



U.S. Immigration
and Customs
Enforcement

MEMORANDUM FOR:

b6,b7c

Officer-In-Charge (OIC)
San Diego Contract Detention Facility

FROM:

John P. Torres
Director

SUBJECT:

Recent Reaccreditation Review of the San Diego
Contract Detention Facility

Congratulations on the recent review by the American Correctional Association (ACA) of the San Diego Contract Detention Facility (CDF).

During the review, it was noted that the sanitation was Outstanding, the relationship between Immigration and Customs Enforcement (ICE) and Corrections Corporation of America (CCA) was excellent, and overall the ACA reviewers were extremely impressed. The recommended score achieved was 100% on all Mandatory Standards and 97.2% on all Non-Mandatory Standards.

It is apparent that you work closely with ICE and CCA employees to ensure and enforce a healthy and humane living environment for detainees and working conditions for employees.

Congratulations on a job well done. Good luck with continued success as you prepare for your upcoming Commission hearing in January 2008.

COMMISSION ON ACCREDITATION FOR CORRECTIONS
STANDARDS COMPLIANCE REACCREDITATION AUDIT

Department of Homeland Security
El Paso Service Processing Center
El Paso, Texas

October 16-18, 2006

VISITING COMMITTEE MEMBERS

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A. Introduction

The audit of the Department of Homeland Security El Paso Service Processing Center was conducted on October 16-18, 2006 by the following team: [REDACTED] b6 Chairperson; [REDACTED] b6 Member; and [REDACTED] b6 Member.

B. Facility Demographics

Rated Capacity: 1,070

Actual Population: 771

Average Daily Population for the last 12 months: 771

Average Length of Stay: 1 month (no average stay at this time, new mission goal)

Security/Custody Level: Federal Administrative Detainees

Age Range of Offenders: 22-59 years

Gender: Male/Female detainees

Full-Time Staff: 234

76 Administrative, 113 Security, Program staff 16, and 29 other

C. Facility Description

The El Paso Processing Center is a part of the Homeland Security, Bureau of Immigration and Customs Enforcement, Detention and Removal Operations. The facility is located in the city of El Paso, Texas. The facility is located approximately half miles south of the El Paso International Airport. The El Paso Processing Center and the United States Border Patrol occupies and shares 27 acres of land. The facility is the holding and processing facility for detainees while they are processed regarding their right to remain in the United States.

The facility was opened in 1968 under the Bureau of Immigration and Custom Enforcement. The name of the facility and its' mission was changed twice with the last change to Immigration and Customs Enforcement El Paso Processing Center in 2003 and was placed under the Department of Homeland Security by an act of congress. The normal rated capacity for the facility is 861 and the emergency capacity is 1,221. El Paso Processing Center houses both male and female detainees with each being housed separately.

The El Paso Processing Center (EP/ICE) is enclosed by a double wire fence which is has razor wire on both the top and bottom. There are no towers or roving vehicles. The facility houses, classifies and remove detainees from other countries who have not be authorized to stay in America. The average stay of a detainee is 20-45 days.

There are 33 buildings, three single cells with 90 square footage, 17 segregation cells and 14 open bay dormitories. Buildings seven and eight are housing units that consist

of four pods, each with the capacity to house sixty-four detainees. Buildings one to four are barrack style living units with the same capacity. Buildings five and six are special housing and temporary housing units. The new Special Housing Unit was opened on the second day of this audit.

The mission of the facility is: To promote public safety and national security by ensuring the departure from the United States of all removable aliens through the fair and effective enforcement of the nation's immigration laws.

D. Pre-Audit Meeting

The chairperson divided standards into the following groups:

Standards # 4ALDF-1A-01 to # 4ALDF-2C-06	b6	Chairperson
Standards # 4ALDF-2D-01 to # 4ALDF-5A-10	b6	Member
Standards # 4ALDF-5B-01 to # 4ALDF-7F-07	b6	, Member

E. The Audit Process

1. The team reviewed the pre-audit materials provided by the facility, and met in the City of El Paso on October 15, 2006 to discuss the information.

The team was escorted to the facility by [REDACTED], Health and Safety Officer.

2. Interview

The audit team proceeded to the office of [REDACTED] Officer in Charge (OIC). The team expressed the appreciation for the opportunity to be involved with Immigration and Customs Enforcement El Paso Center in the accreditation process.

Officer in Charge [REDACTED] was informed that the team would be at the facility for all shifts and would review all programs and talk with as many staff and offenders as time would allow and that the end of each day the team would inform the warden of our findings and plans for the next day.

OIC [REDACTED] escorted the team to the Multi-Purpose Room where the formal entry was held. The following persons were in attendance:

[REDACTED]	Field Officer Director
[REDACTED]	Officer in Charge
[REDACTED]	Health/Safety Officer

[REDACTED] Assistant Field Office Director
 [REDACTED] Assistant Field Office Director
 [REDACTED] Chief
 [REDACTED] Health Services Administrator
 [REDACTED] Assistant Officer in Charge
 [REDACTED] Assistant Officer in Charge
 [REDACTED] Project Manager DECO Security
 [REDACTED] Maintenance supervisor
 [REDACTED] DECO Security Captain
 [REDACTED] Food Supervisor
 [REDACTED] Training Officer
 [REDACTED] ACA Manager
 [REDACTED] ACA Team Member
 IEA [REDACTED] ACA Team Member
 IEA [REDACTED] CA Team Member
 IEA [REDACTED] ACA Team Member

It was explained that the goal of the visiting team was to be as helpful and non-intrusive as possible during the conduct of the audit. The chairperson emphasized the goals of accreditation toward the efficiency and effectiveness of correctional systems throughout the United States. The schedule was also discussed at this time.

3. Facility Tour

The team toured the facility from 8:30 a.m. to 2:30 p.m. and again from 2:15 p.m. to 3:45 p.m. The following persons accompanied the team on the tour and responded to the team's questions concerning facility operations.

[REDACTED] IOC
 [REDACTED] CA Manager
 [REDACTED] IEA
 [REDACTED] IEA
 [REDACTED] IEA
 [REDACTED] IEA
 [REDACTED] Health and Safety Officer/IEA

4. Conditions of Confinement/Quality of Life

Security

The facility contracts with the DECO for security personnel that oversee the detainees in the daily operations of the facility. There are 290 uniformed officers

and ten supervisors. The uniformed staff works three to eight hour shifts and is trained in accordance to the Immigration Service Agency policies and procedures.

Detainees are classified using Levels I-III and are dressed in specific colors for security and identification purposes.

The facility has a well stored fire arm storage areas and equipment is maintained and there is good documentation.

Environmental Conditions

Housing units are well organized and free of clutter. There are ample showers, sinks and commodes. Each housing unit has a day room area for inmates to relax, write letter, read and watch television. Lighting and noise levels are in acceptable levels. Each housing unit is equipped with space for staff to conduct their duties with restroom facilities that are separated from the offenders.

Sanitation

Sanitation at El Paso Processing Center is being maintained at a high level. The facility has a system of control and accountability of the caustic that is to be commented. Cleaning supplies are delivered to the different areas at a specific time and are returned before the end of the day shift.

Fire Safety

The fire and safety regulations are being followed with the documentation of fire drills and follow-up from the local fire departments. The facility is equipped with fire alarms, fire extinguishers and posted fire exit signs throughout the facility. The facility has good procedures in the handling and control of the cleaning supplies and other toxic materials. At no time are detainees allowed to handle the maintenance tools without the immediate supervision of staff.

Food Service

The team sampled the lunch meals on two days of the audit. The food was found it to be have the properly temperatures, was tasteful and was found to be more than the daily requirement of calories. The agency philosophy is that most of the detainees diets were lacking in the calories needed for good health. Thus the detainees are given more food than is required. Normal daily calories are 2400 and the facility gives 3000 calories per day. The cost of a meal is \$1.41. Sack lunches are provided for detainees arriving after normal working hours. The facility offers special meals to include medical, kosher and Muslim.

The facility has a dining room areas and detainees are allowed time to complete their meals. The detainees and staff workers were clean and equipped with required clothing and other equipment to perform their jobs. Temperatures for the freezer and other storage areas were well maintained.

Medical Care

The facility has a seven bed infirmary and three isolation units. There is a full time doctor, dentist, position for a social worker (currently vacant), and a host of nursing staff. All psychological problems are referred to the Thompson General Hospital located approximately five minutes from the facility. The medical staff dispenses medication 24 hour per day and sick call is conducted five days a week. The facility has a small waiting room and utilizes an outdoor recreation yard for the detainees while they wait to be seen by the staff. The medication and equipment was controlled and well documented. However, it was recommended that the area that the medication carts were being stored needed to be placed behind a locked door. The carts are locked, but they are stored in a room that has no door.

Recreation

The facility has two full-time Recreation Specialists. Recreational opportunities are available to the detainees in the form of yards, with weight/exercise equipment, indoor and outdoor games, and televisions that are mounted in each housing unit. The facility does not have a gymnasium, however, each housing unit and the medical unit has yards for the detainee to exercise and participate in physical fitness activities.

Religious Programming

Religious services are available to the detainee in their native language and are provided by three religious staff members and a host of religious volunteers.

Offender Work Programs

Detainee workers are utilized on a voluntary basis. Detainees are given opportunities to work in the food service area, law and leisure library, outside/inside maintenance crews paint and wax the floors, and dorm laundry. The facility has a "woman laundry" detail that cleans the facility. Other detainees are encouraged to keep their living areas clean. Each working detainee is paid \$1 (one dollar) a day that he or she can keep in their personal belongings. The money is paid in cash. Worker detainees are dressed in specific colors for identification purposes.

Academic and Vocational Education

There is no educational or vocational programming at the El Paso Processing center.

Social Services

Social Services are provided to the detainees by the Immigration Enforcement personnel who assist the detainees in maintaining ties with their families and country agencies. In services include, but is not limited to assisting the detainees with help in obtain birth certificates, them to know rights and procedures, visitation approval and translators services.

Visitation

Visitation is held seven days a week, during the evening hours. Detainees are allowed contact visitation with families. Attorney and special visitation are approved in advance. The facility has two visitation areas for the detainees to visit. The facility has ample room equipped with vending machines, lockers for visitors' property and an area for the children of the offenders. Visitation is conducted indoor only.

Library Services

Library services are provided to the detainees seven days a week. The main library has a small but an ample amount of books and periodical for the population. The facility has one law clerk and one office clerk. The library is equipped with both computers and typewriter for the detainees to use.

Laundry

Detainees are issued one set of clothing upon arrival to the unit. There is an institutional laundry that cleans the clothing and each housing unit has a washer and dryer for the use of the detainees per an approved schedule. The facility has an ample supply of replacement clothing in case of emergencies.

F. Examination of Records

Following the facility tour, the team proceeded to the Multi-Purpose Room to review the accreditation files and evaluate compliance levels of the policies and procedures. The facility has no notices of non-compliance with local, state, or federal laws or regulations.

1. Litigation

Over the last three years, the facility had no consent decrees, class action lawsuits or adverse judgments.

2. Significant Incidents/Outcome Measures

The facility has thirteen detainees- on- detainee assaults for this reporting period. No weapons were used. There was one detainee assault on staff and that was not a direct assault. There were no escapes, suicides, or attempts. Based upon the professional judgment and experience of the team the small numbers of incidents represents a well run facility in which the mission is being upheld and policy being followed making the facility safe for both the staff and offenders.

3. Departmental Visits

Team members revisited the following departments to review conditions relating to departmental policy and operations:

Department Visited

**Person(s) Contacted

Control room

Officers  b6,b7c

SHU

Law Library

Messhall

DOS

Deportations

OIC

Yard Maintenance

Armory

C-Unit

Recreation

Intake

Processing

Classification/DACS

Identification

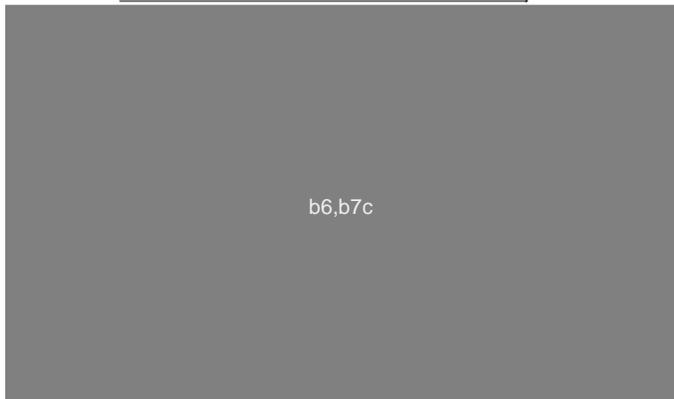
Property Officer

Armed Post

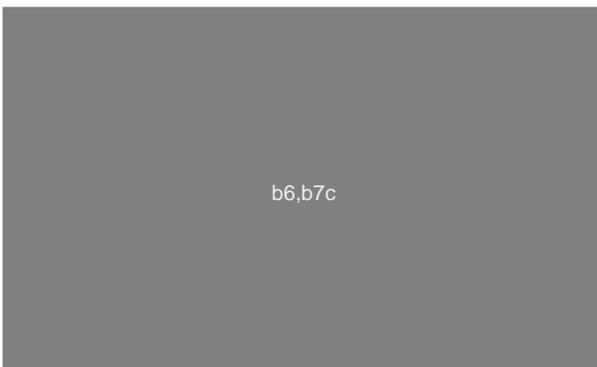
Jail Run

Medical

Rover



b6,b7c



b6,b7c

4. Shifts

a. Day Shift

The team was present at the facility during the day shift from 7:55 a.m. to 4:00 p.m. The team was present and observed detainees in various activities from being processed into the facility, in their living areas, on the many recreational yards and in medical. The team was also present to observe a court proceeding.

b. Evening Shift

The team was present at the facility during the evening shift from 3:00 p.m. to 4:30 p.m. The team observed the feeding of the evening meal, detainees in the law/leisure library, and in the living areas playing their musical instruments, and watching the community televisions. A shift change and briefing was made and the team members spoke with the on-coming shift concerning the ACA process and meanings.

c. Night Shift

The team was present at the facility during the night shift from 7:00 a.m. to 8:00 a.m. The team was present during the change of shift and to talk with the staff on the first shift as they completed their shift. Staff was eager to share with the team how they felt about the facility, the new mission, and the administration team.

5. Status of Previously Non-compliant Standards/Plans of Action

The team reviewed the status of standards previously found non-compliant, for which a waiver not granted, and found the following: This is the facility first audit under the fourth edition standards. During the course of the audit, team members met with both staff and offenders to verify observations and/or to clarify questions concerning facility operations.

G. Interviews

1. Offender Interview

The team interviewed approximately 87 offenders. The team received few complaints from the detainees and the ones that were heard had been addressed by the approximate staff member. Most of the detainees appeared to be at ease in the environment and in their interactions with the staff.

2. Staff Interviews

The team spoke with approximately 52 staff members. Most expressed how pleased they are to be working at the facility especially with recent changes in the mission, population and administration. This was noticed in both the ICE staff and the contract staff as well.

H. Exit Discussion

The exit interview was held at 11:00 a.m. in the Multi-Purpose Room with the Officer in Charge, [REDACTED] b6,b7c and 15 staff in attendance.

The following persons were also in attendance:

[REDACTED] b6,b7c	Field Office Director
[REDACTED] b6,b7c	Deputy Field Officer Director
[REDACTED] b6,b7c	Assistant Field Director
[REDACTED] b6,b7c	Asst. OIC
[REDACTED] b6,b7c	, Assistant OIC
[REDACTED] b6,b7c	Project Manager DECO Security

COMMISSION ON ACCREDITATION FOR CORRECTIONS
AND THE
AMERICAN CORRECTIONAL ASSOCIATION

COMPLIANCE TALLY

Manual Type	Adult Local Detention Facilities, fourth edition
Supplement	2006 Standards Supplement
Facility/Program	El Paso Service Processing Center
Audit Dates	October 16-18, 2006
Auditor(s)	b6 Chairperson; b6 and b6

	MANDATORY	NON-MANDATORY
Number of Standards in Manual	61	322
Number Not Applicable	0	37
Number Applicable	61	285
Number Non-Compliance	0	1
Number in Compliance	61	284
Percentage (%) of Compliance	100%	99.6%

- Number of Standards *minus* Number of Not Applicable *equals* Number Applicable
- Number Applicable *minus* Number Non-Compliance *equals* Number Compliance
- Number Compliance *divided by* Number Applicable *equals* Percentage of Compliance

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Department of Homeland Security
El Paso Service Processing Center
El Paso, Texas

October 16-18, 2006

Visiting Committee Findings

Non-Mandatory Standards

Non-Compliance

Standard # 4ALDF-2A-35

INMATES NOT SUITABLE FOR HOUSING IN MULTIPLE OCCUPANCY CELLS ARE HOUSED IN SINGLE OCCUPANCY CELLS. NO LESS THAN TEN PERCENT OF THE RATED CAPACITY OF THE FACILITY IS AVAILABLE FOR SINGLE OCCUPANCY.

FINDINGS

Inmates not suitable for housing in multiple occupancy cells are housed in single occupancy cells are housed in single occupancy cells. No less than ten percent of the rated capacity of the facility is available for single occupancy.

The EP/ICE does not meet rated capacity. The total population is 759 with seven single cell units.

AGENCY RESPONSE

Plan of action

Congress has allocated funding for the drafting and design of a new 203 single cell secure dorm. The drafting and design plans have been completed and approved for a 203 bed single cell secure dorm. We are currently pending additional congressional allocations which will include funding for the 203 bed single cell unit.

AUDITOR RESPONSE

The visiting committee does not find the plan of action acceptable.

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Department of Homeland Security
El Paso Service Processing Center
El Paso, Texas

October 16-18, 2006

Visiting Committee Findings

Mandatory Standards

Not Applicable

Standard #4-ALDF-2A-36

INMATES PARTICIPATING IN WORK OR EDUCATIONAL RELEASE PROGRAMS ARE SEPARATED FROM INMATES IN THE GENERAL POPULATION.

FINDINGS

Inmates participating in work or educational release programs are separated from inmates in the general population.

Standard #4-ALDF-2A-38

IF YOUTHFUL OFFENDERS ARE HOUSED IN THE FACILITY, THEY ARE HOUSED IN A SPECIALIZED UNIT FOR YOUTHFUL OFFENDERS EXCEPT WHEN:

- VIOLENT, PREDATORY YOUTHFUL OFFENDER POSES AN UNDUE RISK OF HARM TO OTHERS WITHIN THE SPECIALIZED UNIT, OR
- A QUALIFIED MEDICAL OR MENTAL-HEALTH SPECIALIST DOCUMENTS THAT THE YOUTHFUL OFFENDER WOULD BENEFIT FROM PLACEMENT OUTSIDE THE UNIT

A WRITTEN STATEMENT IS PREPARED DESCRIBING THE SPECIFIC REASONS FOR HOUSING A YOUTHFUL OFFENDER OUTSIDE THE SPECIALIZED UNIT AND A CASE-MANAGEMENT PLAN SPECIFYING WHAT BEHAVIORS NEED TO BE MODIFIED AND HOW THE YOUTHFUL OFFENDER MAY RETURN TO THE UNIT. THE STATEMENT OF REASONS AND CASE-MANAGEMENT PLAN MUST BE APPROVED BY THE FACILITY ADMINISTRATOR OR HIS/HER

DESIGNEE. CASES ARE REVIEWED AT LEAST QUARTERLY BY THE CASE MANAGER, THE ADMINISTRATOR OR HIS OR HER DESIGNEE, AND THE YOUTHFUL OFFENDER TO DETERMINE WHETHER A YOUTHFUL OFFENDER SHOULD BE RETURNED TO THE SPECIALIZED UNIT.

FINDINGS

The EP/ICE facility does not house youthful offenders.

Standard #4-ALDF-2A-39

DIRECT SUPERVISION IS EMPLOYED IN THE SPECIALIZED UNIT TO ENSURE THE SAFETY AND SECURITY OF YOUTHFUL OFFENDERS.

FINDINGS

The EP/ICE unit does not house youthful offenders.

Standard #4-ALDF-2A-40

CLASSIFICATION PLANS FOR YOUTHFUL OFFENDERS DETERMINE THE LEVEL OF RISK AND PROGRAM NEEDS DEVELOPMENTALLY APPROPRIATE FOR ADOLESCENTS. CLASSIFICATION PLANS INCLUDE CONSIDERATION OF PHYSICAL, MENTAL, SOCIAL, AND EDUCATIONAL MATURITY OF THE YOUTHFUL OFFENDER.

FINDINGS

The EP/ICE unit does not house youthful offenders.

Standard #4-ALDF-2A-41

ADEQUATE PROGRAM SPACE IS PROVIDED TO MEET THE PHYSICAL, SOCIAL, AND EMOTIONAL NEEDS OF YOUTHFUL OFFENDERS AND ALLOWS FOR THEIR PERSONAL INTERACTIONS AND GROUP-ORIENTED ACTIVITIES.

FINDINGS

The EP/ICE unit does not house youthful offenders.

Standard #4-ALDF-2A-42

YOUTHFUL OFFENDERS IN THE SPECIALIZED UNIT FOR YOUTHFUL INMATES HAVE NO MORE THAN INCIDENTAL SIGHT OR SOUND CONTACT WITH ADULT INMATES FROM OUTSIDE THE UNIT IN LIVING, PROGRAM, DINING, OR OTHER COMMON AREAS OF THE FACILITY. ANY OTHER SIGHT OR SOUND CONTACT IS MINIMIZED, BRIEF, AND IN CONFORMANCE WITH APPLICABLE LEGAL REQUIREMENTS.

FINDINGS

The EP/ICE unit does not house youthful offenders.

Standard #4-ALDF-2A-43

PROGRAM PERSONNEL WHO WORK WITH YOUTHFUL OFFENDERS ARE TRAINED IN THE DEVELOPMENTAL, SAFETY, AND OTHER SPECIFIC NEEDS OF YOUTHFUL OFFENDERS. WRITTEN JOB DESCRIPTIONS AND QUALIFICATIONS REQUIRE TRAINING FOR STAFF WHO ARE RESPONSIBLE FOR PROGRAMMING OF YOUTHFUL OFFENDERS IN THE SPECIALIZED UNIT BEING ASSIGNED TO WORK WITH YOUTHFUL OFFENDERS. TRAINING INCLUDES, BUT IS NOT LIMITED TO THE FOLLOWING AREAS:

- ADOLESCENT DEVELOPMENT
- EDUCATIONAL PROGRAMMING
- CULTURAL AWARENESS
- CRISIS PREVENTION AND INTERVENTION
- LEGAL ISSUES
- HOUSING AND PHYSICAL PLANT
- POLICIES AND PROCEDURES
- MANAGEMENT OF, PROGRAMMING FOR, SEX OFFENDERS
- SUBSTANCE-ABUSE SERVICES
- COGNITIVE-BEHAVIOR INTERVENTION, INCLUDING ANGER MANAGEMENT, SOCIAL-SKILLS TRAINING PROBLEM SOLVING
- RESISTING PEER PRESSURE
- SUICIDE PREVENTION
- NUTRITION
- MENTAL-HEALTH ISSUES
- GENDER-SPECIFIC ISSUES
- CASE-MANAGEMENT PLANNING AND IMPLEMENTATION

FINDINGS

EP/ICE does not house youthful offenders.

Standard #4-ALDF-4A-14

WHEN REQUIRED BY STATUTE, FOOD PRODUCTS THAT ARE GROWN OR PRODUCED WITHIN THE SYSTEM ARE INSPECTED AND APPROVED BY THE APPROPRIATE GOVERNMENT AGENCY; THERE IS A DISTRIBUTION SYSTEM THAT ENSURES PROMPT DELIVERY OF FOODSTUFFS TO FACILITY KITCHENS.

FINDINGS

El Paso Processing Center does not produce or grow foodstuff to be used in the kitchen.

Standard #4-ALDF-2C-02

WHEN A CANINE-UNIT IS OPERATED BY THE FACILITY:

- THERE IS A MISSION STATEMENT, INCLUDING GOALS AND OBJECTIVES
- THE CIRCUMSTANCES IN WHICH CANINE UNITS MAY BE USED ARE CLEARLY DEFINED
- EMERGENCY PLANS FOR CANINE USE ARE INTEGRATED INTO THE OVERALL EMERGENCY PLANS OF THE FACILITY
- THERE ARE CRITERIA FOR SELECTION, TRAINING, AND CARING FOR ANIMALS
- THERE ARE CRITERIA FOR THE SELECTING, TRAINING, AND EVALUATING PHYSICAL FITNESS OF HANDLERS
- THERE IS AN APPROVED SANITATION PLAN THAT COVERS INSPECTION, HOUSING, TRANSPORTATION AND DAILY GROOMING FOR THE ANIMALS
- THERE ARE DAILY AND CURRENT RECORDS ON TRAINING CARE OF DOGS, AND SIGNIFICANT EVENTS.

FINDINGS

The El Paso Processing Center does not have a canine unit.

STANDARD #4-ALDF-4C-02

WHEN MEDICAL CO-PAYMENT FEES ARE IMPOSED, THE PROGRAM

ENSURES THAT, AT A MINIMUM:

- ALL INMATES ARE ADVISED, IN WRITING, AT THE TIME OF ADMISSION TO THE FACILITY OF THE GUIDELINES OF THE CO-PAYMENT PROGRAM
- CO-PAYMENT FEES ARE WAIVED WHEN APPOINTMENTS OR SERVICES, INCLUDING FOLLOW-UP APPOINTMENTS, ARE INITIATED BY MEDICAL STAFF

FINDINGS

The institution does not charge medical co payments or fees.

Standard #4-ALDF-4C-39

WHEN INMATES HAVE NONPRESCRIPTION MEDICATIONS AVAILABLE OUTSIDE OF HEALTH SERVICES, THE ITEMS, AND ACCESS, ARE APPROVED JOINTLY BY THE FACILITY ADMINISTRATOR AND THE HEALTH AUTHORITY. THE ITEMS AND ACCESS ARE REVIEWED ANNUALLY BY THE HEALTH AUTHORITY AND ADMINISTRATOR.

FINDINGS

Per policy, detainees are not allowed to have prescription medication outside of health services unit.

Standard #4-ALDF-4D-11

UNLESS PROHIBITED BY STATE LAW, INMATES, UNDER STAFF SUPERVISION, MAY PERFORM FAMILIAL DUTIES COMMENSURATE WITH THEIR LEVEL OF TRAINING. THESE DUTIES MAY INCLUDE THE FOLLOWING:

- PEER SUPPORT AND EDUCATION
- HOSPICE ACTIVITIES
- ASSISTING IMPAIRED INMATES ON A ONE-ON-ONE BASIS WITH ACTIVITIES OF DAILY LIVING
- SERVING AS SUICIDE COMPANION IF QUALIFIED AND TRAINED THROUGH A FORMAL PROGRAM THAT IS PART OF A SUICIDE PREVENTION PLAN
- INMATES ARE NOT TO BE USED FOR THE FOLLOWING DUTIES:
- PERFORMING DIRECT PATIENT CARE SERVICES
- SCHEDULING HEALTH CARE APPOINTMENTS

- DETERMINING ACCESS TO SURGICAL INSTRUMENTS, SYRINGES, NEEDLES, MEDICATIONS, OR HEALTH RECORDS

FINDINGS

Operating diagnostic or therapeutic equipment except under direct supervision, by specially trained staff, in a vocational training program.

Detainees are not used in the delivery of medical services.

Standard #4-ALDF-5A-05

THERE IS A TREATMENT PHILOSOPHY WITHIN THE CONTEXT OF THE TOTAL CORRECTIONAL SYSTEM AS WELL AS GOALS AND MEASURABLE OBJECTIVES. THESE DOCUMENTS ARE REVIEWED AT LEAST ANNUALLY AND UPDATED AS NEEDED.

FINDINGS

The EP/ICE unit does not have Therapeutic treatment program.

Standard #4-ALDF-5A-06

THERE IS AN APPROPRIATE RANGE OF PRIMARY TREATMENT SERVICES FOR ALCOHOL AND OTHER SUBSTANCE-ABUSING INMATES THAT INCLUDE, AT A MINIMUM, THE FOLLOWING:

- INMATE DIAGNOSIS
- IDENTIFIED PROBLEM AREAS
- INDIVIDUAL TREATMENT OBJECTIVES
- TREATMENT GOALS
- COUNSELING NEEDS
- DRUG EDUCATION PLAN
- RELAPSE PREVENTION AND MANAGEMENT
- CULTURALLY SENSITIVE TREATMENT OBJECTIVES, AS APPROPRIATE
- THE PROVISION OF SELF-HELP GROUPS AS AN ADJUNCT TO TREATMENT
- PRERELEASE AND TRANSITIONAL SERVICES
- COORDINATING EFFORTS WITH COMMUNITY SUPERVISION AND TREATMENT STAFF DURING THE PRERELEASE PHASE TO ENSURE A CONTINUUM OF SUPERVISION AND TREATMENT

FINDINGS

ICE/EPC does not have a drug treatment program.

Standard #4-ALDF-5A-07

THE FACILITY USES A COORDINATED STAFF APPROACH TO DELIVER TREATMENT SERVICE. THIS APPROACH TO SERVICE DELIVERY IS DOCUMENTED IN TREATMENT PLANNING CONFERENCES AND IN INDIVIDUAL TREATMENT FILES.

FINDINGS

ICE/EPC des not have a drug treatment program.

Standard #4-ALDF-5A-08

THERE ARE INCENTIVES FOR TARGETED TREATMENT PROGRAMS TO INCREASE AND MAINTAIN THE INMATE'S MOTIVATION FOR TREATMENT.

FINDINGS

ICE/EPC does not have a drug treatment program.

Standard #4-ALDF-5A-09

INMATES HAVE ACCESS TO EDUCATIONAL PROGRAMS AND, WHEN AVAILABLE, TO VOCATIONAL COUNSELING AND VOCATIONAL TRAINING. EDUCATIONAL AND VOCATIONAL PROGRAMS ADDRESS THE NEEDS OF THE INMATE POPULATION.

FINDINGS

ICE/EPA does not have educational or vocational programming.

Standard #4-ALDF-5A-10

IN FACILITIES OFFERING ACADEMIC AD VOCATIONAL TRAINING PROGRAMS, CLASSROOMS ARE DESIGNED IN CONSULTATION WITH SCHOOL AUTHORITIES. (RENOVATION, ADDITION, NEW CONSTRUCTION ONLY).

FINDINGS

ICE/EPC does not offer educational or vocational programming.

Standard #4-ALDF-5B-14

WHEN THE FACILITY IS DESIGNATED TO OPERATE ANY TYPE OF PRETRIAL INTERVENTION SERVICE OR OTHER RELEASE PROGRAMS ITS AUTHORITY AND RESPONSIBILITY ARE STATED BY STATUTE OR ADMINISTRATIVE REGULATION.

FINDINGS

ICE/EPC does not offer pretrial intervention services.

Standard #4-ALDF-5B-15

WHEN A PRETRIAL INTERVENTION PROGRAM, DIVERSION PROGRAM, PRETRIAL RELEASE PROGRAM, OR SUPERVISED RELEASE PROGRAM IS CONDUCTED IN THE FACILITY, SUFFICIENT STAFF, SPACE, AND EQUIPMENT ARE PROVIDED TO SERVICE THE PROGRAM.

FINDINGS

ICE/EPC does not offer pretrial intervention programming.

Standard #4-ALDF-5B-16

WHERE TEMPORARY RELEASE PROGRAMS EXIST, THE PROGRAMS HAVE THE FOLLOWING ELEMENTS:

- WRITTEN OPERATIONAL PROCEDURES
- CAREFUL SCREENING AND SELECTION PROCEDURES
- WRITTEN RULES OF INMATE CONDUCT
- A SYSTEM FOR EVALUATING PROGRAM EFFECTIVENESS
- EFFORTS TO OBTAIN COMMUNITY COOPERATION AND SUPPORT.

FINDINGS

ICE/EPC does not have a temporary release program.

Standard #4-ALDF-5B-17

WHERE WORK RELEASE AND/OR EDUCATIONAL RELEASE ARE AUTHORIZED, THE FACILITY ADMINISTRATOR HAS AUTHORITY TO APPROVE OR DISAPPROVE PARTICIPATION FOR EACH INMATE.

FINDINGS

EP/ICE does not provide programs related to work release or educational release.

Standard #4-ALDF-5C-07

THE FACILITY REQUIRES ALL SENTENCED INMATES TO WORK IF THEY ARE NOT ASSIGNED TO PROGRAMS.

FINDINGS

EP/ICE does not require any detainee to perform any work programs.

Standard #4-ALDF-5C-08

PRETRIAL AND UNSENTENCED INMATES ARE NOT REQUIRED TO WORK EXCEPT TO DO PERSONAL HOUSEKEEPING AND TO CLEAN THEIR HOUSING AREA. INMATES ARE ALLOWED TO VOLUNTEER FOR WORK ASSIGNMENTS.

FINDINGS

EP/ICE does not house pretrial or un-sentenced inmates.

Standard #4-ALDF-5C-09

WHERE STATUTE PERMITS, INMATES ARE ASSIGNED TO PUBLIC WORKS AND COMMUNITY SERVICE PROJECTS.

FINDINGS

Detainees are not allowed to participate in community service projects.

Standard #4-ALDF-5C-13

WHERE AN INDUSTRIES PROGRAM EXISTS, ITS ESTABLISHMENT IS AUTHORIZED AND AREAS OF AUTHORITY, RESPONSIBILITY, AND

ACCOUNTABILITY ARE DELINEATED.

FINDINGS

The facility does not have industry program.

Standard #4-ALDF-5C-14

THE NUMBER OF INMATES ASSIGNED TO INDUSTRIES' OPERATIONS MEETS THE REALISTIC WORKLOAD NEEDS OF EACH OPERATING UNIT.

FINDINGS

EP/ICE does not have an industry program.

Standard #4-ALDF-5C-15

THERE IS A COMPREHENSIVE QUALITY CONTROL PROCESS.

FINDINGS

EP/ICE does not have an industry program.

Standard #4-ALDF-5C-16

A COST ACCOUNTING SYSTEM FOR EACH INDUSTRY UNIT IS DESIGNED, IMPLEMENTED, AND MAINTAINED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES.

FINDINGS

EP/ICE does not have an industry program.

Standard #4-ALDF-5C-25

AN INMATE COMMISSARY OR CANTEEN IS AVAILABLE FROM WHICH INMATES CAN PURCHASE APPROVED ITEMS THAT ARE NOT FURNISHED BY THE FACILITY. THE COMMISSARY'S /CANTEEN'S OPERATIONS ARE STRICTLY CONTROLLED USING STANDARD ACCOUNTING PROCEDURES. EXCESS REVENUES DERIVED FROM THE OPERATION OF THE COMMISSARY OR CANTEEN IS USED FOR THE BENEFIT OF INMATES.

FINDINGS

EP/ICE does not have a canteen operation.

Standard #4-ALDF-5C-26

SPACE IS PROVIDED FOR AN INMATE COMMISSARY/CANTEEN, OR PROVISIONS ARE MADE FOR A COMMISSARY SERVICE.

FINDINGS

EP/ICE does not have a canteen operation.

Standard #4-ALDF-6D-01

THE FACILITY PROVIDES SERVICES AND OPPORTUNITIES THAT ENCOURAGE INMATES TO TAKE RESPONSIBILITY FOR THEIR ACTIONS. OPPORTUNITIES ARE BASED UPON VICTIMS AND COMMUNITY INPUT AND ARE FASHIONED IN A WAY THAT SEEKS TO AMELIORATE THE HARM DONE.

FINDINGS

EP/ICE does not provide detainees responsibility programs.

Standard #4-ALDF-7D-16

PROCEDURES GOVERN THE OPERATION OF ANY FUND ESTABLISHED FOR INMATES. ANY INTEREST EARNED ON MONIES, OTHER THAN OPERATION FUNDS, ACCRUES TO THE BENEFIT OF THE INMATES.

FINDINGS

EP/ICE does not govern the operation of any fund established for detainees.

Standard #4-ALDF-7D-18

THE CONDUCT OF RESEARCH COMPLIES WITH STATE AND FEDERAL GUIDELINES FOR THE USE AND DISSEMINATION OF RESEARCH FINDINGS AND WITH ACCEPTED PROFESSIONAL AND SCIENTIFIC ETHICS. THE FACILITY ADMINISTRATOR REVIEWS ALL RESEARCH PROJECTS AND APPROVES THEM BEFORE IMPLEMENTATION TO ENSURE CONFORMANCE WITH POLICIES OF THE PARENT AGENCY.

INMATE PARTICIPATION IN NON-MEDICAL, NON-PHARMACEUTICAL, AND NON-COSMETIC RESEARCH PROGRAM IS VOLUNTARY.

FINDINGS

EP/ICE does not conduct research projects on detainees.

Standard #4-ALDF-7E-02

THE FACILITY MAINTAINS A CURRENT, CONFIDENTIAL PERSONNEL RECORD ON EACH EMPLOYEE. INFORMATION OBTAINED AS A PART OF A REQUIRED MEDICAL EXAMINATION OR INQUIRY REGARDING THE MEDICAL CONDITION OR HISTORY OF APPLICANTS AND EMPLOYEE IS COLLECTED AND MAINTAINED ON SEPARATED FORMS AND IN SEPARATE MEDICAL FILES AND TREATED AS A CONFIDENTIAL MEDICAL RECORD.

FINDINGS

EP/ICE does not excess to confidential personnel records.

Standard #4-ALDF-7F-03

THE FACILITY ACTIVELY IDENTIFIES AND IMPLEMENTS ACTIVITIES THAT CONTRIBUTE TO THE COMMUNITY.

FINDINGS

EP/ICE does not have any community projects.

Standard #4-ALDF-7F-07

IF VOLUNTEERS ARE USED IN THE DELIVERY OF HEALTH CARE, THERE IS A DOCUMENTED SYSTEM FOR SELECTION, TRAINING, STAFF SUPERVISION, FACILITY ORIENTATION AND DEFINITION OF TASKS, RESPONSIBILITY AND AUTHORITY THAT IS APPROVED BY THE HEALTH AUTHORITY. VOLUNTEERS MAY ONLY PERFORM DUTIES CONSISTENT WITH THEIR CREDENTIALS AND TRAINING. VOLUNTEERS AGREE IN WRITING TO ABIDE BY ALL FACILITY POLICIES, INCLUDING THOSE RELATING TO THE SECURITY AND CONFIDENTIALITY OF INFORMATION.

FINDINGS

EP/ICE does not provide a health care volunteer program.

Significant Incident Summary

This summary is required to be provided to the chair of your audit team upon their arrival. The information contained on this form will also be summarized in the narrative portion of the visiting committee report and will be incorporated into the final report. It should contain data for the last 12 months; indicate those months in the boxes provided. Please type the data. If you have questions on how to complete the form, please contact your regional manager.

Facility El Paso Service Processing Center, El Paso - Texas

Year November 2005-October 2006

Months

<i>Incidents</i>		11/05	12/05	01/06	02/06	03/06	04/06	05/06	06/06	07/06	08/06	09/06	10/06
Assault: Offenders/ Offenders*	Indicate types (sexual**, physical, etc.)	P	P	P	P	P	P	P	P	N/A	N/A	N/A	S
	# With Weapon	0	0	0	0	0	0	0	0	0	0	0	0
	# Without Weapon	4	4	1	1	2	3	3	1	0	0	0	1
Assault: Offender/ Staff	Indicate types (sexual**, physical, etc.)	N/A	N/A	N/A	N/A	N/A	P	N/A	N/A	N/A	N/A	N/A	N/A
	# With Weapon	0	0	0	0	0	0	0	0	0	0	0	0
	# Without Weapon	0	0	0	0	0	1	0	0	0	0	0	0
Number of Forced Moves Used***	(Cell extraction or other forced relocation of offenders)	0	0	0	0	0	0	0	0	0	0	0	0
Disturbances****		0	0	0	0	0	0	0	0	0	0	0	0
Number of Times Chemical Agents Used		0	0	0	0	0	0	0	0	0	0	0	0
Number of Times Special Reaction Team Used		0	0	0	0	0	0	0	0	0	0	0	0
Four/Five Point Restraints	Number	0	0	0	0	0	0	0	0	0	0	0	0
	Indicate type (chair, bed, board, etc.)	0	0	0	0	0	0	0	0	0	0	0	0
Offender Medical Referrals as a Result of Injuries Sustained	#'s should reflect incidents on this form, not rec or other source	1	1	0	1	2	2	2	3	0	0	0	0
Escapes	# Attempted	0	0	0	1	0	0	0	0	0	0	0	0
	# Actual	0	0	0	0	0	0	0	0	0	0	0	0
Substantiated Grievances (resolved in favor of offender)	Reason (medical, food, religious, etc.)	1	1	1	1	1	2	1	2	0	0	0	0
	Number	1	1	0	1	0	0	0	1	0	0	0	0
Deaths	Reason (violent, illness, suicide, natural)	0	0	0	0	0	0	0	0	0	0	0	0
	Number	0	0	0	0	0	0	0	0	0	0	0	0

*Any physical contact that involves two or more offenders

**Oral, anal or vaginal copulation involving at least two parties

***Routine transportation of offenders is not considered "forced"

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



**ALDF Outcome Measure Worksheet
El Paso Service Processing Center, Texas
October 16-18, 2006**

STANDARD	OUTCOME MEASURE	NUMERATOR DENOMINATOR	VALUE	CALCULATE D OUTCOME MEASURE
4C		Inmates maintain good health. Inmates have unimpeded access to a continuum of health care services so that their health care needs, including prevention and health education, are met in a timely and efficient manner.		
	(1)	Number of inmates with a positive tuberculin skin test on admission in the past 12 months.	13	.0007
	divided by	The number of admissions in the past 12 months.	17,183	
	(2)	Number of inmates diagnosed with active tuberculosis in the past 12 months.	2	.002
	divided by	The average daily population in the past 12 months.	805	
	(3)	Number of conversions to a positive tuberculin skin test in the past 12 months.	0	0
	divided by	The number of tuberculin skin tests given in the past 12 months.	0	
	(4)	Number of inmates with a positive tuberculin skin test who complete prophylaxis treatment for tuberculosis in the past 12 months.	0	0
	divided by	The number of inmates with a positive tuberculin skin test on prophylaxis treatment for tuberculosis in the past 12 months.	0	
	(5)	Number of Hepatitis C positive inmates in the past 12 months.	0	0
	divided by	The average daily population in the past 12 months.	805	
	(6)	Number of HIV positive inmates in the past 12 months.	10	.01
	divided by	The average daily population in the past 12 months.	805	
	(7)	Number of HIV positive inmates who are being treated with highly active antiretroviral treatment in the past 12 months.	10	1
	divided by	The number of known HIV positive inmates in the past 12 months.	10	
	(8)	Number of inmates diagnosed with an Axis I (excluding sole diagnosis of substance abuse) in the past 12 months.	383	.47
	divided by	The average daily population in the past 12 months.	805	
	(9)	Number of inmate suicide attempts in the past 12 months.	0	0
	divided by	The average daily population in the past 12 months.	805	
	(10)	Number of inmate suicides in the past 12 months.	0	0
	divided by	The average daily population in the past 12 months.	805	
	(11)	Number of inmate deaths due to homicide in the past 12 months.	0	0
	divided by	The average daily population in the past 12 months.	805	
	(12)	Number of inmate deaths due to injuries in the past 12 months.	0	0
	divided by	The average daily population in the past 12 months.	805	

	(13)	Number of medically expected inmate deaths in the past 12 months.	0	0
	divided by	The average daily population in the past 12 months.	805	
	(14)	Number of medically unexpected inmate deaths in the past 12 months.	0	0
	divided by	The average daily population in the past 12 months.	805	
	(15)	Number of inmate admissions to the infirmary (where available) in the past 12 months.	216	.26
	divided by	The average daily population in the past 12 months.	805	
	(16)	Number of inmate admissions to off-site hospitals in the past 12 months.	19	.02
	divided by	The average daily population in the past 12 months.	805	
	(17)	Number of inmates transported off-site (via an ambulance or correctional vehicle) for treatment of emergency health conditions in the past 12 months.	41	.05
	divided by	The average daily population in the past 12 months.	805	
	(18)	Number of inmate specialty consults completed in the past 12 months.	272	1
	divided by	The number of specialty consults (on-site or off-site) ordered by primary health care provider (MD, NP, PA) in the past 12 months.	272	
	(19)	Number of inmate grievances about access to health care services found in favor of the inmate in the past 12 months.	0	0
	divided by	The number of inmate grievances about access to healthcare services in the past 12 months.	5	
	(20)	Number of inmate grievances related to the quality of health care found in favor of inmates in the past 12 months.	0	0
	divided by	The number of inmate grievances related to the quality of health care in the past 12 months.	0	
	(21)	Number of inmates' lawsuits about access to healthcare services found in favor of inmates in the past 12 months.	0	0
	divided by	The number of inmate's lawsuits about access to healthcare services in the past 12 months.	0	
	(22)	Number of individual sick call encounters in the past 12 months.	5,603	6.9
	divided by	The average daily population in the past 12 months.	805	
	(23)	Number of physician visits in the past 12 months.	2,114	2.6
	divided by	The average daily population in the past 12 months.	805	
	(24)	Number of individualized dental treatment plans in the past 12 months.	0	0
	divided by	The average daily population in the past 12 months.	805	
	(25)	Number of hypertensive inmates enrolled in a chronic care clinic in the past 12 months.	170	.21
	divided by	The average daily population in the past 12 months.	805	
	(26)	Number of diabetic inmates enrolled in a chronic care clinic in the past 12 months.	51	.06
	divided by	The average daily population in the past 12 months.	805	
	(27)	Number of incidents involving pharmaceuticals as contraband in the past 12 months.	94	.11
	divided by	The average daily population in the past 12 months.	805	
	(28)	Number of cardiac diets received by inmates with cardiac disease in the past 12 months.	0	0
	divided by	The number of cardiac diets prescribed in the past 12 months.	0	

	(29)	Number of hypertensive diets received by inmates with hypertension in the past 12 months.	170	1
	divided by	The number of hypertensive diets prescribed in the past 12 months.	170	
	(30)	Number of diabetic diets received by inmates with diabetes in the past 12 months.	51	1
	divided by	The number of diabetic diets prescribed in the past 12 months.	51	
	(31)	Number of renal diets received by inmates with renal disease in the past 12 months.	1	1
	divided by	The number of renal diets prescribed in the past 12 months.	1	
	(32)	Number of needle-stick injuries in the past 12 months.	0	0
	divided by	The number of employees in the past 12 months.	30	
	(33)	Number of pharmacy dispensing errors in the past 12 months.	6	.0004
	divided by	The number of prescriptions dispensed by the pharmacy in the past 12 months.	12,132	
	(34)	Number of nursing medication administration errors in the past 12 months.	96	.002
	divided by	The number of medications administered in the past 12 months.	40,102	
4D		Health services are provided in a professionally acceptable manner. Staff are qualified, adequately trained, and demonstrate competency in their assigned duties.		
	(1)	Number of staff with lapsed licensure and/or certification in the past 12 months.	0	0
	divided by	The number of licensed or certified staff in the past 12 months.	26	
	(2)	Number of new employees in the past 12 months who completed orientation training prior to undertaking job assignments.	4	0.8
	divided by	The number of new employees in the past 12 months.	5	
	(3)	Number of employees who completed in-service training requirements in the past 12 months.	5	1
	divided by	The number of employees eligible in the past 12 months.	5	
	(4)	Number of MD staff who left employment in the past 12 months.	1	1
	divided by	The number of authorized MD staff positions in the past 12 months.	1	
	(5)	Number of RN staff who left employment in the past 12 months.	2	0.2
	divided by	The number of authorized RN staff positions in the past 12 months.	10	
	(6)	Number of LPN staff who left employment in the past 12 months.	0	0
	divided by	The number of authorized LPN staff positions in the past 12 months.	4	
	(7)	Number of medical records staff who left employment in the past 12 months.	0	0
	divided by	The number of authorized medical records staff positions in the past 12 months.	3	
	(8)	Number of ancillary staff who left employment in the past 12 months.	0	0
	divided by	The number of authorized ancillary staff positions in the past 12	805	

		months.		
	(9)	Number of alleged sexual misconduct incidents between volunteers and/or contract personnel and detainees in the past 12 months.	0	0
	divided by	Average daily population in the past 12 months	805	
	(10)	Number of confirmed sexual misconduct incidents between staff and detainees in the past 12 months.	0	0
	divided by	Average daily population in the past 12 months	805	
	(11)	Number of confirmed sexual misconduct incidents between volunteers and/or contract personnel and detainees in the past 12 months.	0	0
	divided by	Average daily population in the past 12 months	805	
	(12)	Number of detainees identified as high risk with a history of sexually assault behavior in the past 12 months.	0	0
	divided by	Average daily population in the past 12 months	805	
	(13)	Number of detainees identified as at risk for sexual victimization in the past 12 months.	8	.009
	divided by		805	



AMERICAN CORRECTIONAL ASSOCIATION

206 NORTH WASHINGTON STREET, SUITE 200 • ALEXANDRIA, VIRGINIA 22314

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WWW.ACA.ORG

February 25, 2008

Deputy Field Office Director [REDACTED] b7
Florence Service Processing Center
3250 N. Pinal Parkway
Florence, Arizona 85232

Dear [REDACTED] b7

Your request for a second 180-day extension for your accreditation audit for the Florence Service Processing Center has been received. In light of your need to complete structural construction for your food service area, your request is approved. In the event that the facility is not able to successfully complete an audit and have a panel hearing by January 2009, Florence SPC's accreditation will expire. In the event that the accreditation expires, Florence SPC will be removed from the accreditation process. After a period of six months Florence SPC could re-apply for accreditation, and upon acceptance back into the accreditation program, would undergo an initial audit at such a time as agreed upon between the ACA and the Florence SPC.

On behalf of the Commission on Accreditation for Corrections, I would like to express our appreciation for your support and commitment to the accreditation process.

If there is anything at all that we can do for you in the meantime please do not hesitate to contact us at your earliest convenience. We look forward to supporting you, your staff, and your facility throughout the entire accreditation process.

Sincerely,

[REDACTED] b6

Director
Standards and Accreditation

cc: [REDACTED] b7 Detention and Deportation Officer, Office of Detention and Removal
Agency File



AMERICAN CORRECTIONAL ASSOCIATION

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WWW.ACA.ORG

February 26, 2008

Deputy Field Office Director [REDACTED] b6, b7
Krome Service Processing Center
18201 SW 12th Street
Miami, Florida 33194

Dear Director [REDACTED] b6, b7

Your request for a second 180-day extension for your reaccreditation audit for the Krome Service Processing Center has been received. In light of your continued need to address structural issues and the circumstances surrounding the damage caused by Hurricane Wilma, your request is approved. In the event that the facility is not able to successfully complete an audit and have a panel hearing by January 2009, Krome SPC will be removed from the accreditation process. After a period of six months Krome SPC could re-apply for accreditation, and upon acceptance back into the accreditation program, would undergo an initial audit at such time as agreed upon between the ACA and the Krome SPC.

On behalf of the Commission on Accreditation for Corrections, I would like to express our appreciation for your support and commitment to the accreditation process.

If there is anything at all that we can do for you in the meantime please don't hesitate to contact us at your earliest convenience. We look forward to supporting you, your staff, and your facility throughout the entire accreditation process.

Sincerely,

[REDACTED] b6

Director
Standards and Accreditation

cc: [REDACTED] b6, b7, Detention and Deportation Officer, Office of Detention and Removal
Agency File



AMERICAN CORRECTIONAL ASSOCIATION

206 NORTH WASHINGTON STREET, SUITE 200 • ALEXANDRIA, VIRGINIA 22314
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WWW.ACA.ORG

September 4, 2007

Deputy Field Office Director [REDACTED] b7
Florence Service Processing Center
3250 N. Pinal Parkway
Florence, Arizona 85232

Dear [REDACTED] b7

Your request for a 180 day extension for your accreditation audit for the Florence Service Processing Center has been received. In light of your need to complete structural construction for your food service area, your request is approved.

On behalf of the Commission on Accreditation for Corrections, I would like to express our appreciation for your support and commitment to the accreditation process.

If there is anything at all that we can do for you in the meantime please don't hesitate to contact us at your earliest convenience. We look forward to supporting you, your staff, and your facility throughout the entire accreditation process.

Sincerely,

[REDACTED] b6

Director
Standards and Accreditation

cc: [REDACTED] b7 Detention and Deportation Officer, Office of Detention and Removal
Agency File

COMMISSION ON ACCREDITATION FOR CORRECTIONS

TECHNICAL ASSISTANCE VISIT

Department of Homeland Security
Florence Service Processing Center
Florence, Arizona

July 16-18, 2007

VISITING COMMITTEE MEMBERS

b6

, Chairperson
onsultant

31 Breanna Drive
Paris, Illinois 61944
(217) b6

b6

C

I

Montgomery County Department of Correction
12500 C Ardennes Avenue
Rockville, Maryland 20852
(240) b6

b6

Faiver, Campau & Associates
P. O. Box 80406
Lansing, Michigan 48908-0406
(517)- b6 Ext. b6

A. Introduction

The audit of the Florence Service Processing Center was [redacted] 8, 2007, by the following team: Chairperson, [redacted] b6 [redacted] b6, Member, and [redacted] b6 Memb

B. Facility Demographics

Rated Capacity: 322
Actual Population: 278
Average Daily Population for the last 12 months: 301
Average Length of Stay: 4 days for Mexicans and 21 days for other than Mexican
Security/Custody Level: Minimum security facility, classified into two levels
Age Range of Offenders: 18 to 60
Gender: Male
Full-Time Staff: 413
32 Administrative/Support, 2 Program, 92 (ICE), 277 (AKAL) Security, 10 Other

C. Facility Description

The Detention Center is located in the town of Florence, Arizona, in rural Pinal County, approximately 60 miles southeast of Phoenix, Arizona. The facility is a short term detention center for adult aliens being detained for violations of immigration status and laws, or pending release under other circumstances. The main purpose of the facility is to provide a secure environment for those aliens who may abscond pending their deportation hearings.

The detention facility operates under the Immigration and Customs Enforcement through the Department of Homeland Security. Statutory authority permits detention of aliens in removal proceedings for such a time necessary to complete their sentence. The mission of the facility is “to promote public safety and national security by ensuring the departure from the United States of all removable aliens through the fair and effective enforcement of the nation’s immigration laws.”

D. Pre-Audit Meeting

The team met on July 16, 2007, in Chandler, to discuss the information provided by the Association staff and the officials from Florence Detention Center, and the Department of Homeland Security.

The chairperson divided standards into the following groups:

Standards #4-ALDF-5A-01 to 4-ALDF-7F-07 [redacted] b6, Chairperson
Standards #4-ALDF-1A-01 to 4-ALDF-3A-02 [redacted] b6 Member
Standards #4-ALDF-4A-01 to 4-ALDF-4D-28 [redacted] b6 Member

E. The Audit Process

1. Transportation

The team was escorted to the facility by [REDACTED] Immigration Enforcement Agent (Accreditation Manager).

2. Entrance Interview

The audit team proceeded to the conference room for a formal meeting with [REDACTED] Officer-in-Charge (OIC) and several staff members from the facility. The team expressed the appreciation of the Association for the opportunity to be involved with the Florence Detention Center on a Technical Assistance visit.

[REDACTED] expressed how important it is for the facility to be working towards a reaccreditation. We were made aware that the ACA standards files had been created, but not all of the documentation for the standards had not been gathered for the team's review. The team would also assist the facility on suggested ways for the set up of ACA files and proper documentation that should be contained in each file.

Each team member gave a brief description of their professional background and experience in the correctional field and what standards they would review through the process. The Chair indicated that a thorough tour of the facility would be conducted and review of the accreditation documentation to make this visit as much like a regular audit as possible.

It was also established that the visiting team would meet at the end of the day with facility representatives to report on the progress of the audit. The following persons were in attendance:

[REDACTED] Officer-in-Charge
[REDACTED] Supervisory Detention and Deportation Officer
[REDACTED] Supervisory Detention and Deportation Officer
[REDACTED] Immigration Enforcement Agent
[REDACTED] Immigration Enforcement Agent
[REDACTED], Contract Security Officer
[REDACTED] Detention and Deportation Officer
[REDACTED] Immigration Enforcement Officer
[REDACTED] Immigration Enforcement Agent

It was explained that the goal of the visiting team was to be as helpful and non-intrusive as possible during the technical assistance visit. The chairperson emphasized the goals of accreditation toward the efficiency and effectiveness of correctional systems throughout the United States. The audit schedule was also

discussed at this time.

3. Facility Tour

The team toured the entire facility from 9:30 a.m. to 12:30 p.m. on the first day and from 5:45 a.m. 8:00 a.m. the second day. The following persons accompanied the team on the tour and responded to the team's questions concerning facility operations:

[REDACTED] Supervisory Detention and Deportation Officer
[REDACTED] Immigration Enforcement Agent
[REDACTED] Detention and Deportation Officer
[REDACTED] Immigration Enforcement Officer
[REDACTED] Immigration Enforcement Agent
[REDACTED] Immigration Enforcement Agent

[REDACTED] and [REDACTED] from the El Centro Processing Center, El Centro, CA accompanied the tour group as ACA/NDS Committee Member observers.

It is noted that the team also toured the Staging Area (which includes intake processing and health screenings). A waiver (ruling) was granted by ACA that the Staging Area is not part of the facility audit.

4. Conditions of Confinement/Quality of Life

During the tour, the team evaluated the conditions of confinement at the facility. The team pointed out to the facility staff what to expect from the auditors as they toured the facility. We emphasized the typical problem areas and emphasized the need for detailed documentation. The following narrative description of the relevant programmatic services and functional areas summarizes the findings regarding the quality of life.

Security

The facility is surrounded by a double chain-link fence with razor ribbon at the top. [REDACTED]

b2High, (b)(7)e

b2High

The perimeter is well lighted at night and monitored by surveillance cameras from a security surveillance control center. The security surveillance also observes the housing [REDACTED]

(b)(2)High, (b)(7)e

(b)(2)High, (b)(7)e

The detention center employs AKAL, a private security contractor to provide the overall correctional management and supervision of the detainees. Correctional officers provide direct supervision of detainees in housing units, during movements, work assignments, and court hearings.

Environmental Conditions

The facility has adequate lighting, climate, and air quality control systems. The noise level throughout the facility was minimal, especially in the special housing unit. The furnishings in the housing units were simple, sturdy, and secure. There are safety and emergency communication systems to increase the safety of staff, visitors and detainees.

Sanitation

The exterior of the facility is well maintained and no debris or weeds were between the perimeter fences. The housing units, segregation unit, common areas, offices and corridors were free of clutter and debris. However, closer attention needs to be paid to some of the mop and storage closets that were cluttered and some cleaning supplies in the housing units were not properly marked. Several mops were not properly hung up to dry in several of the mop closets.

Problems were noted in at least two of the housing unit lavatories, where some toilets and urinals were stopped up, emitting a foul odor. Housing staff indicated that this condition had lasted over a week.

The team felt the overall appearance and sanitation of the facility was good.

Fire Safety

Fire detection panels are located and monitored 24 hours, seven days a week from the security surveillance control center. All staff are trained on emergency procedures and the local fire department can respond within in five minutes. It

was suggested that the fire department routinely visit the facility for familiarization exercises.

Fire extinguishers, exit signs, emergency lighting and evacuation signs were observed throughout the detention center. Required weekly, monthly and annual inspections were being conducted by qualified and staff.

Caustics and flammables were inspected in there locations and were appropriately inventoried, controlled and strictly accounted for their use. Areas that use chemicals were equipped with operable eye wash stations.

Food Service

General population detainees eat their meals in a centrally located dining hall. Detainees are escorted to and from the housing units and given approximately 25 minutes to eat. All meals are reviewed by a certified dietitian to ensure nutrition levels are adequate. A lunch meal during the visit was consumed by a team member. The meal was nutritious and good, with adequate portions. There was an adequate number of staff available during the meals to provide security and monitoring of the detainees.

The interview of food service staff indicates there is not a sense of urgency due to a new food service contract going into place to provide meals. A contract was signed on July 13, 2007 and has 60 days to be implemented with the new contractor from that date. Staff were concerned about their current positions with the agency. Even though this may have something to do with the cleanliness of the kitchen area, it has led to potential health and safety problems by not maintaining acceptable levels of sanitation.

The tour of the kitchen prep and dish washing areas were not clean. The floors needed scrubbing and repaired. There was a large surface hole in the floor near the end of the floor drain that is a safety and health hazard. It had standing water which appeared to be old, needed draining and floor repaired. Ovens and back plates had not been cleaned, and there was evidence of built-up grease and grime. Inside one oven had leftover food in it, which appeared not to have been clean for several days. Grill surfaces needed cleaning. Under the cooking kettles, grills, ovens and storage racks had not been swept under or cleaned. The garbage disposal had garbage that had not been run since the morning meal in it. It is suggested that it be cleaned after every meal. Ceiling panels were old and needed replaced. The sprinkler system had evidence of sprinkler heads being painted over which was a fire safety concern for operating properly. Mousetraps were located throughout the kitchen area. There were mouse feces on top of the dishwashing machine. It is evident that there is a rodent problem in the kitchen area. It was suggested that a professional, licensed exterminator be contracted for services.

Another area of concern is the detainee work detail. Due to the short stay of the detainees in the facility, it is hard to have a labor force provide the work necessary to keep the kitchen at acceptable sanitation levels. Most of the workers, after they have been screened by health services are only working a couple of weeks before they are deported or released. The kitchen needs a lot of work in sanitation to meet acceptable standards for their reaccreditation.

Medical Care

Public Health Services (PHS) provides medical 24 hours, seven days a week, and dental and mental health care to the detainees. The overall impression of health services was that they maintain a well-lighted, very clean department and a very adequate health service program. This department cares for all detainees housed at this facility and the daily admissions of incoming detainees. Sick call, health care assessment, triage and continuity of health care are provided for the detainees. No fees or co-payments are charged to detainees for health services.

Health care records were randomly selected and reviewed in depth based upon categories of: emergency care, new arrival, regular sick call, and chronic illness. All records were reviewed were in accordance with ACA Standards and health care practices. Each Health Standard was reviewed with the Health Services Administrator. While some of them had documentation, only a few were arranged in a standard ACA file. Guidance was provided as to the layout of each file and with proper documentation needed for compliance.

The team found that health services were in compliance as to the control and inventory of medication and medical tools.

Recreation

Outdoor recreation is provided for the general population and segregation housing detainees. Each recreation area exceeds the amount of space required. The outdoor recreation yard for general population detainees is covered, and water stations are provided for the extreme heat. The general population detainees are allowed a minimum of one hour a day for recreation. Special housing detainees are allowed one hour a day of outside recreation, at a minimum of five days per week.

Religious Programming

A chaplain supervises and directs all religious programming and volunteers at the facility. The chaplain is from the Jesuit Refugee Service through an Immigration and Customs Enforcement national contract. Religious services are held in the dining hall. The chaplain provides pastoral care and counseling to detainees who request it through group programs and individual services. Special services are requested through religious volunteers approved by management.

Offender Work Programs

Detainees are paid a stipend of \$1.00 per day to work. All work assignments performed by detainees are on a volunteer basis. At the time of this audit, there were 100 detainees assigned to food service, laundry, facility maintenance, vehicles, recreation and general housekeeping.

Academic and Vocational Education

There are no academic or vocational educational programs.

Social Services

There are currently no social services within the facility at this time.

Visitation

The facility permits contact visiting between the detainees and visitors on Saturdays, Sundays and all federal holidays. Detainee visits are scheduled for one hour depending on available space. Attorney visits are permitted seven days a week. Special arrangements are made for detainee family's who travel a greater distance upon the approval of management.

Library Services

During normal recreation periods, books are available for check out by the detainees. A mobile cart is used to provide books to the special housing unit twice a week.

The law library is available from 9:00 a.m. to 3:00 p.m. and 5:00 p.m. to 7:00 p.m. five days a week. Special housing detainees are afforded the same access unless there are security and health concerns.

Laundry

The laundry facility has an adequate number of washers and dryers to maintain detainee laundry and linen needs. Uniforms are exchanged twice a week and socks, underwear and towels are exchanged daily. Detainees are supervised by a correctional officer and given instruction on safety of chemicals and equipment.

F. Examination of Records

Following the facility tour, the team proceeded to the conference room to review the accreditation files and evaluate compliance levels of the policies and procedures. The facility has no notices of non-compliance with local, state, or federal laws or regulations.

1. Litigation

Since the last accreditation, the facility had no consent decrees, class action lawsuits or adverse judgments.

2. Significant Incidents/Outcome Measures

From June 2006 through June 2007, there have been no major hunger strikes, work stoppages, hostage situations or fires. There was one escape in April 2007 and a disturbance in July 2006.

The escape that was reported was an administrative escape. Two escorting officers failed to fill out a Deportation Warrant to validate a Mexican subject being deported to Mexico through Nogales, Arizona Port of Entry.

The disturbance was due to a verbal altercation between an El Salvadorian and a correctional officer in a housing unit. An ICE supervisor had the detainee placed in segregation for investigation. There were between 50 and 60 detainees in the housing unit trying to break windows out around the control center pod and pry open the doors. They succeeded in pushing the beds up against the windows to block the view of staff. The detainees were given several direct orders to cease and desist. The SRT and DCT teams were mobilized and entered the housing unit using concussion and stingball grenades. The teams subdued the detainees without the use of chemical agents and placed them on buses to be transferred to a nearby ICE detention facility in Eloy, Arizona.

During the same period:

Assault – detainee on detainee, without weapon: 17

Assault – detainee on staff, without weapon: 11

Number of forced cell moves: 2

Number of disturbances: 1

Number of times SRT was used: 1

Number of medical referrals as a result of injuries sustained: 30

Deaths – none

There were no major injuries as a result of assaults: detainee on detainee, detainee on staff.

3. Departmental Visits

Team members revisited the following departments to review conditions relating to departmental policy and operations:

Department Visited

**Person(s) Contacted

Medical	LTCMDR	b6	HSA
Maintenance	b6,b7c		Supervisor
Food Service	b6	od	Service Supervisor
Security	b6,b7c		Contract Security Officer

4. Shifts

a. Day Shift

The team was present at the facility during the day shift from 8:00 a.m. to 4:30 p.m. and was able to observe the operations within the facility in addition to conducting interviews with line staff and administrators.

b. Evening Shift

The team was present at the facility during the evening shift from 2:00 p.m. to 4:30 p.m. and continued to interview line staff and supervisors.

c. Night Shift

The team was present at the facility during the night shift from 5:30 a.m. to 7:00 a.m. The team continued to interview staff within the housing units

G. Interviews

During the course of the audit, team members met with both staff and offenders to verify observations and/or to clarify questions concerning facility operations.

Offender Interviews

The audit team spoke to the detainees during the visit. There were no unusual complaints or consistent complaints. The comments were generally favorable toward their treatment received from staff.

Staff Interviews

The staff interviewed was found to be knowledgeable and very professional in their duties. The staff stated that they felt safe within the facility and presented a positive attitude. There were no issues or complaints from the staff that were interviewed.

H. Exit Discussion

The exit interview was held at 9:30 a.m. in the conference room with the Supervisory Detention and Deportation Officer and 14 staff in attendance.

The following persons were also in attendance:

[REDACTED], Supervisory Detention and Deportation Officer
[REDACTED] Supervisory Detention and Deportation Officer
[REDACTED], Supervisory Detention and Deportation Officer
[REDACTED] upervisory Detention and Deportation Officer
[REDACTED] Detention Operations Supervisor
[REDACTED] Detention Operations Supervisor
[REDACTED] Immigration Enforcement Agent
[REDACTED] mmigration Enforcement Agent
[REDACTED] Contract Security Officer
[REDACTED] Maintenance Supervisor
[REDACTED] Contract Security Program Director
[REDACTED], Director Public Health Services (HSA)
[REDACTED] Food Service Supervisor
[REDACTED] Detention and Deportation Officer (Guest)
[REDACTED] Immigration Enforcement Officer (Guest)
[REDACTED] Immigration Enforcement Agent (Guest)

The chairperson explained the procedures that would follow the audit. The team discussed the observations and reviewed the comments made during the technical assistance visit. Each auditor discussed compliance levels of the mandatory and non-mandatory standards and reviewed their individual findings with the group. A copy of the compliance checklist was also given to the facility with our comments on each standard to bring them in compliance.

[REDACTED]

b2High

The team expressed their concerns regarding food service and its overall appearance and sanitation. Everything that was detailed in the food service description was discussed in detail during this close out. They assured the visiting team that they understood the problems and would work diligently to correct the problems before the reaccreditation took place.

The chairperson expressed appreciation for the cooperation of everyone concerned and congratulated the facility team for the progress made and encouraged them to continue to strive toward even further professionalism within the correctional field.

Significant Incident Summary

This summary is required to be provided to the chair of your audit team upon their arrival. The information contained on this form will also be summarized in the narrative portion of the visiting committee report and will be incorporated into the final report. It should contain data for the last 12 months; indicate those months in the boxes provided. Please type the data. If you have questions on how to complete the form, please contact your regional manager.

Facility **Florence Service Processing Center**

Year **July 06 –June 07**

		Months											
Incidents		7/06	8/06	9/06	10/06	11/06	12/06	1/07	2/07	3/07	4/07	5/07	6/07
Assault: Offenders/ Offenders*	Indicate types (sexual**, physical, etc.)	P	P	P	P	P	P	P	P	P	P	P	P
	# With Weapon	0	0	0	0	0	0	0	0	0	0	0	0
	# Without Weapon	3	1	0	2	1	3	3	3	0	1	0	0
Assault: Offender/ Staff	Indicate types (sexual**, physical, etc.)	P	P	P	P	P	P	P	P	P	0	0	0
	# With Weapon	0	0	0	0	0	0	0	0	0	0	0	0
	# Without Weapon	1	1	1	1	1	2	2	1	1	0	0	0
Number of Forced Moves Used***	(Cell extraction or other forced relocation of offenders)	1	0	0	0	0	0	0	0	0	1	0	0
Disturbances* ***		1	0	0	0	0	0	0	0	0	0	0	0

Number of Times Chemical Agents Used		0	0	0	0	0	0	0	0	0	0	0	0
Number of Times Special Reaction Team Used		1	0	0	0	0	0	0	0	0	0	0	0
Four/Five Point Restraints	Number	0	0	0	0	0	0	0	0	0	0	0	0
	Indicate type (chair, bed, board, etc.)												
Offender Medical Referrals as a Result of Injuries Sustained	#'s should reflect incidents on this form, not rec or other source	4	2	2	3	2	5	5	4	1	2	0	0
Escapes	# Attempted	0	0	0	0	0	0	0	0	0	0	0	0
	# Actual	0	0	0	0	0	0	0	0	0	1	0	0
Substantiated Grievances (resolved in favor of offender)	Reason (medical, food, religious, etc.)	0	0	0	0	0	0	0	0	0	0	0	0
	Number	0	0	0	0	0	0	0	0	0	0	0	0
Deaths	Reason	0	0	0	0	0	0	0	0	0	0	0	0
	Number	0	0	0	0	0	0	0	0	0	0	0	0



*Any physical contact that involves two or more offenders
 **Oral, anal or vaginal copulation involving at least two parties
 ***Routine transportation of offenders is not considered "forced"

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



AMERICAN CORRECTIONAL ASSOCIATION

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December 6, 2007

b6
[Redacted] Detention and Deportation Officer
Office of Detention and Removal
U.S. Department of Homeland Security
801 I Street, NW
Washington, D.C. 20536

Dear [Redacted] b6

In response to your recent request, and after careful review of specific Adult Local Detention Facility Standards, the following determinations have been made regarding the applicability of the following standards:

4-ALDF-5A-04	Not Applicable	4-ALDF-5B-18	Not Applicable
4-ALDF-5A-05	Not Applicable	4-ALDF-5C-06	Not Applicable
4-ALDF-5A-06	Not Applicable	4-ALDF-5C-07	Not Applicable
4-ALDF-5A-07	Not Applicable	4-ALDF-5C-08	Not Applicable
4-ALDF-5A-08	Not Applicable	4-ALDF-5C-09	Not Applicable
4-ALDF-5A-09	Not Applicable	4-ALDF-5C-10	Not Applicable
4-ALDF-5A-10	Not Applicable	4-ALDF-5C-12	Not Applicable
4-ALDF-5B-13	Not Applicable	4-ALDF-5C-13	Not Applicable
4-ALDF-5B-14	Not Applicable	4-ALDF-5C-14	Not Applicable
4-ALDF-5B-15	Not Applicable	4-ALDF-5C-15	Not Applicable
4-ALDF-5B-16	Not Applicable	4-ALDF-5C-16	Not Applicable
4-ALDF-5B-17	Not Applicable	4-ALDF-7D-12	Not Applicable

Taking into consideration the unique mission of U.S. Immigration and Customs Enforcement (ICE) it has been determined that the above standards will be deemed not applicable as they relate to accreditation by the American Correctional Association. The requirements of the above standards cannot be realistically applied to the detainees held in ICE facilities due to the detainees' relative short time in detention and subsequent deportation from the United States. This determination applies to all Service Processing Centers and all Contract Detention Facilities owned and/or operated by ICE nationwide and will remain in effect until further notice. If I can be of any further assistance with this matter or any other, please do not hesitate to contact me at your earliest possible convenience.

Sincerely,

[Redacted Signature Block] b6

Director
Standards and Accreditation

cc: [Redacted] b6 Standards and Accreditation Specialist
Agency File

COMMISSION ON ACCREDITATION FOR CORRECTIONS
STANDARDS COMPLIANCE TECHNICAL ASSISTANCE VISIT AUDIT

U.S. Department of Homeland Security
Port Isabel Detention Center
Los Fresnos, Texas

30 July - 1 August 2007

VISITING COMMITTEE MEMBERS

[REDACTED] Chairperson
Assistant Superintendent
Milwaukee County House of Corrections
8885 South 68th Street
Franklin, Wisconsin 53132
(414) [REDACTED]

[REDACTED]
Deputy Superintendent
Hampshire Jail & House of Correction
205 Rocky Hill Road
Northampton, Massachusetts 01061-7000
(413) [REDACTED]

[REDACTED]
Program Manager
MHM Services
250 Meeks Way
Monticello, Florida 32344
850- [REDACTED]

A. Introduction

The technical assistance audit of the Port Isabel Detention Center was conducted on July 30 - August 1, 2007 by [redacted] b6 Chairperson; [redacted] b6 and [redacted] b6 Members.

B. Facility Demographics

Rated Capacity	:850 (on first day of audit 1090).
Actual Population	:1090
Average Daily Population for the last 12 months	:800
Average Length of Stay (audit team believes average length is longer)	:18 days
Security/Custody Level (Minimum, Medium, Close)	:Level I-II-III
Age Range of Offenders	:18-60
Gender	:Male/Female
Full Time Staff	:174 Immigration and Custom Enforcement. (3 Administrative, 12 Support, 159 Detention, 414 Contract Security and 29 Other).

C. Facility Description

The Port Isabel Detention Center is located in the southern part of Texas along Rural Route 510 in the eastern part of Cameron County, approximately 20 miles north of Brownsville, Texas and 30 miles east of Harlingen, Texas. The Mexican border is approximately 22 miles south of the Port Isabel Detention Center.

The Cameron County Airport to the north, the Laguna Atascosa National Wildlife to the east, agricultural fields and a shrimp farm to the south and agricultural fields to the west surround the Port Isabel Detention Center.

The Port Isabel Detention Center is on 350 acres with 162 acres of developed land and 188 acres of undeveloped land with wildlife, which includes the endangered Ocelot species.

Formerly the site was part of the military and used by the Army Air Corps in the 1940's as a gunnery training facility. The Navy and Air Force utilized the facility for training activities, which also included an auxiliary airfield for defense purposes. The facility was

closed in the 1960's. With realignment and closure of the facility portions of the property was turned over the U.S. Immigration and Naturalization Service (INS) between 1961-1963. Other portions of the property including the hanger and airfield runways were turned over to the Cameron County Commissioners for the Port Isabel airport in 1963.

In 1962 to 1963, the INS performed major renovations to several buildings on the site and established a Border Patrol Training Facility and Detention Center. In 1977, the Training Academy expanded and relocated to the Federal Law Enforcement Training Center in Glynco, Georgia and the detention center remained.

Currently, the detention center is a self-supporting facility that continues to house individuals detained for allegations of violations of the immigration laws of the United States. These individuals comprise both male and female detainees who will appear before an administrative immigration judge with the Executive Office for immigration review. In 2006, the facility experienced an expansion with a new administration and medical building which also encompasses processing and visitation.

The Port Isabel Detention Center has a rated capacity of 850 beds. At the time of the technical assistance, there were 1090 detainees. When questioned by the auditors, the accreditation manager indicated the rated capacity was 1200 but no one could should documentation to indicate that the rated capacity has expanded. Although a previous audit indicated an average length of stay to be about 18 days but from the number of detainees interviewed it appears to be longer. This is an area that needs to be corrected before the next technical assistance.

The center does not provide housing for detainees awaiting formal criminal prosecution but it does have a high security level for detainees with a previous history that are classified as close custody.

D. Pre-Audit Meeting

The team met on July 29, 2007 in South Padre Island, Texas to discuss the information provided by the Association staff and officials from the Port Isabel Detention Center.

The chairperson divided standards into the following groups:

Standards #4-ALDF 1A-01-2D-03, [REDACTED] (Member)
Standards #4-ALDF 3A-01-4D-29, [REDACTED] (Member)
Standards #4-ALDF 5A-01-7F-07, [REDACTED] (Member)

E. The Audit Process

1. Transportation

The team was picked up at the hotel at 7:30 a.m. by Officer [REDACTED] Accreditation team member. The team arrived at the Port Isabel Detention Center

at 8:00 a.m. and proceeded to the executive conference room where the entrance interview occurred.

2. Entrance Interview

The audit team met with [b6,b7c] Acting Field Office Director, [b6,b7c] [b6,b7c] Acting Officer in Charge, and [b6,b7c] Assistant Officer in Charge.

The Chairperson introduced the team and gave a brief background of their correctional experience as well as outlining how the technical assistance would proceed. It was emphasized that following the tour a concentrated effort would be made on scrutinizing the mandatory standards at depth. A pre-audit meeting was held with the accreditation team of the Port Isabel Detention Center.

The following persons were in attendance:

[b6,b7c] Assistant Field Office Director
[b6,b7c], Acting Officer in Charge
[b6,b7c], Assistant Officer in Charge
[b6,b7c] Acting Chief Immigration Officer
[b6] COTR
[b6] Accreditation Manager
[b6] ACA Team Member
[b6] ACA Team Member

It was explained that the goal of the visiting team was to be as helpful and non-intrusive as possible during the technical assistance visit. The chairperson emphasized the goals of accreditation toward the efficiency and effectiveness of correctional systems throughout the United States. The audit schedule was also discussed at this time.

3. Facility Tour

The team toured the entire facility from 8:30 a.m. to 3:30 p.m. The remainder of the tour was conducted on the following day from 8:00 a.m. to 10:00 a.m. on the following day. The team broke up the tour to review the mandatory standards on the first day from 3:30 p.m. to 6:30 p.m. The following persons accompanied the team on the tour and responded to questions concerning facility operations.

[b6] Accreditation Manager
[b6] Accreditation Team Member
[b6] Accreditation Team Member
[b6] COTR

4. Conditions of Confinement/Quality of Life

During the tour, the team evaluated the conditions of confinement at the facility. The following narrative description of the relevant programmatic services and functional areas summarizes the findings regarding the quality of life.

Security

The Port Isabel Detention Center has a contract with uniformed security services from Asset Protection and Security Services.

Asset Protection and Security Services has had the contract since 2001 and are presently on a contract extension. From the time of the last audit based on information provided the staff has doubled. The audit team was significantly impressed with their training, organization of officers, responsiveness of officers and documentation of post orders being read, and their techniques of supervising detainees. All posts were filled. Key control was examined by the audit team and was found to be very detailed and providing good accountability. Tool control in food service and maintenance was found to be very acceptable. The armory is manned by ICE and all weapons and ammunition were accountable. The CERT team is also staffed by ICE agents. Training and documentation of equipment was accounted for as observed by the audit team. There is perimeter security with razor wire. There is a seven-cell segregation area that is double bunked. Observation sheets were noted appropriately but it was pointed out to possibly move the segregation board with names and significant identifying information to another area.

Environmental Conditions

During the tour, the team found the noise levels throughout the facility to be low with the exception one housing unit Delta Unit. However, the documentation in the files indicated that noise levels were higher at night. Temperature ranges in the housing units were well within the comfort level. Lighting conditions in the housing units were above standards. Overall, the living conditions and general environmental conditions were above minimum standards.

Sanitation

The team found the overall maintenance and sanitation very acceptable except in the housing unit showers. There appeared to be little emphasis on the housekeeping plan when it came to shower areas and lack of soap dispensers throughout the housing units. With the addition of a new administration and medical area where sanitation was emphasized it was not adhered to in the living units. Chemicals were controlled with MSDS sheets. It was pointed out that the cleaning contract workers should eliminate bleach and have bottles marked appropriately.

Fire Safety

The Port Isabel Detention Center fire department is supervised and operated by a certified firefighter with collateral duties as safety officer. The department currently has a Class A fire pumper with a 500 gallon water tank and a rescue truck with a 400 gallon water capacity. The fire safety officer does a monthly inspection of the approximately 250 fire extinguishers throughout the facility as well as vehicles. During the tour, the audit team inspected a number of fire extinguishers, which were up to date. Monthly fire drills are conducted as required. The fire safety officer provides adult CPR and first aid training to include new employee orientation. During the tour, he was observed in the command center providing orientation to in service contracted employees on the annunciator panel and pull alarm station. His duties also include the inspection fire hydrants, training officer fire fighting techniques, and the removal of biohazard containers.

Food Service

A food service administrator supervises the Food Service Department, with the assistance of a supervisory cook and twelve food service specialists. They are responsible along with volunteer detainee labor for all meals served to the detainee population.

One of the members of the audit team observed special medical diets and religious diets. This department does provide sack lunches, which consisted of two sandwiches, fruit, and bag of chips as well as a fruit drink. It was recommended that all visitors in the kitchen be required to wear hairnets and beard guards. Temperature ranges in the kitchen were within the required levels. Detainees eat in a central dining room. Kitchen staff demonstrated tool control, which was thorough and accountable. On July 30, 2007 the audit team ate lunch in the officers dining hall. The food was nutritious, wholesome and good. It was recommended that the dining hall be painted prior to the audit.

Medical Care

The Medical Department at the Port Isabel Detention Center is operated by Public Health Services with the assistance of 29 full time staff members. Eighteen of the staff members are commissioned USPHS commissioned officers and 11 are STG contract employees.

The medical facility is in a new building which opened in 2006 and operates seven days a week 24 hours per day. The facility provides intake screening and a radiology unit. It provides an infirmary as well as a special needs unit. At the time of the audit there were four detainees housed in a separate unit that was utilized for a tuberculosis unit. On the second day of the audit they were moved to the infirmary due to mold found in the unit. Physical examinations are performed by a nurse practitioner and two physician assistants. The new facility

has a sick call area and full time pharmacy with a licensed pharmacist. Sick call is performed five days a week by two registered nurses. In the dormitory areas located in the pods there is a medical box accessed by nursing staff for sick call requests.

The medical area has a full time psychologist as well as a full-time dentist. At the time of the audit the dentist was off-site on temporary duty. However there was a dental hygienist available. One area of concern was sick calls being done on a delayed basis. The facility was accredited by the National Commission on Correctional Health Care in 2006. Sharps are controlled and accounted for. Additionally the facility was accredited in 2005 by the Joint Commission on Accreditation on Hospital Accreditation.

Religious Programming

The Port Isabel Detention Center does provide a variety of religious services through the use of contracted services and volunteers. The center does provide access to outside religious volunteers who provide a variety of services. There is an on site chaplain available who is contracted through ICE. Religious diets are provided when requested by detainees wishing to observe special religious holidays.

Offender Work Programs

The center does provide volunteer detainee work program. Although the previous audit report indicated that an ICE agent is responsible for coordinating this program which provides training, payment of \$1.00 per-day for every eight hours of training and medical screening, there was no documentation available to substantiate this. It was recommended that documentation be provided to substantiate this practice. One auditor interviewed several kitchen workers who indicated that they were not trained.

Academic and Vocational Education

Since the mission of ICE is the detainment and deportation of detainees there are no academic programs available for ICE detainees. As noted in the last audit there is a horticultural program that is seasonal and does provide ten detainees to harvest a garden where the produce is utilized by food service.

Social Services

There are limited social services available to detainees. However when requested outside eye exams are available, lawyer requested medical examinations and occasionally outside medical examinations. The center does provide access to Western Union services by a private Western Union representative and access to phone cards which can be purchased. Access to deportation officers is also

provided. It was noted that deportation officers are not being logged into the pods logbooks and from the detainees interviewed this is a major issue as they indicated limited access.

Visitation

The facility does provide contact and non-contact visitation. The visitation area is part of the new administration building. Visitation hours are Monday through Friday from 8:30 a.m. - 3:30 p.m. There is no limit to the number of visits that a detainee may have during the week. Visitors must be on approved visiting list and children may visit if supervised by an adult.

Library Services

A law library is available for detainee use. The library is in the same area as the barber shop and beauty shop. Both are scheduled to be moved to another space in the next few months. The law library is limited but is supervised by a recreation specialist employed by ICE. There are adequate law library supplies. The law library can be accessed by detainees upon request which is a written request. The law library contains a mobile temporary law library for the use by detainees of the TB unit which are medically isolated from the population.

Laundry

The Laundry services the entire detainee population regarding their clothing needs. It is operational seven days a week from 6:00 a.m. - 9:00 p.m. and is a two-man post supervised by the contracted security agency. There are five commercial washers and five commercial dryers. Chemicals are electronically fed from bulk containers. There is a change out of clothing once a week and daily for detainee workers. Linen, bed sheets, towels, mattress covers, and pillowcases are changed out weekly. Detainee workers were familiar with the requirements of the laundry.

Team Comments

Overall, the team was impressed with the space of the new building, training areas, visitation, and medical areas. Sanitation of the facility was good with the exception of the housing areas particularly in the shower areas. The team was impressed with the contracted security staff particularly in the areas of training and knowledge of security techniques and their familiarization and documentation of post orders. The medical area and professionalism of Public Health Services and the treatment provided exceeded the standards. Training for ICE was impressive with particular emphasis on accreditation. Key and tool control in all areas was impressive. Chemical control was good with the exception of two areas that was pointed out to the accreditation team. Financial services, classification of detainees, and human resources were all good.

Suggestion to Improve

It was recommended to the accreditation to outline the tour prior to the accreditation and review all areas that were on the tour. Additionally someone with keys to all doors should be included on the tour.

F. Examination of Records

Following the facility tour, the team proceeded to the file room to review the accreditation files and evaluate levels of compliance on the policies and procedures. The facility has no notices of non-compliance with local, state, or federal laws or regulation.

1. Litigation

Over the last three years, the facility had no consent decrees, class action lawsuits or adverse judgments.

Files

The team reviewed the 62 mandatory standards to determine the status of the files as this was indicated as a major reason for the technical assistance by the Association. After review of the files the team found six files to be in compliance and 56 to be in non-compliance. All of the files found in non-compliance there was missing documentation for years 05, 06, and 07. The accreditation team manager, team, and acting OIC and assistant OIC were notified on the first day. The technical assistance team recommended to the accreditation manager an attempt be made to fix at least ten files for the next day. This suggestion was not followed.

On the second day, the technical assistance team reviewed 150 files in the non-mandatory status and finds 115 to be in non-compliance for the same reason. The American Correctional Association was contacted. The accreditation manager was replaced with a new accreditation manager [b6] who is the COTR. The technical assistance chairperson notified [b6, b7c] ICE Headquarters, Field Office Director from San Antonio, Assistant Field Office Director, Acting OIC and the Assistant OIC that the technical assistance team would provide a three-hour training session to the accreditation team and new accreditation manager on the last day.

2. Significant Incidents/Outcome Measures

After review of the Outcome Measure Worksheet, it was apparent that the figures utilized on the Outcome Measure Worksheet were inaccurate. As an example no grievances were listed and in one section on fire code violations it was noted there were 72 fire code violations listed for the year 2006. It was recommended during the training session that the technology department be contacted and set up a

monthly spreadsheet. None of the Health Care Outcome Measures were listed.

3. Departmental Visits

Team members revisited the following departments to review conditions relating to departmental policy and operations:

<u>Department Visited</u>	<u>**Person(s) Contacted</u>
Mail Room	b6,b7c Security Officer
Intelligence Department	b6,b7c ICE Enforcement Agent
Cleaning Contract	b6
Maintenance	b6 Mechanic
Deportation	b6,b7c Deportation Officer
Command Center	b6,b7c
Safety Officer	b6,b7c Fire and Safety Officer
Key Control	b6,b7c Security Officer
Property Room	b6,b7c Security Officer
Processing	b6,b7c Security Officer
Processing III	b6,b7c Security Officer
Health Center	b6 HAS b6 Dental Assistant b6 PhD b6 Pharmacist b6 Medical Records b6 Physician Assistant
Food Service	b6 Cook b6 Cook
Special Management	b6, Cook
Bravo Building	b6,b7c Barbershop Security Officer b6 Law Library

Alpha Unit Pod 1 [REDACTED] Security Officer
Alpha Unit Pod 2 [REDACTED] Security Officer
Alpha Core Officer [REDACTED] Security Officer

4. Shifts

a. Day Shift

The team was present at the facility during the day shift from 8:00 a.m. to 4:00 p.m.

The tour was conducted during this shift. Files were reviewed and both staff and detainees were interviewed. Processing, medication passage, living units, lunch meal, and change of shift was observed.

b. Evening Shift

The team was present at the facility during the evening shift from 4:00 p.m. to 7:00 p.m. A shift briefing was observed and contact was made with staff and detainees. Staff and detainee interviews were conducted. A count procedure was observed.

c. Night Shift

Since the technical assistance was altered due to the inability to provide a score the technical assistance team opted to skip this shift and prepare to do a three hour training session on the last day.

5. Status of Previously Non-compliant Standards

The team reviewed the status of standards previously found non-compliant, for which a waiver was not granted, and found the following:

Standard #3-ALDF-2C-01: The facility did not build a new SMU. The SMU does not meet square footage and is double bunked.

Standard #3-ALDF-3C-20: The facility did implement the new policy and procedure in reference to removing not guilty on disciplinary hearings from the detainee file.

Standard #3-ALDF-4F-05: The facility did not comply with the plan of action as outlined.

Standard #3-ALDF-5B-01: The facility did not comply with the plan of action to

implement vocational, educational and vocational training. The mission of ICE changed during the three-year period.

Standard #3-ALDF-5B-02: The facility did not comply with the plan of action to access community resources.

Standard #3-ALDF-5B-03: The facility did not comply with the plan of action to access an educational program.

Standard #3-ALDF-5B-04: The facility did not comply with the plan of action to access vocational tapes.

G. Interviews

During the course of the audit, team members met with both staff and detainees to verify observations and to clarify questions concerning facility operations.

Detainee Interviews

During the course of the technical assistance, the team interviewed over sixty detainees. The biggest issue was the availability of deportation officers in the housing units to answer questions regarding their status, availability of ICE officers touring the pods, and responsiveness to grievances filed by the detainees where they did not receive copies of grievance that they filed. This was brought to the attention of the accreditation team.

Staff Interviews

The team interviewed nearly fifty staff both ICE and contracted security. All of them were highly professional. They felt safe where they work and that supervisors treat them professionally. Contracted staff indicated there should be more recreation particularly soccer for the detainees. Those interviewed indicated that if they were OIC for a day, they would expand programs and recreation. Many of the ICE employees were looking forward to more of a law enforcement role as many areas are slotted for private contracts.

H. Exit Discussion

The formal exit interview was replaced with a three-hour training session for the accreditation team in which new members had been added within a one-day period by the Field Director from San Antonio.

Those in attendance were the following:

b6	new Accreditation Manager'
b6	ACA Team Member
b6	ACA Team Member
b6	ACA Team Member

[REDACTED] Training Asset Security
[REDACTED] Project Manager Asset Security
[REDACTED] ACA Team Member
[REDACTED] PHS
[REDACTED] ACA Team Member
[REDACTED] Training Coordinator
[REDACTED] Team Member
[REDACTED] ACA Team Member

Training consisted of the following:

Protocols
Process Indicators
Documentation-each year consistent with the practice.
Highlight the years with a tab procedure.
Reviewing the previous audit.
Acquainting oneself with the 4th edition manual.
Sanitation issues.
Chemicals.
Key Control
Tool Control
Critical Walk through of the facility.
Involvement of department heads on the tour.
Developing a system of document collection.
Availability of accreditation team to the auditors.

The chairperson complimented the audit team even though this technical assistance did not develop into a score. He emphasized that in six months when the next technical assistance occurs they will be fully prepared.

The chairperson expressed appreciation for the cooperation of everyone concerned and congratulated the facility team for the progress made during the three-day visit and encouraged them to make accreditation their number one priority during the next six months.

COMMISSION ON ACCREDITATION FOR CORRECTIONS

STANDARDS COMPLIANCE AUDIT

Department of Homeland Security
Florence Service Processing Center
Florence, Arizona

March 29-31, 2003

VISITING COMMITTEE MEMBERS

[REDACTED] b6 Chairperson
Correctional Consultant
4409 St. Thomas Drive
Oklahoma City, Oklahoma 73120
405-[REDACTED] b6

[REDACTED] b6
Correctional Consultant
3326 Upton Avenue North
Minneapolis, Minnesota 55412
612-[REDACTED] b6

[REDACTED] b6
Correctional Consultant
2047 Rolling Meadows
Columbus, Ohio 43228
(614) [REDACTED] b6

A. Introduction

The audit of the Florence Processing Center was conducted on March 29-31, 2003, by the following team: Chairperson, [b6]; [b6], Member; and [b6] Member.

B. Facility Demographics

Rated Capacity: 322

Actual Population: 318

Average Daily Population for the last 12 months: 304

Average Length of Stay: 14 days for Mexican Nationals, 41 days for other than Mexican Nationals

Security/Custody Level: Minimum security facility, detainees are classified into three levels

Age Range of Detainees: 18 to 71

Gender: Male

Full-Time Staff: 368

1 Officer in Charge

1 Assistant Officer in Charge

32 Administrative Supports

2 Programs (Recreation Specialists)

223 Contract Security Officers

63 Ice Immigration Enforcement Agents

2 Immigration Judges

3 Trial Attorneys

11 Maintenance

10 ICE Deportation Officers (case managers)

21 United States Public Health Service Staff (to include onsite doctor, dentist, psychologist, five Registered Nurses, four Licensed Practical Nurses, one pharmacist, and various other support personnel.

Officers, Security, 223 Contract Security Officers and 63 Immigration Enforcement Agents

C. Facility Description

Located 60 miles southeast of Phoenix, Arizona in the town of Florence, the facility provides primary detention support to Yuma and Tucson Border Patrol Sectors and the Phoenix Field Office.

In 1942, the original site was a Prisoner of War Camp, which held 13,000 Axis Prisoner's of War. In 1963, the site was acquired by the Federal Bureau of Prisons and converted to a minimum security facility. In 1983, it was acquired by the Immigration and Naturalization Service. Since that date, the facility has had numerous renovations. In March 2002, the facility was transferred to the Department of Homeland Security, Immigration and Customs Enforcement.

The facility is a detention center for those being detained for violations of immigration status and laws. The purpose of the facility is to provide secure detention of aliens who are likely to abscond pending completion of their deportation/removal cases or pending release. Due to the appeal process available to detained aliens, detention for some individuals can range from days to several months. The average length of stay in the Processing Center is 14 days for Mexicans and 41 days for other than Mexicans (OTM).

D. Pre-Audit Meeting

The team met on March 28, 2004, at Gold Canyon, Arizona, to discuss the information provided by the Association staff and the officials from Florence Processing Center.

The chairperson divided standards into the following groups:

Standards #3-ALDF-2A-01 to 3-ALDF-2F-03	[REDACTED] Chairperson b6 , Member Member
Standards #3-ALDF-2G-01 to 3-ALDF-4D-13	
Standards #3-ALDF-4E-01 to 3-ALDF-5F-10	

E. The Audit Process

1. Transportation

The team was escorted to the facility by [REDACTED] b6 Accreditation Team Member.

2. Entrance Interview

The audit team proceeded to the office of [REDACTED] b6,b7c, Officer-In-Charge. The team expressed the appreciation of the Association for the opportunity to be involved with Florence Processing Center in the accreditation process.

[REDACTED] b6, Accreditation Manager escorted the team to the conference room where the formal entry meeting was held.

The following persons were in attendance:

[REDACTED] Officer in Charge

[REDACTED] Assistant Officer in Charge
[REDACTED], Health Services Administrator
[REDACTED], HQ / Immigration and Customs Enforcement
[REDACTED] Accreditation Manager
[REDACTED] Accreditation Team Member
[REDACTED], Chief Immigration Enforcement Agent
[REDACTED] Detention Operations Supervisor
[REDACTED] act Security Project Manager
[REDACTED], Contract Security Supervisor
[REDACTED], Deportation Officer Supervisor
[REDACTED], Deportation Officer Supervisor
[REDACTED] Health and Safety/Food Service Administrator
[REDACTED], Food Service Administrator
[REDACTED], Maintenance Supervisor
[REDACTED], Electronics Technician
Father [REDACTED], Chaplain
[REDACTED], Support Services Supervisor

It was explained that the goal of the visiting team was to be as helpful and non-intrusive as possible during the conduct of the audit. The chairperson emphasized the goals of accreditation toward the efficiency and effectiveness of correctional systems throughout the United States. The audit schedule was also discussed at this time.

3. Facility Tour

The team toured the entire facility from 9:00 a.m. to 2:00 p.m. The following persons accompanied the team on the tour and responded to the team's questions concerning facility operations:

[REDACTED] Officer in Charge
[REDACTED], Assistant Officer in Charge
[REDACTED] Chief Immigration Enforcement Agent
[REDACTED] Contract Manager (Private Security)
[REDACTED] Accreditation Manager
[REDACTED] Accreditation Team Member
[REDACTED] Accreditation Team Member

4. Conditions of Confinement/Quality of Life

During the tour, the team evaluated the conditions of confinement at the facility. The following narrative description of the relevant programmatic services and functional areas summarizes the findings regarding the quality of life.

Security

The facility is surrounded by a double chain-link fence with razor wire at the top. The perimeter is well-lighted and monitored by the security surveillance control center through the use of video cameras. A security check of the perimeter is conducted each evening to ensure that the fence is intact and that the cameras and alarms are functioning properly. Additional checks are conducted whenever an alarm is activated. The perimeter is also monitored by a motion sensor security system within the perimeter fence.

The security surveillance control center also monitors activities via video cameras throughout housing units, food service, recreation yard, and other key locations throughout the facility.

Security keys are controlled through a computerized system called "The Key

(b)(2)High, (b)(7)e

Environmental Conditions

During the tour, the team found that noise levels throughout the facility, including those in the detainee housing areas, were extremely low. Temperature ranges in the housing units were well-within comfort zones. Lighting conditions in the cells and other housing areas were above standards.

Sanitation

The landscape surrounding the exterior of the facility was well-manicured and the area between the perimeter fences was clear of debris. The team noted that the facility's common areas, corridors and all housing areas were found to be clean and well-maintained. The dormitories were without clutter. The facility also provides for the storage and inventory of the chemicals utilized for the sanitation of the facility. Cleaning equipment and chemicals are inventoried at the beginning of each shift and are provided to detainees during all three shifts. The team felt the overall maintenance and sanitation of the facility to be excellent.

Fire Safety

There are fire alarm pull stations in all areas of the facility and a sprinkler system covers all areas. The installation of state of the art fire alarm and automatic detection system was completed in January 2004.

Fire extinguishers, lighted exit signs and evacuation route maps were observed throughout the facility. All required weekly, monthly and annual inspections are being conducted by trained staff.

Food Service

The kitchen is more than adequate with a high level of organization and excellent tool control. Temperature ranges were found to be well-within the appropriate levels.

All detainees eat in one central dining room and are allotted sufficient time to consume their meals. On March 29, the team ate lunch in the dining hall. The food was nutritious, wholesome, and very good. There is more than an adequate number of contract security staff and Immigration Agents monitoring detainees in the dining hall. The team felt the entire food service operation was excellent.

Medical Care

Medical care is provided 24-hours a day, seven days a week through the utilization of medical staff from the United States Public Health Service, Division of Immigration Health Services. Sick call is held Monday through Friday. A physician is on site 40 hours each week. At other times, detainees may request medical service by submitting a sick-call slip, or by making a verbal request to any officer. There is no charge for health care. The facility also maintains a full-time dentist and mental health care provider on site.

Recreation

Outdoor recreation is provided to the detainees housed in the facility through two recreation areas. One is used for the general population and the other for those detainees in special housing. Each area exceeds required space requirements, and has covered portions. Detainees are provided a minimum of one hour of outdoor recreation each day. The team felt the main recreation yard to be excellent and felt the recreation time could be expanded into the early evening hours; thus, alleviating detainee idleness.

Religious Programming

The facility has a full-time volunteer chaplain provided by the Jesuit Refugee Service. Catholic, Islamic, and Protestant services are provided to the general population each week. The team felt with the quality of the new chaplain, religious programming will become a dynamic program. The team recommended that this could occur quicker with the use of additional volunteers.

Detainee Work Programs

Detainees are paid a stipend of one dollar per day for their participation in the following programs:

Food Service Department	50 detainees
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General Housekeeping	70 detainees
Facility Grounds Maintenance	12 detainees
Vehicle Cleaning/Detailing	6 detainees
Misc. Workers	10 detainees
Laundry	6 detainees

Detainee Programs

The following programs are offered at the facility:

- Beyond Anger
- Values and Personal Responsibility
- Managing Money
- Refusal Skills
- Looking for Work
- Making Decisions
- 9-5 beats 10-Life
- Spanish Substance Abuse Program
- OK Ex-inmate now that you have a job, keep it
- Tough Questions and Straight Answers

Visitation

The facility permits contact visits between the detainees and visitors. There is no maximum number of visits and visitors must be on the detainee's approved visitor list. Depending on the available space, a detainee may receive several visits in one day. Additionally, if a detainee has family visiting from out of state, then additional visits are granted. Normal visiting days are Saturday, Sunday, and federal holidays.

Library Services

During daily recreation, books are available in the recreation yard for detainees to check out. A book cart is also delivered twice weekly to the segregation units. The facility maintains contact with local libraries and receives donations from various community resources.

The law library is available from 9:00 a.m. to 10:00 p.m. each day. Detainees can request access to use the law library through their housing unit officer.

Laundry

The laundry facility has an adequate number of washers and dryers to service the entire population. Chemical accountability was good. The facility maintains a sufficient amount of stock to service 100 percent of the population. Detainees employed in the laundry receive adequate instruction on the safe operation of the equipment.

Commissary

Detainees utilize vending machines for their commissary.

Team Observations

The team felt the overall maintenance, sanitation, and organization of the facility to be excellent. Most staff functions in a professional, courteous manner and exhibit a good work ethic. Security staff is knowledgeable of their posts and function with a high emphasis on the overall security aspect of the facility. There seems to be an excellent working relationship between AKAL security staff and ICE (Immigration and Customs Enforcement) staff.

Key control and tool control are outstanding. Food service functions at a high level of efficiency sanitation and product quality. There were very few complaints from the detainees concerning food service. The amount and quality of training provided staff is progressing to a high level. Medical treatment is very good and there seems to be a true concern for the treatment of detainees. The TEIE psychiatry program is outstanding. The entire facility seemed to function with a team effort. Quality of life for both staff and detainees is very good. The appearance of the facility, both inside and outside is excellent. Control of flammables, toxic, and caustic inventories is excellent. Maintenance, warehouse, mail room and the administration area are doing a yeoman's job. The overall cooperation among all departments is phenomenal.

Issues of concern:

Look at developing more programs for the detainees. Take into consideration the short stay of the detainees when looking at this. The volunteer program needs to be expanded in developing more programs. Recreation could very easily be expanded into the early evening to help alleviate detainee idleness. There seems to be somewhat of a telephone problem for the detainees, a little more education of the use of the telephone would help with this problem. The mini-control centers in each of the living pods need a better way of communicating with staff and detainees in the detainee living areas. This is almost non-existent at this time. The training officer position should be filled as soon as possible. The policies and procedures need to be looked at and a continued streamlining of them needs to occur.

F. Examination of Records

Following the facility tour, the team proceeded to the conference room to review the accreditation files and evaluate compliance levels of the policies and procedures. The facility has no notices of non-compliance with local, state, or federal laws or regulations.

1. Litigation

Over the last three years, the facility had no consent decrees, class action lawsuits or adverse judgments.

2. Significant Incidents/Outcome Measures

From March 2003, through February 2004, there have been no major disturbances, hunger strikes, hostage situations, work stoppages, or fires. During the same period:

- Assault – detainee on detainee, without weapon: 21
- Assault – detainee on staff, without weapon: 12
- Number of forced cell moves: 13
- Number of times chemical agent used: 1
- 4 point restraints: 1
- Offender medical referrals as a result of injuries sustained: 24

There were no major injuries as a result of assaults, detainee on detainee, or detainee on staff. The section asking for detainee medical referrals as a result of injuries sustained are a list of all referrals as required by policy that anytime there has been any kind of assault, they are referred to health services.

3. Departmental Visits

Team members revisited the following departments to review conditions relating to departmental policy and operations:

<u>Department Visited</u>	<u>Person(s) Contacted</u>
Medical	[REDACTED]
	[REDACTED] M.D.
	[REDACTED] Asst. Hospital Admin.
	[REDACTED], PA
	[REDACTED], PA
	[REDACTED], RN Nurse Manager
	[REDACTED] RN
	[REDACTED] RN
	[REDACTED] RN
	[REDACTED], Infection Control
	[REDACTED], LPN
	[REDACTED] LPN
	Dr. [REDACTED], Dentist
	[REDACTED], Dental Assistant
	Dr. [REDACTED], Psychologist
	[REDACTED], Pharmacist
	[REDACTED] Pharmacy Technician

The team was present at the facility during the day shift from 8:00 a.m. until 4:00 p.m. The lunch meal, detainee work, living units, and detainees being processed in were observed.

b. Evening Shift

The team was present at the facility during the evening shift from 9:30 p.m. until 11:45 p.m. The team observed the evening briefing, contact was made with staff, and the shift change was observed.

c. Night Shift

The team was present at the facility during the night shift from 6:45 a.m. to 8:00 a.m. Contact was made with staff. The living units, control center, medical, and the shift change, were observed.

G. Interviews

During the course of the audit, team members met with both staff and detainees to verify observations and/or to clarify questions concerning facility operations.

1. Detainee Interviews

The team interviewed 75 detainees. The overall morale of the detainee population was very good. There were no prior requests to meet with the audit team so the detainees were interviewed at random. They stated that most staff treat them in a professional manner and feel the detention center to be a safe place. The team felt the overall pulse of the detainee population to be very good.

Issue of concern:

Issues of concern expressed by the detainee population were mainly issues concerning their cases. What would happen to them? When would their case be heard? They would like more programs and more recreation time. They expressed concern about the telephones and the lack of responsiveness from the deportation officers. They would like larger portions in food service and rice offered more frequently. They would also like a quicker response to see medical.

2. Staff Interviews

There were numerous staff interviewed. The following summarizes their comments and concerns. Staff morale was very good to excellent. All staff interviewed was well-trained and knowledgeable of their jobs. The majority of staff like their jobs and think the facility is a good place to work. They stated that the accreditation process had raised the level of sanitation and overall made for a

much more professional operation. All were very supportive of the top administration and supervisory staff. Supervisory staff were very supportive of the line staff and impressed with the team work and work ethic of most staff. Staff commented that they liked the additional training they were receiving. They all felt the facility to be a safe place to work. The professionalism demonstrated by both groups was indicative of a very well run detention facility.

Issues of concern:

Issues of concern expressed by staff were that they would like to see an increase of staff and some stated that they did not like the amount of overtime they had to work.

H. Exit Discussion

The exit interview was held at 11:30 a.m. in the conference room with the officer in charge and 25 staff in attendance.

The following person were also in attendance:

b6

Headquarters, Immigration and Customs Enforcement

The chairperson explained the procedures that would follow the audit. The team discussed the compliance levels of the mandatory and non-mandatory standards and reviewed their individual findings with the group.

The chairperson expressed appreciation for the cooperation of everyone concerned and congratulated the facility team for the progress made and encouraged them to continue to strive toward even further professionalism within the correctional field.

COMMISSION ON ACCREDITATION FOR CORRECTIONS
AND THE
AMERICAN CORRECTIONAL ASSOCIATION

COMPLIANCE TALLY

Manual Type	Adult Local Detention Facilities, third edition
Supplement	2002 Standards Supplement
Facility/Program	Florence Service Processing Center
Audit Dates	March 29-31, 2004
Auditor(s)	<div style="display: inline-block; background-color: #cccccc; padding: 2px;">b6</div> Chairperson; <div style="display: inline-block; background-color: #cccccc; padding: 2px;">b6</div> Member; <div style="display: inline-block; background-color: #cccccc; padding: 2px;">b6</div> <div style="display: inline-block; background-color: #cccccc; padding: 2px;">b6</div> ber

	MANDATORY	NON-MANDATORY
Number of Standards in Manual	41	399
Number Not Applicable	0	29
Number Applicable	41	370
Number Non-Compliance	0	7
Number in Compliance	41	363
Percentage (%) of Compliance	100%	98%
<ul style="list-style-type: none"> ● Number of Standards <i>minus</i> Number of Not Applicable <i>equals</i> Number Applicable ● Number Applicable <i>minus</i> Number Non-Compliance <i>equals</i> Number Compliance ● Number Compliance <i>divided by</i> Number Applicable <i>equals</i> Percentage of Compliance 		

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Department of Homeland Security
Florence Service Processing Center
Florence, Arizona

March 29-31, 2004

Visiting Committee Findings

Non-Mandatory Standards

Non-Compliance

Standard #3-ALDF-2C-01

SINGLE CELLS ARE REQUIRED FOR INMATES ASSIGNED TO MAXIMUM AND CLOSE CUSTODY. ALL CELLS IN WHICH INMATES ARE CONFINED CONFORM WITH THE FOLLOWING REQUIREMENTS:

- THERE MUST BE 35 SQUARE FEET OF UNENCUMBERED SPACE FOR THE SINGLE CELL OCCUPANT.
- WHEN CONFINEMENT EXCEEDS TEN HOURS PER DAY, THERE IS AT LEAST 70 SQUARE FEET OF TOTAL FLOOR SPACE FOR THE OCCUPANT.
- "UNENCUMBERED SPACE" IS USABLE SPACE THAT IS NOT ENCUMBERED BY FURNISHING OR FIXTURES. AT LEAST ONE DIMENSION OF THE UNENCUMBERED SPACE IS NO LESS THAN SEVEN FEET. IN DETERMINING THE UNENCUMBERED SPACE, ALL FIXTURES MUST BE IN OPERATIONAL POSITION AND MUST PROVIDE THE FOLLOWING MINIMUM AREAS PER PERSON: BED, PLUMBING FIXTURES, DESK, AND LOCKER.

FINDINGS

The Jail Unit has 14 cells with 48 square feet total in each cell. Thirty square feet of unencumbered space.

AGENCY RESPONSE

Waiver

Persons detained in the general population at the Service Processing Center, Florence are housed dorm-style. Any detainee who requires segregated housing will be placed in one of the facility's 13 single cells located in the Jail Special Housing Unit.

The Jail unit was constructed circa 1962. The construction met all building codes and housing standards in effect at that time. The Jail Special Housing Unit consists of 14 single cells with 48 square feet of floor space in each cell. Each cell has an above-floor bed, a toilet, sink, and writing surface. The quality of life for a person in the Jail Segregation Unit is still quite good. Each detainee is offered a minimum of seven hours of outside recreation each week. In addition, there is an indoor dayroom area adjacent to each block of cells. All of these dayrooms (except disciplinary segregation) have televisions. All of the dayrooms have tables and seats that are suitable for letter writing and similar leisure time activities. Detainees are permitted access to the dayrooms as much as possible commensurate with their security requirements and the facility's need to maintain a safe, clean and orderly segregation environment.

There are no current or pending complaints from detainees concerning the conditions of confinement in the segregation units. There have been no such complaints in recent memory and this, combined with the prohibitive cost of bringing the jail segregation cells into compliance, forms the basis of this request for a waiver to this standard.

AUDITOR'S RESPONSE

The visiting committee supports the waiver.

Standard #3-ALDF-2C-04

AT A MINIMUM, THE SYSTEM IS DESIGNED TO PROVIDE SINGLE-OCCUPANCY CELLS FOR ONE-THIRD OF THE POPULATION.

FINDINGS

The facility needs over 100 single cells and has only 14.

AGENCY RESPONSE

Waiver

The Service Processing Center, Florence is designed to maintain its general population in open dorm housing units.

This best serves the mission of the facility, which involves the short-term administrative confinement of an ethnically diverse population with an extremely varied, and to a large degree, unknown range of criminal sophistication. The open dormitory style affords the greatest degree of detainee supervision and, therefore, provides the greatest amount of detainee safety in the unique DHS detention environment.

There are no current or pending complaints from detainees concerning the conditions of confinement in the dormitory housing units. There have been no such complaints in recent memory and this, combined with the prohibitive cost of bringing the facility into

compliance, forms the basis of this request for a waiver to this standard.

AUDITOR'S RESPONSE

The visiting committee supports the waiver.

Standard #3-ALDF-2C-12

ALL CELLS/ROOMS IN SEGREGATION PROVIDE A MINIMUM OF 70 SQUARE FEET, OF WHICH 35 SQUARE FEET IS UNENCUMBERED SPACE.

FINDINGS

The cells in the Segregation Jail Unit have 48 square feet of which 30 square feet is unencumbered space.

AGENCY RESPONSE

Waiver

Persons detained in the general population at the Service Processing Center, Florence are housed dorm-style. Any detainee who requires segregated housing will be placed in one of the facility's 14 single cells located in the Jail Unit. The Jail Unit was constructed circa 1962. The construction met all building codes and housing standards in effect at that time. The Jail Special Housing Unit consists of 14 single cells with 48 square feet of floor space in each cell. Each cell has an above-floor bed, a toilet and a sink.

The quality of life for a person in the Jail Segregation Unit is still quite good. Each detainee is offered a minimum of 7 hours of outside recreation each week. In addition, there is an indoor dayroom area adjacent to each block of Segregation Cells. All of these dayrooms (except jail Disciplinary Segregation) have televisions. All of the dayrooms have tables and seats that are suitable for letter writing and similar leisure time activities.

Detainees are permitted access to the dayroom as much as possible commensurate with their security requirements and the facility's need to maintain a safe, clean and orderly segregation environment.

There are no current or pending complaints from detainees concerning the conditions of confinement in the Segregation Units. There have been no such detainee complaints in recent memory and this, combined with the prohibitive cost of bringing the Jail Segregation Cells into compliance forms the basis for a waiver to Standard 3-ALDF 2C-12.

AUDITOR'S RESPONSE

The visiting committee supports the waiver.

Standard #3-ALDF-4B-04

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROHIBIT THE CONFINEMENT OF JUVENILES UNDER THE AGE OF 18 WITHIN THE FACILITY.

FINDINGS

Facility by statute will house juveniles adjudicated as adults and do so from time to time.

AGENCY RESPONSE

Waiver

Effective 2-24-97, the Immigration and Naturalization Service changed certain procedures relating to the detention, release and treatment of minors in its custody. These changes came out of a settlement agreement arising from a class action lawsuit (Flores v. Reno) that was ultimately adjudicated by the U.S. Supreme Court. Among other things, the settlement mandated that all juvenile aliens who have been convicted as adults in criminal court and are subsequently arrested for violations of U.S. Immigration laws, be detained at Immigration and Customs Enforcement facilities pending removal proceedings.

Any such juveniles detained at this facility will be placed in a Protective Custody status and housed in Administrative Segregation. This segregation will not be punitive, but solely for the purpose of keeping juveniles separate from the more sophisticated and often predatory, adult criminals. As a component on Immigration and Customs Enforcement, the Service Processing Center, Florence is bound by this mandate thus requiring this facility to request a waiver to Standard 3-ALDF-4B-04.

AUDITOR'S RESPONSE

The visiting committee supports the waiver.

Standard #3-ALDF-4B-04-3

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE FOR CLASSIFICATION PLANS FOR YOUTHFUL OFFENDERS THAT DETERMINE LEVEL OF RISK AND PROGRAM NEEDS DEVELOPMENTALLY APPROPRIATE FOR ADOLESCENTS. CLASSIFICATION PLANS SHALL INCLUDE CONSIDERATION OF PHYSICAL, MENTAL, SOCIAL, AND EDUCATIONAL MATURITY OF THE YOUTHFUL OFFENDER.

FINDINGS

Facility only uses one classification plan that is applied to all detainees. Does not have a

specific classification plan for youthful offenders.

AGENCY RESPONSE

Plan of Action

Copies of classification plans have been received from various juvenile detention facilities. A specific classification plan for juveniles which will retain all requirements of current classification plan is being developed. As this plan will need to be approved at the headquarters level it may take several additional months. Until this goal is accomplished, juveniles will remain classified as protective custody and housed administrative segregation.

Task

Develop classification plan

Responsible Agency

FSPC

Assigned Staff

b6

Anticipated Completion Date

October 1, 2005

AUDITOR'S RESPONSE

The visiting committee supports the plan of action.

Standard #3-ALDF-4B-04-6

WRITTEN, POLICY, PROCEDURE, AND PRACTICE REQUIRE THAT PROGRAM PERSONNEL WHO WORK WITH YOUTHFUL OFFENDERS FROM THE SPECIALIZED UNIT BE TRAINED IN THE DEVELOPMENTAL, SAFETY, AND OTHER SPECIFIC NEEDS OF YOUTHFUL OFFENDERS. WRITTEN JOB DESCRIPTIONS AND QUALIFICATIONS REQUIRE TRAINING FOR STAFF SPECIFICALLY ASSIGNED TO THE UNIT OR STAFF WHO ARE RESPONSIBLE FOR PROGRAMMING OF YOUTHFUL OFFENDERS IN THE SPECIALIZED UNIT BEFORE BEING ASSIGNED TO WORK WITH YOUTHFUL OFFENDERS. THE TRAINING SHOULD INCLUDE BUT NOT BE LIMITED TO THE FOLLOWING AREAS:

- ADOLESCENT DEVELOPMENT

- EDUCATIONAL PROGRAMMING
- CULTURAL AWARENESS
- CRISIS PREVENTION AND INTERVENTION
- LEGAL ISSUES
- HOUSING AND PHYSICAL PLANT
- POLICIES AND PROCEDURES
- THE MANAGEMENT OF, AND PROGRAMMING FOR, SEX OFFENDERS
- SUBSTANCE ABUSE SERVICES, COGNITIVE-BEHAVIORAL INTERVENTIONS, INCLUDING ANGER MANAGEMENT, SOCIALSKILLS TRAINING, PROBLEM SOLVING, AND RESISTING PEER PRESSURE, SUICIDE PREVENTION
- NUTRITION
- MENTAL-HEALTH ISSUES
- GENDER-SPECIFIC ISSUES
- CASE-MANAGEMENT PLANNING AND IMPLEMENTATION.

FINDINGS

Facility personnel are not trained in required areas needed for youthful offenders.

AGENCY RESPONSE

Plan of Action

The Service Processing Center, Florence will have appropriate staff for the specific tasks attend training in the areas of adolescent development, educational programming, cultural awareness, crisis prevention and intervention, legal issues, housing and physical plant, policies and procedures, the management of, and programming for, sex offenders, substance abuse services, cognitive behavioral interventions, including anger management, social skills training, problem solving and resisting peer pressure, suicide prevention, nutrition, mental health issues, gender-specific issues, case management planning and implementation. This will enable the facility to address these issues with any youthful offenders which may be placed into our custody. A course of instruction will be developed by the training officer to cover these areas. Staff required to work with juvenile detainee will receive this training.

Task

Training

Responsible Agency

Immigration and Customs Enforcement

Assigned Staff

Medical, Recreation, Detention

Anticipated Completion Date

October 30, 2004

AUDITOR'S RESPONSE

The visiting committee supports the plan of action.

Standard #3-ALDF-4D-08

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE FOR THE ISSUE OF SUITABLE CLOTHING TO ALL INMATES. CLOTHING IS PROPERLY FITTED, CLIMACTICALLY SUITABLE, DURABLE, AND PRESENTABLE.

FINDINGS

Practice supports the needed cleaning but no policy and procedure directing needed cleaning to be done.

AGENCY RESPONSE

Plan of Action

Detainee notices were posted in each housing unit informing them of the availability of laundry services to clean their personal clothing. This information will also be added to the detainee handbook during it's annual review/update. This is scheduled to occur in September.

Task

Update Detainee Handbook

Responsible Agency

FSPC

Assigned Staff

b6

Anticipated Completion Date

Information was posted immediately in housing units. Will be added to handbook in

September.

AUDITOR'S RESPONSE

The visiting committee supports the plan of action.

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Department of Homeland Security
Florence Service Processing Center
Florence, Arizona

March 29-31, 2004

Visiting Committee Findings

Non-Mandatory Standards

Not Applicable

Standard #3-ALDF-1A-07

WHEN THE FACILITY ADMINISTRATOR POSITION IS FILLED BY APPOINTMENT, THE FACILITY ADMINISTRATOR IS APPOINTED BY THE CHIEF EXECUTIVE OFFICER OR GOVERNING BOARD OF THE PARENT AGENCY.

FINDINGS

The OIC is a competitive Federal Civil Service position filled through a merit system process.

Standard #3-ALDF-1A-08

THE QUALIFICATIONS, AUTHORITY, AND RESPONSIBILITIES OF THE FACILITY ADMINISTRATOR AND OTHER APPOINTED PERSONNEL WHO ARE NOT COVERED BY MERIT SYSTEMS, CIVIL SERVICE REGULATION, OR UNION CONTRACT ARE SPECIFIED IN WRITING BY STATUTE OR BY THE PARENT AGENCY.

FINDINGS

The OIC is covered by Merit System and Civil Service regulation.

Standard #3-ALDF-1B-17

COMMISSARY/CANTEEN FUNDS ARE AUDITED INDEPENDENTLY FOLLOWING STANDARD ACCOUNTING PROCEDURES, AND AN ANNUAL FINANCIAL STATUS REPORT IS AVAILABLE AS A PUBLIC DOCUMENT.

FINDINGS

The SPC awards a contract for vending machines and no funds accrue to the SPC and no on-site bookkeeping or audit responsibilities are generated by the contract. The profits are split with a designated public charity, by the contract. DES (Department of Economic Security) would be the auditing sourced of this contract.

Standard #3-ALDF-1B-18

WRITTEN POLICY AND PROCEDURE GOVERN THE OPERATION OF ANY FUND ESTABLISHED FOR INMATES. ANY INTEREST EARNED ON MONIES OTHER THAN OPERATING FUNDS ACCRUES TO THE BENEFIT OF THE INMATES.

FINDINGS

The SPC is an illegal alien detention center and the detainees are held for a short time. The funds of each detainee are held at the facility and at the time of departure of the detainees, cash in the amount the detainee had upon arrival is given at departure.

Standard #3-ALDF-1E-03

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT INMATE TIME IS ACCURATELY COMPUTED AND RECORDED IN CONFORMANCE WITH APPLICABLE STATUTES AND REGULATIONS.

FINDINGS

Since no sentence is being served, no statutory or regulatory authority exists within Department of Homeland Security to provide for sentence computation.

Standard #3-ALDF-2C-14

INMATES PARTICIPATING IN WORK OR EDUCATIONAL RELEASE PROGRAMS ARE SEPARATED FROM INMATES IN THE GENERAL POPULATION.

FINDINGS

No statutory or regulatory authority exists within Department of Homeland Security to provide for work or educational release programs at the SPC.

Standard #3-ALDF-2E-04

IN FACILITIES OFFERING ACADEMIC AND VOCATIONAL TRAINING PROGRAMS, CLASSROOMS ARE DESIGNED IN CONSULTATION WITH SCHOOL AUTHORITIES. (RENOVATION, ADDITION, NEW CONSTRUCTION

ONLY)

FINDINGS

With the short length of stay of most of the illegal aliens before they are deported back to the country of origin, academic and vocational programs are not offered.

Standard #3-ALDF-4B-02-1

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROHIBIT DISCRIMINATION ON THE BASIS OF DISABILITY IN THE PROVISION OF SERVICES, PROGRAMS, AND ACTIVITIES ADMINISTERED FOR PROGRAM BENEFICIARIES AND PARTICIPANTS.

FINDINGS

Detainees with disabilities that preclude them from participation in services, because of physical plant limitations are housed in other appropriate facilities. This determination is made by the facility health care personnel.

Standard #3-ALDF-4C-12

WHEN REQUIRED BY STATUTE, FOOD PRODUCTS THAT ARE GROWN OR PRODUCED WITHIN THE SYSTEM ARE INSPECTED AND APPROVED BY THE APPROPRIATE GOVERNMENT AGENCY; THERE IS A DISTRIBUTION SYSTEM THAT ENSURES PROMPT DELIVERY OF FOODSTUFFS TO FACILITY KITCHENS.

FINDINGS

Food products are not grown or produced within system and not required by statute.

Standard #3-ALDF-4E-13

IN FACILITIES WITHOUT FULL-TIME, QUALIFIED HEALTH PERSONNEL, A HEALTH-TRAINED STAFF MEMBER COORDINATES THE HEALTH CARE DELIVERY IN THE FACILITY UNDER THE JOINT SUPERVISION OF THE RESPONSIBLE HEALTH AUTHORITY AND FACILITY ADMINISTRATOR.

FINDINGS

Florence Service Processing Center has full time medical personnel in charge of Medical/Health services.

Standard #3-ALDF-4E-15

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT ANY STUDENTS OR INTERNS DELIVERING HEALTH CARE IN THE FACILITY WORK UNDER DIRECT STAFF SUPERVISION, COMMENSURATE WITH THEIR LEVEL OF TRAINING.

FINDINGS

The Florence Service Processing Center does not use students or interns to deliver health care to detainees.

Standard #3-ALDF-4E-19-1

WRITTEN POLICY, PROCEDURE AND PRACTICE PROVIDE THAT PREGNANCY MANAGEMENT IS SPECIFIC AS IT RELATES TO THE FOLLOWING:

- PREGNANCY TESTING
- ROUTINE PRENATAL CARE
- HIGH-RISK PRENATAL CARE
- MANAGEMENT OF THE CHEMICALLY ADDICTED PREGNANT INMATE
- POSTPARTUM FOLLOW-UP

FINDINGS

Female detainees are not housed at this facility.

Standard #3-ALDF-4F-04

WRITTEN POLICY, PROCEDURE, AND PRACTICE REQUIRE THAT COMPREHENSIVE COUNSELING AND ASSISTANCE ARE PROVIDED TO PREGNANT INMATES IN KEEPING WITH THEIR EXPRESSED DESIRES IN PLANNING FOR THEIR UNBORN CHILDREN.

FINDINGS

The Florence Service Processing Center does not house pregnant females at this time.

Standard #3-ALDF-4F-06

WHERE A DRUG TREATMENT PROGRAM EXISTS, WRITTEN POLICY, PROCEDURE AND PRACTICE PROVIDE THAT THE ALCOHOL AND DRUG ABUSE TREATMENT PROGRAM HAS A WRITTEN TREATMENT PHILOSOPHY WITHIN THE CONTEXT OF THE TOTAL CORRECTIONAL SYSTEM, AS WELL AS, GOALS AND MEASURABLE OBJECTIVES. THESE DOCUMENTS ARE REVIEWED AT LEAST ANNUALLY AND UPDATED AS NEEDED.

FINDINGS

There are no drug treatment programs offered.

Standard #3-ALDF-4F-07

WHERE A DRUG TREATMENT PROGRAM EXISTS, WRITTEN POLICY, PROCEDURE AND PRACTICE PROVIDE FOR AN APPROPRIATE RANGE OF PRIMARY TREATMENT SERVICES FOR ALCOHOL AND OTHER DRUG ABUSING OFFENDERS THAT INCLUDE, AT A MINIMUM, THE FOLLOWING:

- OFFENDER DIAGNOSIS
- IDENTIFIED PROBLEM AREAS
- INDIVIDUAL TREATMENT OBJECTIVES
- TREATMENT GOALS
- COUNSELING NEEDS
- DRUG EDUCATION PLAN
- RELAPSE PREVENTION AND MANAGEMENT
- CULTURALLY SENSITIVE TREATMENT OBJECTIVES, AS APPROPRIATE
- THE PROVISION OF SELF-HELP GROUPS AS AN ADJUNCT TO TREATMENT
- PRE-RELEASE AND TRANSITIONAL SERVICE NEEDS
- COORDINATION EFFORTS WITH COMMUNITY SUPERVISION AND TREATMENT STAFF DURING THE PRE-RELEASE PHASE TO ENSURE A CONTINUUM OF SUPERVISION AND TREATMENT

FINDINGS

There are no drug treatment programs offered.

Standard #3-ALDF-4F-08

WHERE A DRUG TREATMENT PROGRAM EXISTS, WRITTEN POLICY, PROCEDURE AND PRACTICE PROVIDE THAT THE FACILITY USES A COORDINATED STAFF APPROACH TO DELIVER TREATMENT SERVICES. THIS APPROACH TO SERVICE DELIVERY SHALL BE DOCUMENTED IN TREATMENT PLANNING CONFERENCES AND IN INDIVIDUAL TREATMENT FILES.

FINDINGS

There are no drug treatment programs offered.

Standard #3-ALDF-4F-09

WHERE A DRUG TREATMENT PROGRAM EXISTS, WRITTEN POLICY, PROCEDURE AND PRACTICE PROVIDE INCENTIVES FOR TARGETED TREATMENT PROGRAMS TO INCREASE AND MAINTAIN THE OFFENDER'S MOTIVATION FOR TREATMENT.

FINDINGS

There are no drug treatment programs offered.

Standard #3-ALDF-4G-02

WHEN THE FACILITY IS DESIGNATED TO OPERATE ANY TYPE OF PRETRIAL INTERVENTION SERVICE OR OTHER RELEASE PROGRAM, ITS AUTHORITY AND RESPONSIBILITY ARE STATED BY STATUTE OR ADMINISTRATIVE REGULATION

FINDINGS

No statutory or regulatory authority exists within ICE for Service Processing Center to provide release programs for detainees.

Standard #3-ALDF-4G-03

WHEN A PRETRIAL INTERVENTION PROGRAM, DIVERSION PROGRAM, PRETRIAL RELEASE PROGRAM, OR PAROLE PROGRAM IS CONDUCTED IN THE FACILITY, SUFFICIENT STAFF, SPACE, AND EQUIPMENT ARE PROVIDED TO SERVICE THE PROGRAM.

FINDINGS

The Florence Service Processing Center has no statutory regulating authority to provide release programming for detainees.

Standard #3-ALDF-4G-04

TEMPORARY RELEASE PROGRAMS ARE REQUIRED TO HAVE THE FOLLOWING ELEMENTS:

- WRITTEN OPERATIONAL PROCEDURES
- CAREFUL SCREENING AND SELECTION PROCEDURES
- WRITTEN RULES OF INMATE CONDUCT
- A SYSTEM OF SUPERVISION
- A SYSTEM FOR EVALUATING PROGRAM EFFECTIVENESS
- EFFORTS TO OBTAIN COMMUNITY COOPERATION AND SUPPORT

FINDINGS

The Florence Service Processing Center cannot do temporary release programs for detainees due to the short time frame they are present at this facility.

Standard #3-ALDF-4G-05

WHERE STATUTE PERMITS, WRITTEN POLICY AND PROCEDURE ALLOW FOR INMATE PARTICIPATION IN WORK OR EDUCATIONAL RELEASE PROGRAMS.

FINDINGS

There is no Community Custody Level within ICE that would allow the Florence Service Processing Center to allow temporary work or educational release.

Standard #3-ALDF-5A-09

WHERE STATUTE PERMITS, THE INMATE WORK PLAN PROVIDES FOR INMATE WORK ASSIGNMENT IN PUBLIC WORKS PROJECTS.

FINDINGS

The Department of Homeland Security classification system does not include a Community Custody Level that would permit detainees to work in the community.

Standard #3-ALDF-5A-10

WHERE STATUTE PERMITS, THE INMATE WORK PLAN INCLUDES PROVISION FOR INMATES TO WORK IN VARIOUS NONPROFIT AND COMMUNITY SERVICE PROJECTS.

FINDINGS

The Department of Homeland Security classification system does not include a level for community work that would permit the Florence Service Processing Center to do community release work.

Standard #3-ALDF-5A-14

THERE IS A STATUTE AND/OR WRITTEN POLICY AND PROCEDURE THAT AUTHORIZES THE ESTABLISHMENT OF AN INDUSTRIES PROGRAM AND DELINEATES THE AREAS OF AUTHORITY, RESPONSIBILITY, AND ACCOUNTABILITY FOR THE PROGRAM.

FINDINGS

No statutory regulation exists with the Department of Homeland Security to permit industries programs at the Florence Service Processing Center.

Standard #3-ALDF-5A-15

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT THE NUMBER OF INMATES ASSIGNED TO INDUSTRIES OPERATIONS MEET THE REALISTIC WORKLOAD NEEDS OF EACH INDUSTRIES OPERATING UNIT.

FINDINGS

No statutory or regulating authority exists within the Department of Homeland Security to provide industries programs for detainees at the Florence Service Processing Center.

Standard #3-ALDF-5A-16

EACH INDUSTRIES OPERATING UNIT HAS A WRITTEN QUALITY CONTROL PROCEDURE THAT PROVIDES FOR RAW MATERIAL, IN-PROCESS, AND FINAL PRODUCT INSPECTION.

FINDINGS

No statutory or regulating authority exists within the Department of Homeland Security to establish an industries program at the Florence Service Processing Center.

Standard #3-ALDF-5A-17

A COST ACCOUNTING SYSTEM FOR EACH OPERATING INDUSTRIES UNIT IS DESIGNED, IMPLEMENTED, AND MAINTAINED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES.

FINDINGS

No statutory or regulating authority exists within the Department of Homeland Security to establish an industries program at the Florence Service Processing Center.

Standard #3-ALDF-5D-13

WHERE STATUTE PERMITS, WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE FOR EXTENDED VISITS BETWEEN INMATES AND THEIR FAMILIES.

FINDINGS

Federal regulation prohibits extended visit between a detainee and his/her family members.

Standard #3-ALDF-5D-14

WHERE STATUTE PERMITS, WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT INMATES WITH APPROPRIATE SECURITY CLASSIFICATIONS ARE ALLOWED FURLOUGHS TO THE COMMUNITY TO MAINTAIN COMMUNITY AND FAMILY TIES, SEEK EMPLOYMENT OPPORTUNITIES, AND FOR OTHER PURPOSES CONSISTENT WITH THE PUBLIC INTEREST.

FINDINGS

Federal regulations prohibit detainee's furloughs into the community.

Significant Incident Summary

This summary is required to be provided to the chair of your audit team upon their arrival. The information contained on this form will also be summarized in the narrative portion of the visiting committee report and will be incorporated into the final report. It should contain data for the last 12 months; indicate those months in the boxes provided. Please type the data. If you have questions on how to complete the form, please contact your regional manager.

Facility		Year 2003-2004											
		Months											
<i>Incidents</i>		3-03	4-03	5-03	6-03	7-03	8-03	9-03	10-03	11-03	12-03	1-04	2-04
Assault: Offenders/ Offenders*	Indicate types (sexual**, physical, etc.)	P	P	P	P	P	P	P	P	P	P	P	P
	# With Weapon	0	0	0	0	0	0	0	0	0	0	0	0
	# Without Weapon	1	2	3	2	1	4	2	1	0	1	3	1
Assault: Offender/ Staff	Indicate types (sexual**, physical, etc.)	P	0	0	0	P	0	P	P	P	0	0	0
	# With Weapon	0	0	0	0	0	0	0	0	0	0	0	0
	# Without Weapon	2	0	0	0	2	0	2	4	2	0	0	0
Number of Forced Moves Used***	(Cell extraction or other forced relocation of offenders)	3	4	1	1	1	1	0	0	2	0	0	0
Disturbances****		0	0	0	0	0	0	0	0	0	0	0	0
Number of Times Chemical Agents Used		0	0	0	0	0	1	0	0	0	0	0	0
Number of Times Special Reaction Team Used		0	0	0	0	0	0	0	0	0	0	0	0
Four/Five Point Restraints	Number	0	0	0	0	0	1	0	0	0	0	0	0
	Indicate type (chair, bed, board, etc.)	0	0	0	0	0	BED	0	0	0	0	0	0
Offender Medical Referrals as a Result of Injuries Sustained	#'s should reflect incidents on this form, not rec or other source	1	3	1	3	4	0	2	1	3	2	3	1
Escapes	# Attempted	0	0	0	0	0	0	0	0	0	0	0	0
	# Actual	0	0	0	0	0	0	0	0	0	0	0	0
Substantiated Grievances (resolved in favor of offender)	Reason (medical, food, religious, etc.)	0	0	0	0	0	0	0	0	0	0	0	0
	Number	0	0	0	0	0	0	0	0	0	0	0	0
Deaths	Reason (violent, illness, suicide,	0	0	0	0	0	0	0	0	0	0	0	0
	Number	0	0	0	0	0	0	0	0	0	0	0	0

*Any physical contact that involves two or more offenders



**Oral, anal or vaginal copulation involving at least two parties

***Routine transportation of offenders is not considered "forced"

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

COMMISSION ON ACCREDITATION FOR CORRECTIONS

TECHNICAL ASSISTANCE REPORT

Willacy County Processing Center
Raymondville, Texas

October 8-9, 2007

VISITING COMMITTEE MEMBER

 Chairperson
Assistant to the Superintendent/ACA Manager
Indian River Juvenile Correctional Facility
2775 Indian River Rd. SW
Massillon, OH 44646
(330) 

A. Introduction

The technical assistance for the Food Service Department of the Willacy Detention Center in Raymondville, Texas was conducted October 8 – 9, 2007 by [REDACTED] b6
The technical assistance was conducted on behalf of the Department of Homeland Security – ICE for the facility that is privately run by MTC – Management & Training Corp.

B. Facility Demographics

Rated Capacity: 2000 detainees

Actual Population: 960 detainees: 730 male & 230 female

Average Length of Stay: Approx. 21 + days

Security/Custody Level: Level 1 & 2 (non-criminal – awaiting deportation)

Age Range of Offenders: All

Gender: Male & Female

Full-Time Staff: ICE Staff – 1 Officer in Charge, 1 Asst. Officer in Charge, 2 Duty Operations Supervisors, 6 Supervisors – Immigration Enforcement Agents, 16 Deportation Officers, 31 Immigration Enforcement Agents, 2 Supervisors, and 11 Deportation & Removal Assistants.

C. Facility Description

MTC was awarded a contract for operations and management of the Willacy County Detention Center by Willacy County, Texas. MTC is responsible for all aspects of detention services including providing security personnel, housing and transportation in compliance with the Intergovernmental Service Agreement between Willacy County and United States Department of Homeland Security, Immigration and Customs Enforcement (ICE). Services are provided in accordance with the most current editions of ICE National Detention Requirements.

ICE required the 2,000 bed facility to be operational within 90 days of contract award. The project was delivered in three operational phases: The first 500 beds in 40 days; 1,000 beds operational in 60 days; and 2,000 beds operational in 90 days. MTC and Hale-Mills Construction completed each phase of the project on time. The fast-track work order came after President Bush provided Congress with his proposed FY2007 budget. In that 28% growth in illegal immigrant bed space for ICE. The architecture, designed for speed of construction is the first of its kind for ICE. The project includes 10 pod-like domes, each housing 200 detainees. The domes are constructed of steel beams covered with a tough synthetic-type fabric. The facility is currently under construction to

construct additional work space & Offices along with an additional 1000 beds, 86 segregation rooms, 2 indoor recreation areas, and a new kitchen and cafeteria.

Willacy is not accredited with the American Correctional Association; however, has plans for the future to pursue accreditation.

D. Pre-Audit Meeting

Due to the nature of the visit, there was not a pre-audit meeting.

E. The Audit Process

1. Transportation – [b6] was picked up Monday morning by [b6] [b6], who was on special assignment from the Port Isabel Detention Center to assist the Willacy Detention Center with developing a corrective action plan to address issues identified in the food service department at the facility.

2. Entrance Interview

There was not a formal Entrance Interview due to the nature of the visit and due to October 8th being the Observed holiday for Columbus Day.

3. Facility Tour

The Auditor was given [b6] facility. [b6] was accompanied by [b6] and [b6, b7c], Supervisor, Detention & Deportation Officer. Food Service Administrator, [b6], joined the tour of the Food Service department.

F. Food Service Technical Assistance

1 Purpose of Technical Assistance:

The technical assistance visit was requested by the Department of Homeland Security – Immigration & Customs Enforcement on behalf of the Willacy Detention Center, which is a private-run facility by Management & Training Corporation (MTC). The request was in response to media reports which were reporting conditions of the facility for immigrants, specifically the food service department. Immigrants reported maggots in the food as well as reporting that the quality and quantity of food was deplorable.

2. Overview of Food Service Department: The Food Service Department serves 3 meals: Breakfast, Lunch, & Dinner. The menu is a 5-week cycle menu that has been reviewed and approved by a Contract Registered Dietitian. The department feeds the detainees via satellite. The meals are prepared, assembled, and packaged in Thermal Trays and delivered to the pods. The food trays are passed

out to the detainee's on unit where the meal is consumed. Religious & Medical Diets are also prepared as prescribed.

3. Observations & Recommendations:

There was standing water throughout the department due to poor drainage. It is recommended that a wet-vacuum be purchased to assist in reducing the excess water on the floor. The water presents a safety issue for staff that may slip & fall as well as attracting gnats, which were observed in the dish room and food prep areas. Self-contained bug lights were recently installed in the kitchen. Sufficient drainage should be considered as the new food service department is constructed.

Cooler temperatures were not within acceptable range according to ACA standard as well as the Texas Department of Health Standards. Acceptable Cooler temperature range is 35 to 40 degrees. In reviewing temperature logs, there were several entries that reported the cooler in the kitchen was above 40 degrees. Additionally, the freezer, cooler, & dry storage temperatures were being recorded on Dish machine Final Rinse Temperature logs. Note: The temperature logs were replaced following discussion of the temperature logs. It is also encouraged that the facility ensure that the coolers & freezers be a part of a Preventative Maintenance plan to ensure efficient operation of the equipment, including an inspection of the condensing units and gaskets around the doors. Gaskets should be cleaned & sanitized as needed. A second thermometer should be laced inside the cooler as a secondary source for monitoring the temperature.

Limited Storage – foods in the dry storage area as well as the freezer are stacked too high. The boxes on the bottom of those stacks are collapsing and/or crushing. The facility currently receives food orders twice per month. It is recommended that the facility consider ordering weekly to alleviate the limited storage. The storage and coolers were clean and stored properly – 6” off the floor and 18” from the ceiling. Continue to ensure that foods are rotated. The temperatures of the freezer and dry storage areas were well within acceptable standards.

Satellite Feeding – Observed assembly & delivery of food. Food temperatures are taken by the security or food service staff and logged before & during the assembly of the trays to ensure that they are within acceptable food standards. Staff were observed wearing proper hair restraints and food handling gloves. One concern observed was that the food was being portioned into damp food trays. While observing the tray assembly, it was observed that dry bread was being placed in a damp compartment, thus causing the bread to absorb the water. Trays were damp due to the final rinse temperature of the dish machine not meeting the required 180 degree temperature. Food Service Administrator reported that he has placed several maintenance work orders for the final rinse temperature. It is recommended that the final rinse temperature be corrected and a rinse dry agent be added.

Cups – beverage cups are placed in plastic bags in quantity of 50. Moisture was observed in the plastic bags containing the cups. Temperature & moisture are 2 conditions ideal for the growth of bacteria. It was recommended that an alternative way of storing and delivering cups to the pods be considered. It was suggested that the cups be placed in racks or paper/Styrofoam cups be considered.

Chemical Storage – a limited amount of chemicals for the Food Service Department is stored in the Laundry Department. All chemicals were properly stored, labeled, and inventoried. MSDS Sheets were readily available. It is encouraged that the facility maintains the perpetual inventory on a daily basis. An aerosol can of Solarcaine was found in the Dry Storage area with the First Aid kits. Aerosols are discouraged due to their flammability. According to an MSDS Sheet for Solarcaine, it contains isobutene and propane. This item should be stored in a flammable cabinet if the facility continues to stock this product. Burn Creams are available and is recommended as a safer alternative.

Electrical Panels – Open electric panels in a high traffic area is not the ideal location and/or situation. With the high traffic, transportation of metal carts, and water on the floor, presents a concern for employee safety. It was also noted that excess water was seeping through the walls and out into the hallway outside of the Food Service Department. Electrical Panels should have a 2 ½ foot clearance in accordance with OSHA.

1910.306(b) (4) Clearance. The dimension of the working space in the direction of access to live part that may require examination, adjustment, servicing, or maintenance while alive shall be a minimum of 762 mm (2.5 ft). Where controls are enclosed in cabinets, the doors shall either open at least 90 degrees or be removable.

Cambro Drink Containers – Cambro Beverage containers are used to transport and dispense beverages to the detainee's. The Food Service Administrator, Mr. (b)(6) reported that the containers are cleaned every other day. Ideally, the containers should be washed after each use.

Cycle Menu – The menu is based on a 5-week cycle menu, which has been reviewed and approved by a Registered Dietitian. Weeks 1, 3, & 5 are the same as well as Weeks 2 & 4. In essence, this represents a 2-week cycle menu. With Weeks 1 & 5 being the same, detainees are served the same menu two consecutive weeks. ACA standards require “determination of and responsiveness to inmate eating preferences” (4-ALDF-4A-05). It is recommended that detainees and staff be surveyed quarterly for input on the menus. In addition, “Menu evaluations are conducted at least quarterly by food service supervisory staff to verify adherence to the established basic daily servings” (4-ALDF-4A-07), which is currently not done at the facility. The facility was not able to provide a nutritional analysis of the menu upon request. Additional information will be provided with the Detainee interviews.

Tool Control – the tool storage area is located in a caged area of the Dry Storage room. This is a restricted area with access limited. Knives are in a locked cabinet and all tools are labeled, numbered, and shadowed. Tools are signed in/out using the Chit system as well as logged on a sign in/out sheet. The chits are a laminated picture of the staff member.

Some tools are no longer in use or out of service and should be tagged as such on the shadow board so it is not confused as a missing tool.

4. Meals – Assembly of trays for lunch and dinner was observed. The lunch Menu was Chicken & Vegetables with White Rice, Lettuce, Yellow Cake, and Beans with turkey ham. Fruit punch was served on unit along with the meal. Dinner was Chicken Salad with White Bread, Raw Carrot slices, pudding, Lettuce, and Onions & Pickles.

Review of Standards:

Standard #4A-05

“Determination of & responsiveness to inmate eating preferences”– facility is encouraged to interview/survey detainees for input on the menus.

Standard #4A-07 (Mandatory)

“Menu evaluations are conducted at least quarterly by food service supervisory staff to verify adherence to the established basic daily servings”. Facility is not completing menu evaluations at this time. Facility is encouraged to complete menu evaluations as standard recommends.

Standard #4A-11 (Mandatory)

There is documentation by an independent, outside source that food service facilities and equipment meet established governmental health and safety codes. Corrective action is taken on deficiencies, if any”. Recent health inspection had several corrective actions. It is encouraged that any time a deficiency is noted in a health inspection, the Food Service Administrator in consultation with the facility administrator, should develop a corrective action plan and document that the deficiency has been corrected.

Standard #4A-12

“All staff, contractors, and inmate workers are trained in the use of equipment safety procedures to be followed in the food service department.” Continue to document all food service related training including the use & cleaning of all equipment on an annual basis. Keep in mind ACA Standard 1D-11, which requires 16 hours of annual training for Food Service staff.

Standard #4A-16 Mandatory

““Stored shelf goods are maintained at 45 degrees to 80 degrees Fahrenheit, and frozen foods at 0 degrees Fahrenheit or below, unless national or state health

codes specify otherwise”. “Temperatures are checked and recorded daily.” Correction action is recommended on coolers when temperatures are noted above 40 degrees.

Standard #4A-17

“Meals are prepared, delivered, and served under staff supervision”. Please note Texas Health Law regarding “Person-in-charge”. Ensure adequate training is conducted that meets the requirements of “Person in charge” 229.163c of the Health laws.

G. Interviews

Following lunch, interviews of the detainee’s were conducted. [REDACTED] b6 and [REDACTED] b6, b7c accompanied the auditor to conduct the interviews. [REDACTED] b6 served as [REDACTED] for the interviews as a majority of the Detainees do NOT speak English fluently. Detainee’s were asked for their Opinion and input on the food served at Willacy.

1. Female Detainee Responses:

Too many sandwiches and no condiments (ketchup, mustard, mayo) too many onions – onions smell up the food & tray no variety – they serve the same food all the time too many eggs – would like some variety. Would like to have cheese and jalapeno peppers, and tomatoes/salsa added to the Scrambled Eggs. Delicious. Grateful for the food. Love it!

2. Male Detainee Responses

Not as good; today was ok.
Too many sandwiches (Cold Cuts)
Too many eggs
Rice – over/under cooked
Want more coffee
Vegetarian reports no variety. Lunch today was Baked potato & Rice
Salad – no dressing
Bland – no spice/enhancements
Cups & spoons – not washed properly
Want more than just white bread for sandwiches – want more tortillas
Milk is outdated – beyond dates
Would like to supplement food from commissary – i.e. Cup-a-Soup & Ramen Noodles.

3. Suggestions:

Recommend a 4 week Cycle Menu (this accommodates the 21 day average Length of Stay. Ensure all 4 weeks are different.

Enhance Meals – Put icing on cake; add condiments to sandwiches; rotate white/wheat bread, tortilla to make Wrap Sandwiches, Hamburger Buns, Croissants, etc.

Survey the detainee’s and staff for input in developing menu.

Use Standardized Recipes to ensure consistency in products as well as control food costs.

Allow Food Service staff flexibility to switch up food items to enhance the meal.

Concern: While interviewing the detainee’s, we were secured on one of the pods. When we were ready to leave, the staff remaining on the unit did NOT have a key to let us out. The staff had to radio to another security officer to come let us off the unit. This is not only a safety concern, it is a legal liability. Staff on each unit should have a key to exit the unit. If a fire were to break out, the staff and detainees would be trapped until a staff member let them out. Furthermore, if a riot or hostage situation were to take place, the staff would be unable to get away. It is an area of concern that the facility is encouraged to take into consideration and develop an action plan to address this issue. (b)(6), b7c and (b)(6) informed me that this is the practice and not an isolated incident.

H. Exit Discussion

The exit interview was held at 9:45 a.m. in the Conference Room.

The following persons were also in attendance:

(b6, b7c) Supervisor, Detention & Deportation Officer
(b6) , Food Service Assistant Supervisor
(b6) Jr., Food Service Administrator
(b6, b7c) Acting Officer in Charge
(b6) QA Coordinator
(b6, b7c) Supervisor Detention & Deportation Officer
(b6) , ICE PIDC Supervisory Cook
(b6, b7c) Detention, Operations Supervisor
(b6, b7c) Supervisory Immigration Enforcement Agent

The chairperson thanked the Administrators of ICE for involving the American Correctional Association (ACA) with the technical assistance of the Food Service Department at Willacy Detention Center. The purpose of this technical assistance was to conduct an inspection and assist the facility in developing an action plan to address any deficiencies. The issues reported by the media were not observed during this technical assistance. While there are many improvement opportunities based on the recommendations made during this technical assistance; however, conditions were not as bad as the media had portrayed. It is evident that the media took a small part of the

situation and highlighted the isolated report of maggots and portrayed it as more than what it really was. Conditions were not found to be in deplorable conditions as reported.

The Auditor shared his observations and recommendations with the staff in attendance. The Department of Homeland Security – ICE has agreed in conjunction with the staff of MTC, to address all issues noted. The facility was encouraged to pursue accreditation following the completion of their construction and expansion projects. A follow up phone call from Mr. (b)(6) following the Technical Assistance has assured this auditor that the facility has addressed many of the recommendations and has made initial attempts to work with the Dietitian on the cycle menu. The staff of ICE & MTC were very receptive and cooperative throughout the entire technical assistance.

The chairperson expressed appreciation for the cooperation of everyone concerned and congratulated the facility team for the progress made and encouraged them to continue to strive toward even further professionalism within the correctional field.