.</li> </ul>	Meets Standard	The Communication of Special Needs Detainees policy outlines the procedures to ensure that transferring detainees are assessed by medical staff. Special health needs of detainees being transferred out of the facility will be communicated to staff escorting the detainee.



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

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

Components	Rating	Remarks (1000 Char Max)
<p>7. <b>PRIORITY:</b> Prior to transfer, medical personnel shall provide the transporting officers instructions and, if applicable, medication(s) for the detainee’s care in transit. Detainees shall be transferred with, at a minimum, 7 days worth of prescription medications (TB medications, a 15 days supply) to ensure continuity of care throughout the transfer and subsequent intake process. Medications shall be:</p> <ul style="list-style-type: none"> <li>Placed in a property envelope with the detainee's name and A-number on it,</li> <li>Accompany the transfer, and</li> <li>If unused, be turned over to an officer at the receiving Field Office.</li> </ul>	Meets Standard	Policy includes component requirements.
<p>8. Before transfer, the sending facility shall return all funds and small valuables to the detainee and close out all forms G-589 (or local IGSA funds and valuables receipts) in accordance with the Detention Standard on Funds and Personal Property.</p>	Meets Standard	Personal property, valuables and funds are returned to the detainee prior to his/her transfer in accordance with the Funds and Personal Property standard.
<p>9. Within 24 hours of arrival at the final transfer destination all detainees should be given the opportunity to make a phone call. Any indigent detainee shall be permitted a single domestic phone call at the Governments expense, ordinarily using a PCS Emergency Card or equivalent.</p>	Meets Standard	According to the ICE officer, telephone calls are permitted at the final transfer destination.

**PART 7 - 41. TRANSFER OF DETAINEES – Reviewer Summary**

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

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

Transfers are approved and facilitated with consideration for the safety and security of the staff, detainees and the public. Policy and procedures address notifications, detainee records and the protection of detainee funds and property.

Evaluation of this standard was based on review of policy, I-203 forms, detainee transfer checklists, special needs forms, detainee transfer notification forms, post orders and detention files; interviews with ICE officers, intake officers, programs manager, detainees and shift supervisor; and observation of the release process. Ten detainees were interviewed regarding the transfer process. Without fail, detainees stated that their questions were answered regarding the transfer process, inventory of funds and access to medical.

**Overall Rating:** Meets Standard

**Reviewer Name (Printed)**

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

**Completion Date:** 6/22/2017

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

### DOCUMENT CHECK

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

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

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

Run Indicator:

**A. Type of Facility Reviewed**

ICE Service Processing Center  
 ICE Contract Detention Facility  
 ICE Intergovernmental Service Agreement

Estimated Man-days Per Year  
225,000

**B. Current Inspection**

Type of Inspection  
 Field Office  HQ Inspection  
Date[s] of Facility Review  
06/20/2017- 06/22/2017

**G. Accreditation Certificates**

List all State or National Accreditation[s] received:  
 Check box if facility has no accreditation[s]

**C. Previous/Most Recent Facility Review**

Date[s] of Last Facility Review  
06/14/2016 - 06/16/2016  
Previous Rating  
 Meets Standards  Does Not Meet Standards

**H. Problems / Complaints (Copies must be attached)**

The Facility is under Court Order or Class Action Finding  
 Court Order  Class Action Order  
The Facility has Significant Litigation Pending  
 Major Litigation  Life/Safety Issues  
 Check if None.

**D. Name and Location of Facility**

Name  
Irwin County Detention Center  
Address (Street and Name)  
132 Cotton Avenue  
City, State and Zip Code  
Ocilla, Georgia 31774  
County  
Irwin  
Name and Title of Facility Administrator  
(Warden/OIC/Superintendent)  
Phil Bickham, Warden  
Telephone # (Include Area Code)  
229-468-(b)(6);  
Field Office / Sub-Office (List Office with oversight responsibilities)  
Atlanta  
Distance from Field Office  
188 miles

**I. Facility History**

Date Built  
1991  
Date Last Remodeled or Upgraded  
2009/512 beds  
Date New Construction / Bedspace Added  
2009/512 beds  
Future Construction Planned  
 Yes  No Date:  
Current Bedspace  
1201  
Future Bedspace (# New Beds only)  
Number: N/A Date:

**E. ICE Information**

Name of Inspector (Last Name, Title and Duty Station)  
(b)(6); (b)(7)(C) / LCI/Detainee Rights SME / Nakamoto  
Name of Team Member / Title / Duty Location  
(b)(6); (b)(7)(C) Medical SME / Nakamoto  
Name of Team Member / Title / Duty Location  
(b)(6); Safety SME / Nakamoto  
Name of Team Member / Title / Duty Location  
(b)(6); Security SME / Nakamoto  
Name of Team Member / Title / Duty Location  
(b)(6); / QMC SME / Nakamoto

**J. Total Facility Population**

Total Facility Intake for previous 12 months  
9059  
Total ICE Mandays for Previous 12 months  
220,850

**K. Classification Level (ICE SPCs and CDFs Only)**

	L-1	L-2	L-3
Adult Male	N/A	N/A	N/A
Adult Female	N/A	N/A	N/A

**L. Facility Capacity**

	Rated	Operational	Emergency
Adult Male	1001	784	1001
Adult Female	200	200	200

Facility holds Juveniles Offenders 16 and older as Adults

**M. Average Daily Population**

	ICE	USMS	Other
Adult Male	525	54	26
Adult Female	195	13	0

**F. CDF/IGSA Information Only**

Contract Number  
20-07-0058  
Date of Contract or IGSA  
07/09/2007  
Basic Rates per Man-Day  
(b)(7)(E)  
Other Charges: (If None, Indicate N/A)  
(b)(7)(E)

**N. Facility Staffing Level**

Security:  
(b)(7)(E)  
Support:

### Significant Incident Summary Worksheet

For The Nakamoto Group to complete its review of your facility, the following information must be completed 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.

<i>Incidents</i>	<i>Description</i>	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault: Offenders on Offenders <sup>1</sup>	Types (Sexual <sup>2</sup> , Physical, etc.)	physical	physical	physical	physical
	With Weapon	0	0	0	0
	Without Weapon	5	10	5	11
Assault: Detainee on Staff	Types (Sexual Physical, etc.)	0	0	0	0
	With Weapon	0	0	0	0
	Without Weapon	0	0	0	0
Number of Forced Moves, incl. Forced Cell moves <sup>3</sup>		0	0	0	1
Disturbances <sup>4</sup>		0	0	0	0
Number of Times Chemical Agents Used		0	2	2	1
Number of Times Special Reaction Team Deployed/Used		0	0	0	1
# Times Four/Five Point Restraints applied/used	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	0	0
	Type (C=Chair, B=Bed, BB=Board, O=Other)	0	0	0	0
Number of Times Canines Used in Facility		0	0	0	0
Offender / Detainee Medical Referrals as a result of injuries sustained.		3	2	3	7
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	0	0	0	0
	# 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	127	153	188	230
	# Psychiatric Cases referred for Outside Care	4	1	7	2

<sup>1</sup> Any attempted physical contact or physical contact that involves two or more offenders

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

<sup>3</sup> Routine transportation of detainees/offenders is not considered "forced"

<sup>4</sup> Any incident that involves four or more detainees/offenders, includes gang fights, organized multiple hunger strikes, work stoppages, hostage situations, major fires, or other large scale incidents.

### DHS/ICE Detention Standards Review Summary Report

1. Meets Standards		2. Does Not Meet Standards		3. Repeat Finding		4. Not Applicable	
	1	2	3	4			
<b>PART 1 SAFETY</b>							
1	Emergency Plans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2	Environmental Health and Safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3	Transportation (By Land)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>PART 2 SECURITY</b>							
4	Admission and Release	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5	Classification System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6	Contraband	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7	Facility Security and Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8	Funds and Personal Property	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9	Hold Rooms in Detention Facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10	Key and Lock Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11	Population Counts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12	Post Orders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13	Searches of Detainees	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14	Sexual Abuse and Assault Prevention and Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15	Special Management Units	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16	Staff-Detainee Communication	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17	Tool Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18	Use of Force and Restraints	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>PART 3 ORDER</b>							
19	Disciplinary System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>PART 4 CARE</b>							
20	Food Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21	Hunger Strikes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22	Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23	Personal Hygiene	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
24	Suicide Prevention and Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25	Terminal Illness, Advance Directives, and Death	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>PART 5 ACTIVITIES</b>							
26	Correspondence and Other Mail	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
27	Escorted Trips for Non-Medical Emergencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
28	Marriage Requests	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
29	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
30	Religious Practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31	Telephone Access	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
32	Visitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
33	Voluntary Work Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>PART 6 JUSTICE</b>							
34	Detainee Handbook	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
35	Grievance System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
36	Law Libraries and Legal Material	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
37	Legal Rights Group Presentations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>PART 7 ADMINISTRATION &amp; MANAGEMENT</b>							
38	Detention Files	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
39	News Media Interviews and Tours	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
40	Staff Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
41	Transfer of Detainees	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			



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Every use of force was reviewed by facility administrative staff within specified time frames. Officers are trained in confrontation avoidance and resort to use of force only after all other efforts have failed.

The facility does not have Tasers on their equipment inventory. There have been no deaths, escapes or serious suicide attempts involving ICE detainees during the inspection period.



June 22, 2017

TO: Tae D. Johnson  
Assistant Director for Detention Management

FROM: (b)(6); (b)(7)(C)  
Lead Compliance Inspector  
The Nakamoto Group, Inc.

SUBJECT: **Annual Detention Inspection of the Irwin County Detention Center**

The Nakamoto Group, Inc. performed an annual inspection for compliance with the ICE Performance-Based National Detention Standards (PBNDS) 2008 of the Irwin County Detention Center in Irwin, GA during the period of June 20-22, 2017. This is an IGSA facility.

The annual inspection was performed under the guidance of (b)(6); (b)(7)(C) Lead Compliance Inspector. Team Members were:

Subject Matter Field	Team Member
Security	(b)(6); (b)(7)(C)
Detainee Rights	
Medical Care	
Safety	
QMC SME	

### **Type of Inspection**

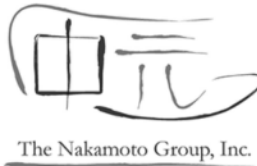
This is a scheduled annual inspection, which is performed to determine overall compliance with the ICE PBNDS 2008 for Over 72 hour facilities. The facility received a previous rating of Meets Standards during the June 2016 inspection.

### **Inspection Summary**

The Irwin County Detention Center is currently accredited by:

- The American Correctional Association (ACA) - No
- The National Commission on Correctional Health Care (NCCHC) - No
- The Joint Commission (TJC) - No
- Prison Rape Elimination Act (PREA) - No





**Standards Compliance**

The following information is a summary of the standards that were reviewed and overall compliance that was determined as a result of the 2016 and the 2017 PBNDS 2008 annual compliance inspections:

2016 Annual Inspection	
Meets Standard	40
Does Not Meet Standard	0
Repeat Finding	0
Not Applicable	1

2017 Annual Inspection	
Meets Standard	40
Does Not Meet Standard	0
Repeat Finding	0
Not Applicable	1

The inspection team identified twenty-two (22) deficient component in the following thirteen (13) standards:

- Environmental Health and Safety – 4
- Key and Lock Control – 1
- Staff-Detainee Communication – 3
- Food Service – 3, one of which is a Priority component
- Medical Care – 1, which is a Priority component
- Hunger Strikes – 1
- Personal Hygiene - 2
- Significant Self-Harm and Suicide Prevention – 1, which is a Priority component
- Telephone Access – 1
- Detainee Handbook – 2
- Grievance System – 1, which is a Priority component
- Detention Files -1
- Staff Training - 1

**Facility Snapshot/Description**

The Irwin County Detention Center is a 1201-bed facility owned and operated by LaSalle Corrections and governed by the Irwin County Commissioners. The facility houses male and female ICE detainees, U.S. Marshals Service detainees and Irwin County inmates. On the first day of the inspection, the total population was 929, including 623 male and 189 female ICE detainees. An ICE detainee’s average length of stay is 38 days. The facility is located approximately 200 miles south of Atlanta in a rural area of Georgia.

The physical plant is a single story structure consisting of individual cells, multi-bed cells and 32-bed or 100-bed dormitories. The 100 bed dormitories are supervised by direct supervision. Housing units provide adequate open space and detainees spend the majority of their waking hours socializing in the dayroom. The atmosphere is relaxed and detainees were observed interacting with ICE officers, facility staff and other detainees freely.



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Detainee interviews were conducted with no less than 85 detainees. Interviews with LEP detainees revealed that they had no problems obtaining services or communicating with staff. Without exception, detainees stated that they felt safe at the facility. Detainees were familiar with ICE officers and understood how to obtain assistance from ICE officers and the case managers. Interviews yielded positive comments regarding access to library services, access to case managers and visiting opportunities. There were two issues regarding access to telephones in one of the 100-bed dormitories. Detainees stated that there is always a line to use the telephone. There are only three operable telephones in the unit. According to the warden, there is a telephone project underway to add another telephone. Food service satisfaction was mixed. Many detainees stated that the food was "fine". Other detainee advised that the food quality needed improvement. The safety SME confirmed that food service was operated within the standard guidelines. Detainee comments pertaining to medical care were generally positive. Several detainees, however, complained that medical care responses were not timely. The medical SME followed up with the HSA regarding each complaint. Reviews of the medical records revealed that the detainees were being managed appropriately with respect to medical care and timeliness. No required follow-up issues were noted.

The facility employees were professional and skilled in the administration of the ICE standards. Medical services are provided by LaSalle Corrections. ICE detainees do not incur medical co-payments. Food service is provided by Trinity Services. The medical SME and QMC SME reviewed 66 files. Sanitation levels were acceptable.

### **Areas of Concern/Significant Observations**

#### Priority Components Rated Does Not Meet Standards

##### **Food Service**

Component #39: Staff shall check refrigerator and water temperatures daily and record the results. The FSA or designee will verify and document requirements of food and equipment temperatures. The FSA or CS shall inspect food service areas at least weekly.

Finding: A review of temperature logs indicated that dish machine and cooler temperatures are not being recorded every shift as required. The FSD has not conducted weekly inspections of the department as required by the standard.

(b)(7)(E)

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### Medical Care

Component #51: Documented informed consent, consistent with standards of the jurisdiction, is obtained from a detainee before medical treatment is administered. If a detainee refuses consent to treatment, medical staff explains the medical risks if treatment is declined and document their efforts in the detainee's medical record.

(b)(7)(E)

### Significant Self-Harm and Suicide Prevention and Intervention

Component#8: Suicidal detainees should be housed in a room that has been made as suicide resistant as possible. Security staff shall ensure that the area for suicide observation is initially inspected so that there are no objects that pose a threat to the detainee's safety.

(b)(7)(E)

### Grievance System

Component #10: Staff must forward all detainee grievances containing allegations of staff misconduct to ICE/ERO.

(b)(7)(E)

### Recommended Rating and Justification

The Lead Compliance Inspector recommends that the facility receive a rating of Meets Standards. The facility complies with the ICE Performance-Based National Detention Standards (PBNDS) 2008. No (0) standards were found Does Not Meet Standard and one (1) standard was Not Applicable (N/A). All remaining forty (40) standards were found to be in compliance.



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**LCI Assurance Statement**

The findings of Meets Standards and Does Not Meet Standards are accurately and completely documented on the G-324 Inspection Form and are supported by documentation in the inspection file. An out brief was conducted at the facility and in addition to the entire Nakamoto Group, Inc. Inspection Team, the following were present:

- ICE Officials – AFOD (b)(6); (b)(7)(C) and SDDO (b)(6); (b)(7)(C)
- Facility Staff - LaSalle Regional Warden C. Bell, Corporate Representative (b)(6); (b)(7)(C) (telephonically); Warden Phillip Bickham, Deputy Warden (b)(6); (b)(7)(C) LaSalle Corporate (b)(6); (b)(7)(C), Major (b)(6); (b)(7)(C), Captain (b)(6); (b)(7)(C), Trinity Regional (b)(6); (b)(7)(C) FSD (b)(6); (b)(7)(C), Compliance Sergeant (b)(6); (b)(7)(C) CGL (b)(6); (b)(7)(C), Programs Manager (b)(6); (b)(7)(C) Chaplain (b)(6); (b)(7)(C) Office (b)(6); (b)(7)(C) Officer (b)(6); (b)(7)(C) Training (b)(6); (b)(7)(C) HR (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) HSA (b)(6); (b)(7)(C) and Business Manager (b)(6); (b)(7)(C)
- DHS OIG - (b)(6); (b)(7)(C)

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

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

, Lead Compliance Inspector

June 22, 2017

Printed Name of LCI

Date