

1333 New Hampshire Avenue NW

Washington, DC 20036

Contract # 04-00-80-3818

ICE National Detention Standards

Compliance Review

Facility:

West Texas Detention Facility

Inspection Dates:

October 13-15, 2009

Report Date:

October 16, 2009



1333 New Hampshire Ave. NW Suite 300 Washington, DC 20036 202/419-3930 (T) 202/419-3931 (F) www.MGTofAmerica.com

October 16, 2009

MEMORANDUM FOR:

David Venturella

Acting Director

Office of Detention and Removal Operations

FROM:

b6,b7c

b6,b7c

Lead Compliance Inspector

SUBJECT:

West Texas Detention Facility

Annual Detention Review

MGT of America performed an annual inspection for compliance with the ICE National Detention Standards (NDS) at the West Texas Detention Facility located in Sierra Blanca, Texas during the period of October 13-15, 2009. This facility is an IGSA.

The annual inspection was performed under the guidance of Stephen J. Huffman, Lead Compliance Inspector. Team members were:

Subject Matter Field	Team Member	
Security		
Health Services		
Food Services	b6,b7c	
Safety		

Type of Review

This review is a scheduled annual inspection which is performed to determine overall compliance with the ICE NDS. The facility received a previous rating of "Acceptable" during the October 2008 inspection.

Review Summary

The West Texas Detention Facility is accredited by the American Correctional Association (ACA). The facility is not accredited by the National Commission on Correctional Health Care (NCCHC) or the Joint Commission on Accreditation of Health Organizations (JCAHO).

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 2009 and 2008 National Detention Standards compliance annual inspection.

2008 Inspection	and the same of th
Compliant	35
Deficient	0
Repeat Deficiency	0
Not Applicable	3

2009 Inspection	
Compliant	37
Deficient	0
Repeat Deficiency	0
Not Applicable	1

Best Practices

The West Texas Detention Facility has well written and comprehensive policies, and their staff is knowledgeable of ICE National Detention Standards.

The West Texas Detention Facility Law Library is well managed and offers a wide range of legal material which is accessible to the detainee population.

Recommended Rating and Justification:

The Lead Compliance Inspector recommends that the facility receive a rating of "Good."

LCI Assurance Statement

The findings of compliance and noncompliance are accurately and completely documented on the G-324A Inspection form and are supported by documentation in the inspection file. An out brief was conducted at the facility and the following were present:

Assistant Warden;

BELDTC

Health Service Administrator;

BELDTC

Administrative Assistant; and

BELDTC

THE IEA.

b6,b7c	, LCI _	October 16, 2009		
Signature:		Date		

\$60.00

ther Charges: (If None, Indicate N/A)

Type of Facility Devices	a.	Detimated Man	1 D 3/					
A. Type of Facility Reviewe		Estimated Man-6	iays Per Year	:				
ICE Service Process		170,130						
ICE Contract Deten		C. A P. C. C. C						
☐ ICE Intergovernmen	ntal Service Agreement		G. Accreditation Certificates List all State or National Accreditation[s] received:					
B C (I		American Correct			vea:			
B. Current Inspection					.1			
Type of Inspection ☐ Field Office ☐ HQ Inspe	action .	Check box ii	lacility has i	o accreditation[s	<u> </u>			
Date[s] of Facility Review	ection	II Ducklama (7a	C h -	-4411			
October 13-15, 2009		H. Problems / C The Facility is ur	ompiaints (Copies must be	attached)			
October 13-13, 2009		Court Order		Class Action Or				
C. Previous/Most Recent Fa	cility Review	The Facility has						
Date[s] of Last Facility Review	iemiy keview	☐ Major Litigat	significant Li	lligation Pending Life/Safety Issue	20			
October 14-16, 2008		☐ Major Engat		Life/Safety Issue	-8			
Previous Rating		CHECK II NOI	ic.					
	eptable Deficient At-Risk	I. Facility His	torv					
		Date Built	101 y		-			
D. Name and Location of Fa	eility	August 2004						
Name		Date Last Remod	deled or Unor	aded				
West Texas Detention Facility		June 2009	icica or opgi	aucu				
Address (Street and Name)		Date New Constr	ruction / Red	space Added				
401 S. Vaquero Ave., P.O. Box	x 430	February 2000/5		space radica				
City, State and Zip Code		Future Construct		· · · · · · · · · · · · · · · · · · ·				
Sierra Blanca, Texas 79851		Yes No						
County	•	Current Bed space		Bed space (# No	w Reds only)			
Hudspeth County	O.C (W1/O/C/C+)	1054		er: N/A Date: N				
ame and Title of Chief Executive	e Officer (Warden/OIC/Supt.)	1001	TUME	cr. 1071 Date. IV	711			
Telephone # (Include Area Code)	· · · · · · · · · · · · · · · · · · ·	J. Total Facili	ty Ponulation	1				
915-369 b6,b7c		Total Facility Int						
	ice with oversight responsibilities)	4,217	P					
El Paso, Texas / Pecos, Texas	,	Total ICE Man-d	avs for Previo	ous 12 months				
Distance from Field Office		15, 074	,					
81 miles		(-				
		K. Classification	n Level (IC	E SPCs and CD	Fs Only)			
E. ICE Information			L-		L-3			
Name of LCI (Last Name, Title		Adult Male	N/A	N/A	N/A			
b6,b7c / LCI / MGT of Amer	ica, Inc.	Adult Female	N/A	N/A	N/A			
Name of Team Member / Title	•							
b6,b7c / CI-Food Service / MGT			<u> </u>	'				
Name of Team Member / Title	•	L. Facility Capa	acity					
b6,b7c / CI-Security & Safety		Rated Operational Emergence						
Name of Team Member / Title	/ Duty Location	Adult Male 1006 960						
b6,b7c / CI-Health Services		Adult Female 48 48 48						
Name of Team Member / Title	/ Duty Location	Facility holds Juveniles Offenders 16 and older as Adults						
/ /								
		M. Average Da	ily Populatio	n				
F. CDF/IGSA Information O			ICI		Other			
Contract Number	Date of Contract or IGSA	Adult Male	41	454	0			
80-05-0005	April 7, 2007	Adult Female	0	53	0			
Basic Rates per Man-Day								

N. Facility Staffing Level

Security:

Support:

Significant Incident Summary Worksheet

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

Incidents	Description	Jan – Mar	Apr – Jun	Jul – Sept	Oct - Dec
Assault:	Types (Sexual ² , Physical, etc.)	Physical	Physical	Physical	Physical
Offenders on Offenders ¹	With Weapon	0	0	0	0
	Without Weapon	12	10	12	6
Assault:	Types (Sexual Physical, etc.)	N/A	N/A	N/A	Physical
Detainee on Staff	With Weapon	0	0	0	0
	Without Weapon	0	0	0	1
Number of Forced Moves, incl. Forced Cell moves ³		0	1	2	0
Disturbances ⁴		0	0	1	0
Number of Times Chemical Agents Used		0	0	0	0
Number of Times Special action Team eployed/Used		9	3	5	0
# Times Four/Five Point	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	0	0
Restraints applied/used	Type (C=Chair, B=Bed, BB=Board, O=Other)	0	0	0	0
Offender / Detainee Medical Referrals as a result of injuries sustained.		0	3	7	0
Escapes	Attempted	0	0	0	0
,	Actual	0	0	0	0
Grievances:	# Received	12	48	46	43
	# Resolved in favor of Offender/Detainee	3	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	0	0	2	0
	# Psychiatric Cases referred for Outside Care	0	0	0	0

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

Oral, anal or vaginal penetration or attempted penetration involving at least 2 parties, whether it is consenting or non-consenting Routine transportation of detainees/offenders is not considered "forced"

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

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

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

LCI Review Assurance Statement

By signing below, the Lead Compliance Inspector (LCI) certifies that all findings of noncompliance with policy or inadequate controls contained in the Inspection Report are supported by evidence that is sufficient and reliable. Furthermore, findings of noteworthy accomplishments are supported by sufficient and reliable evidence. Within the scope of the review, the facility is operating in accordance with applicable law and policy, and property and resources are efficiently used and adequately safeguarded, except for the deficiencies noted in the report.

LEAD COMPLI	ISPECTOR
Lead Compliance Inspector: (Print Name)	b6,b7c
b6,b7c b6,b7c	
Title & Duty Location	Date 16
LCI, MGT of America, Inc.	October 15, 2009
TEAM	MEMBERS
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
b6,b7c CI-Food Service, MGT of America,Inc.	, CI-Security & Safety, MGT of America, Inc.
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
b6,b7c , CI-Medical Services, MGT of America, Inc.	
ecommended Rating: Superior Good Acceptable Deficient At-Risk	

Comments:

Department of Homeland Security

Immigration and Customs Enforcement Office of Detention and Removal

Condition of Confinement Review Worksheet

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

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



ICE Detention Standards Review Worksheet

State Facility – IGSA
ICE Contract Detention Facility
Name
West Texas Detention Facility
Address (Street and Name)
401 S. Vaquero Ave., P.O. Box 430
City, State and Zip Code
Sierra Blanca, Texas 79851
County
Hudspeth County
Name and Title of Chief Executive Officer (Warden/OIC/Superintendent)
b6,b7c Warden
Name and Title of Reviewer-In-Charge
Date[s] of Review
October 13-15, 2009
Type of Review
Headquarters Operational Special Assessment Other

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DETAINEE SERVICES STANDARDS (SECTION I)
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SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION)
TOOL CONTROL
TRANSPORTATION (LAND)
USE OF FORCE
STAFF/DETAINEE COMMUNICATIONS
DETAINEE TRANSFER STANDARD

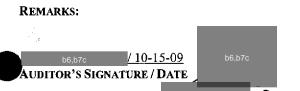
NOTE: FOR EACH STANDARD RATED <u>BELOW</u> ACCEPTABLE, FACILITIES **MUST** ATTACH A PLAN OF ACTION FOR BRINGING OPERATIONS INTO COMPLIANCE. EACH FACILITY SHOULD EXAMINE THE ENTIRE WORKSHEET TO IDENTIFY AREAS OF IMPROVEMENT, <u>INCLUDING</u> THOSE STANDARDS WHERE AN OVERALL FINDING OF ACCEPTABLE WAS ACHIEVED.

SECTION I DETAINEE SERVICES STANDARDS

ACCESS TO LEGAL MATERIALS

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

COMPONENTS	YES	No	NA	REMARKS
The facility provides a designated law library for detainee use.	\boxtimes			Facility policy and the detainee handbook outline all library services.
The law library contains all materials listed in the "Access to Legal Materials" Standard, Attachment A. The listing of materials is posted in the law library.				
The library contains a sufficient number of chairs, is well lit, and is reasonably isolated from noisy areas.	\boxtimes			
The law library is adequately equipped with typewriters and/or computers, and has sufficient supplies for daily use by the detainees.	\boxtimes			_
In addition to the physical law library, detainees have access to the Lexis Nexis electronic law library.	×			There are 3 computers with access to the Lexis Nexis Program.
Where provided, the Lexis Nexis library is updated and is current.				Lexis Nexis is updated by library staff. The program was updated
Outside persons and organizations are permitted to submit published legal material for inclusion in the legal library. Outside published material is forwarded and reviewed by ICE prior to inclusion.	\boxtimes			4 days prior to the review.
There is a designated ICE or facility employee who inspects, updates, and maintains/replaces legal materials and equipment on a routine basis.	\boxtimes			
Detainees are offered a minimum 5 hours per week in the law library. <u>Detainees are not required to forego recreation time in lieu of library usage.</u> Detainees facing a court deadline are given priority use of the law library.	\boxtimes			
Detainees may request materials not currently in the law library. Each request is reviewed and, where appropriate, an acquisition request is timely initiated. Requests for copies of court decisions are accommodated within 3 – 5 business days.	\boxtimes			
Detainees are permitted to assist other detainees, voluntarily and free of charge, in researching and preparing legal documents, consistent with security.				
Illiterate or non-English-speaking detainees without legal representation receive access to more than just English-language law books after indicating their need for help.	\boxtimes			
Detainees may retain a reasonable amount of personal legal material in the general population and in the special management unit. Stored legal materials are accessible within 24 hours of a written request.	\boxtimes			
Detainees housed in Administrative Detention and Disciplinary Segregation units have the same law library access as the general population, barring security concerns. Detainees denied access to legal materials are documented and reviewed routinely for lifting of sanctions.	\boxtimes			
All denials of access to the law library fully documented.	\boxtimes			
Facility staff informs ICE Management when a detainee or group of detainees is denied access to the law library or law materials.	\boxtimes			
Detainees who seek judicial relief on any matter are not subjected to reprisals, retaliation, or penalties.	\boxtimes			
Acceptable Deficient At-Risk				REPEAT FINDING



ADMISSION AND RELEASE

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

COMPONENTS	YES	No	NA	Remarks
In-processing includes an orientation of the facility. The orientation	I ES	110	1411	MINIARIO
includes: Unacceptable activities and behavior, and corresponding sanctions; How to contact ICE; The availability of <i>pro bono</i> legal services, and how to pursue such services; schedule of programs, services, daily activities, including visitation, telephone usage, mail service, religious programs, count procedures, access to and use of the law library and the general library; sick-call procedures, and the detainee handbook.				Per facility policy, all detainees receive an orientation presentation, view an orientation video, and receive the detainee handbook.
Medical screenings are performed by medical staff <u>or</u> persons who have received specialized training for the purpose of conducting an initial health screening.				Medical staff does all the intake medical screenings.
Each new arrival is classified according to criminal history and threat levels. Criminal history is provided for each detainee by the ICE field office.				All ICE detainees have been classified by ICE staff before arriving and are classified again by the facility as
All new arrivals are searched in accordance with the "Detainee Search" standard. An officer of the same sex as the detainee conducts the search and the search is conducted in an area that affords as much privacy as possible.				minimum, medium or maximum.
Detainees are stripped searched only when cause has been established and not as routine policy. Non-criminal detainees are not strip-searched but are patted down, unless reasonable suspicion is established.	\boxtimes			·
The "Contraband" standard governs all personal property searches. IGSAs/CDFs use or have a similar contraband standard. Staff prepares a complete inventory of each detainee's possessions. The detainee receives a copy.				
Staff completes Form I-387 or similar form for CDFs and IGSAs for every lost or missing property claim. Facilities forward all I-387 claims to ICE.				
Detainees are issued appropriate and sufficient clothing and bedding for the climatic conditions.				
The facility provides and replenishes personal hygiene items as needed. Gender-specific items are available. ICE Detainees are not charged for these items.	\boxtimes			
All releases are properly coordinated with ICE using a Form I-203.	\boxtimes			
Staff completes paperwork/forms for release as required.	\boxtimes			
ACCEPTABLE DEFICIENT	AT-F	tisk		REPEAT FINDING

REMARKS:		
b6,b7c / 10-15-09 AUDITOR'S SIGNATURE / DATE	b6,b7c	
	b6,b7c	You

CLASSIFICATION SYSTEM

POLICY: ALL FACILITIES WILL DEVELOP AND IMPLEMENT A SYSTEM ACCORDING TO WHICH ICE DETAINEES ARE CLASSIFIED. THE CLASSIFICATION SYSTEM WILL ENSURE THAT EACH DETAINEE IS PLACED IN THE APPROPRIATE CATEGORY, PHYSICALLY SEPARATED FROM DETAINEES IN OTHER CATEGORIES

COMPONENTS	YES	No	NA	REMARKS
The facility has a system for classifying detainees. In CDFs and IGSAs, an Objective Classification System or similar is used.	\boxtimes			Facility policy describes the classification process. ICE detainees have been classified by ICE prior to arrival, but are classified by facility staff upon arrival as minimum, medium and maximum.
The facility classification system includes: Classifying detainees upon arrival; Separating from the general population those individuals who cannot be classified upon arrival; and The first-line supervisor or designated classification specialist reviewing every classification decision.	\boxtimes			ICE detainees are housed separate from the general population.
The intake/processing officer reviews work-folders, A-files, etc., to identify and classify each new arrival.				
Staff uses only information that is factual, and reliable to determine classification assignments. Opinions and unsubstantiated/ unconfirmed reports may be filed but are not used to score detainees classifications.				
Housing assignments are based on classification-level.	\boxtimes			
A detainee's classification-level does not affect his/her recreation opportunities. Detainees recreate with persons of similar classification designations.	\boxtimes			
Detainee work assignments are based upon classification lesignations.				
The classification process includes reassessment/reclassification. At IGSA's, detainees may request reassessment 60 days after arrival.		\boxtimes		The IGSA facility reassesses the detainee classification every 90 days.
Procedures exist for a detainee to appeal their classification assignment. Only a designated supervisor or classification specialist has the authority to reduce a classification-level on appeal.	\boxtimes			Detainees can appeal their classification through the grievance process.
Classification appeals are resolved within five business days and detainees are notified of the outcome within 10 business days.	\boxtimes			
Classification designations may be appealed to a higher authority, such as the Warden or equivalent.	\boxtimes			
The Detainee Handbook or equivalent for IGSAs explains the classification levels, with the conditions and restrictions applicable to each.				
□ ACCEPTABLE □ DEFICIENT			AT-RIS	SK REPEAT FINDING

REMARKS:		
b6,b7c 10-15-09	b6,b7c	
AUDITOR'S SIGNATURE / DATE	6,b7c	18

CORRESPONDENCE AND OTHER MAIL

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

COMPONENTS	YES	No	NA	REMARKS
The rules for correspondence and other mail are posted in each				Correspondence rules and regulations are
housing or common area, or provided to each detainee via a				addressed in the detainee handbook and every
detainee handbook.	\boxtimes			detainee receives a handbook. These rules and
				regulations are also posted in the housing units.
The facility provides key information in languages other than				
English; In the language(s) spoken by significant numbers of	\boxtimes			
detainees. List any exceptions.				
Incoming mail is distributed to detainees within 24 hours or 1	\boxtimes			
business day after it is received and inspected.	63			
Outgoing mail is delivered to the postal service within one			l	
business day of its entering the internal mail system (excluding	\boxtimes			
weekends and holidays).				
Staff does not open and inspect incoming general correspondence				Mail is not opened in the presence of the
and other mail (including packages and publications) without the				detainee and is not a requirement of IGSA
detainee present unless documented and authorized in writing by	il			facilities.
the Warden or equivalent for prevailing security reasons.				racinges.
Staff does not read incoming general correspondence without the		\boxtimes		Mail is conceedly need for conveity records
Warden's prior written approval.	ш			Mail is generally read for security reasons.
Staff does not inspect incoming special Correspondence for				
physical contraband or to verify the "special" status of enclosures	\boxtimes			
without the detainee present.		•		
Staff is prohibited from reading or copying incoming special	\boxtimes			
correspondence.]	
Staff is only authorized to inspect outgoing correspondence or				
other mail without the detainee present when there is reason to				
believe the item might present a threat to the facility's secure or	\boxtimes			
orderly operation, endanger the recipient or the public, or might				
facilitate criminal activity.				
Correspondence to a politician or to the media is processed as	\boxtimes			-
special correspondence and is not read or copied.		لسا		
The official authorizing the rejection of incoming mail sends	\boxtimes			
written notice to the sender and the addressee.	Д			
The official authorizing censorship or rejection of outgoing mail	\boxtimes			
provides the detainee with signed written notice.		ш		
Staff maintains a written record of every item removed from	\boxtimes			-
detainee mail.		لسا		
The Warden or equivalent monitors staff handling of discovered				1.0
contraband and its disposition. Records are accurate and up to	\boxtimes			
date.				
The procedure for safeguarding cash removed from a detainee				
protects the detainee from loss of funds and theft. The amount of				Facility policy describes the mail rules and
cash credited to detainee accounts is accurate. Discrepancies are	\boxtimes			regulations. Funds received are placed in the
documented and investigated. Standard procedure includes issuing				detainee's account in the Business Office and
a receipt to the detainee.				detainee is given a receipt.
Original identity documents (e.g., passports, birth certificates) are				
immediately removed and forwarded to ICE staff for placement in	\boxtimes			
A-files.				
Staff provides the detainee a copy of his/her identity document(s)				
upon request.		ᆸ		

CORRESPONDENCE AND OTHER MAIL						
POLICY: ALL FACILITIES WILL ENSURE THAT DETAINEES SEND AND RECEIVE CORRESPONDENCE IN A TIMELY MANNER, SUBJECT TO						
LIMITATIONS REQUIRED FOR THE SAFETY, SECURITY, AND ORDERLY OPERATION OF THE FACILITY. OTHER MAIL WILL BE PERMITTED, SUBJECT TO THE SAME LIMITATIONS. EACH FACILITY WILL WIDELY DISTRIBUTE ITS GUIDELINES CONCERNING CORRESPONDENCE AND OTHER MAIL.						
Staff disposes of prohibited items found in detainee mail in	BULETIN	GUIDE	LINES	ONCERNING CORRESPONDENCE AND OTHER MAIL.		
accordance with the "Control and Disposition of Contraband"	\square	Ιп	П			
Standard or the similar prevailing policy in IGSAs.						
Every indigent detainee has the opportunity to mail, at						
government expense, reasonable correspondence about a legal				1 🗆		
matter, in three one ounce letters per week and packages						
deemed necessary by ICE. The facility has a system for detainees to purchase stamps and for						
mailing all special correspondence and a minimum of 5 pieces of	\boxtimes	$ \Box $		A commissary is provided for the detainees to		
general correspondence per week.				purchase stamps.		
The facility provides writing paper, envelopes, and pencils at no	\boxtimes					
cost to ICE detainees.						
□ DEFICIENT] AT-	Risk	☐ REPEAT FINDING		
REMARKS:						
h6.b7c						

REMARKS:			
b6,b7c	/10-15-0	b6,b7c	
AUDITOR'S SIGNATU	RE/DATE	b6,b7c	for

DETAINEE HANDBOOK

POLICY: EVERY OIC WILL DEVELOP A SITE-SPECIFIC DETAINEE HANDBOOK TO SERVE AS AN OVERVIEW OF, AND GUIDE TO, THE DETENTION POLICIES, RULES, AND PROCEDURES IN EFFECT AT THE FACILITY. THE HANDBOOK WILL ALSO DESCRIBE THE SERVICES, PROGRAMS, AND OPPORTUNITIES AVAILABLE THROUGH VARIOUS SOURCES, INCLUDING THE FACILITY, ICE, PRIVATE ORGANIZATIONS, ETC. EVERY DETAINEE WILL RECEIVE A COPY OF THIS HANDBOOK UPON ADMISSION TO THE FACILITY. COMPONENTS YES No REMARKS The detainee handbook is written in English and translated into X Spanish, or into the next most-prevalent Language(s). The handbook is supplemented by the facility orientation video, \boxtimes where one is provided. All staff members receive a handbook and training regarding the A handbook is issued to staff during employee П \Box M handbook contents. orientation. The handbook is revised as necessary and there are procedures in Employees are issued a new handbook when place for immediately communicating any revisions to staff and M \Box changes are made. In-service training is provided on a regular basis. There an annual review of the handbook by a designated committee \boxtimes \Box or staff member. The detainee handbook addresses the following issues: Personal Items permitted to be retained by the detainee; 冈 П Initial issue of clothes, bedding and personal hygiene The detainee handbook states in clear language the basic detainee 冈 responsibilities. The handbook clearly outlines the methods for classification of X detainees, explains each level, and explains the classification appeals process. The handbook states when a medical examination will be \times conducted. The handbook describes the facility, housing units, dayrooms, in- \boxtimes П dorm activities, and special housing units. The handbook describes official count times and count procedures; meal times and feeding procedures; procedures for medical or \boxtimes religious diets; smoking policy; clothing exchange schedules; and, if authorized, clothes washing and drying procedures, and expected personal hygiene practices. The handbook describe times and procedures for obtaining disposable razors, and allows that detainees attending court will be afforded the opportunity to shave first. The handbook describes barber hours and hair cutting restrictions. Barber hours are not listed in handbook as \boxtimes П they vary. Hours are announced in housing areas prior to hair cuts being given. The handbook describes the telephone policy; debit card procedures; Telephone policy is explained in handbook; however, debit card procedures are not direct and free calls; locations of telephones; policy when telephone П demand is high; and policy and procedures for emergency phone \boxtimes addressed. Information regarding use of debit calls. cards is posted in housing area next to phones. \boxtimes The handbook addresses religious programming. The handbook states times and procedures for commissary or \boxtimes П vending machine usage, where available. The handbook describes the detainee voluntary work program. \boxtimes The handbook describes the library location and hours of operation, \boxtimes and law library procedures and schedules.

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he handbook describes attorney and regular visitation hours,

policies, and procedures.

POLICY: EVERY OIC WILL DEVELOP A SITE-SPECIFIC DETAINEE HA	NDBOOK	C TO SER	VE AS A	N OVERVIEW OF, AND GUIDE TO, THE DETENTION
POLICIES, RULES, AND PROCEDURES IN EFFECT AT THE FACILITY.				
OPPORTUNITIES AVAILABLE THROUGH VARIOUS SOURCES, INCLUDIN			, ICE, P	RIVATE ORGANIZATIONS, ETC. EVERY DETAINEE
WILL RECEIVE A COPY OF THIS HANDBOOK UPON ADMISSION TO THI				
COMPONENTS	YES	No	NA	REMARKS
The handbook describes the facility contraband policy.			$\sqcup \sqcup$	
The handbook describes the facility visiting hours and schedule, and		ΙП	ΙП	
visiting rules and regulations.		<u> </u>	L <u>-</u>	
The handbook describes the correspondence policy and procedures.		<u> </u>		
The handbook describes the detainee disciplinary policy and		ļ		
procedures, including:			l	
Prohibited acts and severity scale sanctions;		🗀	🗀	
Time limits in the Disciplinary Process; and		<u> </u>		
Summary of the Disciplinary Process.		ļ		
The grievance section of the handbook explains all steps in the				
grievance process – Including:				
Informal (if used) and formal grievance procedures;				
The appeals process;		ĺ		
• In CDF facilities: procedures for filing an appeal of a				
grievance with ICE.				Grievance procedures are clearly explained in
Staff/detainee availability to help during the grievance process.	_			the handbook.
Guarantee against staff retaliation for filing/pursuing a				
grievance.				
How to file a complaint about officer misconduct with the		j		
Department of Homeland Security.		<u> </u>		
The detainee handbook describes the medical sick call procedures		$ \square $		
for general population and segregation.				
The handbook describes the facility recreation policy including:				Recreation policy is addressed in the
Outdoor recreation hours.		╽Ш		handbook; however, hours for indoor/outdoor
Indoor recreation hours.				recreation are not listed.
The handbook describes the detainee dress code for daily living; and work assignments.	\boxtimes			
The handbook specifies the rights and responsibilities of all detainees.	\boxtimes			
woulder.		<u> </u>		l

DETAINEE HANDBOOK

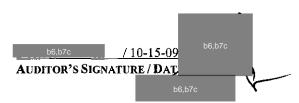
REMARKS:

Telephone policy is described in handbook, with the exception of debit card procedures. Information regarding the use of a debit card and making collect calls is posted in housing areas next to the phone. Barber hours are not listed in the handbooks as they vary according to facility activities. Advance notice is given to detainees so that they are aware when haircuts will be given. Recreation hours are not listed in handbook; during the inspection, a written schedule of recreation hours was prepared and posted in housing areas.

☐ AT-RISK

REPEAT FINDING

■ DEFICIENT



ACCEPTABLE

FOOD SERVICE

POLICY: EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITH NUTRITIOUS AND APPETIZING MEALS, PREPARED IN ACCORDANCE WITH NTHE HIGHEST SANITARY STANDARDS.

COMPONENTS	YES	No	NA	REMARKS
The food service program is under the direct supervision of a professionally trained and certified food service administrator. Responsibilities of cooks and cook foremen are in writing. The Food Service Administrator (FSA) determines the responsibilities of the Food Service Staff.	\boxtimes			The FSA determines the responsibilities of the food service staff and is ServSafe certified.
The Cook Supervisor is on duty on days when the FSA is off duty and vice versa,				
The FSA provides food service employees with training that specifically addresses detainee-related issues. • In ICE Facilities this includes a review of the ICE 'Food Service" standard	\boxtimes			
Knife cabinets close with an approved locking device, and the on-duty cook foreman maintains control of the key that locks the device.				
All knives not in a secure cutting room are physically secured to the workstation and staff directly supervises detainees using knives at these workstations. Staff monitors the condition of knives and dining utensils.	\boxtimes			All knifes being used are physically secured to work stations as required by the standard.
When necessary, special procedures govern the handling of food items that pose a security threat.				Yeast is used at this facility and it is secured inside the FSA's office and locked using an approved locking device.
Operating procedures include daily searches (shakedowns) of detainee work areas.	\boxtimes			
The FSA monitors staff implementation of the facility's population counts procedures. Staff is trained in count procedures.				
The detainees assigned to the food service department look neat and clean. Their clothing and grooming comply with the "Food Service" standard.	\boxtimes			
The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date.	\boxtimes			
The Cook Foreman or equivalent instructs newly assigned detainee workers in the rules and procedures of the food service department.	\boxtimes			
During orientation and training session(s), the CS explains and demonstrates: • Safe work practices and methods; • Safety features of individual products/pieces of equipment; and • Training covers the safe handling of hazardous material[s] the detainees are likely to encounter in their work.				
The Cook Supervisor documents all training in individual detainee detention files.				Detainee files located in the Food Service Department were reviewed and contained proper training documentation.
Detainees at CDFs are paid in accordance with the "Voluntary Work Program" standard. Detainee workers at IGSAs are subject to local and state rules and regulations regarding detainee ay.				

FOOD SERVICE

POLICY: EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITH NUTRITIOUS AND APPETIZING MEALS, PREPARED IN ACCORDANCE WITH NITHE HIGHEST SANITARY STANDARDS.

COMPONENTS	YES	No	NA	REMARKS
Detainees are served at least two hot meals every day. No more				No more than 14 hours elapse between the last
than 14 hours elapse between the last meal served and the first				meal served and the first meal the following
meal of the following day.		l		day.
For cafeteria style operations, a transparent "sneeze guard"	\boxtimes			
protects both the serving line and salad bar line.				
The facility has a standard 35-day menu cycle. IGSAs use a 35	\boxtimes			This facility operates on a 5 week rotating menu
day or similar system for rotating meals.				cycle.
The FSA or facility considers the ethnic diversity of the				
facility's detainee population when developing menu cycles				
(Provide examples).				
A registered dietitian conducts a complete nutritional analysis of		$ \Box $		A nutritional analysis was available for review
every master-cycle menu planned.				on the master cycle menus.
The FSA has established procedures to ensure that items on the	l	l		
master-cycle menu are prepared and presented according to		$\vdash \sqcup \vdash$		
approved recipes.				
The Cook Foreman has the authority to change menu items if				
necessary.		l		
If yes, documenting each substitution, along with its		🗀	🗀	
justification				
With copy to FSA				
All staff and volunteers know and adhere to written "food	\boxtimes			
preparation" procedures.				
Detainees whose religious beliefs require the adherence to	\boxtimes			
particular religious dietary laws are referred to the Chaplain or FSA.		ш		
A common-fare menu available to detainees whose dietary				· ·
requirements cannot be met on the main line.				
• Changes to the planned common-fare menu can be				
made at the facility level;			:	
Hot entrees are offered three times a week;				
The common-fare menus satisfy nutritional				
recommended daily allowances (RDAs);	K-7	_		
Staff routinely provide hot water for instant beverages				
and foods;				
 Common-fare meals are served with: 				
 Disposable plates and utensils. 				
 Reusable plates and utensils. 				
 Staff use separate cutting boards, knives, spoons, 	<u> </u>			
scoops, etc., to prepare the common-fare diet items.				
A supervisor at the command level must approve a detainee's				
removal from the Common-Fare Program.				
The Warden, in conjunction with the chaplain and/or local				
religious leaders, provides the FSA a schedule of the ceremonial		$\mid \; \sqcup \; \mid$		
meals for the following calendar year.				

FOOD SERVICE

POLICY: EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITH NUTRITIOUS AND APPETIZING MEALS, PREPARED IN ACCORDANCE WITH NUTRITIOUS AND APPETIZING MEALS, PREPARED AND APPETIZING MEALS, PREPARED APPETIZING APPE

COMPONENT	Mac	NA	B.T. A	Drug a Drug
COMPONENTS	YES	No	NA	REMARKS
 The common-fare program accommodates detainees abstaining from particular foods or fasting for religious purposes at prescribed times of the year. Muslims fasting during Ramadan receive their meals after sundown. Jews who observe Passover but do not participate in the Common-Fare Program receive the same Kosher-for-Passover meals as those who do participate. Main-line offerings include one meatless meal (lunch or dinner) on Ash Wednesday and Fridays during Lent. 				
The food service program addresses medical diets.	\boxtimes			
Satellite-feeding programs follow guidelines for proper sanitation.				
Hot and cold foods are maintained at the prescribed, "safe" temperature(s) while being served.	\boxtimes			Temperatures were found to be within safe levels.
All meals are provided in nutritionally adequate portions.	\boxtimes			
Food is not used to punish or reward detainees based upon behavior.	\boxtimes			
 The food service staff instructs detainee volunteers on: Personal cleanliness and hygiene; Sanitary techniques for preparing, storing, and serving food; and The sanitary operation, care, and maintenance of equipment. 				
Everyone working in the food service department complies with food safety and sanitation requirements.	\boxtimes			
Standard operating procedures include weekly inspections of all food service areas, including dining and food-preparation areas and equipment. • Who conducts the inspections?				
Equipment is inspected for compliance with health and safety codes and regulations. • When was the most recent inspection? • Which agency conducted the inspection?				The Texas Health Services Retail Food Establishment report dated 7-7-09 was available and indicated compliance with health and safety codes and regulations.
Reports of discrepancies are forwarded to the Warden or designated department head, and corrective action is scheduled and completed.				
Standard procedure includes checking and documenting temperatures of all dishwashing machines after each meal.	\boxtimes			
Staff documents the results of every refrigerator/freezer temperature check.	\boxtimes			
The cleaning schedule for each food service area is conspicuously posted.				

FOC	DD SER	VICE		
POLICY: EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE	WITHN	UTRITIC	OUS AND APPE	TIZING MEALS, PREPARED IN ACCORDANCE WI
THE HIGHEST SANITARY STANDARDS.				
COMPONENTS	YES	No	NA	REMARKS
Procedures include inspecting all incoming food shipments for damage, contamination, and pest infestation.	\boxtimes			
Storage areas are locked when not in use.	\boxtimes			
☐ ACCEPTABLE ☐ DEFICIENT		□ Ат	-Risk	REPEAT FINDING
REMARKS:				-
This facility Food Service Department provides nutritionally prepared beautiful beauti	pared m	eals in a	a safe and cle	an environment.
AUDITOR'S SIGNATURE / DATE				

POLICY: ALL FACILITIES WILL IMPLEMENT PROCEDURES TO CONTROL AND PROVIDE FOR THE SECURE STORAGE OF FUNDS, VALUABLES, BAGGAGE				
RECEIPTING OF SURRENDERED PROPERTY; AND THE INITIAL AND REGULAR				· ·
OTHER PROPERTY.				
STANDARD NA: (IGSA ONLY) CHECK THIS BOX IF ALL ICE DETAIN				
THE ICE FIELD OFFICE OR SUB-OFFICE IN CONTRO				
COMPONENTS Detainee funds and valuables are properly separated, stored, and are	YES	No	NA	REMARKS Detainee funds and valuables are
accessible only by designated supervisor(s).	\boxtimes			separated and stored in a secured area
Detainees' large valuables are secured in a location accessible to designated supervisor(s) or processing staff only.				
Staff itemizes the baggage and personal property of arriving detainees (including funds and valuables). <u>For IGSAs and CDFs</u> , using a personal property inventory form that meets the ICE standard?	\boxtimes			
Staff forwards an arriving detainee's medication to the medical staff.				All medication found during intake is given to the medical staff.
Audits of baggage and non-valuable property occur each quarter and audits are logged and verified.				
Two officers are present during the processing of detainee funds and valuables during in-processing to the facility. Both officers verify funds and valuables.				
Staff searches arriving detainees and their personal property for contraband.	\boxtimes			Staff searches arriving detainees and personal property for contraband.
Staff procedures follow written policy for returning forgotten property to detainees.				
Property discrepancies are immediately reported to the CDEO or Chief of Security.				
Staff follows written procedures when returning property to detainees.	\boxtimes	μЩ.,		
CDF/IGSA facility procedures for handling detainee property claims are similar with the ICE standard.				
The facility attempts to notify an out-processed detainee that he/she left property in the facility: • By sending written notice to the detainee's last known address; • Via certified mail; and • The notice state that the detainee has 30 days in which to claim the property, after which it will be considered abandoned.				
The facility disposes of abandoned property in accordance with written procedures. • If a CDF/IGSA facility, written procedure requires the prompt forwarding of abandoned property to ICE.	⊠			
ACCEPTABLE DEFICIENT	AT-R1	SK		REPEAT FINDING
REMARKS: b6,b7c / 10-15-09 AUDITOR'S SIGNATURE / DATE b6,b7c				

DETAINEE GRIEVANCE PROCEDURES

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

COMPONENTS	YES	No	NA	REMARKS
Written procedures provide for the informal resolution of oral grievances (Not mandatory). • If yes, the detainee has up to five days within which to make his/her concern known to a member of the staff.	\boxtimes			Facility policy and the detainee handbook explain the grievance procedures.
Detainees have access to the grievance committee (or equivalent in IGSA), using formal procedures. • Detainees may seek help from other detainees or facility staff when preparing a grievance. • Illiterate, disabled, or non-English-speaking detainees receive				
special assistance when necessary.		<u> </u>		
Every member of the staff knows how to identify emergency grievances, including the procedures for expediting them.				Staff receive grievance training during the 40-hour annual training.
There are documented or substantiated cases of staff harassing, disciplining, penalizing, or otherwise retaliating against a detainee who lodged a complaint: • If yes, explain.		\boxtimes		There are no documented cases of staff harassment toward ICE detainees.
Procedures include maintaining a Detainee Grievance Log. If not, an alternative acceptable record keeping system is maintained. "Nuisance complaints" are identified in the records. For quality control purposes, staff document nuisance complaints received but not filed.				The Administrative Captain maintains the grievance log.
Staff is required to forward any grievance that includes officer misconduct to a higher official or, in a CDF/IGSA facility, to ICE.	\boxtimes			
ACCEPTABLE DEFICIENT	AT-RIS	SK		REPEAT FINDING

REMARKS:

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AUDITOR'S SIGNATURE / DATE:
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GROUP LEGAL RIGHTS PRESENTATIONS

POLICY: FACILITIES HOUSING ICE DETAINEES SHALL PERMIT AUTHORIZE PERSONS TO MAKE PRESENTATIONS TO GROUPS OF DETAINEES FOR THE PURPOSE OF INFORMING THEM OF U.S. IMMIGRATION LAW AND PROCEDURES, CONSISTENT WITH THE SECURITY AND ORDERLY OPERATION OF EACH FACILITY. ICE ENCOURAGES SUCH PRESENTATIONS, WHICH INSTRUCT DETAINEES ABOUT THE IMMIGRATION SYSTEM AND THEIR RIGHTS AND OPTIONS WITHIN IT.

CHECK HERE IF NO GROUP PRESENTATIONS WERE CONDUCTED WITHIN THE PAST 12 MONTHS. MARK STANDARD AS ACCEPTABLE						
OVERALL AND CONTINUE ON WITH NEXT PORTION OF WORKSHEET.	,					
COMPONENTS	YES	No	NA	REMARKS		
The Field Office is responsive to requests by attorneys and accredited representatives for group presentations.						
Upon receipt of concurrence by the Field Office Director, the facility or authorized ICE Field Office ensures timely and proper notification to attorneys or accredited representatives.				·		
The facility follows policy and procedure when rejecting or requesting modifications to objectionable material provided or presented by the attorney or accredited representative.						
Posters announcing presentations appear in common areas at least 48 hours in advance and sign-up sheets are available and accessible.						
Documentation is submitted and maintained when any detainee is denied permission to attend a presentation and the reason(s) for the denial.						
When the number of detainees allowed to attend a presentation is limited, the facility provides a sufficient number of presentations so that all detainees signed up may attend.						
Detainees in segregation, unable to attend for security reasons, may request separate sessions with presenters. Such requests are documented.						
Interpreters are admitted when necessary to assist attorneys and other legal representatives.						
Presenters are afforded a minimum of one hour to make the presentation and to conduct a question-and-answer session.						
Staff permits presenters to distribute ICE-approved materials.						
Presenters are permitted to meet with small groups of detainees to discuss their cases after the group presentation. ICE or authorized detention staff is present but do not monitor conversations with legal providers.						
Group presenters who have had their privileges suspended are notified in writing by the Field Office Director or designee; and the reasons for suspension are documented. The Headquarters Office for Detention and Removal, Field Operations and Detention management Division, is notified when a group or individual is suspended from making presentations.						
The facility plays ICE-approved videotaped presentations on legal rights at regular opportunities, at the request of outside organizations.						
A copy of the Group Legal Rights Presentation policy, including attachments, is available to detainees upon request						
ACCEPTABLE DEFICIENT	AT-RISK	<u></u>		REPEAT FINDING		



ISSUANCE AND EXCHANGE OF CLOTHING, BEDDING, AND TOWELS

POLICY: ICE REQUIRES THAT ALL FACILITIES HOUSING ICE DETAINEES PROVIDE CLEAN CLOTHING, BEDDING, LINENS AND TOWELS TO EVERY ICE DETAINEE UPON ARRIVAL. FURTHER, FACILITIES SHALL PROVIDE ICE DETAINEES WITH REGULAR EXCHANGES OF CLOTHING, LINENS, AND TOWELS FOR AS LONG AS THEY REMAIN IN DETENTION

TOWELS FOR AS LONG AS THEY REMAIN IN DETENTION. COMPONENTS	YES	No	NA	REMARKS
The facility has a policy and procedure for the regular issuance and exchange of clothing, bedding, linens, and towels. • The supply of these items exceeds the minimum required for the number of detainees.				
All new detainees are issued clean, temperature-appropriate, presentable clothing during in-processing. Detainees receive: One uniform shirt and one pair of uniform pants, or one jumpsuit; One pair of socks; One pair of underwear (Daily change); and One pair of facility-issued footwear.				Facility staff issue two sets of required clothing items.
Additional clothing is available for changing weather conditions, or as seasonally appropriate.	\boxtimes			
New detainees are issued clean bedding, linens, and towels. They receive at				
a minimum: One mattress; One blanket; Two sheets; One pillowcase; One towel; and Additional blankets are issued based on local weather conditions.				Pillowcases are not required as pillows are not issued.
Detainees assigned to special work areas are clothed in accordance with the requirements of the job.	\boxtimes			
Detainees are provided clean clothing, linen and towels. Socks and undergarments - exchanged daily. Outer garments - twice weekly. Sheets - weekly. Towels - weekly. Pillowcases - weekly.				Outer garments are exchanged three times a week. Sheets are exchanged twice weekly.
Food service detainee volunteer workers are permitted to exchange outer garments daily.	\boxtimes			
Volunteer detainee workers are permitted to exchange outer garments more frequently.	\boxtimes			
□ ACCEPTABLE □ DEFICIENT □	AT-RI	sk		REPEAT FINDING

MARRIAGE REQUESTS								
POLICY: ALL DETAINEE MARRIAGE REQUESTS WILL RECEIVE CASE-BY-CASE CONSIDERATION FROM ICE MANAGEMENT.								
COMPONENTS YES NO NA REMARKS								
The Field Office considers detainee marriage requests on a case-by-case basis.								
The Field Office Director reviews every marriage request rejected by a Warden/OIC or IGSA. Rejections are documented.				Marriages are approved at this facility, but no requests have been forwarded to be completed or approved.				
It is standard practice to require a written request for permission to marry.								
The written request includes a signed statement or comparable documentation from the intended spouse, confirming marital intent.	\boxtimes							
The Warden/OIC provides a written copy of his/her decision to the detainee and his/her legal representative.	\boxtimes							
When permission is denied, the Warden/OIC states the basis for his/her decision.	\boxtimes							
The Warden/OIC provides the detainee with a place and time to make wedding arrangements.	\square							
■ ACCEPTABLE	AT-RISI	ζ		REPEAT FINDING				

REMARKS:

No marriage requests have been submitted for approval at this facility.



NON-MEDICAL EMERGENCY ESCORTED TRIPS

POLICY: THE IMMIGRATION AND CUSTOMS ENFORCEMENT (ICE) MAY PROVIDE DETAINEES WITH STAFF-ESCORTED TRIPS INTO THE COMMUNITY FOR THE PURPOSE OF VISITING CRITICALLY ILL MEMBERS OF THE DETAINEE'S IMMEDIATE FAMILY, OR FOR ATTENDING FUNERALS.

STANDARD N/A: CHECK THIS BOX IF ALL ICE NON-MEDICAL EMERGENCY ESCORTED TRIPS ARE HANDLED ONLY BY THE ICE FIELD OFFICE OR SUB-OFFICE IN CONTROL OF THE DETAINEE CASE. **COMPONENTS** YES No NA REMARKS The Field Office Director considers and approves, on a case-by-case basis, trips to an immediate family member's: П П \Box Funeral; or Deathbed The facility recognizes mother, father, brother, sister, spouse, child, step-parent, and foster parent as "immediate family". The IGSA facility notifies ICE of all detainee requests for non-medical escorts. The detainee's Deportation Officer reviews the file before forwarding a detainee's request, with recommendation, to the approving official. Each recommendation addresses the individual's suitability for travel; e.g., the kind of supervision required. Each escort includes at least two officers. Escorting officers report unexpected situations to the originating facility as a matter of procedure, and the ranking supervisor on duty has the authority to \Box issue instructions for completion of the trip. Escorting officers have the discretion to increase or decrease minimum \Box П restraints in accordance with written procedures and classification level of the detainee. Escort officers are precluded from accepting gifts/gratuities from a detainee, or detainee's relative or friend for any reason. Escort officers ensure that detainees: Conduct themselves in a manner that does not bring discredit to the ICE: Do not violate federal, state, or local laws; П П Do not purchase, possess, use, consume, or administer narcotics, other drugs, or intoxicants: Make no unauthorized phone calls; and Know they are subject to search, urinalysis, breathalyzer, or comparable test upon return. Standard procedure requires the immediate return to the facility of any detainee who violates trip rules.

REMARKS:		
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■ ACCEPTABLE

☐ DEFICIENT

☐ AT-RISK

REPEAT FINDING

RECREATION

POLICY: IT IS ICE POLICY TO PROVIDE ACCESS TO RECREATIONAL PROGRAMS AND ACTIVITIES TO ALL ICE DETAINEES, TO THE EXTENT POSSIBLE, UNDER CONDITIONS OF SECURITY AND SUPERVISION THAT PROTECT THEIR SAFETY AND WELFARE.

COMPONENTS	YES	No	NA	REMARKS
The facility has a recreation program and facility.				
A recreational specialist (for facilities with more than 350 detainees) tailors the program activities and offerings to the detainee population.				This facility does not have a recreation specialist. Recreation is supervised by recreation correctional officers. This requirement is only mandated at SPC/CDF.
Regular maintenance keeps recreational facilities and equipment in good condition.				
The recreational specialist or trained equivalent supervises detainee recreation workers.				There are no detainee recreation workers.
The recreational specialist or trainee equivalent oversees recreation programs for special housing units (SHU) and special-needs detainees.				
Dayrooms offer sedentary activities, e.g., board games, cards, television.			┡	
Outside activities are restricted to limited-contact sports.			<u> </u>	
Each detainee has the opportunity to participate in daily recreation.				Each detainee is afforded 1 hour of daily recreation 7 days a week.
Detainees have access to recreation activities outside the housing units for at least one hour daily, 5 days a week.				
Staff checks all items for damage and condition when equipment is returned.				
Staff conducts searches of recreation areas before and after use.				
All recreation areas under constant staff supervision.				
Supervising staff is equipped with radios.				
The facility provides detainees in the SHU at least one hour of outdoor recreation time daily, five times per week.				SHU detainees are provided at least 1 hour of outdoor recreation daily 7 days a week.
Detainees in disciplinary/administrative segregation receive a written explanation when a panel revokes his/her recreation privileges.		. 🔲		
Special programs or religious activities are available to detainees.				
Volunteers are required to sign a waiver of liability before entering a secure portion of the facility where detainees are present.				
Visitors, relatives or friends are not allowed to serve as volunteers.				
☐ If outdoor recreation is offered, check this box. No further informs	tion is re	quired w	vhen out	loor recreation is offered.
If the facility has no outside recreation, are detainees considered for transfer after six months? • If yes, written procedures ensure timely review of all eligible detainees.				
Case officers make written transfer recommendations about every six-month detainee to the OIC.				
The OIC documents all detainee-transfer decisions, whether yes or no.				
The detainee's written decision for or against an offered transfer documented in his/her A-file.				
Staff notifies the detainee's legal representative of his/her decision to accept/decline a transfer.				
If no recreation is available, the ICE Districts routinely review transfer eligibility for all detainees after 60 days.				
The A-file of every detainee who is held more than 60 days without access to recreation contains either a transfer-waiver signed by the detainee, or the DIC's written determination of the detainee's ineligibility for transfer.				

				RAMS AND			L ICE detainees, to the extentare.
The detainee' decision.	s legal representative is	notified of the detainee's	s/OIC's				
	ACCEPTABLE	☐ DEFICIENT		AT-RISI	ζ.		REPEAT FINDING
b6,b7c	provides recreational prog	rams and activities to all d	etainees	and superv	vision is p	rovided t	by the security staff.

RELIGIOUS PRACTICES

POLICY: FACILITIES WILL PROVIDE ICE DETAINEES OF ALL FAITHS WITH REASONABLE AND EQUITABLE OPPORTUNITIES TO PARTICIPATE IN THE PRACTICES OF THEIR FAITH, LIMITED ONLY BY THE CONSTRAINTS OF SAFETY, SECURITY, THE ORDERLY OPERATIONS OF THE FACILITY AND SUDGETARY CONSIDERATIONS.

COMPONENTS	YES	No	NA	REMARKS
Detainees are allowed to engage in religious services.				
Space is available for detainees to conduct religious services.	\boxtimes			
The facility allows detainees to observe the major "holy days" of their religious faith. • List any exceptions.				
The facility accommodates recognized holy-day observances by: Providing special meals, consistent with dietary restrictions; Honoring fasting requirements; Facilitating religious services; and Allowing activity restrictions.				
Each detainee is allowed religious items in his/her immediate possession.	\boxtimes			
Volunteer's credentials are checked and verified before allowing participation in detainee programs.	\square			
Members of faiths not represented by clergy may conduct their own services within security allowances.	\boxtimes			
Detainees in the Special Management Unit are allowed to participate in religious practices unless otherwise documented for the safety and security of the facility.	\boxtimes			
Acceptable Deficient	AT-RISI	K		REPEAT FINDING

REMARKS:



DETAINEE TELEPHONE ACCESS

POLICY: ALL FACILITIES HOUSING ICE DETAINEES WILL PERMIT DETAINEES' REASONABLE AND EQUITABLE ACCESS TO TELEPHONES. **COMPONENTS** No NA REMARKS YES Facility policy explains the telephone Detainees are allowed access to telephones during established facility XП procedures. Detainees can make calls waking hours. between 6:00am and 11:00pm. Upon admittance, detainees are made aware of the facility's telephone \boxtimes П access policy. \boxtimes Access rules are posted in housing units. The facility makes a reasonable effort to provide key information to detainees in languages spoken by any significant portion of the X П \Box facility's population. Telephones are provided at a minimum ratio of one telephone per 25 There are 4 telephones for 48 detainees for a \boxtimes П detainees in the facility population. ratio of 1:12. Telephones are inspected regularly by facility staff to ensure that they \boxtimes are in good working order. The facility administration promptly reports out-of-order telephones X to the facility's telephone service provider. The facility administration monitors repair progress and takes appropriate measures to ensure that required repairs are begun and X completed timely. Detainees are afforded a reasonable degree of privacy for legal X П phone calls. A procedure exists to assist a detainee who is having trouble placing \boxtimes a confidential call. The facility provides the detainees with the ability to make non-X collect (special access) calls. Special Access calls are at no charge to the detainees. X The OIG telephone number is posted in the The OIG phone number for reporting abuse is programmed into the housing units but not programmed into the detainee phone system and the phone number was checked by the \Box M phone system. The number was tested and inspector during the review. found to be working properly. In facilities unable to fully meet this requirement initially because of limitations of its telephone service, ICE makes alternate X \Box П arrangements to provide required access within 24 hours of a request by a detainee. No restrictions are placed on detainees attempting to contact attorneys and legal service providers who are on the approved "Free \boxtimes Legal Services List". Special arrangements are made to allow detainees to speak by \boxtimes telephone with an immediate family member detained in another П Facility. Any telephone restrictions are documented. X The facility has a system for taking and delivering emergency M detainee telephone messages. Emergency phone call messages are immediately given to detainees. 冈 П Detainees are allowed to return emergency phone calls as soon as \boxtimes possible. Detainees in disciplinary segregation are allowed phone calls relating There are portable telephones available in to the detainee's immigration case or other legal matters, including M the disciplinary unit. consultation calls. Detainees in disciplinary segregation are allowed phone calls to M consular/embassy officials.

DETAINEE TEI	EPHON	E ACC	ESS	
POLICY: ALL FACILITIES HOUSING ICE DETAINEES WILL PERMIT DI	TAINEE\$	' REASO	NABLE A	AND EQUITABLE ACCESS TO TELEPHONES.
COMPONENTS	YES	No	NA	REMARKS
Detainees in disciplinary segregation are allowed phone calls for amily emergencies.	\boxtimes			
Detainees in administrative detention and protective custody are afforded the same telephone privileges as those in general population.				
When detainee phone calls are monitored, notification is posted by letainee telephones that phone calls made by the detainees may be nonitored. Special Access calls are not monitored.	X			Notifications of telephone monitoring are posted in the housing units.
✓ ACCEPTABLE ☐ DEFICIENT	AT-RISK		K	☐ REPEAT FINDING

b6,b7c / 10-15-09

AUDITOR'S SIGNATURE / DATE

VISITATION

POLICY: ICE SHALL PERMIT DETAINEES TO VISIT WITH FAMILY, FRIENDS, LEGAL REPRESENTATIVES, SPECIAL INTEREST GROUPS, AND THE NEWS

COMPONENTS	YES	No	NA	REMARKS
There is a written visitation schedule and hours for general visitation.	\boxtimes			Facility policy and detainee handbook reflect the visitation schedule. All visits are non- contact visits.
The visitation hours tailored to the detainee population and the demand for visitation.	\boxtimes			The visitation hours are as follows: 8:00am-5:00pm on Friday and Saturday for male detainees, and the same hours on Sunday and Monday for female detainees.
The visitation schedule and rules are available to the public.	\boxtimes			
The hours for all categories of visitation are posted in the visitation waiting area.	\boxtimes			
A written copy of the rules regulating visitation and the hours of visitation is available to visitors.	\boxtimes			
A general visitation log is maintained.	X			The visitation log is maintained by the entry officer.
The detainees are permitted to retain personal property items specified in the standard.				
A visitor dress code is available to the public.	X			
Visitors are searched and identified according to standard requirements.	\boxtimes			The visitors are cleared through a walk-thru metal detector.
The requirement on visitation by minors is complied with.	\boxtimes			Juveniles are permitted to visit with an adult if under the age of 15.
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.			\boxtimes	Minors are allowed to visit.
After that time, on request, ICE considers a transfer, when possible, to a facility that will allow minor visitation. At a minimum, monthly visits are allowed.				Minors are allowed to visit.
Detainees in special housing are afforded visitation.	\boxtimes			
Legal visitation is available seven (7) days a week, including holidays.				
On regular business days legal visitation hours are provide for a minimum of eight (8) hours per day, and a minimum of four hours per day on weekends and holidays.				
On regular business days, detainees are given the option of continuing a meeting with a legal representative through a scheduled meal.	\boxtimes			
Private consultation rooms are available for attorney meetings. There is a mechanism for the detainee and his/her representative to exchange documents.	\boxtimes			Legal visitation rooms are available with a pass-thru window.
There are written procedures governing detainee searches.				
When strip searches are required after every contact visit with a legal representative, the facility provides an option for non-contact visits with legal representatives.				
Prior to each visit, legal service providers and assistants are identified per the standard.	\boxtimes			Legal representatives must be cleared prior to their visit by submitting proper identification before and during their visit to the Library Supervisor.
The current list of <i>pro bono</i> legal organizations is posted in the detainee housing areas and other appropriate areas.				The current Pro Bono listing is posted in all housing units.

VIST	TATIO	N		
POLICY: ICE SHALL PERMIT DETAINEES TO VISIT WITH FAMILY, FRIE MEDIA.	ends, le	GALREP	RESENT	'ATIVES, SPECIAL INTEREST GROUPS, AND THE NEV
The decision to permit or deny a tour is not delegated below the level of Field Office Director.				
Provisions for NGO visitation, as stated in the Detention Standards, are complied with.	\boxtimes			
Law enforcement officials who request to visit with a detainee are referred to the ICE Field Office for approval.	\boxtimes			
Former detainees or aliens in proceedings, requesting to visit with a detainee, are referred to the OIC or ICE Field Office.				
Procedures are in place, consistent with the detention standard, for examinations by independent medical service providers and experts.	\boxtimes			
ACCEPTABLE DEFICIENT		AT-RI	 SK	REPEAT FINDING

REMARKS:			
		b6,b7c	
b6,b7c / 10-15-09 AUDITOR'S SIGNATURE / DATE	b6,b7c		_
AUDITOR S BIOMATURD? DATE	b6,b7c	V	

VOLUNTARY WORK PROGRAM

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

☐ CHECK HERE IF ICE DETAINEES ARE NOT AUTHORIZED TO WORK AT THE IGSA FACILITY. MARK NA ON FORM G-324A, PAGE 3 AND				
MOVE TO NEXT SECTION.				
COMPONENTS	YES	No	NA	REMARKS
Does the facility have a voluntary work program? • Do ICE detainees participate?				ICE detainees are authorized to work in this facility; however, the facility did not have any ICE detainees during this review.
Detainee housekeeping meets neatness and cleanliness standards.	\boxtimes			
Detainees have the opportunity to participate in special details, however, are never allowed to work outside the secure perimeter.				
Written procedures govern selection of detainees for the Voluntary Work Program.				
Where possible, physically and mentally challenged detainees participate in the program.				
The facility complies with work-hour requirements for detainees, not exceeding: • Eight hours a day and Forty hours a week.	\boxtimes			
Detainee volunteers generally work according to fixed schedule.		<u> </u>		
If a detainee is removed from a work detail, staff places the written justification for the action in the detainee's detention file.				
Staff, in accordance with written procedure, ensures that detainee volunteers understand their responsibilities as workers before they join the work program.	\boxtimes			
The voluntary work program meets: OSHA, NFPA, ACA standards	\boxtimes			
 Medical staff screen and formally certify detainee food service volunteers. Before the assignment begins; and As a matter of written procedure 	\boxtimes			
Detainees receive safety equipment/ training sufficient for the assignment.	\boxtimes			
Proper procedure is followed when an ICE detainee is injured on the job.	\boxtimes			
ACCEPTABLE DEFICIENT] AT-RISE	ζ		REPEAT FINDING

REMARKS:

ICE detainees are authorized to work in this facility. Presently, there are no ICE detainees housed at this facility.



SECTION II HEALTH SERVICES STANDARDS

HUNGER STRIKES

POLICY: ALL FACILITIES WILL FOLLOW STANDARD GUIDELINES FOR THE MEDICAL AND ADMINISTRATIVE MANAGEMENT OF ICE DETAINEES ENGAGING IN HUNGER STRIKES. BY MONITORING OF THE HEALTH AND WELFARE OF THE INDIVIDUAL DETAINEES, FACILITIES WILL STRIVE TO SUSTAIN THEIR LIVES.

COMPONENTS	YES	No	NA	REMARKS
When a detainee has refused food for 72 hours, it is standard practice for staff to refer him/her to the medical department.	\boxtimes			Medical policy H-70, Hunger Strike, requires notification of medical staff when a detainee has refused food for 72 hours. Per the HSA, in practice notification is provided after the first refused meal.
CDFs and IGSAs immediately report a hunger strike to the ICE.				Policy requires medical staff to notify the Warden who in turn is to notify ICE.
The facility has established procedures to ensure staff respond immediately to a hunger strike.				Policy establishes the required procedures.
Policy and procedure require that staff isolate a hunger-striking detainee				Policy requires isolation of a hunger
from other detainees. • If yes, in an observation room?				striker. Per the HSA, a detainee refusing one meal is counseled and placed in the medical observation multi-bed ward. After 3 refused meals, the detainee would be moved into a single-bed medical observation cell.
Medical personnel are authorized to place a detainee in the Special Management Unit or a locked hospital room.				When notified of a detainee refusing meals, medical staff requests an order from the physician to admit the detainee to a medical observation bed.
Medical staff records the weight and vital signs of a hunger-striking detainee at least once every 24 hours.	\boxtimes			Policy requires daily weights and vital signs. These are documented on a form entitled "Hunger Strike".
The OIC of the facility obtains a hunger striker's consent before medical treatment.	\boxtimes			A detainee hunger striker would be asked to sign a Medical Consent Form for Treatment While on Hunger Strike Status. The form is available in both English and Spanish.
A signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment.				Any detainee refusing medical care must sign a Refusal of Medical Treatments form in accordance with Policy for Right to Refuse Treatment. If refusal of treatment puts the detainee's life at risk, the facility would notify ICE. The detainee would be transported to an outside medical facility as medically indicated.
During a hunger strike, staff document and provide the hunger-striking detainee three meals a day.				Per policy, a hunger striker would be offered 3 meals per day. Medical staff would document the offer and the detainee's response in the detainee's medical record.

HUNGER STRIKES						
POLICY: ALL FACILITIES WILL FOLLOW STANDARD GUIDELINES FOR THE MEDICAL AND ADMINISTRATIVE MANAGEMENT OF ICE DETAINEES ENGAGING IN HUNGER STRIKES. BY MONITORING OF THE HEALTH AND WELFARE OF THE INDIVIDUAL DETAINEES, FACILITIES WILL STRIVE TO SUSTAIN THEIR LIVES.						
Staff maintains the hunger striker's supply of drinking water/other beverages.	\boxtimes			Per the HSA, a hunger striking detainee would not be given independent access to drinking water, but would be offered fluids every hour so as to ensure access to fluids at all times as required by policy. Medical staff would maintain an accurate accounting of all fluids consumed and eliminated by the detainee.		
During a hunger strike, staff removes all food items from the hunger striker's living area.				A hunger striking detainee would not be permitted to bring any food with him when he is transferred to a medical observation cell.		
Staff is directed to record the hunger striker's fluid intake and food consumption; Does staff always use Hunger Strike Monitoring Form I-839 or similar IGSA form.				Medical staff would document fluid and food consumption on a Hunger Strike Monitoring Tool EHS H70 form.		
The medical staff has written procedures for treating hunger strikers.	\boxtimes			Policy establishes written procedures for treating hunger strikers.		
Staff documents all treatment attempts, including attempts to persuade hunger striker of medical risks.				Per the HSA, all counseling regarding medical risks and all treatment attempts would be documented in the detainee's medical record.		
Staff has received training in identification of hunger strikes. Medical staff receives early training in hunger-strike evaluation and treatment. Staff remains current in evaluation and treatment techniques.	×			Per discussions with the Training Officer, and a review of the training curriculum and individual staff training records, staff receive training in the identification of hunger strikes during their initial 40- hour orientation training. The HSA also participated in hunger strike training provided by PHS/DIHS and in turn trained other members of the medical staff. A review of medical training documentation confirmed the provision of this additional training.		

AT-RISK

 \square REPEAT FINDING

☐ DEFICIENT

ACCEPTABLE

REMARKS:

No documentation was available for review to confirm compliance with policy directives as there have been no detainee hunger strikers at this facility. Staff interviewed are familiar with the policy requirements and have the ability to implement the policy should a hunger strike occur.



ACCESS TO MEDICAL CARE

POLICY: EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACCREDITED/ACCREDITATION-WORTHY HEALTH PROGRAM FOR THE GENERAL WELL-BEING OF ICE DETAINEES.

COMPONENTS	YES	No	NA	REMARKS
Facilities operate a health care facility in compliance with state and local laws and guidelines.				Policy for Credentialing, requires current licensure/certification confirmation before hire and annually thereafter. The licenses/certifications of clinical staff were verified as current. Per the HSA, the on-site satellite pharmacy is inspected on a monthly basis by the pharmacy provider. Procedures are in place for maintaining accountability for federally-controlled medications.
The facility's in-processing procedures for arriving detainees include medical screening.				An initial medical screening is conducted by detention officers using a computerized screening form during the booking process. A review of
				documentation maintained by the HSA confirmed the officers are trained to complete the screenings. Upon completion of the booking process, the detainees are seen by medical staff for additional intake screening as required by policy for Receiving Screening.
All detainees have access to and receive medical care.				A review of detainee medical records confirmed detainee access to, and receipt of, medical care. Instructions for accessing medical care are provided during medical intake and are included in the Detainee/Offender Orientation Handbook. Detainees submitting non-urgent medical requests are scheduled for sick call the next business day. Upon notification to any staff member, detainees with urgent medical concerns are promptly referred to and seen by medical staff. Documentation in detainee medical records confirmed access to outside medical specialists when indicated. Community medical resources, including Culberson Hospital in Van Horn and Del Sol and University Medical Centers in El Paso, are used as needed for emergency and/or inpatient hospital care.
The facility has access to a PHS/DIHS Managed Health Care Coordinator.				Per the HSA, and as confirmed per a review of detainee medical records, the facility has access to a PHS/DIHS Managed Health Care Coordinator through the TARWeb system and per phone call for more urgent concerns.

The medical staff is large enough to provide, examine, and treat the facility's detainee population.			Medical staff is on site 24 hours/7 diweek. Medical staffing includes a H 1 registered nurse, 1 licensed vocation nurse, 5 emergency medical technicity (one of which serves as the assistant HSA), 1 pharmacy tech, 2 medical assistants and 2 medical records staff Per the HSA and as confirmed by a review of the medical staffing schediminimum of 2 clinical staff are on diall times. The physician provides services on site 3 times per week and on call when not on site. Dental services are provided on site every two week Mental health services are provided
			the physician and two clinical staff specifically trained in mental health.
The facility has sufficient space and equipment to afford detainee privacy when receiving health care.	\boxtimes		The medical unit has two examination/treatment rooms, include one equipped to handle medical emergencies/trauma. Portable emergency medical equipment is available for an on-site response to medical emergencies. The medical also includes a 9-bed medical observation ward, 10 single bed medical observation cells that are equipped to se as negative pressure rooms for isolat any detainee with active tuberculosis 2 suicide watch cells. A one-chair d office is also included in the medical area.
The medical facility has its own restricted-access area. The restricted access area is located within the confines of the secure perimeter.	\boxtimes		The medical area is a locked self- contained unit within the secure perimeter of the facility. On duty medical staff control access to this se area. Control Center has the ability access the doors remotely in an emergency.
The medical facility entrance includes a holding/waiting room.			A waiting room for detainees is local near the back entrance to the medica area.
The medical facility's holding/waiting room is under the direct supervision of custodial staff.	\boxtimes		Detention officers posted in the mediarea maintain direct supervision of the detainees.
Detainees in the holding/waiting room have access to a drinking fountain.	\boxtimes		A drinking fountain is located within waiting room.

ACCESS TO MI	DDICA	IL CAN	MC.	
POLICY: EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACGENERAL WELL-BEING OF ICE DETAINEES.	CREDIT	ED/ACC	REDITA	TION-WORTHY HEALTH PROGRAM FOR T
Medical records are kept apart from other files. They are: Secured in a locked area within the medical unit; With physical access restricted to authorized medical staff; and Procedurally, no copies made and placed in detainee files.				Medical records are secured in the Medical Records room within the medical area. Records of detainees no longer in the facility are stored in a separate secured Archive room. Polic H-58, Health Record Formats and Content, and H-59, Confidentiality of Health Records, establish procedures protect the confidentiality of medical records.
Pharmaceuticals are stored in a secure area.				Policy H-26, Pharmaceuticals, establishes procedures for the management, control and administration of pharmaceuticals. Over-the counter medications are secured within a locker
				medication room. Prescription pharmaceuticals are stored in locked cabinets and carts within this medicati room. Federally controlled drugs are further secured in a locked compartme within a locked medication cart. Inventory and accountability procedur are compliant with applicable regulations as confirmed per a review shift medication count records and dru inventory logs. A check of actual pharmaceutical counts against drug inventory documentation confirmed its accuracy.
 Medical screening includes a Tuberculosis (TB) test. Every arriving detainee receives a TB test during the admission process; Detainee's TB-screening does not occur more than one business day after his/her arrival at the facility; and Detainees not screened are housed separate from the general population. 				Per a review of detainee medical record and TB Logs, detainees are given a TE test during the medical intake process unless documentation of recent TB screening is available. Detainees with pending TB test results, and those for whom follow-up screening per x-ray is needed, are housed separate from the general population until cleared by medical staff for a housing assignment
All detainees receive a mental-health screening upon arrival. It is conducted: By a health care provider or specially trained officer; and Before a detainee's assignment to a housing unit.	\boxtimes			In accordance with policies for Receiving Screening and Mental Healt Program, all detainees receive a mental health screening upon arrival. An initi mental health screening is conducted by the detention officers, using a computerized screening form, during the booking process. A review of documentation maintained by the HSA confirmed the officers are trained to complete the screenings. Upon completion of the booking process, the detainees are seen by medical staff for additional mental health intake

POLICY: EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACC			
GENERAL WELL-BEING OF ICE DETAINEES. The facility health care provider promptly reviews all I-794s (or equivalent) to identify detainees needing medical attention.			Screening forms completed by the detention officers are reviewed by medical staff during the medical inta process. Screening documentation is reviewed by the registered nurse which she completes the detained physical assessments.
The health care provider physically examines/assesses arriving detainees within 14 days of admission/arrival at the facility.			Per a review of detainee medical recther registered nurse usually complete detainee physical exams/assessments within the first 1-5 days of a detained placement in the facility. Per a revie 21 records, all detainees were assess within 14 days of admission. The facility physician provided the registered nur with documented physical assessment training and certified her ability to complete these evaluations. The physician reviews the documentation each assessment and co-signs the res
Detainees in the Special Management Unit have access to health care services.	\boxtimes		Policy for Health Evaluation of Offenders in Segregation requires a medical evaluation to determine fitne for placement in Segregation and equ access to medical services for detain- housed in this special management u Daily visits by medical staff to all detainees in the special management are documented in medical reports as Segregation security logs.
Staff provides detainees with health services (sick call) request slips daily, upon request. • Request slips are available in languages other than English, including every language spoken by a sizeable number of the facility's detainee population. • Service-request slips are delivered in a timely fashion to the health care provider.			Policy for Daily Handling of Non- Emergency Medical Requests, establishes procedures for the use of Medical Request forms to access medical care. The request forms are written in English and Spanish. Completed requests are placed in specially marked boxes in the housin units and are collected early each morning by the medical staff.
The facility has a written plan for the delivery of 24-hour emergency health care when no medical personnel are on duty at the facility, or when immediate outside medical attention is required.			Two or more clinical medical staff is duty at all times. Policy for Emergen Services, establishes a plan for the delivery of 24-hour emergency health care when immediate outside medical attention is required. Policy for Emergency Plan, establishes addition procedures for providing medical services in the event of a disaster.
The plan includes an on-call provider.			The facility physician is on call when on site. The HSA is also on call to provide guidance to on-duty medical

ACCESS TO MEDICAL CARE								
POLICY: EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACCREDITED/ACCREDITATION-WORTHY HEALTH PROGRAM FOR THE GENERAL WELL-BEING OF ICE DETAINEES.								
The plan includes a list of telephone numbers for local ambulance and hospital services.	\boxtimes			A listing of community hospital phone numbers is available in the medical trauma room, the medical records room and the HSA's office. Emergency Medical Services are summoned when needed through a 911 call.				
The plan includes procedures for facility staff to utilize this emergency health care consistent with security and safety.				Policy requires security procedures that ensure immediate transport of detainees when medically necessary. The Post Order for the Ambulance Security Officer establishes procedures to ensure emergency medical transport is consistent with security and safety.				
Detention staff is trained to respond to health-related emergencies within a 4-minute response time.				Per Policy for Training for Emergency Response, a review of employee training				
Willia 4 Minute response time.	\boxtimes			records and the facility training plan, all detention staff are trained in the recognition of potential emergency situations, in the administration of basic First Aid and in CPR.				
Where staff is used to distribute medication, a health care provider properly trains these officers.				In accordance with Policy for Pharmaceuticals, all medications are distributed by health care staff. Detention officers do not distribute medications.				
The medical unit keeps written records of medication that is distributed.				In accordance with Policy for Medical Administration Records are used to document the administration of medications. Per a review of detainee medical records and medical department documentation, and per observations during Pill Call, all medications are administered and documented in accordance with accepted medical protocol.				
The Form I-819 (or IGSA equivalent) is used to notify the Warden/Facility of a detainee that has special medical needs.				Per Policy for Special Needs Treatment Plans, the HSA is required to maintain a list of special needs offenders. Information on specific detainees is communicated to the Warden and facility staff through use of a Health Summary Report & Tuberculosis Screening Evaluation form.				
A signed and dated consent form is obtained from a detainee before medical treatment is administered.				All detainees are asked to sign a general Medical Consent Form written in both English and Spanish during the medical intake process. In accordance with Policy for Informed Consent, a separate signed Consent to Operation, Diagnostic or Special Treatment Procedure form is used to document authorization for any special procedures.				

ACCESS TO MEDICAL CARE							
POLICY: EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACCREDITED/ACCREDITATION-WORTHY HEALTH PROGRAM FOR THE GENERAL WELL-BEING OF ICE DETAINEES.							
Detainees use the I-813 (or IGSA equivalent) to authorize the release of confidential medical records to outside sources.				Policy for Confidentiality of Health Records establishes procedures for the release of confidential medical records. A signed Consent for Exchange of Information form is used to document authorization by the detainee.			
The facility health care provider is given advance notice prior to the release, transfer, or removal of a detainee.				The facility Transport Department provides notification to medical staff for all detainee arrivals, transfers and removals. Per the HSA, if necessary, detainee departure is delayed pending completion of applicable medical transfer summaries and preparation of any needed transfer medications.			
Detainee's medical records or a copy thereof, are available and				Per policy, discussions with the HSA,			
transferred with the detainee.	\boxtimes			observations in the medical area, and a review of medical records for detainees previously transferred from the facility, a Health Information Transfer Form providing medical summary information is prepared for transfer with the detainee. Original medical records are retained by the facility.			
Medical records are placed in a sealed envelope or other container labeled with the detainee's name and A-number and marked "MEDICAL CONFIDENTIAL".	\boxtimes			Per policies for Non-Emergency Transport Protocols and Pharmaceuticals, documents containing confidential medical information are placed in appropriately labeled sealed envelopes for transport.			
ACCEPTABLE DEFICIENT		AT-RISI	K	REPEAT FINDING			

REMARKS:

No ICE detainees were housed in the facility during this inspection. Twenty-one closed medical records for ICE detainees housed in the facility during the past year were reviewed. This review, together with direct observations, a review of training records and medical documentation, discussions with medical and other facility staff and detainee interviews, confirmed the delivery of comprehensive health care services within the scope of services available within the facility and the availability of off-site treatment when more extensive medical care is necessary.



SUICIDE PREVENTION AND INTERVENTION

POLICY: ALL DETENTION STAFF WORKING WITH ICE DETAINEES WILL BE TRAINED TO RECOGNIZE SUICIDE-RISK INDICATORS. STAFF WILL HANDLE POTENTIALLY SUICIDAL INDIVIDUALS WITH SENSITIVITY, SUPERVISION, AND REFERRALS. A CLINICALLY SUICIDAL DETAINEE WILL RECEIVE PREVENTIVE SUPERVISION AND TREATMENT.

COMPONENTS	YES	No	NA	REMARKS
Every new staff member receives suicide-prevention training. Suicide-prevention training occurs during the employee orientation program.				Per Policies for Suicide Prevention and Training for Emergency Response, review of employee training records and the facility's Orientation training plan, all detention staff is trained in Suicide Intervention during orientation. The HSA provided additional training to health care staff using information obtained from PHS/DIHS. A review of medical training documentation confirmed the provision of this additional training.
Training prepares staff to: Recognize potentially suicidal behavior; Refer potentially suicidal detainees, following facility procedures; and Understand and apply suicide-prevention techniques.				Per policy and a review of the Suicide Detection & Prevention in Jails lesson plan, all required components are included in the training
A health-care provider or specially trained officer screens all detainees for suicide potential as part of the admission process. • Screening does not occur later than one working day after the detainee's arrival.				In accordance with policy, all detainees receive a mental-health screening upon arrival. An initial mental health screening is conducted by detention officers, using a computerized screening form, during the booking process. A review of documentation maintained by the HSA confirmed that officers are trained to complete the screenings. Upon completion of the booking process, the detainees are seen by medical staff for additional screening for suicide potential.
Written procedures cover when and how to refer at-risk detainees to medical staff and procedures are followed.	\boxtimes			Policy establishes procedures for the referral of at-risk detainees to medical staff. None of the 21 detainees whose medical records were reviewed were identified as being at risk.
The facility has a designated isolation room for evaluation and treatment.				The facility uses 3 levels of suicide watch, with Level 1 being the most restrictive for those determined to be at highest risk. Cell #315 in the medical area is designated as the primary location for suicide watches and is used for those placed on Level I watch status. Adjacent cell #316 is also available if a second cell is needed. Per the HSA, Cell #316 is used for those placed on the less restrictive Level 2 or 3.

SUICIDE PREVENTION AND INTERVENTION

POLICY: ALL DETENTION STAFF WORKING WITH ICE DETAINEES WILL BE TRAINED TO RECOGNIZE SUICIDE-RISK INDICATORS. STAFF WILL HANDLE POTENTIALLY SUICIDAL INDIVIDUALS WITH SENSITIVITY, SUPERVISION, AND REFERRALS. A CLINICALLY SUICIDAL DETAINEE WILL RECEIVE PREVENTIVE SUPERVISION AND TREATMENT.

COMPONENTS	YES	No	NA	REMARKS
The designated isolation room does not contain any structures or smaller items that could be used in a suicide attempt.				Cell #315 included handicap rails, metal brackets on the sides of the bed, a metal toilet tissue holder and a small water fountain on the sink to which a noose could be attached. Except for the small sink-mounted fountain, the structures of concern were removed from the cell during the inspection. Cell #316 is free of structures which could be used in a suicide attempt except for brackets attaching a seat and small table to the wall. Both the small sink-mounted fountain in Cell
				#315 and the table and seat brackets in Cell #316 would be within the direct line of sight of officers maintaining suicide watches. Any detainee placed on suicide watch is maintained under constant one-on-one observation and is not permitted to retain person possessions or standard issue clothing until evaluated by health care staff and determined to no longer be actively suicidal. No ICE detainees at this facility have been placed on suicide watch status.
Medical staff has approved the room for this purpose.				The facility physician provided written approval for the use of Cells #315 and #316 for suicide watches.
Staff observes and documents the status of a suicide-watch detainee at least once every 15 minutes.				In accordance with Special Post Order "Suicide Watch Officer," officers assigned to this post are required to maintain constant surveillance, noting the actions of the detainee and recording those observations on a suicide watch sheet at least once every 15 minutes. A review of Security Watch Log Sheets confirmed 15 minute documentation. Medical staff also observes detainees on suicide watch and documents these observations several times each day on forms later inserted into the medical record.
ACCEPTABLE DEFICIENT	AT-RI	SK		REPEAT FINDING

REMARKS:

Policies and procedures are in place to support a comprehensive suicide prevention plan. Staff training on suicide prevention and intervention is well documented. There have been no ICE detainee suicides or suicide attempts at this facility, and no detainee suicide watches have been needed. The modifications made to Cell #315 during the inspection reduced the potential for attempted suicide by hanging by any detainee placed on suicide watch in that cell. The policy of maintaining all detainees under suicide watch on one-on-one constant surveillance mitigates concerns related to the remaining structural concerns in the designated cells.



TERMINAL ILLNESS, ADVANCED DIRECTIVES, AND DEATH

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

CHECK THIS BOX IF THE FACILITY DOES NOT ACCEPT ICE DETAINEES WHO ARE SEVERELY OR TERMINALLY ILL. INDICATE NA IN THE APPROPRIATE BOX FOR THIS PORTION OF THE WORKSHEET. ALWAYS COMPLETE ALL REFERENCES TO DETAINEE DEATH AND RELATED NOTIFICATIONS.

COMPONENTS	YES	No	NA	REMARKS
Detainees who are chronically or terminally ill are transferred to an appropriate offsite medical facility.				The facility does not have adequate resources for, and does not accept, terminally or severely ill detainees. In accordance with policy for Terminal Illness, Advance Directives and Do-Not-Resuscitate (DNR) Orders, any detainee diagnosed as being in need of more extensive medical care is transferred to the nearest appropriate medical facility for
				advanced medical care.
The facility or appropriate ICE office promptly notifies the next of kin of the detainee's medical condition, to include: • The detainee's location; and • The limitations placed on visiting.				The facility does not accept severely or terminally ill detainees. Should a detainee housed in the facility become seriously ill, policy establishes procedures for the notification of ICE. Per the ICE Enforcement Agent at the facility during the inspection, ICE would then assume responsibility for next of kin notification when appropriate.
There are guidelines addressing the State Advanced Directive Form for Implementing Living Wills and Advanced Directives. • The guidelines include instructions for detainees who wish to have a living will other than the generic form the DIHS provides or who wishes to appoint another to make advance decisions for him or her.	\boxtimes			Although severely or terminally ill detainees are not accepted by the facility, policy does establish procedures for assisting any detainee interested in implementing an advanced directive.
The guidelines provide the detainee the opportunity to have a private attorney prepare the documents.				The facility does not accept terminally or severely ill detainees.
There is a policy addressing "Do Not Resuscitate Orders"				The facility does not accept terminally or severely ill detainees. In addressing the issue of Do Not Resuscitate orders, policy states that DNR orders are beyond the scope of care delivered at this facility.
Detainees with a "Do Not Resuscitate" order in the medical record receive maximal therapeutic efforts short of resuscitation?				The facility does not accept terminally or severely ill detainees.
The facility notifies the DIHS Medical Director and Headquarters' Legal Counsel of the name and basic circumstances of any detainee with a "Do Not Resuscitate" order in the medical record. In the case of IGSAs, this notification is made through the local ICE representative.				The facility does not accept terminally or severely ill detainees. Per the Warden, no detainees with current DNR orders have been admitted to the facility.
The facility has written procedures to address the issues of organ donation by detainees.				Policy for Organ Donation by Detainees, establishes procedures to address the issue of organ donation by detainees. Donations are permitted only to members of the detainee's immediate family and only at the detainee's expense.

TERMINAL ILLNESS, ADVANCED DIRECTIVES, AND DEATH

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

CHECK THIS BOX IF THE FACILITY DOES NOT ACCEPT ICE DETAINEES WHO ARE SEVERELY OR TERMINALLY ILL. INDICATE NA IN THE APPROPRIATE BOX FOR THIS PORTION OF THE WORKSHEET. ALWAYS COMPLETE ALL REFERENCES TO DETAINEE DEATH AND RELATED NOTIFICATIONS.

RELATED NOTIFICATIONS.				
COMPONENTS	YES	No	NA	REMARKS
The facility has written procedures to notify ICE officials, deceased family members and consulates, when a detainee dies while in Service.	\boxtimes			Policy for Procedure in the Event of an Offender's Death requires notification of ICE in the event of a detainee death. Per the IEA, ICE would assume responsibility for other notifications as appropriate.
The facility has a policy and procedure to address the death of a detainee while in transport.	\boxtimes			Policy for Death Occurring in ICE Custody, establishes procedures to address the death of a detainee while in
				transport.
At all ICE locations the detainee's remains disposed of in accordance with the provisions detailed in this standard.	\boxtimes			Per the IEA, ICE would handle disposition of the detainee's remains in accordance with the requirements of the standard.
In the event that neither family nor consulate claims the remains, the Field Office schedules an indigent's burial, consistent with local procedures. • If the detainee's is a U.S. military veteran, is the Department of Veterans Affairs notified?				Per discussion with the IEA, ICE policy would dictate the handling of any needed burial arrangements by ICE.
An original or certified copy of a detainee's death certificate is placed in the subject's a-file.				Per the IEA, ICE would place a copy of the detainee death certificate in the subject's a-file.
The facility follows established policy and procedures describing when to contact the local coroner regarding such issues as: • Performance of an autopsy; • Who will perform the autopsy; • Obtaining state approved death certificates; and • Local transportation of the body.				Policy for Authority to Order Autopsies, addresses contact with the coroner. The Sheriff would be notified of any deaths and would contact the local coroner.
ICE staff follows established procedures to properly close the case of a deceased detainee.				Per the IEA, ICE would close the case of deceased detainee in accordance with policy.
□ DEFICIENT		r-Risk		REPEAT FINDING

REMARKS:

Per the Warden and HSA, no terminally or severely ill detainees have been admitted to this facility, and there have been no detainee deaths. Any detainee already housed at the facility identified as needing more extensive medical care would be transported to a community medical facility.

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AUDITOR'S SIGNATURE / D4 b6,b7c

SECURITY AND CONTROL STANDARDS

CONTRABAND

POLICY: ALL DETENTION FACILITIES WILL ENSURE THE PROPER HANDLING AND DISPOSAL OF ALL CONTRABAND. DOCUMENTATION OF CONTRABAND DESTRUCTION IS REQUIRED.

COMPONENTS	YES	No	NA	REMARKS
The facility follows a written procedure for handling illegal contraband. Staff inventory, hold, and report it when necessary to the proper authority for action/possible seizure.	\boxtimes			Facility policy reflects the handling of contraband. All illegal contraband is processed through the Hudspeth Sheriff's Office.
Contraband that is government property is retained as evidence for potential disciplinary action or criminal prosecution.	\boxtimes			
Staff returns property not needed as evidence to the proper authority. Written procedures cover the return of such property.	\boxtimes			
Altered property is destroyed following documentation and using established procedures.				
Before confiscating religious items, the OIC or designated investigator contacts a religious authority.				A memo from Warden dated 10/05/09 states that religious items will not be confiscated unless they are considered evidence in an investigation.
Staff follows written procedures when destroying hard contraband that is illegal.	\boxtimes			
Hard contraband that is illegal (under criminal statutes) may be retained and used for official use, e.g. training purposes. If yes, under specific circumstances and using specified written procedures. Hard contraband is secured when not in use.	\boxtimes			
ACCEPTABLE □ DEFICIENT □	AT-RISH	<u> </u>		REPEAT FINDING

REMARKS:



DETENTION FILES

POLICY: EVERY FACILITY WILL CREATE A DETENTION FILE FOR EVERY ICE DETAINEE BOOKED INTO THE FACILITY, EXCLUDING ONLY DETAINEES SCHEDULED TO DEPART WITHIN 24 HOURS. THE DETENTION FILE WILL CONTAIN COPIES AND, IN SOME CASES, THE ORIGINAL OF SPECIFIED DOCUMENTS CONCERNING THE DETAINEE'S STAY IN THE FACILITY: CLASSIFICATION SHEET, MEDICAL QUESTIONNAIRE, PROPERTY INVENTORY SHEET, DISCIPLINARY DOCUMENTS, ETC.

INVENTORY SHEET, DISCIPLINARY DOCUMENTS, ETC.		1	·	
COMPONENTS	YES	No	NA	REMARKS
A detention file is created for every new arrival whose stay will exceed 24 hours.	\boxtimes			
The detainee detention file contains either originals or copies of documentation and forms generated during the admissions process.				
The detainee's detention file also contains documents generated during the detainee's custody. • Special requests • Any G-589s and/or I-77s closed-out during the detainee's stay • Disciplinary forms/Segregation forms • Grievances, complaints, and the disposition(s) of same	×			There were a total of 26 detention files reviewed with the following documentation noted: Classification Form, Booking Report, WTDC Release Report Form, Intake Orientation Check List, Property List Form, Request Forms, Law Library Sign-in Log, Health Care Intake Summary, Disciplinary Hearing Record, Disciplinary Hearing
				Notification Form, Monetary Restitution Form, Incident Reports, Detainee statements, Fingerprint Card, Religious Meal Request and Detainee's intake picture.
The detention files are located and maintained in a secure area. If not, the cabinets are lockable and distribution of the keys is limited to supervisors.				The detention files are maintained in the Records Office in the secured Administrative area of the facility.
The detention file remains active during the detainee's stay. When the detainee is released from the facility, staff adds copies of completed release documents, the original closed-out receipts for property and valuables, the original I-385 or equivalent, and other documentation.				
The officer closing the detention file makes a notation that the file is complete and ready to be archived.	\boxtimes			
Staff makes copies and sends documents from the file when properly requested by supervisory personnel at the receiving facility or office.	M			
Appropriate staff has access to the detention files, and other departmental requests are accommodated by making a request for the file. Each file is properly logged out and in by a representative of the responsible department.				
ACCEPTABLE DEFICIENT	AT-	-Risk		REPEAT FINDING

REMARKS:



DISCIPLINARY POLICY

POLICY: ALL FACILITIES HOUSING ICE DETAINEES ARE AUTHORIZED TO IMPOSE DISCIPLINE ON DETAINEES WHOSE BEHAVIOR IS NOT IN COMPLIANCE WITH FACILITY RULES AND REGULATIONS.

COMPONENTS	YES	No	NA	REMARKS	
The facility has a written disciplinary system using progressive levels of reviews and appeals.					
The facility rules state that disciplinary action shall not be capricious or retaliatory.	\boxtimes				
Written rules prohibit staff from imposing or permitting the following sanctions: • corporal punishment					
 deviations from normal food service clothing deprivation bedding deprivation denial of personal hygiene items loss of correspondence privileges deprivation of physical exercise 				Facility policy for Detainee Rights specifically addresses this component.	
The rules of conduct, sanctions, and procedures for violations are defined inwriting and communicated to all detainees verbally and in writing.				Information is clearly stated in the detainee handbook.	
The following items are conspicuously posted in Spanish and English, and other dominate languages used in the facility: Rights and Responsibilities Prohibited Acts Disciplinary Severity Scale Sanctions	×			Information is stated in the handbook and is posted in housing areas.	
When minor rule violations or prohibited acts occur, informal resolutions are encouraged.					
Incident reports and Notice of Charges are promptly forwarded to the designated supervisor.				The Major reviews all incident reports.	
Incident reports are investigated within 24 hours of the incident. The Unit Disciplinary Committee (UDC) or equivalent does not convene before an investigation ends.					
An intermediate disciplinary process is used to adjudicate minor infractions.					
A disciplinary panel (or equivalent in IGSAs) adjudicates infractions. The panel: Conducts hearings on all charges and allegations referred by the UDC; Considers written reports, statements, physical evidence, and oral testimony; Hears pleadings by detainees and staff representatives; Bases its findings on the preponderance of evidence; and Imposes only authorized sanctions					
A staff representative is available if requested for a detainee facing a disciplinary hearing.					
The facility permits hearing postponements or continuances when conditions warrant such a continuance. Reasons are documented.					
The duration of punishment set by the OIC, as recommended by the disciplinary panel, does not exceed established sanctions. The maximum time in disciplinary segregation is limited to 60 days for a single offense.					
Written procedures govern the handling of confidential-informant information. Standards include criteria for recognizing "substantial evidence"					
All forms relevant to the incident, investigation, committee/panel reports, etc., are completed and distributed as required.	×				
ACCEPTABLE □ DEFICIENT □	AT-RISE	AT-RISK REPEAT FINDING			

REMARKS:



EMERGENCY (CONTINGENCY) PLANS

POLICY ALL FACILITIES HOLDING ICE DETAINEES WILL RESPOND TO EMERGENCIES WITH A PREDETERMINED STANDARDIZED PLAN TO MINIMIZE THE HARMING OF HUMAN LIFE AND THE DESTRUCTION OF PROPERTY. IT IS RECOMMENDED THAT SPCS AND CDFS ENTER INTO AGREEMENT, VIA MEMORANDUM OF UNDERSTANDING (MOU), WITH FEDERAL, LOCAL AND STATE AGENCIES TO ASSIST IN TIMES OF EMERGENCY.

COMPONENTS	YES	No	NA	REMARKS
Policy precludes detainees or detainee groups from exercising control or authority over other detainees.				
Detainees are protected from: Personal abuse Corporal punishment Personal injury Disease Property damage				
Harassment from other detainees Staff is trained to identify signs of detainee unrest. What type of training and how often?				Training is provided during employee orientation and again during annual in-service training.
Staff effectively disseminates information on facility climate, detainee attitudes, and moods to the Officer In Charge (OIC)	×			Briefings are conducted daily.
There is a designated person or persons responsible for emergency plans and their implementation. Sufficient time is allotted to the person or group for development and implementation of the plans.				The Security Chief is responsible for emergency plans per facility policy.
The plans address the following issues: Confidentiality Accountability (copies and storage locations) Annual review procedures and schedule Revisions				
Contingency plans include a comprehensive general section with procedures applicable to most emergency situations.	\boxtimes			
The facility has cooperative contingency plans with applicable: Local law enforcement agencies State agencies Federal agencies				
All staff receives copies of Hostage Situation Management policy and procedures.	×			Staff is trained on Hostage policy during orientation.
Staff is trained to disregard instructions from hostages, regardless of rank. Within 24 hours after release, hostages are screened for medical and psychological effects.				
Emergency plans include emergency medical treatment for staff and detainees during and after an incident.	\boxtimes			
Food service maintains at least 3 days' worth of emergency meals for staff and detainees.	\boxtimes			A 15-day supply of food is maintained at the facility.
Written plans identify locations of shut-off valves and switches for all utilities (water, gas, electric).	\boxtimes			

EMERGENCY (CONTINGENCY) PLANS POLICY ALL FACILITIES HOLDING ICE DETAINEES WILL RESPOND TO EMERGENCIES WITH A PREDETERMINED STANDARDIZED PLAN TO MINIMIZE THE HARMING OF HUMAN LIFE AND THE DESTRUCTION OF PROPERTY. IT IS RECOMMENDED THAT SPCS AND CDFS ENTER INTO AGREEMENT, VIA MEMORANDUM OF UNDERSTANDING (MOU), WITH FEDERAL, LOCAL AND STATE AGENCIES TO ASSIST IN TIMES OF EMERGENCY. COMPONENTS YES No NA REMARKS Written procedures cover: Work/Food Strike Disturbances Escapes Bomb Threats Adverse Weather \boxtimes Internal Searches **Facility Evacuation** Detainee Transportation System Plan

AT-RISK

REPEAT FINDING

☐ DEFICIENT

REMARKS:



ACCEPTABLE

Internal Hostages Civil Disturbances

ENVIRONMENTAL HEALTH AND SAFETY

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

COMPONENTS	YES	No	NA	REMARKS
The facility has a system for storing, issuing, and maintaining inventories of hazardous materials.	\boxtimes			
Constant inventories are maintained for all flammable, toxic, and caustic substances used/stored in each section of the facility.	\boxtimes			
 The manufacturer's Material Safety Data Sheet (MSDS) file is up-to-date for every hazardous substance used. The files list all storage areas, and include a plant diagram and legend. The MSDSs and other information in the files are available to personnel managing the facility's safety program. 	\boxtimes			
All personnel using flammable, toxic, and/or caustic substances follow the prescribed procedures. They: • Wear personal protective equipment; and • Report hazards and spills to the designated official.				
The MSDSs are readily accessible to staff and detainees in work areas.				MSDS Sheets were reviewed and found to be up-to-date in all areas.
Hazardous materials are always issued under proper supervision. • Quantities are limited; and • Staff always supervises detainees using these substances.				Issue logs were reviewed and found to be accurate.
All "flammable" and "combustible" materials (liquid and aerosol) are stored and used according to label recommendations.	\boxtimes			
Lighting fixtures and electrical equipment installed in storage rooms and other hazardous areas meet National Electrical Code requirements.				A Fire Chief report dated 6-19- 09 indicated NEC requirements are met.
The facility has sufficient ventilation, and provides and ensures clean air exchanges throughout all buildings.				
Vents return vents, and air conditioning ducts are not blocked or obstructed in cells or anywhere in the facility.				
Living units are maintained at appropriate temperatures in accordance with industry standards. (68 to 74 degrees in the winter and 72 to 78 degrees in the summer.)				Temperature logs were reviewed with the temperature ranges from 68-78 degrees.
Shower and sink water temperatures do not exceed the industry standard of 120 degrees.				Water temperature logs reflected water temperatures ranged from 101-105 degrees.
All toxic and caustic materials are stored in their original containers in a secure area.	\boxtimes			
Excess flammables, combustibles, and toxic liquids are disposed of properly and in accordance with MSDSs.				
Staff directly supervise and account for products with methyl alcohol. Staff receives a list of products containing diluted methyl alcohol, e.g., shoe dye. All such products are clearly labeled. "Accountability" includes issuing such products to detainees in the smallest workable quantities.				The cage inventory reflected the accountability of the methyl alcohol usage.
Every employee and detainee using flammable, toxic, or caustic materials receives advance training in their use, storage, and disposal.	\boxtimes			Training records reviewed indicate the staff receives training during orientation and annual 40 hour training.

ENVIRONMENTAL HEALTH AND SAFETY

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

COMPONENTS	YES	No	NA	REMARKS
The facility complies with the most current edition of applicable codes, standards, and regulations of the National Fire Protection Association and the Occupational Safety and Health Administration (OSHA).	\boxtimes			The Safety Officer maintains NFPA and OSHA manuals and the 6-15-09 Fire Chief report indicates the facility is following applicable codes and standards.
A technically qualified officer conducts the fire and safety inspections.				The facility safety officer has completed necessary Fireman Basic and I-II training, as well as, Incident Command System Training and Hazardous Material Awareness training.
The Safety Office (or officer) maintains files of inspection reports.				
The facility has an approved fire prevention, control, and evacuation plan.				The plan was approved by the local Fire Chief June 15, 2009.
 The plan requires: Monthly fire inspections; Fire protection equipment strategically located throughout the facility; Public posting of emergency plans with accessible building/room floor plans; Exit signs and directional arrows; and An area-specific exit diagram conspicuously posted in the diagrammed area. 	×			Monthly Fire Inspection reports were reviewed and found to be comprehensive. Emergency plans are posted appropriately throughout the facility in English and Spanish. Exit signs with appropriate exit arrows are visible.
Fire drills are conducted and documented monthly.	\boxtimes			Monthly simulated fire drills of all facility areas are conducted. Fire drill reports were reviewed.
A sanitation program covers barbering operations.	\boxtimes			
The barber shop has the facilities and equipment necessary to meet sanitation requirements.	\boxtimes			
The sanitation standards are conspicuously posted in the barbershop.	\boxtimes			
Written procedures regulate the handling and disposal of used needles and other sharp objects.	\boxtimes			
All items representing potential safety or security risks are inventoried and a designated individual checks this inventory weekly.	\boxtimes			
Standard cleaning practices include: Using specified equipment; cleansers; disinfectants and detergents. An established schedule of cleaning and follow-up inspections.				
The facility follows standard cleaning procedures.	\boxtimes			
Spill kits are readily available.	\boxtimes			
A licensed medical waste contractor disposes of infectious/bio-hazardous waste.	\boxtimes			The facility has a contract with the Stericycle Company dated 9-24-09, for monthly pickup.

ENVIRONMENTAL HEALTH AND SAFETY

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

COMPONENTS	YES	No	NA	REMARKS	
Staff is trained to prevent contact with blood and other body fluids and written procedures are followed.	\boxtimes				
Do the methods for handling/disposing of refuse meet all regulatory requirements?	\boxtimes				
A licensed/Certified/Trained pest-control professional inspects for rodents, insects, and vermin. At least monthly. The pest-control program includes preventative spraying for indigenous insects.				Monthly inspections are completed by the Carter Pest Management Services, Inc.	
Drinking water and wastewater is routinely tested according to a fixed schedule.	\boxtimes			The 2008 Hudspeth County Water Inspection report was reviewed.	
 Emergency power generators are tested at least every two weeks. Other emergency systems and equipment receive testing at least quarterly. Testing is followed-up with timely corrective actions (repairs and replacements). 	×			The emergency power generator is tested weekly with a full load test monthly.	
ACCEPTABLE DEFICIENT AT-RISK REPEAT FINDING					

REMARKS:		_
	b6,b7c	h _
AUDITOR'S SIGNATURE / DATE		

HOLD ROOMS IN DETENTION FACILITIES

POLICY: HOLD ROOMS WILL BE USED ONLY FOR TEMPORARY DETENTION OF DETAINEES AWAITING REMOVAL, TRANSFER, EOIR HEARINGS. MEDICAL TREATMENT, INTRA-FACILITY MOVEMENT, OR OTHER PROCESSING INTO OR OUT OF THE FACILITY. COMPONENTS YES No REMARKS NA The hold rooms are situated within the secure perimeter. \boxtimes The hold rooms are well ventilated well lighted, and all activating switches \boxtimes П are located outside the room. The hold rooms contain sufficient seating for the number of detainees held. M Bunks, cots, beds, or other related make-shift sleeping apparatus are \boxtimes precluded from use inside hold rooms. The walls and ceilings of the hold rooms are tamper and escape proof. Individuals are not held in hold rooms for more than 12 hours. Male and females are segregated from each other. Detainees under the age of 18 are not held with adult detainees. The facility does not accept \times П П detainees under the age of 18. Detainees are provided with basic personal hygiene items such as water, X soap, toilet paper, cups for water, feminine hygiene items, diapers and wipes. In older facilities, officers are within visual or audible range to allow Toilet facilities are available in \boxtimes detainees access to toilet facilities on a regular basis. all hold rooms. All detainees are given a pat down search for weapons or contraband \boxtimes before being placed in the room. Officers closely supervise the detention hold rooms using direct supervision (Irregular visual monitoring.). \boxtimes П П Hold rooms are irregularly monitored every 15 minutes. Unusual behavior or complaints are noted. When the last detainee has been removed from the hold room, it is given a \boxtimes П thorough inspection. There is a written evacuation plan that includes a designated officer to \boxtimes remove detainees from hold rooms in case of fire and/or building An appropriate emergency service is called immediately upon a \boxtimes П determination that a medical emergency may exist. ACCEPTABLE DEFICIENT REPEAT FINDING AT-RISK

REMARKS:

b6,b7c / 10-15-09 AUDITOR'S SIGNATURE / DATE

KEY AND LOCK CONTROL (SECURITY, ACCOUNTABILITY AND MAINTENANCE)

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

COMPONENTS	YES	No	NA	REMARKS
The security officer[s], or equivalent in IGSAs, has attended an approved locksmith training program.				The Key Control Officer is currently taking an on-line locksmith course.
The security officer, or equivalent in IGSAs, has responsibly for all administrative duties and responsibilities relating to keys, locks etc.				
The security officer, or equivalent in IGSAs, provides training to employees in key control.	\boxtimes			
The security officer, or equivalent in IGSAs, maintains inventories of all keys, locks and locking devices.				
The security officer follows a preventive maintenance program and maintains all preventive maintenance documentation.	\boxtimes			
Facility policies and procedures address the issue of compromised keys and locks.				
The security officer, or equivalent in IGSAs, develops policy and procedures to ensure safe combinations integrity.				Facility policy requires that safe combinations be changed every twelve months. Combinations were last changed in April 2009.
Only dead bolt or dead lock functions are used in detainee accessible areas.	\boxtimes			
Only authorized locks (as specified in the Detention Standard) are used in detainee accessible areas.	\boxtimes			
Grand master keying systems are prohibited.	\boxtimes			
All worn or discarded keys and locks are cut up and properly disposed of.				
Padlocks and/or chains are prohibited from use on cell doors.				
The entrance/exit door locks to detainee living quarters, or areas with an occupant load of 50 or more people, conform to: Occupational Safety and Environmental Health Manual, Ch. 3; National Fire Protection Association Life Safety Code 101.	×			
The operational keyboard is sufficient to accommodate all the facility key rings, including keys in use, and is located in a secure area.	\boxtimes			
 Procedures are in place to ensure that key rings are: Identifiable; The numbers of keys are cited; and Keys cannot be removed. 				b2High
Emergency keys are available for all areas of the facility.	\boxtimes			
The facilities use a key accountability system.	\boxtimes			
Authorization is necessary to issue any restricted key.	\boxtimes			
 Individual gun lockers are provided. They are located in an area that permits constant officer observation. In an area that does not allow detainee or public access. 				b2High
The facility has a key accountability policy and procedures to ensure key accountability. The keys are physically counted daily.	\boxtimes			

KEY AND LOCK CONTROL (SECURITY, ACCOUNTABILITY AND MAINTENANCE)

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

COMPONENTS	YES	No	NA	REMARKS
 All staff members are trained and held responsible for adhering to proper procedures for the handling of keys. Issued keys are returned immediately in the event an employee inadvertently carries a key ring home. When a key or key ring is lost, misplaced, or not accounted for, the shift supervisor is immediately notified. Detainees are not permitted to handle keys assigned to staff. 	⊠			
✓ ACCEPTABLE ☐ DEFICIENT ☐	AT-RISI	K		REPEAT FINDING

REMARKS:

The facility does not have a locksmith; however, the Key Control Officer is currently enrolled in an on-line locksmith training program.

One set of gun lockers is located in a public access area monitored by security cameras. Recommendation is that a cage be built to secure lockers from access by general public. Other gun lockers are provided in areas with no public access.

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AUDITOR'S SIGN.	ATURE / DATE	b6,b7c	lo,

POPULATION COUNTS

POLICY: ALL DETENTION FACILITIES SHALL ENSURE AROUND-THE-CLOCK ACCOUNTABILITY FOR ALL DETAINEES. THIS REQUIRES THAT THEY CONDUCT AT LEAST ONE FORMAL COUNT OF THE DETAINEE POPULATION PER SHIFT, WITH ADDITIONAL FORMAL AND INFORMAL COUNTS CONDUCTED AS NECESSARY.

COMPONENTS	YES	No	NA	REMARKS
Staff conduct a formal count at least once each shift.	\boxtimes			Formal counts are done 6 times per day.
Activities cease or are strictly controlled while a formal count is being conducted.	\boxtimes			
Certain operations cease during formal counts.				
All movement ceases for the duration of a formal count.				
Formal counts in all units take place simultaneously.				
Detainee participation in counts is prohibited.				
A face-to-photo count follows each unsuccessful recount.	\boxtimes			Facility policy addresses this component.
Officers positively identify each detainee before counting him/her as present.	\boxtimes			
Written procedures cover informal and emergency counts. • They are followed during informal counts and emergencies.				
The control officer (or other designated position) maintains an out -count record of all detainees temporarily leaving the facility.	\boxtimes			
This training is documented in each officer's training folder.				
□ ACCEPTABLE □ DEFICIENT	AT-RI	SK		REPEAT FINDING

REMARKS:

A population count was observed and was found to be conducted in a manner that is in compliance with the NDS and Facility Policy. Population counts are conducted eight times daily with "Roster Counts" occurring at the beginning of each shift.

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POST ORDERS

POLICY: ICE PROVIDES OFFICERS ALL NECESSARY GUIDANCE FOR CARRYING OUT THEIR DUTIES. THIS GUIDANCE INCLUDES THE POST ORDERS ESTABLISHED FOR EVERY POST, WHICH ARE REVIEWED AT LEAST ANNUALLY, AND GIVEN TO EACH OFFICER UPON ASSIGNMENT TO THAT POST.

COMPONENTS	YES	No	NA	REMARKS
Every fixed post has a set of post orders.				
Each set contains the latest inserts (emergency memoranda, etc.) and revisions.	\boxtimes			
One individual or department is responsible for keeping all post-orders current with revisions that take place between reviews.				Per facility policy, the Chief of Security (Major) is responsible for post orders.
The IGSA maintains a complete set (central file) of post orders.				
The central file is accessible to all staff.	\boxtimes			
The OIC or Contract / IGSA equivalent initiates/authorizes all post-order changes.	\boxtimes			
The OIC or Contract / IGSA equivalent has signed and dated the last page of every section.	×			
A review/updating/reissuing of post orders occurs regularly and at a minimum, annually.				
Procedures keep post orders and logbooks secure from detainees at all times.	\boxtimes			
Every armed-post officer qualifies with the post weapon(s) before assuming post duty.	\boxtimes			
Armed-post post orders provide instructions for escape attempts.	\square			
The post orders for housing units track the event schedule.	\boxtimes			
Housing-unit post officers record all detainee activity in a log. The post order includes instructions on maintaining the logbook.	\boxtimes			
ACCEPTABLE DEFICIENT	AT-RISE	(REPEAT FINDING

REMARKS:



SECURITY INSPECTIONS

POLICY: POST ASSIGNMENTS IN THE FACILITY'S HIGH-RISK AREAS, WHERE SPECIAL SECURITY PROCEDURES MUST BE FOLLOWED, WILL BE RESTRICTED TO EXPERIENCED PERSONNEL WITH A THOROUGH GROUNDING IN FACILITY OPERATIONS.

COMPONENTS	YES	No	NA	REMARKS
The facility has a comprehensive security inspection policy. The policy		1		
specifies:				
 Posts to be inspected; 	:			
 Required inspection forms; 				Facility policy describes the
 Frequency of inspections; 				security inspection process.
 Guidelines for checking security features; and 				
 Procedures for reporting weak spots, inconsistencies, and other 	ļ	J	j	
areas needing improvement				
Every officer is required to conduct a security check of his/her assigned	\boxtimes			
area. The results are documented.				
Documentation of security inspections is kept on file.		<u> </u>		Security inspection
				documentation is maintained by
				the Administrative Captain.
Procedures ensure that recurring problems and a failure to take corrective			$\vdash \sqcap$	
action are reported to the appropriate manager.				
The front-entrance officer checks the ID of everyone entering or exiting the				
facility.				
All visits are officially recorded in a visitor logbook or electronically	N/2			Visits are recorded in a visitor
recorded.				logbook by the entry officer.
The facility has a secure visitor pass system.				
Every Control Center officer receives specialized training.				
The Control Center is staffed around the clock.				
Policy restricts staff access to the Control Center.	X			
Detainees are restricted from access to the Control Center.		▎▕▔	Ħ	
Communications are centralized in the Control Center.		† 		
Officers monitor all vehicular traffic entering and leaving the facility.		 		
		<u> </u>	Ш	
The facility maintains a log of all incoming and departing vehicles to sensitive areas of the facility. Each entry contains:				
The driver's name;				
Company represented;				
Vehicle contents;	\boxtimes			
Delivery date and time;				
Date and time, Date and time out;				
Vehicle license number; and				
Name of employee responsible for the vehicle during the visit				
Officers thoroughly search each vehicle entering and leaving the facility.				
The facility has a written policy and procedures to prevent the introduction				
of contraband into the facility or any of its components.	\boxtimes			
Tools being taken into the secure area of the facility are inventoried before				
entering and prior to departure.	\boxtimes	ļШ		
The SMU entrance has a sally port.				
The Sivio chitance has a sarry port.				b2High
Written procedures govern searches of detainee housing units and personal				
areas.	\boxtimes			
Housing area searches occur at irregular times.	M			
Every search of the SMU and other housing units is documented.	\boxtimes	늗늗	H	
Storage and supply rooms, walls, light and plumbing fixtures, accesses, and		<u> </u>	<u> </u>	
drains, etc., undergo frequent, irregular searches. These searches are	\boxtimes			
documented.	لخكا			
, 				

SECURITY INSPECTIONS						
POLICY: POST ASSIGNMENTS IN THE FACILITY'S HIGH-RISK AREAS, WHER				URES MUST BE FOLLOWED, WILL BE		
RESTRICTED TO EXPERIENCED PERSONNEL WITH A THOROUGH GROUNDING COMPONENTS	YES	NO NO	NA	REMARKS		
Walls, fences, and exits, including exterior windows, are inspected for defects once each shift.	\boxtimes					
Daily procedures include: Perimeter alarm system tests; Physical checks of the perimeter fence; and Documenting the results.	\boxtimes			b2High		
Visitation areas receive frequent, irregular inspections.						
Acceptable □ Deficient □ At-Risk □ Repeat Finding						
REMARKS: Interviews with staff and a review of logbooks verify that this standard is in compliance. The facility b2High however, there is						
b6,b7c / 10-15-09 b6,b7c AUDITOR'S SIGNATURE / DATE						

SPECIAL MANAGEMENT UNIT (SMU) (ADMINISTRATIVE SEGREGATION)

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

COMPONENTS	YES	No	NA	REMARKS
The Administrative Segregation unit provides non-punitive protection from the general population and individuals undergoing disciplinary segregation. • Detainees are placed in the SMU (administrative) in accordance with written criteria.				Facility policy addresses this component.
In exigent circumstances, staff may place a detainee in the SMU (administrative) before a written order has been approved. • A copy of the order given to the detainee within 24 hours.	\boxtimes			
The OIC (or equivalent) regularly reviews the status of detainees in administrative detention. • A supervisory officer conducts a review within 72 hours of the				
detainee's placement in the SMU (administrative). A supervisory officer conducts another review after the detainee has spent seven days in administrative segregation, and: Every week thereafter for the first month; and Every 30 days after the first month. Does each review include an interview with the detainee? Is a written record made of the decision and the justification?				The Administrative Captain conducts the 7 day reviews.
The detainee is given a copy of the decision and justification for each review. • The detainee is given an opportunity to appeal the reviewer's decision to someone else in the facility.				
The OIC (or equivalent) routinely notifies the Field Office Director (or staff officer in charge of IGSAs) any time a detainee's stay in administrative detention exceeds 30 days. • Upon notification that the detainee's administrative segregation has exceeded 60 days, the FD forwards written notice to HQ Field Operations Branch Chief for DRO.				
The OIC or equivalent) reviews the case of every detainee who objects to administrative segregation after 30 days in the SMU. • A written record is made of the decision and the justification. • The detainee receives a copy of this record.	\boxtimes			
The detainee is given the right to appeal to the OIC (or equivalent) the conclusions and recommendations of any review conducted after the detainee have remained in administrative segregation for seven consecutive days.				
Administratively segregated detainees enjoy the same general privileges as detainees in the general population.	\boxtimes			
The SMU is: Well ventilated; Adequately lighted; Appropriately heated; and Maintained in a sanitary condition.	\boxtimes			
All cells are equipped with beds. • Every bed is securely fastened to the floor or wall.	\boxtimes			

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COMPONENTS	YES	No	NA	REMARKS
The number of detainees in any cell does not exceed the occupancy limit.				
When occupancy exceeds recommended capacity, do basic living		_		Only 1 detainee is housed in each
standards decline?				cell.
Do criteria for objectively assessing living standards exist?	ļ		ļ	
If yes, are the criteria included in the written procedures?				
The segregated detainees have the same opportunities to exchange/launder				
clothing, bedding, and linen as detainees in the general population.				
Detainees receive three nutritious meals per day, from the general				
population's menu of the day.				Facility policy prohibits using
Do detainees eat only with disposable utensils? Left and the second of the secon			_	food as punishment.
Is food ever used as punishment?		-		
Each detainee maintains a normal level of personal hygiene in the SMU.	ľ	Ì	1	
The detainees have the opportunity to shower and shave at least				
three times a week.				
• If not, explain.		 		
The detainees are provided:				
Barbering services; Bearaction mixilages in accordance with the "Detained."				
Recreation privileges in accordance with the "Detainee Recreation" standard;			}	
Non-legal reading material;		<u> </u>	<u> </u>	
Religious material;	\boxtimes			
 The same correspondence privileges as detainees in the general 				
population;				
Telephone access similar to that of the general population; and				
Personal legal material.				
A health care professional visits every detainee at least three times a week.	-			
The shift supervisor visits each detainee daily.	\boxtimes			
Weekends and holidays.	_			
Procedures comply with the "Visitation" standard.				
The detainee retains visiting privileges; and				
The visiting room is available during normal visiting hours.				
Visits from clergy are allowed.	\square			
Detainees have the same law-library access as the general population.				
 Are they required to use the law library Separately, or 				
As a group?		Ш		}
Are legal materials brought to them?				
The SMU maintains a permanent log of detainee-related activity, e.g.,	\boxtimes			
meals served, recreation, visitors etc.				
SPC procedures include completing the SMU Housing Record (I-888)				
immediately upon a detainee's placement in the SMU.	\boxtimes			A local form is used for
Staff completes the form at the end of each shift.	الح.كا			documentation.
 CDFs and IGSA facilities use Form I-888 (or local equivalent). 				

SPECIAL MANAGEMENT UNIT (SMU) (ADMINISTRATIVE SEGREGATION)

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COMPONENTS	YES	No	NA	REMARKS
 Staff record whether the detainee ate, showered, exercised, and took any applicable medication during every shift. Staff logs record all pertinent information, e.g., a medical condition, suicidal/assaultive behavior, etc; The medical officer/health care professional signs each individual's record during each visit; and The housing officer initials the record when all detainee services are completed or at the end of the shift. 	\boxtimes			
A new record is created for each week the detainee is in Administrative Segregation. The weekly records are retained in the SMU until the detainee's return to the general population.	\boxtimes			
ACCEPTABLE DEFICIENT	AT-RI	sk		REPEAT FINDING

REMARKS:



SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION)

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

COMPONENTS	YES	_ No	NA_	REMARKS
Officers placing detainees in disciplinary segregation follow written procedures.	\boxtimes			Facility Policy provides staff direction in the placement of detainees in disciplinary segregation.
The sanctions for violations committed during one incident are limited to 60 days.				
A completed Disciplinary Segregation Order accompanies the detainee into the SMU. • The detainee receives a copy of the order within 24 hours of placement in disciplinary segregation.	×			
Standard procedures include reviewing the cases of individual detainees housed in disciplinary detention at set intervals. • After each formal review, the detainee receives a written copy of the decision and supporting reasons.				
The conditions of confinement in the SMU are proportional to the amount of control necessary to protect detainees and staff.				
Detainees in disciplinary segregation have fewer privileges than those housed in administrative segregation.	\boxtimes			
Living conditions in disciplinary SMUs remain the same regardless of behavior. If no, does staff prepare written documentation for this action? Does the OIC sign to indicate approval.				
Every detainee in disciplinary segregation receives the same humane treatment, regardless of offense.	\boxtimes			
The quarters used for segregation are: Well-ventilated. Adequately lighted. Appropriately heated. Maintained in a sanitary condition.	×			
All cells are equipped with beds that are securely fastened to the floor or wall of the cell.				
The number of detainees confined to each cell or room is limited to the number for which the space was designate. • Does the OIC approve excess occupancy on a temporary basis?				
When a detainee is segregated without clothing, mattress, blanket, or pillow (in a dry cell setting), a justification is made and the decision is reviewed each shift. Items are returned as soon as it is safe.				Detainees are provided with a paper gown.
Detainees in the SMU have the same opportunities to exchange clothing, bedding, etc., as other detainees.	\boxtimes			
Detainees in the SMU receive three nutritious meals per day, selected from the Food Service's menu of the day. • Food is not used as punishment.				
Detainees are allowed to maintain a normal level of personal hygiene, including the opportunity to shower and shave at least three times/week.				

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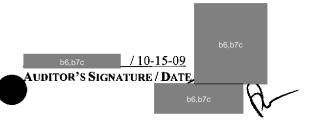
COMPONENTS	YES	No	NA_	REMARKS
Detainees receive, unless documented as a threat to security:			[
Barbering services;				
Recreation privileges;				
Other-than-legal reading material;				
Religious material;				1
The same correspondence privileges as other detainees; and		[[
Personal legal material.				
When phone access is limited by number or type of calls, the following				
areas are exempt:		ŀ		
Calls about the detainee's immigration case or other legal				
matters;				ĺ
Calls to consular/embassy officials; and				
Calls during family emergencies (as determined by the		i		
OIC/Warden).				
A health care professional visits every detainee in disciplinary segregation				
every week day.				Health care professionals visit
The shift supervisor visits each segregated detainee daily				three times per shift.
Weekends and holidays.				
SMU detainees are allowed visitors, in accordance with the "Visitation"	\boxtimes			
standard.				
SMU detainees receive legal visits, as provided in the "Visitation"				
standard.	\boxtimes			
 Legal service providers are notified of security concerns arising 				
before a visit.				
Visits from clergy are allowed.				
The clergy member is given the option of visiting/not visiting the				
segregated detainee.				
Violent/uncooperative detainees are denied access to religious				
services when safety and security would otherwise be affected.				
SMU detainees have law library access.				
Violent/uncooperative detainees retain access to the law library				}
unless adjudicated a security threat in writing.	_		_	
Legal material brought to individuals in the SMU on a case-by-	\boxtimes			
case basis.				
Staff documents every incident of denied access to the law				
library.				
All detainee-related activities are documented, e.g. meals served,	\boxtimes			
recreation activities, visitors, etc.				
The SPC's, the Special Management Housing Unit Record (I-888or				
equivalent), is prepared as soon as the detainee is placed in the SMU.			_	A local form is used for
All I-888s are filled out by the end of each shift.	\boxtimes	' 🗆		documentation.
The <u>CDF/IGSA</u> facility use Form.				Googinenauon.
I-888 (or equivalent local form).				

SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION)

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

COMPONENTS	YES	No	NA	REMARKS
 SMU staff record whether the detainee ate, showered, exercised, took medication, etc. Details about the detainee logged, e.g., a medical condition, suicidal/violent behavior, etc. The health care official sign individual records after each visit. The housing officer initials the record when all detainee services are completed or at the end of the shift. A new record is created weekly for each detainee in the SMU. The SMU retains these records until the detainee leaves the SMU. 	⊠			
ACCEPTABLE DEFICIENT] AT-RI	SK		REPEAT FINDING

REMARKS:



TOOL CONTROL

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

COMPONENTS	YES	No	NA	REMARKS
There is an individual who is responsible for developing a tool control				
procedure and an inspection system to insure accountability. Department heads are responsible for implementing this standard in their	}			
departments.				
Tool inventories are required for the:				
Maintenance Department;				
Medial Department;				
Food Service Department;				
Electronics Shop;				
Recreation Department; and	:			
Armory.				
The facility has a policy for the regular inventory of all tools.				
The policy sets minimum time lines for physical inventory and all			ļ _—	Facility Policy reflects the
necessary documentation.				handling of tools.
ICE facilities use AMIS bar code labels when required.		<u></u>	<u> </u>	
The facility has a tool classification system. Tools are classified according				
to:		ļп		
Restricted (dangerous/hazardous); and		-		
Non-Restricted (non-hazardous).				
Department heads are responsible for implementing tool-control				
procedures.	•			A 11 Condition to all own atole of Con
The facility has policies and procedures in place to ensure that all tools are marked and readily identifiable.				All facility tools are etched for identification purposes.
The facility has an approved tool storage system.				rachanication purposes.
The system ensures that all stored tools are accountable.				
Commonly used tools (tools that can be mounted) are stored				
in such a way that missing tool is readily notice.				
Each facility has procedures for the issuance of tools to staff and detainees.				The facility utilizes a sign-in and
				sign-out procedure for issuance
	_		_	of tools.
The facility has policies and procedures to address the issue of lost tools.				
The policy and procedures include:				
 Verbal and written notification; 			🔲 :	
 Procedures for detainee access; and 				
Necessary documentation/review for all incidents of lost tools.				
Broken or worn out tools are surveyed and disposed of in an appropriate	\boxtimes			
and secure manner.				
All private or contract repairs and maintenance workers under contract to	N 4			
ICE, or other visitors, submit an inventory of all tools prior to admittance			▎╚	
into or departure from the facility.				
ACCEPTABLE DEFICIENT	AT-RISI	ζ		REPEAT FINDING

TRANSPORTATION (LAND TRANSPORTATION)

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

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

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

TRANSPORTATION (LAND TRANSPORTATION)

POLICY: THE IMMIGRATION AND NATURALIZATION SERVICE WILL TAKE ALL NECESSARY PRECAUTIONS TO PROTECT THE LIVES, SAFETY, AND WELFARE OF OUR OFFICERS, THE GENERAL PUBLIC, AND THOSE IN ICE CUSTODY DURING THE TRANSPORTATION OF DETAINEES. STANDARDS HAVE BEEN ESTABLISHED FOR PROFESSIONAL TRANSPORTATION UNDER THE SUPERVISION OF EXPERIENCED AND TRAINED DETENTION ENFORCEMENT OFFICERS OR AUTHORIZED CONTRACT PERSONNEL. STANDARD NA: CHECK THIS BOX IF ALL ICE TRANSPORTATION IS HANDLED ONLY BY THE ICE FIELD OFFICE OR SUB-OFFICE IN CONTROL OF THE DETAINEE CASE. **COMPONENTS** YES No NA REMARKS The vehicle crew inspects all Food Service pickups before accepting delivery (food wrapping, portions, quality, quantity, thermos-transport containers, etc.). All food is provided by the Before accepting the meals, the vehicle crew raises and resolves X П \Box facility and checked by officers questions, concerns, or discrepancies with the Food Service before leaving. representative; Basins, latrines, and drinking-water containers/dispensers are cleaned and sanitized on a fixed schedule. Vehicles have: Two-way radios; Facility vehicles are equipped X Cellular telephones; and with two-way radios and cellular Equipment boxes stocked in accordance with the Use of Force phones. Standard. X The vehicles are clean and sanitary at all times. Personal property of a detainee transferring to another facility is: Inventoried; \boxtimes \Box \Box Inspected; and Accompanies the detainee. The following contingencies are included in the written procedures for vehicle crews: Attack Escape Hostage-taking Detainee sickness Detainee death \boxtimes П \Box Vehicle fire Riot Traffic accident Mechanical problems Natural disasters Severe weather Passenger list includes women or minors **ACCEPTABLE** DEFICIENT AT-RISK REPEAT FINDING REMARKS:

/ 10-1<u>5-</u>09

AUDITOR'S SIGNATURE / DAT

USE OF FORCE

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

COMPONENTS	YES	No	NA	REMARKS
Written policy authorizes staff to respond in an immediate-use-of- force situation without a supervisor's presence or direction.	\boxtimes			Facility policy explains the use of force procedures.
When the detainee is in an area that is or can be isolated (e.g., a			 -	procedures.
locked cell, a range), posing no direct threat to the detainee or	5 3			
others, officers must try to resolve the situation without resorting to	\boxtimes		🗀	
force.				
Written policy asserts that calculated rather than immediate use of				The facility has a use of force continuum.
force is feasible in most cases.	\boxtimes		L	
The facility subscribes to the prescribed Confrontation Avoidance				
Procedures.	\square			
Ranking detention official, health professional, and				
others confer before every calculated use of force.				
When a detainee must be forcibly moved and/or restrained, and				
there is time for a calculated use of force, staff uses the Use-of-	\boxtimes		ΙП	
Force Team Technique.				
Under staff supervision.				
Staff members are trained in the performance of the Use-of-Force	\boxtimes			
Team Technique.				The Action of the Control of the Con
All use-of-force incidents are documented and reviewed.		l —		The After Action Review Team consisting
				of the Warden, Asst. Warden, Major and HSA reviews all use of force reports.
Staff:				113A Teviews all use of force reports.
Do not use force as punishment;				
Attempt to gain the detainee's voluntary cooperation				
before resorting to force;				
Use only as much force as necessary to control the	\boxtimes			
detainee; and	_			
Use restraints only when other non-confrontational				
means, including verbal persuasion, have failed or are				
impractical.				
Medication may only be used for restraint purposes when authorized	\boxtimes	П	П	Medication is not used for restraint
by the Medical Authority as medically necessary.				purposes.
Use-of-Force Team follows written procedures that attempt to	\boxtimes			
prevent injury and exposure to communicable disease(s).				
Standard procedures associated with using four-point restraints				
include:				
Soft restraints (e.g., vinyl); Pressing the detained appropriately for the				
Dressing the detainee appropriately for the				
temperature; A bed, mattress, and blanket/sheet;				
Checking the detainee at least every 15 minutes;				Detainee is kept under constant observation
Logging each check;	\boxtimes			by an officer. Medical personnel check
Turning the bed-restrained detainee often enough to				detainee hourly.
prevent soreness or stiffness;				
Medical evaluation of the restrained detainee twice				
per eight-hour shift; and				
When qualified medical staff is not immediately				
available, staff position the detainee "face-up".				

USE OF FORCE

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

COMPONENTS	YES	No	NA	REMARKS		
The shift supervisor monitors the detainee's position/condition every two hours. • He/she allows the detainee to use the rest room at these times under safeguards.	\boxtimes					
All detainee checks are logged.	\boxtimes					
In immediate-use-of-force situations, staff contacts medical staff once the detainee is under control.	\boxtimes					
When the OIC authorizes use of non-lethal weapons: • Medical staff is consulted before staff use pepper spray/non-lethal weapons. • Medical staff reviews the detainee's medical file	\boxtimes					
before use of a non-lethal weapon is authorized. Special precautions are taken when restraining pregnant detainees. • Medical personnel are consulted	\boxtimes					
Protective gear is worn when restraining detainees with open cuts or wounds.	\boxtimes					
Staff documents every use of force and/or non-routine application of restraints.						
It is standard practice to review any use of force and the non-routine application of restraints.	\boxtimes					
All officers receive training in self-defense, confrontation-avoidance lechniques and the use of force to control detainees. • Specialized training is given and Officers are certified in all devices they use.						
In SPCs, is the Use of Force form is used? In other facilities (IGSAs / CDFs) is this form or its equivalent used?	\boxtimes			A local form is utilized for documentation.		
☐ ACCEPTABLE ☐ DEFICIENT	☐ AT-RISK ☐ REPEAT FINDING					

REMARKS:

There has been no use of restraints in the past 12 months.



STAFF DETAINEE COMMUNICATIONS

POLICY: PROCEDURES MUST BE IN PLACE TO ALLOW FOR FORMAL AND INFORMAL CONTACT BETWEEN KEY FACILITY STAFF AND ICE STAFF AND ICE DETAINEE AND TO PERMIT DETAINEES TO MAKE WRITTEN REQUESTS TO ICE STAFF AND RECEIVE AN ANSWER IN AN ACCEPTABLETIME FRAME.

COMPONENTS	YES	No	NA	REMARKS			
The ICE Field Office Director ensures that weekly announced and unannounced visits occur at the IGSA.	\boxtimes			ICE staff visit the facility daily when ICE detainees are housed at the facility.			
Detention and Deportation Staff conduct scheduled weekly visits with detainees held in the IGSA.	\boxtimes						
Scheduled visits are posted in ICE detainee areas.				Scheduled visits are not posted in the housing units by ICE staff since their visits are daily.			
Visiting staff observe and note current climate and conditions of confinement at each IGSA.							
ICE information request Forms are available at the IGSA for use by ICE detainees.	\boxtimes						
The IGSA treats detainee correspondence to ICE staff as Special Correspondence.							
ICE staff responds to a detainee request from an IGSA within 72 hours.				Detainee requests are handled on a daily basis.			
ICE detainees are notified in writing upon admission to the facility of their right to correspond with ICE staff regarding their case or conditions of confinement.	\boxtimes			Detainees have access to the ICE National Handbook that explains the process.			
☑ ACCEPTABLE ☐ DEFICIENT ☐ AT-RISK ☐ REPEAT FINDING							

REMARKS:



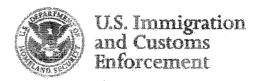
DETAINEE TRANSFER STANDARD

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

TAKING PLACE.				
COMPONENTS	YES	No	NA	REMARKS
When a detainee is represented by legal counsel or a legal representative, and a G-28 has been filed, the representative of record is notified by the detainee's Deportation Officer. • The notification is recorded in the detainee's file; and • When the A File is not available, notification is noted within DACS				
Notification includes the reason for the transfer and the location of the new facility.				
The deportation officer is allowed discretion regarding the timing of the notification when extenuating circumstances are involved.				The detainee is informed the day of the transfer and receives the notification form.
The attorney and detainee are notified that it is their responsibility to notify family members regarding a transfer.	\boxtimes			
 Facility policy mandates that: Times and transfer plans are never discussed with the detainee prior to transfer; The detainee is not notified of the transfer until immediately prior to departing the facility; and The detainee is not permitted to make any phone calls or have contact with any detainee in the general population. 	\boxtimes			
The detainee is provided with a completed Detainee Transfer Notification Form.	\boxtimes			
Form G-391 or equivalent authorizing the removal of a detainee from a facility is used.	\boxtimes			
For medical transfers: • The Detainee Immigration Health Service (or IGSA) (DIHS) Medical Director or designee approves the transfer; • Medical transfers are coordinated through the local ICE office; and • A medical transfer summary is completed and accompanies the detainee.				
Detainees in ICE facilities having DIHS staff and medical care are transferred with a completed transfer summary sheet in a sealed envelope with the detainee's name and A-number, and the envelope is marked Medical Confidential.				
For medical transfers, transporting officers receive instructions regarding medical issues.	\boxtimes			
Detainee's funds, valuables, and property are returned and transferred with the detainee to his/her new location.	\boxtimes			
Transfer and documentary procedures outlined in Section C and D are followed.				
Meals are provided when transfers occur during normally schedule meal times.	\boxtimes			A sack lunch with sandwich, drink and fruit are provided.
An A File or work folder accompanies the detainee when transferred to a different field office or sub-office.	\boxtimes			
Files are forwarded to the receiving office via overnight mail no later than one business day following the transfer.				

	DETAINEE TR	ANSFER STAND	ARD		
POLICY: ICE WILL MAKE ALL NECESS JUSTICE PRISONER ALIEN TRANSPORTRANSFER A DETAINEE, ICE WILL TAK SUCH CASES, THE FIELD OFFICE DIRECT ATTORNEY IS LOCATED WITHIN REASON TAKING PLACE.	TATION SYSTEM (JPATS), E INTO CONSIDERATION WHE TOR WILL CONSIDER THE DE	ICE WILL ADHERE THER THE DETAINE TAINEE'S STAGE WI	TO JPAT EIS REPRE THIN THE I	'S PROTO SENTED I REMOVAL	DCOLS. IN DECIDING WHETHER TO BEFORE THE IMMIGRATION COURT. IN PROCESS, WHETHER THE DETAINEE'S
Сомро	NENTS	YES	No	NA	Remarks
△ ACCEPTABLE	☐ DEFICIENT	AT-RISE	REPEAT FINDING		
REMARKS:					
b6,b7c / 10-15-09 AUDITOR'S SIGNATURE / DATE	b6,b7c				

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



MEMORANDUM FOR:

Robert Jolicoeur

Field Office Director
El Paso Field Office

NOV 0 6 2009

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FROM:

b6,b7c

Assistant Director for Detention and Removal Management

b6,b7c

SUBJECT:

West Texas Detention Facility Annual Review

The annual review of the West Texas Detention Facility conducted October 13-15, 2009, in Sierra Blanca, Texas has been received. A final rating of <u>Good</u> has been assigned. No further action is required and this review is closed.

The rating was based on the Lead Compliance Inspector (LCI) Summary Memorandum and supporting documentation. The Field Office Director must now initiate the following actions in accordance with the Detention Management Control Program (DMCP):

- 1) The Field Office Director, Detention and Removal Operations, shall notify the facility within five business days of receipt of this memorandum. Notification shall include copies of the Form G-324A, Detention Facility Review Form, the G-324A Worksheet, LCI Summary Memorandum, and a copy of this memorandum.
- 2) The next annual review will be scheduled on or before October 13 2010.

Should you or your staff have any questions regarding this matter, please contact

b6,b7c

Acting Deputy Assistant Director, Detention Management Division at (202)

732-b6,b7c

cc: Official File

ICE: HQDRO 66,67c : 2-5514: 10/26/2009

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Review Autho	rity							
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↓ STONE CARDYLET STONE	JIIVE REVIEW: (Please Pri	int Name)		gnature	b6,b7c		3 d	
Title Assistant Dire	ector for Management	- Comment of the Comm	D	ate (1/	5/2005			namen en e
Final Rating:	☐ Superior ☐ Good							
The second secon	Acceptable Deficient At-Risk No Rating			er en			in the second	
Comments:	The Review Authoriclosed.	ty concurs with	the recommen	ded rating of	f"Good". No	further actio	n is required and	l this review is