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Office of Detention Oversight Compliance Inspection

Enforcement and Removal Operations ERO Atlanta Field Office

Irwin County Detention Center Ocilla, GA

March 3-5, 2020

COMPLIANCE INSPECTION
of the
IRWIN COUNTY DETENTION CENTER
Ocilla, GA

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COMPLIANCE INSPECTION TEAM MEMBERS

(b)(6); (b)(7)(C)		
	Team Lead	ODO
	Inspections and Compliance Specialist	ODO
	Inspections and Compliance Specialist	ODO
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	Contractor	Creative Corrections

FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection of the Irwin County Detention Center (ICDC) in Ocilla, Georgia, from March 3 to 5, 2020.[1] The facility opened in 1994 and is owned by Irwin County and operated by LaSalle Corrections. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at ICDC in 2011 under the oversight of ERO's Field Office Director in Atlanta (ERO Atlanta). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2008.

ERO has assigned Deportation Officers and a Detention Services Manager to the facility. A LaSalle Corrections Warden handles daily facility operations and is supported by 248 personnel. LaSalle Corrections staff provides food services and medical care, and Correct Commissary provides commissary services at the facility.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity[2]	984
Average ICE Detainee Population[3]	788
Male Detainee Population (as of 3/5/2020)	391
Female Detainee Population (as of 3/5/2020)	298

During its last inspection, in FY 2017, ODO found 26 deficiencies in the following areas: Environmental Health and Safety (5); Admission and Release (1); Classification System (1); Special Management Units (1); Staff-Detainee Communication (2); Use of Force and Restraints (1); Medical Care (9); Telephone Access (3); Grievance System (1); and Law Libraries and Legal Materials (2).

[1] This facility holds male and female detainees with low, medium-low, medium-high, and high security classification levels for periods longer than 72 hours.
[2] Data Source: ERO Facility List Report as of February 24, 2020.
[3] *Ibid.*

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, and where detainees are housed for longer than 72 hours, to assess compliance with ICE national detention standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.[4]

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as "deficiencies." For facilities governed by either the PBNDS 2008 or 2011, ODO specifically notes deficiencies related to ICE-designated "priority components," which are considered critical to facility security and the legal and civil rights of detainees. ODO also highlights instances in which the facility resolves deficiencies prior to completion of the ODO inspection. Where applicable, these corrective actions are annotated with "C" under the *Compliance Inspection Findings* section of this report.

Upon completion of each inspection, ODO conducts a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is shared with ERO management officials. Thereafter, ODO provides ICE leadership with a final compliance inspection report to: (i) assist ERO in developing and initiating corrective action plans; and (ii) provide senior executives with an independent assessment of facility operations. ODO's findings inform ICE executive management in their decision-making to better allocate resources across the agency's entire detention inventory.

[4] ODO reviews the facility's compliance with selected standards in their entirety.

FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2008 MAJOR CATEGORIES

PBNDS 2008 Standards Inspected[5]	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	3
Sub-Total	**3**
Part 2 – Security	
Admission and Release	5
Classification System	4
Funds and Personal Property	3
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	1
Staff-Detainee Communication	3
Use of Force and Restraints	2
Sub-Total	**18**
Part 4 – Care	
Food Service	2
Medical Care	3
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation[6]	2
Sub-Total	**7**
Part 5 – Activities	
Recreation	0
Religious Practices	0
Telephone Access	2
Visitation	4
Sub-Total	**6**
Part 6 – Justice	
Grievance Systems	2
Law Libraries and Legal Materials	0
Sub-Total	**2**
Total Deficiencies	**36**

[5] For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.
[6] This standard inspected under PBNDS 2011 (Revised 2016).

DETAINEE RELATIONS

ODO interviewed 24 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services except for the medical concerns listed below.

Medical Care: One detainee complained she would like to receive nose surgery and is not satisfied with the nasal spray provided by medical staff.

- Action Taken: ODO spoke with medical staff and reviewed the detainee's medical file and determined an initial physical examination was completed on October 30, 2018, and an annual physical examination was performed in 2019. She was evaluated by an Ear, Nose, and Throat consultant and a nasal septal deviation was diagnosed with surgical correction recommended. However, a nasal septal deviation is not a medical necessity, so conservative treatment such as nasal sprays is acceptable care.

Medical Care: One transgender detainee complained she is not satisfied with medical services provided because she has a ruptured breast implant.

- Action Taken: ODO spoke with medical staff and reviewed the detainee's medical file and determined the detainee is a 31-year-old male that identifies himself as female. The detainee arrived at ICDC on January 7, 2020, with medical intake documenting hormonal replacement and surgical breast augmentation. The detainee received appropriate evaluations from the medical staff and mental health. A review of the medical records and medication administration records (MARS) revealed the detainee did not receive prescribed medications from January 7-28, 2020, which delayed and interrupted medical care. On February 19, 2020, the detainee was evaluated for a self-reported chest pain, so she underwent an emergency mammogram to be evaluated for possible ruptured saline breast implants. The next day, a mammogram revealed changes consistent with a possible rupture of one of the breast implants and an MRI was recommended for further evaluation. The detainee was scheduled to undergo a breast MRI on March 6, 2020.

Medical Care: Another detainee complained about thyroid pain and not receiving appropriate medical care. The detainee also complained about delayed dental care due to the endocrinologist facing multiple lawsuits.

- Action Taken: ODO spoke with medical staff and reviewed the detainee's medical file. This detainee was diagnosed as having hypothyroidism as he was undergoing evaluations by the endocrinologist. The detainee received a thyroid scan on February 23, 2020, and a thyroid biopsy was completed on February 6, 2020. As of March 3, 2020, the biopsy results were not available at ICDC, so ODO advised the Director of Nursing (DON) to request the biopsy results from the ICDCF medical clinic and to follow-up with the endocrinologist. The detainee also reported the reason for delay of medical care was that the consultant endocrinologist is faced with a multitude of

legal actions. These allegations were not validated by ODO; however, the DON stated ICDC utilizes more than one community endocrinologist.

Medical Care: One detainee complained about back pain after falling in the shower and receiving only Tylenol as medication.

- Action Taken: ODO reviewed the detainee's medical record and noted the detainee has a history of hypertension, hypokalemia, and uses a C-Pap machine for sleep apnea. There were no notes of an evaluation or treatment for a back injury in the medical record. Based on review of the medical record and concerns, the DON requested the detainee come to medical for an evaluation.

Medical Care: One detainee complained about receiving a pap smear while her hands were cuffed, and she only received three-days of a five-day medication prescription.

- Action Taken: ODO reviewed the detainee's medical record and noted the detainee was evaluated and treated for Trichomonas Vaginitis. She received treatment with Flagyl for one week, which was appropriate. Regarding the hand restraints, there is no medical reason for hand restraints to be removed for a non-pregnant female vaginal examination.

Medical Care: One detainee complained about constipation and not receiving an adequate diet for the issue.

- Action Taken: ODO spoke with medical staff and reviewed the detainee's medical file, which revealed the detainee was evaluated on October 18, 2019. The detainee was treated by the medical staff for constipation and the stool softener Colace and Fiber were prescribed. On January 29, 2020, the detainee requested discontinuation of the prescribed treatment. There is no medical indication to prescribe a medical diet for constipation.

Medical Care: One detainee stated he had pain while urinating. The detainee stated he was seen by medical, but his issue was not resolved.

- Action Taken: ODO reviewed the detainee's medical record and found the detainee reported having pain while urinating and was evaluated during sick call on October 31, 2019. The detainee's urine specimen revealed normal urine results, with a trace of protein. The facility's medical staff advised the detainee to increase fluid intake and the detainee had no further complaints. On December 9, 2019, the detainee was evaluated during sick call for fungus on his toenail and treated based on approved treatment protocol. He was reevaluated on January 27, 2020, and prescribed topical medications for his fungal infection on his toenail. A review of MARS showed the prescribed medication was dispensed and available on January 28, 2020, but the detainee did not show up to the pill line for daily treatment. Hence, the detainee received appropriate medical care, but he failed to comply with treatment.

Medical Care: Another detainee stated she complained to the medical staff about her constipation. She stated the medical staff provided her with medicine, which did not help, and they also stopped responding to her medical requests.

- Action Taken: ODO spoke with medical staff and reviewed the detainee's medical file and determined the detainee arrived at ICDC on July 29, 2019, and complained of constipation. The detainee received an abdominal x-ray which revealed a large amount of fecal material without any intestinal obstruction. The medical staff provided the detainee milk of magnesia and prescribed Colace, a stool softener. The. medical records revealed the detainee did not report to the pill line to receive the prescribed maintenance medication. The detainee did receive the appropriate evaluation and treatment for constipation.

Medical Care: One detainee complained she needed glasses. She submitted a medical request but was not assisted until she submitted a grievance approximately four months later, at which time she was finally helped.

- Action Taken: ODO reviewed the detainee's medical record and found the detainee reported she needed glasses on August 6, 2019. The next day, she underwent a physical examination, but a visual acuity assessment was not completed. She submitted a sick call request on September 21, 2019, for glasses, but no eye examination was completed. On February 13, 2020, she was evaluated during sick call due to blurred vision. An eye examination revealed an acuity reading of 20/50, but did not specify right eye, left eye or both eyes. She was finally evaluated by the optometrist on February 20, 2020, and it was determined the detainee had a valid complaint. ICDC failed to perform the appropriate base line eye examination and delayed referral to the optometrist. Before ODO departed, there was no documentation provided pertaining to whether the detainee received glasses.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO inspected the housing units and observed graffiti on the walls; vents, lights and windows were covered with paper; and additional cleaning is required in the toilet/shower areas **(Deficiency EH&S-1[7])**.

ODO reviewed the inventories of the medical sharps and syringes and found the inventories were accurate; however, ODO found the documentation did not support the Health Service Administrator conducted weekly needle and syringe inventories **(Deficiency EH&S-2[8])**.

ODO toured the medical department and observed the medical records room had not been cleaned due to the number of staff utilizing the space. Additionally, medical records were stored on the floor and across the desks throughout the area **(Deficiency EH&S-3[9])**.

ODO noted an **Area of Concern** by observing the roof leaking in several places throughout the facility, due to inclement weather during the inspection. The facility staff placed blankets around some of the doorways to help mitigate water leaking. ICDC has a flat roof, which was leaking around the skylights in two housing units and in one inside recreation area. An interview with the maintenance supervisor found he was aware of the concern and stated they had a plan to fix the roof as soon as weather permitted.

SECURITY

ADMISSION AND RELEASE (A&R)

ODO reviewed the facility's orientation procedures and found the procedures were not approved by the local ICE/ERO Atlanta **(Deficiency A&R-1[10])**

> *Corrective Action:* The facility initiated corrective action by obtaining approval for orientation procedures from the local ICE/ERO Atlanta on March 5, 2020 **(C-1)**.

ODO interviewed the detainee services administrator and found the "Know Your Rights" video is

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[7] "The facility administrator shall ensure that staff and detainees maintain a high standard of facility sanitation and general cleanliness." *See* ICE 2008 PBNDS, Standard, Environmental Health and Safety, Section (V)(C). **This is a Repeat Deficiency.**

[8] "Items that pose a security risk, such as sharp instruments, syringes, needles, and scissors, shall be inventoried and checked weekly by an individual designated by the medical facility's Health Service Administrator (HSA) or equivalent." *See* ICE 2008 PBNDS, Standard, Environmental Health and Safety, Section (VIII)(D).

[9] "Environmental cleanliness will prevent, reduce and control nosocomial infections due to contaminated environmental surfaces. The HSA or designee is responsible for ensuring the cleanliness of the medical facility." *See* ICE 2008 PBNDS, Standard, Environmental Health and Safety, Section (VIII)(F). **This is a Repeat Deficiency.**

[10] "Orientation procedures in IGSAs must be approved in advance by the ICE/DRO office of jurisdiction." *See* ICE 2008 PBNDS, Standard, Admission and Release, Section (V)(F). **This is a Priority Component and Repeat Deficiency.**

available in English and Spanish; however, is not provided to the detainees to view as required, although a written video transcript is available **(Deficiency A&R-2[11])**.

ODO reviewed 25 detainee detention files and found nine files were missing documentation that the detainees received the ICE National Handbook upon arrival to the facility between March 2019 through May 2019. The facility implemented a new form for documenting receipt of the ICE National Handbook and local supplement in June 2019 **(Deficiency A&R-3[12])**.

ODO reviewed the facility's release procedures and found the procedures were not approved by the local ICE/ERO Atlanta **(Deficiency A&R-4[13])**

> *Corrective Action:* The facility initiated corrective action by obtaining approval for release procedures from the local ICE/ERO Atlanta on March 5, 2020 **(C-2)**.

ODO reviewed five detention files for detainees who had been released and found four files were missing an Order to Release (Form I-203a), and four were missing documentation verifying the return of detainee funds in accordance with the standard and ICDC policy **(Deficiency A&R-5[14])**.

ODO noted a **Best Practice** that the review of the orientation procedures at ICDC found case management staff conduct an in-person orientation in lieu of a facility specific video. ODO observed this program during the inspection and found the staff were thorough, providing a hands-on approach by explaining the local procedures and policies. Detainees were permitted to ask questions throughout the orientation and staff addressed the questions.

CLASSIFICATION SYSTEM (CS)

ODO reviewed 25 detainee detention files and found classification is performed and approved by ICE/ERO Atlanta using the ICE Risk Classification Assessment or the Classification Worksheet; however, two files did not have supervisory approval of detainees' classification level **(Deficiency CS-1[15]).**

ODO interviewed the booking and property supervisor and found classification training was not conducted, but the ICDC staff relied upon ICE/ ERO Atlanta classification assignments for the detainees. Training is necessary to review the detainees' classification, ensure proper housing

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[11] "Availability of pro bono legal services, and how to pursue such services in the facility, including accessing "Know Your Rights" presentations." *See* ICE 2008 PBNDS, Standard, Admission and Release, Section (V)(F)(4).

[12] "In accordance with the Detention Standard on Detainee Handbook, every facility shall issue to each newly admitted detainee a copy of the ICE National Detainee Handbook and the local supplement that fully describes all policies, procedures, and rules in effect at the facility." *See* ICE 2008 PBNDS, Standard, Admission and Release, Section (V)(G)(1).

[13] "ICE/DRO shall approve ISGA release procedures." *See* ICE 2008 PBNDS, Standard, Admission and Release, Section (V)(H).

[14] "Staff must complete certain procedures before any detainee's release, removal, or transfer from the facility. Necessary steps include completing and processing forms, closing files, fingerprinting; returning personal property; and reclaiming facility-issued clothing, bedding, checking wants and warrants, etc." *See* ICE 2008 PBNDS, Standard, Admission and Release, Section (V)(H).

[15] "Each detainee's classification shall be reviewed and approved by a classification specialist, first-line supervisor, or classification supervisor." *See* ICE 2008 PBNDS, Standard, Classification System, Section (V)(A).

assignments, and perform reclassification for detainees as needed **(Deficiency CS-2[16])**.

ODO reviewed detainee files requiring reclassification and found 2 out of 22 files did not have evidence a reassessment was conducted after 60, 90, or 120 days. Prior to detainees being released from the special management unit (SMU), 10 out of 11 files did not have a special reassessment completed within 24 hours **(Deficiency CS-3[17]).**

ODO observed several detainees throughout the facility not wearing the color-coded wristband issued during the booking process. **(Deficiency CS-4[18])**.

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO observed detainees being provided a plastic storage bin to hold their personal property in the housing unit; however, the bins are not able to be locked or secured **(Deficiency F&PP-1[19])**.

ODO interviewed the booking and property supervisor and found foreign currency is placed in an envelope and stored with the small valuables in the detainee's personal property and then stored in the property room. Foreign currency is not accounted for nor documented on the G-589, Property Receipt Form or Form G-589 **(Deficiency F&PP-2[20])**.

ODO interviewed the booking and property supervisor and determined large valuables are not tagged with the Form G-589 and a Baggage Check Form I-77, nor are they recorded in a G-589 Property Receipt Logbook **(Deficiency F&PP-3[21])**.

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[16] "All facility staff assigned to classification duties shall be adequately trained in the facility's classification process." *See* ICE 2008 PBNDS, Standard, Classification System, Section (V)(A).

[17] "Forms and Time Requirements

• Initial assessment. An Initial Assessment Scale is to be used for all detainees after completion of the In-Processing Health Screening form (DIHS-794 or equivalent). Detainees shall be processed for housing assignments within twelve (12) hours of arrival at the facility. Ordinarily, the initial assessment process shall be completed within twelve (12) hours of admission to the facility. If the process takes longer, documentation will be maintained as to what delayed the process and the detainee will be housed appropriately.

• First Reassessment. A Classification Reassessment shall be completed 60 to 90 days after the date of the initial assessment.

• Subsequent Reassessments. At SPCs and CDFs, subsequent reassessments are to be completed at 90 to 120-day intervals from the first reassessment. Detainees in IGSA facilities shall be offered subsequent classification reassessments at similar intervals.

• Special Reassessment. A special reassessment is to be completed within 24 hours before a detainee leaves disciplinary segregation, and at any other time when additional, relevant information becomes known. Reclassification may occur as a result of an assault, a criminal act, or victimization."

See ICE 2008 PBNDS, Standard, Classification System, Section (V)(B). **This is a Repeat Deficiency.**

[18] "This single system of color-coding permits staff to identify a detainee's classification on sight thus eliminating confusion, preventing miscommunication with potentially serious consequences, and facilitating consistent treatment of detainees." *See* ICE 2008 PBNDS, Standard, Classification System, Section (V)(C).

[19] "Every housing area shall have lockers or other securable space for storing detainees authorized personal property." *See* ICE 2008 PBNDS, Standard, Funds and Personal Property, Section (V)(E)(4).

[20] "For recordkeeping and accounting purposes, use of the G-589 property Receipt form is mandatory to inventory any funds removed from a detainee's possession, and a separate form G-589 is required for each kind of currency and negotiable instrument." *See* ICE 2008 PBNDS, Standard, Funds and Personal Property, Section (V)(G)(1).

[21] "2. Small Valuables, including jewelry. The G-589 shall describe each item of value. Jewelry shall be described in general terms (for example, ring – yellow/white metal with red/white stone), with no mention of brand name or

SPECIAL MANAGEMENT UNITS (SMU)

ODO toured the facility's segregation units and found a permanent log was not available **(Deficiency SMU-1[22])**.

> *Corrective Action:* Prior to the completion of the inspection, the facility initiated corrective action by creating a permanent logbook, placing it in the SMU on March 5, 2020. **(C-3)**.

ODO noted an **Area of Concern** by observing medical and custody supervisory staff signing SMU records before they visited the unit for their 30-minute random checks.

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the facility ICE visitation logs and found ICE supervisory staff did not consistently conduct weekly unannounced, unscheduled visits **(Deficiency SDC-1[23])**.

ODO reviewed the ICE telephone serviceability logs and found the local ICE/ERO staff did not check teletypewriter phones to ensure they are working and available for hearing-impaired detainees. **(Deficiency-SDC-2[24])**.

ODO reviewed the model protocol form log and found local ICE/ERO Atlanta staff did not consistently complete the Model Protocol Form **(Deficiency SDC-3[25])**.

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed documented video footage for all 21 UOF incidents from mounted cameras throughout the facility; however, eight calculated UOF incidents were not audio-visually recorded

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monetary value. The detainee and two processing officers shall sign the G-589, with copies distributed as above. The officers shall then place the valuables (and pink copy of G-589) in a clear envelope, which they shall secure by heat-sealing or other approved techniques for tamper-proofing. The processing officer shall record the issuance of this G-589 in the G-589 Property Receipt Logbook. ...

3. Large valuables. The large valuables shall then be tagged with a copy of the G-589 and a Baggage Check (Form I-77). The officers shall attach a copy of the G-589 and the center portion of the I-77 to the detainee's booking card or detention file. The processing officer shall record the G-589 issuance in the facility's G-589 Property Receipt Logbook and secure the item(s) in the designated area."

See ICE 2008 PBNDS, Standard, Funds and Personal Property, Section (V)(G)(2)(3).

[22] "A permanent log shall be maintained in the SMU to record all activities concerning the SMU detainees, such as the meals served, recreational time, and visitors." *See* ICE 2008 PBNDS, Standard, Special Management Units, Section (V)(E)(1). **This is a Repeat Deficiency.**

[23] "Each field office shall have policy and procedures to ensure and document that the ICE/DRO assigned supervisory staff conduct frequent unannounced, unscheduled visits. … These unannounced visits shall be conducted at least weekly." *See* PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(A)(1).

[24] "To verify the serviceability of all telephones in the detainee housing units, ICE/DRO staff shall: … Check that TTY or other reasonable accommodation (e.g. Federal Rely Service) is working and available for hearing-impaired detainees." *See* PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(C).

[25] "Model Program forms shall be completed weekly for SPCs, CDFs, and regularly used IGSA facilities, and for each visit to intermittently used IGSA facilities." *See* PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(E).

with the hand-held video camera **(Deficiency UOF&R-1[26])**.

ODO reviewed eight calculated UOF incidents and found UOF team members were not clothed in protective gear, except for disposable gloves **(Deficiency UOF&R-2[27])**.

CARE

FOOD SERVICE (FS)

ICDC's registered dietitian certified the common fare, kosher, and therapeutic (medical) menus on January 20, 2020; however, a complete nutritional analysis of the menus was not completed by the dietitian **(Deficiency FS-1[28])**.

Walk-in freezers and coolers did not have an emergency release mechanism installed on the inside of the doors **(Deficiency FS-2[29])**. This is a potential risk for staff and voluntary detainee food service workers of being unable to escape from the freezers or coolers if the doors accidentally close behind them after they enter.

> *Corrective Action:* Prior to the completion of the inspection, the facility initiated corrective action by removing the dead bolts and installing the original manufacturer's security locks,

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[26] "Calculated use-of-force incidents shall be audio-visually recorded in the following order:
1. Introduction by Team Leader stating facility name, location, time, date, etc., describing the incident that led to the calculated use of force, and naming the audiovisual camera operator and other staff present.
2. Faces of all team members should briefly appear (with helmets removed and heads uncovered), one at a time, identified by name and title.
3. Team Leader offers the detainee a last chance to cooperate before team action, outlines the use-of-force procedures, engages in confrontation avoidance, and issues use-of-force order.
4. Record entire use-of-force team operation, unedited, until the detainee is in restraints.
5. Take close-ups of the detainee's body during a medical exam, focusing on the presence/absence of injuries. Staff injuries, if any, are to be described but not shown.
6. Debrief the incident with a full discussion/analysis/assessment of the incident." *See* ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(I)(2)(1)(2)(3)(4)(5) and (6). **This is a Priority Component and Repeat Deficiency.**

[27] "When a detainee must be forcibly moved and/or restrained during a calculated use of force, staff shall use the use-of-force team technique to prevent or diminish injury to staff and detainees and exposure to communicable disease. The technique usually involves five or more trained staff members clothed in protective gear, including helmet with face shield, jumpsuit, stab-resistant vest, gloves, and forearm protectors. Team members enter the detainee's area together and have coordinated responsibility for achieving immediate control of the detainee." *See* ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(I)(3).

[28] "A registered dietitian shall conduct a complete nutritional analysis that meets U.S. Recommended Daily Allowances (RDA), at least annually, of every master-cycle menu planned by the FSA. The dietitian must certify menus before they are incorporated into the food service program. If necessary, the FSA shall modify the menu in light of the nutritional analysis to ensure nutritional adequacy. The menu will need to be revised and re-certified by the registered dietitian in that event. If the master-cycle menus change significantly during the year, the cycle should be reevaluated to ensure nutritional values are maintained." *See* ICE 2008 PBNDS, Standard, Food Service, Section (V)(E)(2). **This is a Priority Component.**

[29] "Refrigeration units shall be kept under lock and key when not in use. Walk-in boxes shall be equipped with safety locks that require no more than 15 pounds of pressure to open easily from the inside. If latches and locks are incorporated in the door's design and operation, the interior release mechanism must open the door with the same amount of pressure even when locks or bars are in place." *See* ICE 2008 PBNDS, Standard, Food Service, Section (V)(K)(8).

which have a release mechanism **(C-4)**.

MEDICAL CARE (MC)

ODO inspected medical equipment in the examination rooms and found patient examination tables are torn beyond repair, making cleaning and decontamination impossible. Additionally, cabinets, drawers, and doors were broken and held together with tape **(Deficiency MC-1[30])**.

ODO reviewed the medication room inventories and found there is no perpetual audit of needles and syringes being conducted **(Deficiency MC-2[31])**.

ODO reviewed email correspondence dated March 20, 2019, and May 12, 2019, requesting peer reviews to be conducted by an external state physician; however, ODO could not validate if peer reviews were ever completed **(Deficiency MC-3[32])**.

DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION (DIA&A)

ODO found the facility did not have postings to notify detainees about the facility's disability accommodations policy, and the facility handbook and orientation video do not notify detainees about reasonable accommodations or how to make a request for reasonable accommodations **(Deficiency DIA&A-1[33])**.

ODO reviewed training files and found the staff was not current on initial training and annual refresher training **(Deficiency DIA&A-2[34])**.

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[30] "Management of biohazardous waste and decontamination of medical and dental equipment that complies with applicable laws and Detention Standard on Environmental Health and Safety." *See* ICE 2008 PBNDS, Standard, Medical Care, Section (V)(C)(1).

[31] "Each facility shall have written policy and procedures for the management of pharmaceuticals that include:

- A formulary of all prescription and nonprescription medicines stocked or routinely procured from outside sources.
- A method for promptly approving and obtaining medicines not on the formulary should be identified.
- Prescription practices, including requirements that medications are prescribed only when clinically indicated, and that prescriptions are reviewed before being renewed.
- Procurement, receipt, distribution, storage, dispensing, administration and disposal of medications.
- Secure storage and disposal and perpetual inventory of all controlled substances (DEA Schedule II-V), syringes and needles."

See ICE 2008 PBNDS, Standard, Medical Care, Section (V)(F).

[32] "The administrative health authority shall implement an intra-organizational, external peer review program for all independently licensed medical professionals. Reviews are conducted at least every two years." *See* ICE 2008 PBNDS, Standard, Medical Care, Section (V)(X)(3).

[33] "The facility orientation program required by standard 2.1, "Admission and Release," and the detainee handbook required by standard 6.1, "Detainee Handbook," shall notify and inform detainees about the facility's disability accommodations policy, including their right to request reasonable accommodations and how to make such a request. The facility will post other documents for detainee awareness in detainee living areas and in the medical unit, as requested by the local ICE/ERO Field Office." *See* ICE PBNDS 2011, Standard, Disability Identification, Assessment, and Accommodation, Section, (V)(J).

[34] "Training on the facility's Disability and Reasonable Accommodations procedures shall be provided to employees, volunteers, and contract personnel, and shall also be included in annual refresher training thereafter. New facility staff, including contractors and volunteers, shall receive this training as part of the Initial Orientation training required by

ACTIVITIES

TELEPHONE ACCESS (TA)

ICDC staff posted the Office of Inspector General poster in all housing units; however, it is not current **(Deficiency TA-1[35])**.

ODO interviewed facility staff and found staff did not test telephones daily to ensure detainees are able to make a call using the free call platform **(Deficiency TA-2[36])**.

VISITATION (V)

ODO reviewed the facility's general visitation log and found the log did not record the visitor's address **(Deficiency V-1[37])**.

> *Corrective Action:* Prior to the completion of the inspection, the facility initiated corrective action by updating the general visitation log to ensure it recorded all required elements **(C-5)**.

ODO inspected the detainee housing units and found facility staff posted the visitation rules and schedule in each housing unit; however, the facility did not post the legal visitation schedule **(Deficiency V-2[38])**.

ODO inspected the facility lobby and found the facility did not have blank copies of the G-28, Notice of Entry of Appearance as Attorney or Accredited Representative or Form G-28 available in the legal visitation area for attorneys to complete, nor do they collect and forward the Form G-28 to the local ICE/ERO Atlanta **(Deficiency V-3[39])**.

> *Corrective Action:* Prior to the completion of inspection, the facility initiated corrective action by placing blank copies of the Form G-28 in the facility lobby **(C-6)**.

Standard 7.3." *See* ICE PBNDS 2011, Standard, Disability Identification, Assessment, and Accommodation, Section, (V)(I).

[35] "ICE/DRO Headquarters will maintain and provide Field Offices a list of telephone numbers for current free legal service providers, consulates and OIG, as determined by ICE." *See* ICE PBNDS 2008 Standard, Telephone Access, Section, (V)(A)(3).

[36] "Facility staff is responsible for ensuring on a daily basis that telephone systems are operational. Ensuring there is a dial tone is only part of what is required: when testing equipment, the officers must be able to demonstrate that an individual has the ability to make calls using the free call platform. Any problems identified must be immediately be logged and reported to the appropriate facility and ICE staff personnel." *See* ICE PBNDS 2008, Standard, Telephone Access, Section (V)(A)(4)(a).

[37] "In SPCs and CDFs, staff shall record in the general visitors' log: … The visitor's name and address." *See* PBNDS 2008, Standard, Visitation, Section (V)(D).

[38] "The facility shall provide notification of the rules and hours for legal visitation as specified above. SPCs and CDFs shall prominently post this information in the waiting areas and visiting areas for general and legal visitors, in the recreation area and in the housing units." *See* PBNDS 2008, Standard, Visitation, Section (V)(J)(2).

[39] "Once an attorney-client relationship has been established, the legal representative shall complete and submit a Form G-28, available in the legal visitation reception area. Staff shall collect completed forms and forward them to ICE/DRO." *See* PBNDS 2008, Standard, Visitation, Section (V)(J)(8).

ODO reviewed the facility's legal visitation log and found the legal visitor log did not record the visitor's address **(Deficiency V-4[40])**.

> *Corrective Action:* Prior to the completion of the inspection, the facility initiated corrective action by updating the legal visitation log to ensure it recorded all required elements **(C-7)**.

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed the facility and medical grievance logs and found only grievances filed on paper were recorded in the logs. They did not include any of the grievances filed on the facility electronic tablet system as required **(Deficiency GS-1[41])**.

ODO reviewed grievances alleging staff misconduct and found the facility did not forward all grievances alleging staff misconduct to the local ICE/ERO Atlanta **(Deficiency GS-2[42])**.

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 17 standards under PBNDS 2008 and one under PBNDS 2011 (Revised 2016) and found the facility in compliance with five of those standards. ODO found 36 deficiencies in the remaining 13 standards. ODO commends facility staff for their responsiveness during this inspection and notes there were seven instances where staff initiated immediate corrective action during the inspection.

Of particular concern were the multiple complaints in Detainee Relations pertaining to medical care. ODO also noted **Areas of Concern** in EH&S relating to several leaks in the roof throughout the facility and in the SMU involving supervisors signing SMU records before they conduct random checks in the housing units. ODO cited a **Best Practice** in A&R concerning case management staff conducting in-person detainee orientation. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

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[40] "At SPCs and CDFs, the log entries shall include: the date; time of arrival; visitor's name; visitor's address; supervising attorney's name (if applicable); detainee's name and A-number; purpose of visit (e.g., pre-representation, representational, expedited-removal consultation); time visit began; time visit ended." *See* PBNDS 2008, Standard, Visitation, Section (V)(J)(15).

[41] "Each facility shall devise a method for documenting detainee grievances, at a minimum, a Detainee Grievance Log. The documentation shall include the date of the grievance, nature of the grievance in detail, and the date the grievance was resolved. Medical grievances are maintained in the detainee's medical file." *See* ICE PBNDS 2008, Standard, Grievance System, Section, (V)(E).

[42] "Staff must forward all detainee grievances containing allegations of staff misconduct to a supervisor or higher-level official in the chain of command. While such grievances are to be processed through the facility's established grievance system, CDFs and IGSA facilities must also forward a copy of any grievances alleging staff misconduct to ICE/DRO." *See* ICE PBNDS 2008, Standard, Grievance System, Section, (V)(G). **This is a Priority Component.**

Compliance Inspection Results Compared	FY 2017 (PBNDS 2008)	FY 2020 (PBNDS 2008)
Standards Reviewed	15	18
Deficient Standards	10	13
Overall Number of Deficiencies	26	36
Deficient Priority Components	8	4
Repeat Deficiencies	4	5
Corrective Actions	2	7

From: (b)(6); (b)(7)(C)
Sent: 5 Oct 2020 11:20:33 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: Limited English Proficiency-Language Access Services at ICDC
Attachments: Revised Language Services Resource Flyer (January 2020).pdf, iceEroLanguageAccessBestPractices.pdf, Detainee Notice of Language Services.pdf, I Speak Indigenous language.pdf, protocoldentifyLEP_ProvideLangServices.pdf, I Speak Booklet.pdf, indigenousLanguageTool.pptx

Good morning Warden,

I am sending the following and attached guidance to ensure ICDC is utilizing all the available resources for language access services. Please review the following and implement within your facility. Please let me know if you have any questions or require any other resources.

(b)(5)

I know we already discussed, and you are hiring a Spanish speaking staff member for your medical unit . Please keep AFOD (b)(6); d me updated with that process and also let us know once you have implemented the above, or what above may be an issue. SDDO (b)(6); and her staff are available to assist you since all the documents listed above are located on our intranet, to include the Detainee Handbooks in PDF format.

Regards,

(b)(6); (b)(7)(C)
Assistant Field Office Director
Atlanta Field Office
DHS/ICE/ERO
Office: 404-893(b)(6);

U.S. Immigration and Customs Enforcement

ERO Language Services

RESOURCE FLYER

***ERO Language Access Resource Center**:
https://insight.ice.dhs.gov/ero/custody/Pages/laprc.aspx

DEFINITIONS:

- **Translation** [written]: the rendering of text from one language to another
- **Interpretation** [oral]: the rendering of speech from one language to another

1. 24-HOUR LANGUAGE LINE →

Interpretation
M-Sun: 24/7
844-71 (b)(6); (b)(7)(C)

Indigenous Language Shifts:
Mam: 10:00am-2:00pm EST (M-F)
K'iche (Quiche): 9:00am-4:00pm EST (M-Sat)

TO REQUEST TRANSLATION OR TRANSCRIPTION:

Complete and submit a Translation Request Form to: (b)(7)(E) @lionbridge.com

Request forms can be found at the
***ERO Language Access Resource Center**

AOR PIN:

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

2. USCIS LANGUAGE LINE →

Interpretation
M-F: 7:30 am – 5:00 pm EASTERN
212-264 (b)(6); (b)(7)(C)

TO REQUEST TRANSLATION OR TRANSCRIPTION:

Complete, sign, and email a Language Services Request Form to (b)(7)(E) @uscis.dhs.gov

Request Forms can be found at the
***ERO Language Access Resource Center**

For assistance in finding vendors, placing bulk orders, or general language access questions, please contact ERO.LanguageAccess@ice.dhs.gov.

U.S. Immigration and Customs Enforcement

Enforcement and Removal Operations (ERO)

Best Practices for Language Assistance

To aid detention facility and Family Residential Center (FRC) staff with providing language assistance to ICE detainees/residents who are limited English proficient (LEP)*, ERO has identified a few best practices for consideration. While not necessarily required by ICE Standards, these tips can help ensure better identification of, and effective communication with, LEP detainees/residents:

Utilize and Promote Language Assistance Resources

- Draft policy/standard procedures for providing language assistance.
- Post flyers promoting available language assistance resources for staff; include language line(s), contact information, and hours of operation.
- Train staff on how to access oral interpretation services via available language line(s).
- Post/distribute signage or orientation materials informing LEP detainees/residents about availability of free language services when communicating with staff.
- Employ bilingual staff in frequently encountered languages.
- Limit use of other detainees/residents for interpretation, other than in true emergencies, and even then, only for that period of time before appropriate language services can be procured.
- Document language line usage for oral interpretation in the detainee's detention file or a separate log, including date, alien number, and language.

Identify, Record, and Track Primary Languages

- Post and utilize language identification tools, such as *I Speak* posters/booklets, to properly determine detainee's/resident's primary language.
- When necessary, use language line operators to assist with determining detainee's/resident's primary language.
- Capture detainee's/resident's primary language, for example, in electronic data system or on facility/FRC identification.
- Regularly analyze detainee/resident data, such as Country of Citizenship, to track languages of significant segments of the population.

Identify and Translate Vital Documents*

- Identify vital documents.
- Translate and make vital documents available in frequently encountered languages (such as, Spanish, Chinese, Punjabi, Portuguese, Creole, etc.).
- For many larger documents, translating vital information contained within the document will suffice and the document need not be translated in its entirety.
- Provide oral interpretation for less common languages where vital document is not translated. Document oral interpretation in the detainee's detention file or a separate log, including date, alien number, and language.

*Definitions

Limited English Proficiency (LEP): A person who does not speak English as his or her primary language and who has a limited ability to read, speak, write, or understand English.

- *May be competent in English for certain types of communication (e.g. speaking or understanding), but still be LEP for other purposes (e.g. reading or writing).*

Vital Documents: Contain information that is critical for obtaining federal services and benefits, or is required by law.

- *Include: forms; notices of rights and disciplinary actions; handbooks; grievance procedures, forms, and responses; protocol or procedures for emergency response; medical/mental health treatment information; and letters or notices that require a response or signature from LEP persons.*

Responsibility

- *Provide LEP persons with language assistance, through bilingual staff or professional interpretation and translation services, to provide them with meaningful access to programs and activities.*
- *Translate written materials provided to LEP persons into frequently encountered languages.*
- *Provide oral interpretation to any LEP person who speaks another language in which written material has not been translated.*

For additional information or questions, please contact the ERO Headquarters language access team at E(b)(7)(E) DHS.GOV. Detention facility and FRC staff should first reach out to their local ERO Field Office Point of Contact.

June 2020

U.S. Immigration and Customs Enforcement

If you don't understand, please ask for assistance.

If you don't speak or understand English, or cannot read or write English, an interpreter will be provided to you for free for medical and ICE or detention-related matters.

Spanish	Si no entiende, por favor pida ayuda. Si usted no habla o entiende inglés, o no puede leer o escribir inglés, se le proporcionará un intérprete sin costo alguno para cuestiones médicas y del ICE o relacionadas con la detención.
Chinese	如果你听不懂，请寻求帮助。 如果你不会说或听不懂英语，或者，无法阅读或书写英语，则将免费为你提供口译服务，以解决医疗及ICE (移民及海关执法部)，或拘留方面的问题。
Russian	Если Вы не понимаете, обратитесь за помощью. Если вы не говорите и не читаете по-английски, в ситуациях, касающихся медицинского обслуживания или Вашего содержания в учреждениях иммиграционной службы ICE, вам будут предоставлены бесплатные переводческие услуги.
Portuguese	Caso não compreenda, por favor, peça ajuda. Caso não fale ou compreenda inglês, ou não saiba ler ou escrever em inglês, receberá gratuitamente a assistência de um intérprete para assuntos relacionados à Polícia de Imigração e Alfândega dos Estados Unidos da América (ICE), detenção ou médicos.
Arabic	إذا لم تكن تفهم، يرجى طلب المساعدة. إذا كنت لا تتكلم أو تفهم الإنجليزية، أو لم تكن تقرأ أو تكتب الإنجليزية، سيتم تأمين مترجم لك مجانا للأمور الطبية أو تلك المرتبطة بوكالة إنفاذ قوانين الهجرة والجمارك أو الاحتجاز.
Punjabi	ਜੇ ਤੁਸੀਂ ਨਹੀਂ ਸਮਝਦੇ, ਕਿਰਪਾ ਕਰਕੇ ਸਹਾਇਤਾ ਦੀ ਮੰਗ ਕਰੋ. ਜੇ ਤੁਸੀਂ ਅੰਗ੍ਰੇਜ਼ੀ ਨਹੀਂ ਬੋਲਦੇ ਜਾਂ ਨਹੀਂ ਸਮਝਦੇ, ਜਾਂ ਅੰਗ੍ਰੇਜ਼ੀ ਨਹੀਂ ਪੜ੍ਹ ਸਕਦੇ ਜਾਂ ਨਹੀਂ ਲਿਖ ਸਕਦੇ, ਤਾਂ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ, ਡਾਕਟਰੀ ਅਤੇ ਆਈਸੀਈ ਜਾਂ ਨਜ਼ਰਬੰਦੀ-ਸੰਬੰਧੀ ਮਾਮਲਿਆਂ ਲਈ ਮੁਫਤ ਪ੍ਰਦਾਨ ਕੀਤੇ ਜਾਣਗੇ.
Creole	Si ou pa konprann, silvouplè mande pou yo ede w. Si ou pa pale oswa ou pa konprann anglè, oswa ou pa ka li oswa ekri nan lang anglè, yo pral ba w yon entèprèt, san ou pa peye, pou zafè ki gen relasyon ak koze medikal epi ak ICE.
French	Si vous ne comprenez pas, demandez de l'aide. Si vous ne ni parlez ni comprenez l'anglais, ou si vous ne pouvez ni lire ni écrire anglais, pour des questions médicales ou des questions liées à ICE ou à la détention, un interprète vous sera fourni.
Hindi	यदि आपको समझ में नहीं आता है, तो कृपया सहायता के लिए पूछें. यदि आप अंग्रेजी नहीं बोलते या समझते हैं, या अंग्रेजी पढ़ या लिख नहीं सकते हैं, तो एक दुभाषिया आपको मुफ्त में चिकित्सा और आईसीई या नजरबंदी से संबंधित मामलों के लिए प्रदान किया जाएगा।
Bengali	যদি আপনি কোনো কিছু বুঝতে না পারেন, তবে দয়া করে সাহায্য চাইবেন। যদি আপনি ইংরাজী বলতে না পারেন অথবা বুঝতে না পারেন, অথবা ইংরেজী পড়তে বা লিখতে না পারেন, আপনাকে একজন অনুবাদক বা দোভাষী দেয়া হবে বিনা খরচে আপনার মেডিকেল এবং আইসিই অথবা বন্দী অবস্থা সম্পর্কিত বিষয় নিয়ে আলাপ করবার জন্য।
Vietnamese	Nếu quý vị không hiểu, xin vui lòng yêu cầu trợ giúp. Nếu quý vị không nói hay hiểu tiếng Anh, hay không thể đọc hay viết tiếng Anh, một thông dịch viên sẽ được cung cấp cho quý vị miễn phí cho y tế và Sở Di Trú hay các vấn đề liên quan đến giam giữ.
Tamil	உங்களுக்கு புரியவில்லை என்றால், தயவுசெய்து உதவி கேட்கவும். உங்களால ஆங்கிலம் பேசவோ அல்லது புரிந்து கொள்ளவோ இல்லையென்றால், ஆங்கிலத்தைப் படிக்கவோ எழுதவோ முடியாவிட்டால், மருத்துவம் மற்றும் ICE அல்லது தடுப்புக்காவல்- தொடர்புடைய விஷயங்களுக்கு ஒரு மொழிபெயர்ப்பாளர் உங்களுக்கு இலவசமாக வழங்கப்படுவார்
Romanian	Dacă nu înțelegeți, cereți ajutor. Dacă nu vorbiți sau nu înțelegeți limba engleză, sau nu puteți să citiți sau să scrieți în limba engleză, vi se va oferi un translator/interpret pe gratis care să vă ajute pentru problemele medicale, cele în legătură cu ICE (imigrația) sau cu centrul de detenție.
Serbo-Croatian	Ako ne razumijete, molimo da zahtijevate pomoć. Ako ne govorite ili ne razumijete engleski ili ne možete čitati ili pisati na engleskom, besplatne usluge prevodioca će Vam biti osigurane za medicinska i imigracijska pitanja kao i pitanja koja se tiču Vašeg pritvaranja
Korean	이해하는 데에 어려움이 있으시다면 도움을 요청하십시오. 영어를 구사하거나 이해하지 못하신다면, 혹은 읽고 쓰기가 불가 하실 경우, 의료와 이민 세관 단속국 혹은 구류 격리 문제에 관련된 통역이 무료로 제공됩니다.



¿Habla?

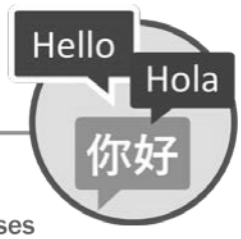
¿Habla K'iche? (Guatemala)
¿Habla Mam? (Guatemala)
¿Habla Awateko? (Guatemala)
¿Habla Q'eqchi? (Guatemala)
¿Habla Kakchikel? (Guatemala)
¿Habla PocoMam? (Guatemala)
¿Habla Q'anjob'al? (Guatemala)
¿Habla Achi? (Guatemala)
¿Habla Ixil? (Guatemala)
¿Habla Pocomchi? (Guatemala)
¿Habla Jakalteko (Popti)? (Guatemala)
¿Habla Chuj? (Guatemala)
¿Habla Akateko (Acateko)? (Guatemala)
¿Habla Garifuna?
(Honduras, Guatemala, Other)
¿Habla Cora? (Mexico)
¿Habla Zapotec? (Mexico)
¿Habla Chatino? (Mexico)
¿Habla Tepehuan? (Mexico)
¿Habla Quechua? (Peru, Ecuador, Others)

This poster assists DHS personnel in identifying the primary language of an individual from Central or South America who is not proficient in English or Spanish. This poster is intended to be used with or in addition to Component protocols for identifying indigenous language speakers.

Homeland Security

I Speak materials are provided by the U.S. Department of Homeland Security, Office for Civil Rights and Civil Liberties. www.dhs.gov/crcl

Protocol for Identifying LEP Persons and Providing Language Services



ERO LANGUAGE ACCESS PLAN

To fulfill ERO's commitment to Executive Order 13166 (*Improving Access to Services for Persons with Limited English Proficiency*), ERO has issued an updated Language Access Plan (2020). The Plan assesses current language access activities; reiterates procedures and steps for identifying LEP persons and obtaining language services; identifies challenges; and lists some of the future priorities for improving meaningful access to ERO programs and activities.

STEP 1.

Determine if the person is limited English proficient (LEP).[1]

A person should be treated as LEP if:

a) Person self-identifies or is identified as LEP by a companion;

b) Person requests an interpreter;

c) Available documentation or aids indicate the person's lack of proficiency; and/or

d) LEP status is verified by a professional interpreter or bilingual staff. For example, during the interaction, it becomes evident the person does not speak and understand English well enough to effectively participate or fully understand questions and answer them without difficulty.

STEP 2.

Determine the language spoken by the LEP person.

a) Person self-identifies their primary language;

b) Person's companion or available documentation indicates primary language;

c) Use professional interpreter or bilingual staff; and/or

d) Use of job aids that assist in identifying primary language, for example: the "I Speak" poster, the "Habla?" poster for indigenous language, and the "Tool to Determine Indigenous Languages" found on the ERO Language Access Resource Center.

STEP 3.

Identify a resource to provide language assistance.

a) Recognizing limitations, use bilingual personnel at the level of importance and complexity of their foreign language skills only.

b) Utilize professional language services (interpretation and translation) providers when needed. Contact information for ERO language services vendors can be found on the ERO Language Services Resources Flyer or on the ERO Language Access Resource Center.

[1] Persons who do not speak English as their primary language and have a limited ability to read, speak, write, or understand English. LEP persons may be competent in English for certain types of communication (e.g., speaking or understanding), but still be LEP for other purposes (e.g., reading or writing).

KEY TIPS

- Avoid using family members, minors, friends, bystanders, or other detainees as interpreters unless necessary and for the shortest duration needed.
- For complex interactions, use professional interpretation and translation language services.
- Do not assume an individual's primary language based on country of origin.
- Use an interpreter when doubtful of an LEP person's general comprehension of what is being said/asked.
- When using an interpreter, be sure to look at the detainee, not the interpreter and pause after one or two sentences to allow for interpretation.



This guide assists literate individuals who are not proficient in English to identify a preferred language.

Homeland Security

Language Identification Guide for DHS Personnel and Others

As employees of the Department of Homeland Security you may encounter a broad range of persons in the course of your work, including individuals who have limited English proficiency (LEP). DHS is both committed and legally obligated to take reasonable steps to provide meaningful access for these individuals. The DHS Office for Civil Rights and Civil Liberties (CRCL) offers this "I Speak" guide and similar posters as practical ways to identify which language an individual speaks so that you can obtain the necessary assistance. Consult your office or component for resources, such as translation or over-the-phone interpretation.

Executive Order 13166 requires DHS to take reasonable steps to provide meaningful access for persons with limited English proficiency and - as also required by Title VI of the Civil Rights Act of 1964 - to ensure that recipients of federal financial assistance do the same.

Contact the DHS Office for Civil Rights and Civil Liberties' CRCL Institute at CRCLTraining@dhs.gov for digital copies of this guide or an "I Speak" poster.

Download copies of the DHS LEP plan and guidance to recipients of financial assistance at www.dhs.gov/crcl.

I speak ...

A

Amharic

እኔ አማርኛ ነው ምናገረው.

Arabic

أنا أتحدث اللغة العربية

Armenian

Ես խոսում եմ հայերեն

B

Bengali

আমী ঝংলা কথা ঝেলতে পারী

Bosnian

Ja govorim bosanski

Bulgarian

Аз говоря български

Burmese

ကျွန်တော်/ကျွန်မ မြန်မာ လို ပြောတတ် ပါတယ်၊

C

Cambodian
ខ្ញុំនិយាយភាសាខ្មែរ

Cantonese
我講廣東話 (Traditional)

我讲广东话 (Simplified)

Catalan
Parlo català

Croatian
Govorim hrvatski

Czech
Mluvím česky

D

Danish
Jeg taler dansk

Dari
من دری حرف می زنم

Dutch
Ik spreek het Nederlands

E

Estonian
Ma räägin eesti keelt

F

Finnish
Puhun suomea

French
Je parle français

G

German
Ich spreche Deutsch

Greek
Μιλώ τα ελληνικά

Gujarati
હુ ગુજરાતી બોલુ છુ

H

Haitian Creole
M pale kreyòl ayisyen

Hebrew
אני מדבר עברית

Hindi
मैं हिंदी बोलता हूँ ।

Hmong
Kuv has lug Moob

Hungarian
Beszélek magyarul

I

Icelandic
Èg tala íslensku

Ilocano
Agsaonak ti Ilokano

Indonesian
syay bisa berbahsa Indonesia

Italian
Parlo italiano

J

Japanese
私は日本語を話す

K

Kackchiquel
Quin chagüic´ká chábal´ ruin´ rí tzújon cakchiquel

Korean
한국어 합니다

Kurdish
man Kurdii zaanim

Kurmanci
man Kurmaanjii zaanim

L

Laotian
ຂ້ອຍປາກພາສາລາວ

Latvian
Es runâju latviski

Lithuanian
Að kal bu lietuviš kai

M

Mandarin

我講國語 (Traditional)

我讲国语/普通话 (Simplified)

Mam

Bán chiyola tuj kíyol mam

Mon

အဲ ဟိုဒ အရေဝ်ဆုန်

N

Norwegian

Jeg snakker norsk

P

Persian

من فارسی صحبت می کنم.

Polish

Mówię po polsku

Portuguese

Eu falo português do Brasil
(for Brazil)

Eu falo português de Portugal
(for Portugal)

Punjabi

ਮੈਂ ਪੰਜਾਬੀ ਬੋਲਦਾ/ਬੋਲਦੀ ਹਾਂ।

Q

Qanjobal

Ayin tí chí walq´ anjob´ al

Quiche

In kinch´aw k´uin ch´e quiche

R

Romanian
Vorbesc româneşte

Russian
Я говорю по-русски

S

Serbian
Ја говорим српски

Sign Language (American)


I, ME


SIGN, SIGN LANGUAGE

Slovak
Hovorím po slovensky

Slovenian
Govorim slovensko

Somali
Waxaan ku hadlaa af-Soomaali

Spanish
Yo hablo español

Swahili
Ninaongea Kiswahili

Swedish
Jag talar svenska

T

Tagalog
Marunong akong mag-Tagalog

Tamil
நான் தமிழ் பேசுவேன்

Thai
พูดภาษาไทย

Turkish
Türkçe konuşurum

U

Ukrainian
Я розмовляю українською мовою

Urdu
میں اردو بولتا ہوں

V

Vietnamese
Tôi nói tiêng Việt

W

Welsh
Dwi'n siarad

X

Xhosa
Ndithetha isiXhosa

Y

Yiddish
איך רעד יידיש

Yoruba
Mo nso Yooba

Z

Zulu
Ngiyasikhuluma isiZulu

Agrupación Lingüística	Variante Lingüística	Frase en español	Frase en lengua
chichimeo jonaz	chichimeco jonaz	yo hablo chichimeca	ikáuj úza' ér~í
mazateco	mazateco del norte	yo hablo mazateco Hablo la lengua de Santa María Chilchotla	Cha'ña enná Cha'ña énn nda xo
maya	maya	Yo hablo maya	teen k-in t'aan maya
mixe	mixe bajo	Yo hablo mixe	Madyakpiëch ayuuk
	mixe alto, de Tlahuitoltpec	Yo hablo mixe	Xaamkëjxpët ayuujk ëts nkajpyxypy
mixteco	mixteco del oeste de la costa	yo hablo mixteco	Yuu kain se'en savi ñu ñundua

Agrupación Lingüística	Variante Lingüística	Frase en español	Frase en lengua
náhuatl	náhuatl de la huasteca veracruzana (se entiende junto con Ve racruz y San Luis Potosí)	yo hablo náhuatl	Na nitlajtowa náhuatl
tojolabal	tojolabal	yo hablo tojolabal	Ja´ke´ni wala kúmaniyon tojol-abál
triqui	triqui de la baja	yo hablo triqui	‘unj a’mii xna’ ánj nu’a
tseltal	tseltal (variante unificada)	Yo hablo tseltal	Te jo’one ja k’op te bats’il k’op tseltal
tsotsil	tseltal (variante unificada)	Yo hablo tsotsil	Vu’une jna’xi k’ opoj ta bats’i k’op
zapoteco	zapoteco de la planicie costera	yo hablo zapoteco	Naa riné’ diidxazá
chinanteco	chinanteco del sureste medio	yo hablo chinanteco	Jnea lo’n jujmií kiee ’ dsa mo’kuöo

A - pg. 3
Amharic
Arabic
Armenian

B - pg. 3
Bengali
Bosnian
Bulgarian
Burmese

C - pg. 4
Cambodian
Cantonese
Catalan
Croatian
Czech

D - pg. 5
Danish
Dari
Dutch

E - pg. 5
Estonian

F - pg. 5
Finnish
French

G - pg. 6
German
Greek
Gujarati

H - pg. 7
Haitian Creole
Hebrew
Hindi
Hmong
Hungarian

I - pg. 8
Icelandic
Ilocano
Indonesian
Italian

J - pg. 8
Japanese

K - pg. 9
Kackchiquel
Korean
Kurdish
Kurmanci

L - pg. 9
Laotian
Latvian
Lithuanian

M - pg. 10
Mandarin
Mam
Mon

N - pg. 10
Norwegian

P - pg. 11
Persian
Polish
Portuguese
Punjabi

Q - pg. 11
Qanjobal
Quiche

R - pg. 12
Romanian
Russian

S - pg. 12, 13
Serbian
Sign Language
Slovak
Slovenian
Somali
Spanish
Swahili
Swedish

T - pg. 13, 14
Tagalog
Tamil
Thai
Turkish

U - pg.14
Ukrainian
Urdu

V - pg.14
Vietnamese

W - pg. 14
Welsh

X - pg. 15
Xhosa

Y - pg. 15
Yiddish
Yoruba

Z - pg. 15
Zulu

See page 16,17 for selected indigenous languages of Mexico.

Limited English Proficiency Resources

www.lep.gov

"I Speak" is provided by the Department of Homeland Security Office for Civil Rights and Civil Liberties (CRCL). Special thanks to the Department of Justice Bureau of Justice Assistance and the Ohio Office of Criminal Justice Services, for inspiration and permission to use their "I Speak" guide as the initial source.

Office for Civil Rights and Civil Liberties

www.dhs.gov/crcl

Toll Free: 1
Toll Free TTY
Email: (b)(6); (b)(7)(C)

State of Ohio
Office of Criminal Justice Services
www.ocjs.ohio.gov

OHIO PUBLIC SAFETY
EDUCATION • SERVICE • PROTECTION

U.S. Department of Homeland Security

Department of Justice Office of Justice Programs

BJA
Bureau of Justice Assistance
U.S. Department of Justice

Homeland Security

We need to identify your native language. Please raise your right hand if this is the language you speak at home with your family.

QuechuaKanpa shimi ima kakta yachanata ministinchikmi. Wasipi kashpa kanpa familiakunawan kay shimipi parlanakushpaka, alli lado makita



wichayman

Country: Peru

We need to identify your native language. Please raise your right hand if this is the language you speak at home with your family.

MamQaja qo b'in tij alkye yol b'a'n tu'na. Q'injaw tb'a'n tq'ab'a qa a yol lu'wa nyolina ti'j tuky'l qa tarman.



We need to identify your native language. Please raise your right hand if this is the language you speak at home with your family.

Q'anjob'alChi jochey chi jab' tzet tihejal chala.
A pavor ihaj a watx' q'ab' tatol a jun thiej ti chal yul a na' yetoq a pamilia.



Homeland Security

We need to identify your native language. Please raise your right hand if this is the language you speak at home with your family.

K’icheRajawaxik kaqeta'maj le qas ach'ab'al. Chab'ana' jun toq'ob', chayaka' le wikiq'ab' aq'ab' we are' wa' le ach'ab'al kakoj pa awochoch kuk' le ajupaja awech.



Country: Guatemala

Homeland Security

We need to identify your native language. Please raise your right hand if this is the language you speak at home with your family.

Q'eqchiAjel ru taqa naw la Atinab'āl. Taqsii la nim Uk' cui' ain li Atinab'āl inka atinaa sa' la Cuochoch ric'in la Juncab'āl.



Homeland Security

We need to identify your native language. Please raise your right hand if this is the language you speak at home with your family.

AchiChirajawaxik kaqeta'maj rach'a'tem. Chayaka raq'ab chikaj we e ch'a'tem wa' kach'a'tibej ri'at.



We need to identify your native language. Please raise your right hand if this is the language you speak at home with your family.

ChujYowalil skab'i tas ti'al tzala´. Ik'cha'anh ha wach' k'ab' tato ha jun ti' tzab' tik haton tzal t'a yol a pat yet' heb' ha k'ab'hok.



We need to identify your native language. Please raise your right hand if this is the language you speak at home with your family.

PoptiKaw yilal yotajnhen heb' ya' b'aytet ha' wab'xub'al chah wala'. Xhko k'anh tah wet han tah cha wikanh ha' watx' tah ha' hune' tih ha' wab'xub'al chah wal yul ha watut, sk'atan a

Homeland Security

We need to identify your native language. Please raise your right hand if this is the language you speak at home with your family.

IxilA' ni kusa' la' qootzii ab'iste ayolb'al. B'an b'a'nil, aq' je' aq'ab', tul la' aab'i vayolb'ale' uve' nayolb'e takab'al tuk' uq'a eetz'in aatzike'. A' vaseb'ale' la' aaq je'.

Country: Guatemala

Homeland Security

We need to identify your native language. Please raise your right hand if this is the language you speak at home with your family.

MixtecoSxhiní ñu'uhu so kuni yu'u nchi sa'ahá ka'aha ní. Sa'aha ní ña maní ntane'ehe ní nta'aha ní sxhio kuaha tátu ña yo'oho ku'u sa'ahá ña ka'aha

Country: Mexico

We need to identify your native language. Please raise your right hand if this is the language you speak at home with your family.

GarifunaMégeitiwa lun wasubudiruni ka la ieñei hariengubei.Fules ei inúrahumei húhabu luweigiya hóunwere anhein anihan lubei iéñei hadumurehabei hubiein hama hufamilia.



We need to identify your native language. Please raise your right hand if this is the language you speak at home with your family.

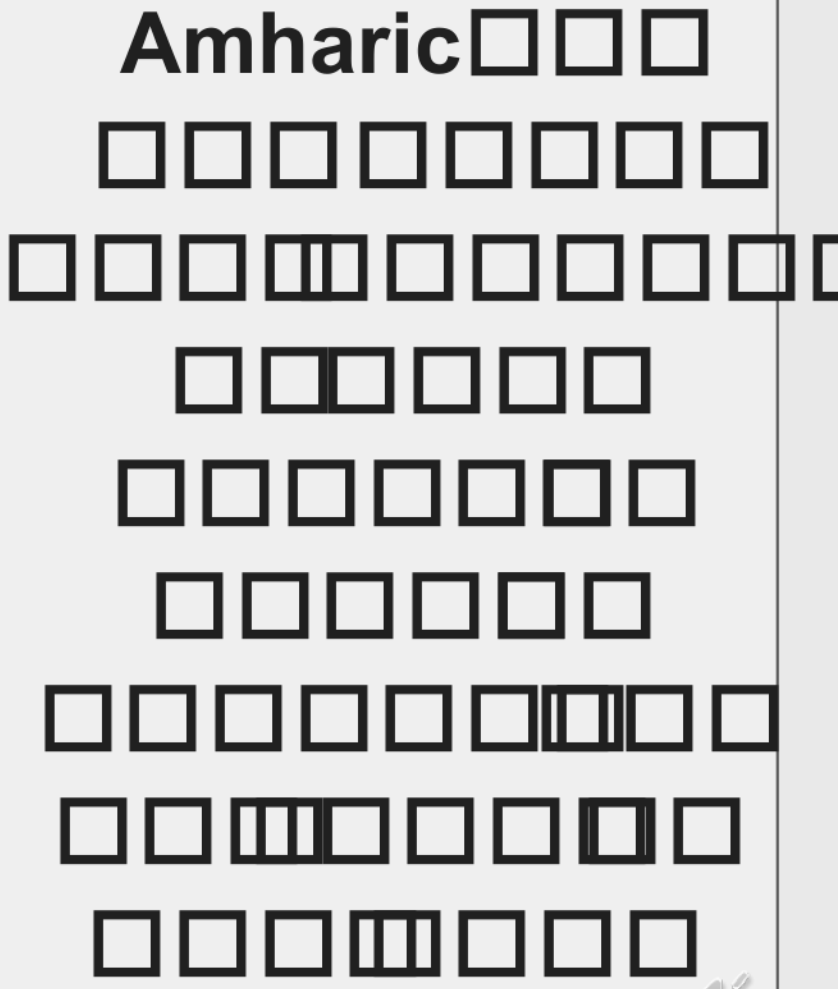
QuichuaÑucanchi mi yachayta munanchi kamba rimashka shimita, ali makita alzariy, kamgunapa wasipi Quichua shimita parlashpaka.



Homeland Security

We need to identify your native language. Please raise your right hand if this is the language you speak at home with your family.

Amharic

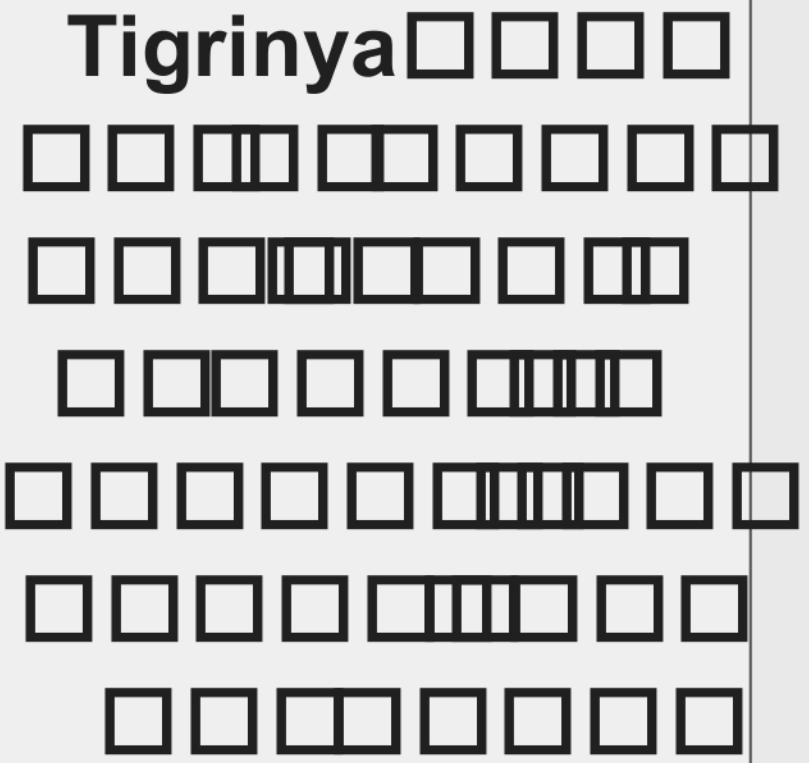


Country: Ethiopia

Homeland Security

We need to identify your native language. Please raise your right hand if this is the language you speak at home with your family.

Tigrinya



From: (b)(6); (b)(7)(C)
Sent: 16 Sep 2020 15:48:32 +0000
To: (b)(6); (b)(7)(C)
Cc:
(b)(6); (b)(7)(C)
Subject: RE: ATL03110/2020.- Whistleblower complaint ICDC

Good morning, Consul Genera (b)(6); (b)(7)(C)

ICE fully recognizes and understands your concerns regarding the recent allegations at Irwin County Detention Center. Please see the below statement from (b)(6); (b)(7)(C) E Health Service Corps Medical Director:

The accusations will be fully investigated by an independent office, however, ICE vehemently disputes the inference that detainees are used for experimental medical procedures. ICE's mission is to protect the homeland and to swiftly and quickly remove people from the country; the health, welfare and safety of ICE detainees is one of the agency's highest priorities, any assertion or claim to the contrary is false and intentionally misleading.

All female ICE detainees receive routine, age-appropriate gynecological and obstetrical health care, consistent with recognized community guidelines for women's health services. According to U.S. Immigration and Enforcement (ICE) data, since 2018 only two individuals at Irwin County Detention Center were referred to certified, credentialed medical professionals at gynecological and obstetrical health care facilities for hysterectomies in compliance with National Commission on Correctional Health Care (NCCHC) standards. Based on their evaluations, these specialists recommended hysterectomies. These recommendations were reviewed by the facility clinical authority and approved.

To be clear, medical care decisions concerning detainees are made by medical personnel, not by law enforcement personnel. Detainees are afforded informed consent, and a medical procedure like a hysterectomy would never be performed against a detainee's will.

All medical professionals certainly have a duty to report any issues of concern through appropriate channels, such as making a report to the Department of Homeland Security Office of Inspector General (OIG); however, it is unfortunate that those involved in this report have chosen to first go to the media with their allegations, without allowing the government to examine or take appropriate action.

Out of respect for the process of matters pending before the OIG, ICE does not comment prematurely on reported allegations, and ICE intends to fully cooperate with any resulting investigation by the OIG.

Also in regards to the telephone hotlines, all hotline numbers for the Mexican consulate were tested yesterday and they were all working properly in all the dorms.

Please feel free to reach out to us with any further concerns.

Regards,
(b)(6); (b)(7)(C)

Chief of Staff
Assistant Field Office Director
Atlanta Field Office
DHS/ICE/ERO
Office: 404-893(b)(6); (b)(7)(C)

From: (b)(7)(E) @sre.gob.mx>
Date: Tuesday, Sep 15, 2020, 12:08 PM
To: (b)(6); (b)(7)(C) e.dhs.gov>
Cc: @ice.dhs.gov (b)(6); (b)(7)(C) n@ice.dhs.gov>, (b)(6); (b)(7)(C) @ice.dhs.gov (b)(6); (b)(7)(C) @irwincdc.com (b)(6); (b)(7)(C) irwincdc.com>
Subject: ATL03110/2020.- Whistleblower complaint ICDC

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RELACIONES EXTERIORES | MÉXICO

ATL03110/2020
Subject: Whistleblower complaint ICDC

"2020, Año de Leona Vicario, Benemérita Madre de la Patria"

Atlanta, Georgia, September 15th 2020

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

Atlanta Field Office

Department of Homeland Security

U.S. Immigration and Customs Enforcement

Enforcement and Removal Operations

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

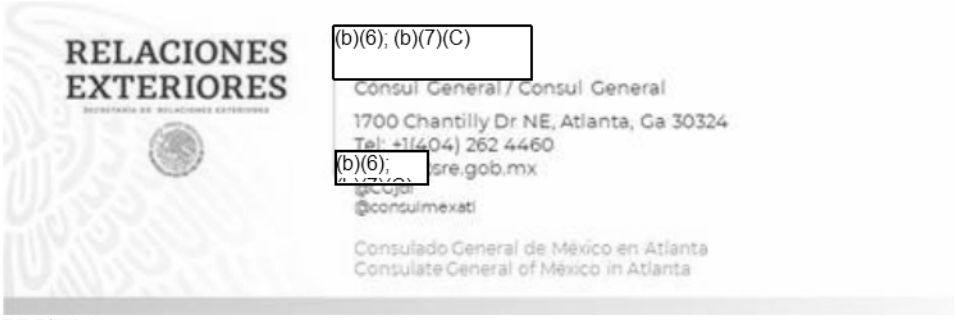
I am reaching out to you to address a recent whistleblower complaint submitted to the Department of Homeland Security's Office of Inspector General which denounces unsanitary and hazardous conditions at Irwin County Detention Center (ICDC).

As I am sure you are aware, some of the specifics in this complaint include: solitary confinement as a means of retaliation, medical neglect, and surgeries that were performed on Spanish-speaking women who did not understand the full scope of the procedure.

After speaking with my staff, it came to our attention that the number of phone calls that this consulate receives on a regular basis coming in from ICDC has gone drastically down since the start of the pandemic. In that sense, I would appreciate if you could verify that the Mexican Consulate emergency hotline (404-625-1706) is still available as a speed-dial option for all Mexican nationals in ICDC. It is of outmost importance that this office maintains contact with detainees to provide them with orientation regarding their removal proceedings and human rights.

I look forward to your answer in order to address the issue at hand.

Sincerely,



RBC/WLA

From: Lozano Arciniega, William
Sent: 21 Sep 2020 19:17:17 +0000
To: Musante, Patrick J
Subject: RE: Request for Release of Information [redacted]

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I appreciate the answer Mr. Musante.



From: Musante, Patrick J [mailto:Patrick.J.Musante@ice.dhs.gov]
Sent: lunes, 21 de septiembre de 2020 01:55 p.m.
To: Lozano Arciniega, William
Subject: RE: Request for Release of Information [redacted]

Good afternoon,

Consent forms are obtained by the surgeon. The files are maintained at his office and at the hospital. A request to Dr Amin's office and to the hospital must be sent to get those records. The hospital records would include any X-rays done as well.

Since she's no longer in ICE custody, ICE cannot request hospital records.

Patrick Musante
Assistant Field Office Director
Atlanta Field Office
DHS/ICE/ERO
Office: 404-893-1326

From: Lozano Arciniega, William <wlozano@sre.gob.mx>
Date: Monday, Sep 21, 2020, 9:56 AM
To: Musante, Patrick J <Patrick.J.Musante@ice.dhs.gov>
Subject: RE: Request for Release of Information [redacted]

CAUTION: This email originated from outside of DHS. DO NOT click links or open attachments unless you recognize and/or trust the sender. Contact ICE SOC SPAM with questions or concerns.

Officer Musante,

Ms. [redacted] reached out to us again asking about X-Ray scan that were performed on her. Can she have access to that information as well?
As a side question, the Consulate reviewed some of the content on the medical file and no consent forms were found with the detainee's signature. Given the current circumstance, I would like to understand how consent is obtained from detainees and if there are any forms they have to sign to submit themselves to invasive procedures.

Hope to hear back from you soon.
Best,
William Lozano

RELACIONES EXTERIORES

William Lozano Arciniega
Encargado de Protección / Head of Protection Department
1700 Chantilly Dr. NE
Atlanta, GA, 30324
Tel: +1 404-266-2233 Ext 234
wlozano@sre.gob.mx
Consulado General de México en Atlanta
Consulate General of Mexico in Atlanta

From: Musante, Patrick J [mailto:Patrick.J.Musante@ice.dhs.gov]
Sent: viernes, 18 de septiembre de 2020 09:31 a.m.
To: Lozano Arciniega, William
Subject: RE: Request for Release of Information [redacted]

Good morning,

I have attached the records requested by Ms. [redacted] identifying that they are to be released to the Consulate General of Mexico in Atlanta based on the attached forms. Please let me know if you need anything else.

Regards,

Patrick Musante
Assistant Field Office Director
Atlanta Field Office
DHS/ICE/ERO
Office: 404-893-1326

From: Lozano Arciniega, William <wlozano@sre.gob.mx>
Sent: Thursday, September 17, 2020 1:07 PM

To: Musante, Patrick J <Patrick.J.Musante@ice.dhs.gov>
Cc: Hernandez, Alejandro E <Alejandro.E.Hernandez@ice.dhs.gov>
Subject: Request for Release of Information [redacted]

CAUTION: This email originated from outside of DHS. DO NOT click links or open attachments unless you recognize and/or trust the sender. Contact ICE SOC SPAM with questions or concerns.

Officer Musante,

Hope this finds you well.

The Consulate was contacted by Ms. [redacted], a Mexican national that was recently deported to her country. Ms. [redacted] received medical attention while at ICDC. Now, she would like to follow up and get continued care and thus would like to get access to her medical file for support.

[redacted] does not have access to a scanner so she sent the authorization forms by taking pictures. I have attached on PDF for better view.
Please let me know if this would be sufficient in order to gain access to her medical file.

Best regards,
William Lozano

RELACIONES EXTERIORES
SECRETARÍA DE RELACIONES EXTERIORES

William Lozano Arciniega
Encargado de Protección / Head of Protection Department
1700 Chantilly Dr. NE
Atlanta, GA, 30324
Tel: +1 404-266-2233 Ext 234
wlozano@sre.gob.mx
Consulado General de México en Atlanta
Consulate General of Mexico in Atlanta

From: [redacted]
Sent: jueves, 17 de septiembre de 2020 12:42 p.m.
To: Lozano Arciniega, William
Subject:

From: (b)(6); (b)(7)(C)
Sent: 23 Aug 2019 18:09:32 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: FW: Sensitive cases reported at consular visit (08/21/2019)

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

Please get with (b)(6); (b)(7)(C) bout the cases below asap to see what can be done to resolve the concerns and keep us updated of the results. Thank you.

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

Supervisory Detention and Deportation Officer
Immigration and Customs Enforcement
Department of Homeland Security
180 Ted Turner Dr SW
Atlanta, GA 30303
Tel. (404) 893- (b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C)
Sent: Friday, August 23, 2019 2:04 PM
To: (b)(6); (b)(7)(C) ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: Sensitive cases reported at consular visit (08/21/2019)

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

SDDO
DHS/ICE/ERO
Atlanta Field Office
180 Ted Turner Drive SW, Suite (b)(6); (b)(7)(C)
Atlanta, GA 30303
Office:404-893-4222
iPhone:229-321 (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C) @sre.gob.mx>

Date: Friday, Aug 23, 2019, 2:01 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) wincdc.com <(b)(6); (b)(7)(C) vincdc.com>
Subject: FW: Sensitive cases reported at consular visit (08/21/2019)

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

I would like to start by extending mi gratitude for accommodating our recent visit to ICDC. In that regard, I would like to call your attention two cases that were reported to me by my staff and that particularly concern this Consulate General.

(b)(6); (b)(7)(C) declared having undergone a gynecological surgery on July 4th. At the time of the interview, her abdomen was noticeably swollen and she stated suffering pain and numbness on her legs. She was granted a voluntary departure on August 21st; however, she does not have the resources to buy her flight to Mexico. Therefore, this Consulate General will like to evaluate the possibility of an assisted repatriation. I would like to obtain considerations from ICDC medical staff regarding this case to determine if she qualifies for assistance. (enclosed you will find her HIPAA authorization form).

(b)(6); (b)(7)(C) was transferred from Texas and is two months pregnant. She claims not having received any type of prenatal care treatment. She apparently has a history of failed pregnancies that have her concerned at the moment.

I will highly appreciate your intervention on this important matters.

Thank you in advance for your considerate cooperation.

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

From: (b)(6); (b)(7)(C)
Sent: 9 Aug 2018 12:28:02 +0000
To: (b)(6); (b)(7)(C)
Subject: FW: (IRWINGA) Irwin County Detention Center Approved RA Memorandum and UCAP DUE HQ/DMD/DSCU
Attachments: IRWINGA18- IrwinCoGA CoverLTR 06-14-18.pdf, IRWINGA18- IrwinCoGA SIS 06-14-18.pdf, IRWINGA18 - G324A_PBNDS_2008_O72_Lyon_06-14-18.pdf, IRWINGA_06_14_2018_Annual_UCAP_KEY_649.doc

FYI

(b)(6); (b)(7)(C)
Assistant Field Office Director
DHS/ICE/ERO
180 Ted Turner Drive SW
Atlanta, GA 30303
Office: 404-893 (b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C)
Sent: Wednesday, August 8, 2018 4:31 PM
To: (b)(6); (b)(7)(C) irwincdc.com> (b)(6); (b)(7)(C) irwincdc.com' (b)(6); (b)(7)(C) vincdc.com>
Cc: S (b)(6); (b)(7)(C) g@ice.dhs.gov> (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) ce.dhs.gov (b)(6); (b)(7)(C) .dhs.gov> (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: (IRWINGA) Irwin County Detention Center Approved RA Memorandum and UCAP DUE HQ/DMD/DSCU

Good afternoon, Warden Bickham,

Please see attached and below from ICE ERO Headquarters. ICDC received an overall rating of MEETS STANDARDS. Using the attached UCAP, please record all corrective actions taken (ERO Atlanta will handle the Staff-Detainee Communication section), to include projected completion dates. Note: each corrective action must be accompanied by validating documentation. Failure to provide this information will result in the rejection of the UCAP. Return the UCAP to me no later than October 1, 2018. As always, please contact us with any questions or assistance you may need in completing this document.

Regards,

(b)(6); (b)(7)(C)
Assistant Field Office Director
DHS/ICE/ERO
180 Ted Turner Drive SW
Atlanta, GA 30303
Office: 404-893 (b)(6);

From: (b)(6); (b)(7)(C)
Sent: Wednesday, August 8, 2018 4:20 PM

To: (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C) g@ice.dhs.gov>
(b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: (IRWINGA) Irwin County Detention Center Approved RA Memorandum and UCAP DUE HQ/DMD/DSCU BY COB: 10/23/2018

Good Afternoon ATL,

The annual detention inspection report for the Irwin County Detention Center completed on June 14, 2018 in Ocilla, GA has been received. A final rating of **Meets Standards** has been assigned. Attached, please find a signed copy of the Reviewing Authority Memorandum, Cover Letter, Significant Incident Summary Worksheet, G-324A Inspection Sheet, and Uniform Correction Action Plan (UCAP).

Using the attached UCAP, please record all corrective actions taken, to include projected completion dates. Note: each corrective action must be accompanied by validating documentation. Failure to provide this information will result in the rejection of your UCAP.

Upon completion, please have an Assistant Field Office Director or higher sign and certify the UCAP is complete and accurate.

(b)(6); (b)(7)(C)
tention and Deportation Officer
U.S. Department of Homeland Security
Immigration and Customs Enforcement
Detention Standards Compliance Unit
ICE Headquarters, 500 12th Street, SW
Washington, D.C. 20536
D: (202)732 (b)(6); C: (202)27 (b)(6); (b)(7)(C)
E: (b)(6); (b)(7)(C) ce.dhs.gov

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The Nakamoto Group, Inc.

June 14, 2018

TO: Tae D. Johnson
Assistant Director for Detention Management

FROM: (b)(6); (b)(7)(C)
Lead Compliance Inspector
The Nakamoto Group, Inc.

SUBJECT: **Annual Detention Inspection of the Irwin County Detention Center**

The Nakamoto Group, Inc. performed an annual inspection for compliance with the ICE Performance-Based National Detention Standards (PBNDS 2008) of the Irwin County Detention Center in Ocilla, GA, during the period of June 12-14, 2018. This is an IGSA facility.

The inspection was performed under the guidance of (b)(6); (b)(7)(C) d Compliance Inspector. Team Members were:

Subject Matter Field	Team Member
Detainee Rights	(b)(6); (b)(7)(C)
Security	
Medical Care	
Medical Care	
Safety	

Type of Inspection

This is a scheduled annual inspection, which is performed to determine overall compliance with the ICE PBNDS 2008 for Over 72 hour facilities. The facility received a previous rating of Meets Standards during the June 2017 inspection.

Inspection Summary

The Irwin County Detention Center is currently accredited by:

- The American Correctional Association (ACA) - No
- The National Commission on Correctional Health Care (NCCHC) - No
- The Joint Commission (TJC) - No
- Prison Rape Elimination Act (PREA) - No

Standards Compliance

The following information is a summary of the standards that were reviewed and overall compliance that was determined as a result of the 2017 and 2018 annual inspections:

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2017 Annual Inspection	
Meets Standard	40
Does Not Meet Standard	0
At Risk	0
Repeat Deficiency	0
Not Applicable	1

2018 Annual Inspection	
Meets Standard	40
Does Not Meet Standard	0
At Risk	0
Repeat Deficiency	0
Not Applicable	1

The inspection team identified nineteen (19) deficient components in the following nine (9) standards:

Environmental Health and Safety - 1
Special Management Units - 2, one of which is a priority component
Staff Detainee Communication - 3, all of which are repeat deficiencies
Food Service - 7, two of which are priority components and two are repeat deficiencies
Hunger Strikes – 1, which is a repeat deficiency
Medical Care – 1
Personal Hygiene – 2, both of which are repeat deficiencies
Detainee Handbook - 1, which is a repeat deficiency
Detainee Transfer – 1, which is a priority component

Facility Snapshot/Description

The Irwin County Detention Center is a 1201-bed facility owned and operated by LaSalle Corrections and governed by the Irwin County Commissioners. The facility houses male and female ICE detainees, U. S. Marshals Service detainees and Irwin County inmates. On the first day of the inspection, the total population was 953, including 576 male and 227 female ICE detainees. The average length of stay for an ICE detainee was reported to be 46.6 days.

The single-story facility consists of individual cells, multi-bed cells and 32-bed or 100-bed dormitories. The 100-bed dormitories are supervised by direct supervision. The housing units provide adequate open space and detainees were observed socializing in the dayrooms and watching television. The atmosphere was relaxed and detainees were observed interacting with facility staff and other detainees. Detainees approached the inspection team without hesitation.

The Language Line was used to conduct nine interviews of LEP detainees from Mexico, Eritrea, Sri Lanka, India, South Korea and Cameroon. During one of the LEP interviews a detainee stated that she did not feel safe in the facility. She was questioned further and it was determined that she had been assaulted by another detainee in her housing unit. The assistant warden was notified and he stated that he was aware of the incident and that it was still under investigation and that the detainees involved had been separated. He advised the inspector that the detainee's concerns would be addressed. Another detainee complained that she had to wait four months for medical care. The medical SME checked her medical record and determined that she has been seen several times in a timely manner. No other complaints were voiced by the LEP detainees. Most of them requested information regarding their cases and they were advised to submit a request to ICE or to speak to the officers during their weekly visits.

The inspection team visited the housing units several times during the inspection and conducted numerous group and confidential interviews. No detainees expressed any concerns about their safety. One detainee com-

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plained that the meals did not contain all of the items listed on the posted menu. The trays were checked by the Safety SME and compared to the approved menus and were found to be complete. Several detainees complained about not receiving their prescribed medication. One detainee stated that he was told that the medication was not available. The Medical SME followed-up on the complaints and was told that often the detainees did not get up in time to receive their medication or had refused the mediation. The SME was unable to substantiate this information due to problems with the CorrecTek electronic records system.

Several detainees complained that hygiene items were only passed out twice a week and if they were not in the housing unit at the time they had to wait several days to receive the items. This was brought to the attention of the unit managers who stated that the hygiene items would be made available in the housing units to ensure that all detainees had access to them. The detainees stated that the telephones were working and that they were permitted to use the law library upon request.

Sanitation throughout the facility was observed to be good. Overall, the atmosphere at the facility was observed to be generally calm with no obvious indicators of high stress.

The facility does not charge co-pays for medical, mental health or dental care. Health services are provided by LaSalle Corrections. Food service is provided by Trinity Services.

Areas of Concern/Significant Observations

The inspection team identified four (4) deficient priority components, as below:

Special Management Units

Component #17- A health care provider visits every detainee in an SMU at least once daily, and detainees are provided any medications prescribed for them.

Detainees will have access to regularly scheduled sick call regardless of housing assignment.

Any action taken is documented in a separate logbook, and the medical visit is recorded on the detainee's SMU Housing Record (Form I-888)

Finding: A review of SMU housing unit records does not indicate that the health care provider visits are being conducted.

Recommendation: Health care providers need to visit each detainee daily and document the visit on the detainee's SMU housing record.

Food Service

*Component #10-*Before and during the display, service and transportation of food, sanitary guidelines are observed, with hot foods maintained at a temperature of at least 140 F degrees (120 degrees in food trays) and foods that require refrigeration maintained at 41 F degrees or below.

Finding: A review of documentation revealed that the temperatures of both hot and cold food are not consistently taken and recorded to ensure that they are prepared and maintained at the required temperatures as defined in the Standard.

Recommendation: Food service staff should take and document all temperatures on their current production logs.

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Component #39-Staff shall check refrigerator and water temperatures daily and record the results. The FSA or designee will verify and document requirements of food and equipment temperatures.

The FSA or CS shall inspect food service areas at least weekly.

An independent, external inspector shall conduct annual inspections to ensure that the food service facilities and equipment meet governmental health and safety codes.

Finding: Temperatures of refrigerators and freezers are not documented daily in accordance with the Standard. Additionally, dishwasher temperatures are not recorded after every meal.

Recommendation: Food service staff should ensure that all temperatures are documented daily.

Transfer of Detainees

Component #7-Prior to transfer, medical personnel shall provide the transporting officers instructions and, if applicable, medication(s) for the detainee's care in transit. Detainees shall be transferred with, at a minimum, 7 days' worth of prescription medications (TB medications, a 15-day supply) to ensure continuity of care throughout the transfer and subsequent intake process.

Medications shall be:

- Placed in a property envelope with the detainee's name and A-number on it,
- Accompany the transfer, and
- If unused, be turned over to an officer at the receiving Field Office.

Finding: During the past month three transfers had to be postponed due to the required medication not being available to accompany the detainees.

Recommendation: The facility should ensure that mediation is available to accompany detainees to ensure continuity of care throughout the transfer and subsequent intake process.

Recommended Rating and Justification

The Lead Compliance Inspector recommends that the facility receive a rating of Meets Standards. The facility complies with the ICE Performance Based National Detention Standards (PBNDS) 2008 for Over 72 hour facilities. No (0) standards were found Does Not Meet Standards and one (1) standard was Not Applicable (N/A). All remaining forty (40) standards were found to Meet Standards.

LCI Assurance Statement

The findings of compliance and non-compliance are accurately and completely documented on the G-324 Inspection Form and are supported by documentation in the inspection file. An out brief was conducted at the facility and in addition to the entire Nakamoto Group, Inc. Inspection Team, the following were present:

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- ICE Officials – AFOD (b)(6); (b)(7)(C) SDDO (b)(6); (b)(7)(C) DSC (b)(6); (b)(7)(C)
- Facility Staff – LaSalle Director Robert Eason, Warden Phillip Bickham, Assistant Jail Administrato (b)(6); (b)(7)(C) , Compliance officer (b)(6); (b)(7)(C) , ISA (b)(6); (b)(7)(C) HSA (b)(6); (b)(7)(C) DON (b)(6); (b)(7)(C) , CGL (b)(6); (b)(7)(C) HR (b)(6); (b)(7)(C) Business Manager (b)(6); (b)(7)(C) Trinity GM (b)(6); (b)(7)(C) FSD (b)(6); (b)(7)(C)

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

Lead Compliance Inspector — June 14, 2018

Printed Name of LCI — Date

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A. Type of Facility Reviewed

☐	**ICE Service Processing Center**
☐	**ICE Contract Detention Facility**
☒	**ICE Intergovernmental Service Agreement**

B. Current Inspection

Type of Inspection ☐ Field Office ☒ HQ Inspection
Date[s] of Facility Review 6/12/2018 - 6/14/2018

C. Previous/Most Recent Facility Review

Date[s] of Last Facility Review 6/20/2017 - 6/22/2017
Previous Rating ☒ Meets Standards ☐ Does Not Meet Standards

D. Name and Location of Facility

Name Irwin County Detention Center
Address (Street and Name) 132 Cotton Avenue
City, State and Zip Code Ocilla, GA 31774
County Irwin
Name and Title of Facility Administrator (Warden/OIC/Superintendent) Phillip Bickham, Warden
Telephone # (Include Area Code) 229-468-4121
Field Office / Sub-Office (List Office with oversight responsibilities) Atlanta
Distance from Field Office 193 miles

E. ICE Information

Name of Inspector (Last Name, Title and Duty Station) (b)(6); (b)(7)(C) CI/Detainee Rights SME / Nakamoto Group
Name of Team Member / Title / Duty Location (b)(6); (b)(7)(C) dical SME / Nakamoto Group
Name of Team Member / Title / Duty Location (b)(6); (b)(7)(C) Safety SME / Nakamoto Group
Name of Team Member / Title / Duty Location (b)(6); ecurity SME / Nakamoto Group
Name of Team Member / Title / Duty Location (b)(6); (b)(7)(C) Medical SME / Nakamoto Group

F. CDF/IGSA Information Only

Contract Number 20-07-0058	Date of Contract or IGSA 7-9-2007
Basic Rates per Man-Day (b)(4)	
Other Charges: (If None, Indicate N/A) (b)(4) ; ;	

Estimated Man-days Per Year 325,000

G. Accreditation Certificates

List all State or National Accreditation[s] received:
☒ Check box if facility has no accreditation[s]

H. Problems / Complaints (Copies must be attached)

The Facility is under Court Order or Class Action Finding ☐ Court Order ☐ Class Action Order
The Facility has Significant Litigation Pending ☐ Major Litigation ☐ Life/Safety Issues
☒ Check if None.

I. Facility History

Date Built 1991	
Date Last Remodeled or Upgraded 2009/512 Beds	
Date New Construction / Bedspace Added 2009/512 Beds	
Future Construction Planned ☐ Yes ☒ No Date:	
Current Bedspace 1201	Future Bedspace (# New Beds only) Number: Date:

J. Total Facility Population

Total Facility Intake for previous 12 months 8997
Total ICE Mandays for Previous 12 months 278,414

K. Classification Level (ICE SPCs and CDFs Only)

	L-1	L-2	L-3
Adult Male	**N/A**	**N/A**	**N/A**
Adult Female	**N/A**	**N/A**	**N/A**

L. Facility Capacity

	Rated	Operational	Emergency
Adult Male	**1001**	**784**	**1001**
Adult Female	**200**	**200**	**200**

☐ **Facility holds Juveniles Offenders 16 and older as Adults**

M. Average Daily Population

	ICE	USMS	Other
Adult Male	**553**	**80**	**22**
Adult Female	**205**	**11**	**3**

N. Facility Staffing Level

Security: (b)(4)	Support:

Significant Incident Summary Worksheet

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

Incidents	***Description***	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault: Offenders on Offenders[1]	Types (Sexual[2], Physical, etc.)	5p	7p	13p	11p
	With Weapon	0	0	0	0
	Without Weapon	5	7	13	11
Assault: Detainee on Staff	Types (Sexual Physical, etc.)	2p	1p	2p	0
	With Weapon	0	0	0	0
	Without Weapon	2	1	2	0
Number of Forced Moves, incl. Forced Cell moves[3]		0	0	0	1
Disturbances[4]		0	0	0	0
Number of Times Chemical Agents Used		1	0	0	2
Number of Times Special Reaction Team Deployed/Used		0	0	0	1
# Times Four/Five Point Restraints applied/used	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	0	0
	Type (C=Chair, B=Bed, BB=Board, O=Other)	0	0	0	0
Number of Times Canines Used in Facility		0	0	0	0
Offender / Detainee Medical Referrals as a result of injuries sustained.		0	2	0	0
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	9	0	13	4
	# Resolved in favor of Offender/Detainee	7	0	4	2
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	0	0	0	0
	Number	0	0	0	0
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	167	177	187	191
	# Psychiatric Cases referred for Outside Care	2	3	13	1

[1] Any attempted physical contact or physical contact that involves two or more offenders

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

[3] Routine transportation of detainees/offenders is not considered "forced"

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

DHS/ICE Detention Standards Review Summary Report						
1. Meets Standards 2. Does Not Meet Standards 3. Repeat Finding 4. Not Applicable		1	2	3	4	
PART 1 SAFETY						
1	Emergency Plans	☒	☐	☐		
2	Environmental Health and Safety	☒	☐	☐		
3	Transportation (By Land)	☒	☐	☐	☐	
PART 2 SECURITY						
4	Admission and Release	☒	☐	☐		
5	Classification System	☒	☐	☐		
6	Contraband	☒	☐	☐		
7	Facility Security and Control	☒	☐	☐		
8	Funds and Personal Property	☒	☐	☐	☐	
9	Hold Rooms in Detention Facilities	☒	☐	☐		
10	Key and Lock Control	☒	☐	☐		
11	Population Counts	☒	☐	☐		
12	Post Orders	☒	☐	☐		
13	Searches of Detainees	☒	☐	☐		
14	Sexual Abuse and Assault Prevention and Intervention	☒	☐	☐		
15	Special Management Units	☒	☐	☐		
16	Staff-Detainee Communication	☒	☐	☐		
17	Tool Control	☒	☐	☐		
18	Use of Force and Restraints	☒	☐	☐		
PART 3 ORDER						
19	Disciplinary System	☒	☐	☐		
PART 4 CARE						
20	Food Service	☒	☐	☐		
21	Hunger Strikes	☒	☐	☐		
22	Medical Care	☒	☐	☐		
23	Personal Hygiene	☒	☐	☐		
24	Suicide Prevention and Intervention	☒	☐	☐		
25	Terminal Illness, Advance Directives, and Death	☒	☐	☐		
PART 5 ACTIVITIES						
26	Correspondence and Other Mail	☒	☐	☐		
27	Escorted Trips for Non-Medical Emergencies	☐	☐	☐	☒	
28	Marriage Requests	☒	☐	☐	☐	
29	Recreation	☒	☐	☐		
30	Religious Practices	☒	☐	☐		
31	Telephone Access	☒	☐	☐		
32	Visitation	☒	☐	☐		
33	Voluntary Work Program	☒	☐	☐	☐	
PART 6 JUSTICE						
34	Detainee Handbook	☒	☐	☐		
35	Grievance System	☒	☐	☐		
36	Law Libraries and Legal Material	☒	☐	☐		
37	Legal Rights Group Presentations	☒	☐	☐		
PART 7 ADMINISTRATION & MANAGEMENT						
38	Detention Files	☒	☐	☐		
39	News Media Interviews and Tours	☒	☐	☐		
40	Staff Training	☒	☐	☐		
41	Transfer of Detainees	☒	☐	☐		

LCI Review Assurance Statement

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

Lead Compliance Inspector: (Print Name)	Signature
(b)(6); (b)(7)(C)	(b)(6); (b)(7)(C)
Title & Duty Location	Date
Lead Compliance Inspector, The Nakamoto Group, Inc.	6/14/2018

Team Members

Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
(b)(6); (b)(7)(C) Medical SME, The Nakamoto Group, Inc.	(b)(6); (b)(7)(C) Safety SME, The Nakamoto Group, Inc.
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
(b)(6); (b)(7)(C) ecurity SME, The Nakamoto Group, Inc.	(b)(6); (b)(7)(C) Medical SME, The Nakamoto Group, Inc.

Recommended Rating:

☒ **Meets Standards**
☐ **Does Not Meet Standards**

Comments: There were seven ICE detainee allegations of sexual abuse or assault in the last twelve months. Six allegations were detainee on detainee and one staff on detainee allegation. All of the allegations were investigated and one case was unfounded, five were not sustained and one exonerated. The allegation against the staff member was not sustained. Policy and procedures ensure timely and appropriate responses, evaluation, treatment and notification to ICE officers regarding all SAAPI allegations.

There were twelve uses of force involving ICE detainees. Of those instances, one was a calculated use of force and eleven were immediate uses of force. The calculated use of force was a cell extraction with the application of Oleoresin Capsicum (OC) spray. The use of force report indicated that force was applied per standard guidelines. However, the facility was not able to produce the video of the incident. A note in the use of force file indicated that the video could not be located. Two of the immediate uses of force involved detainees' refusal to obey a directive resulting in the application of OC spray. The remaining nine uses of force were for refusal to obey a directive. All reports indicated that force was applied within guidelines of the standard. The medical evaluations were timely. The five detainees who suffered minor injuries were treated by the medical staff.

The facility does not use Tasers and canines are not allowed in the facility. There have been no deaths, escapes or suicide attempts by an ICE detainee during this inspection period.

Condition of Confinement Inspection Worksheet
(This document must be attached to each G-324A Inspection Worksheet)
This Form is to be used for Inspections of Facilities Used Over 72 Hours

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

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

Facility Information			
Facility Name: Irwin County Detention Center			**Review Purpose: Annual**
Facility Type: IGSA **Intergovernmental Service Agreement (IGSA), ICE Service Processing Center (SPC), ICE Contract Detention Facility (CDF)**			
Address:	**132 Cotton Ave.**		
City: Ocilla		**State:** GA	**Zip:** 31774
County:	**Irwin**		
CEO Name (b)(6); (b)(7)(C)			**CEO Title:** Warden
Review Information (Use following format for dates: mm/dd/yyyy)			
Start Date: 6/12/2018	**End Date:** 6/14/2018		**Review Type: Headquarters**
Lead Name (b)(6); (b)(7)(C)			**Lead Title:** LCI
Review Document Issue Summary (See Document Check Section to Review/Update)			
Error(s) Found:	**0**	**Items Not Rated:**	**0**

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

Form Name: PBNDS_2008_G324A_O72_LYON	**Form Key: 27**	**Form Date: 5/9/2017**
Form Type: PBNDS 2008	**Form Review Type: Annual**	**Form Over/Under 72 Status: O72**

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

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

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

WHAT IS "PERFORMANCE-BASED"?

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

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

WORKSHEET OVERVIEW

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

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

WORKSHEET COMPLETION

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

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

Section I: SAFETY

Emergency Plans
Environmental Health and Safety
Transportation (By Land)

PART 1 – 1. EMERGENCY PLANS (Key: A)		
This Detention Standard ensures a safe environment for detainees and employees by having in place contingency plans to quickly and effectively respond to any emergency situations that arise and to minimize their severity.		
Components	**Rating**	**Remarks** (1000 Char Max)
1. Staff are trained to identify signs of detainee unrest.	Meets Standard	A review of training records indicated that staff receives pre-service and annual training in identifying signs of detainee unrest.
2. All staff receive training in the emergency plans during their orientation training as well as during their annual training.	Meets Standard	Emergency plans training is provided to all staff during pre-service and annual training. A review of training records confirmed that this training is conducted.
3. PRIORITY: The facility shall have in place contingency plans for responding to emergencies, including a locally approved and annually updated evacuation plan.	Meets Standard	A review of contingency emergency plans confirmed that the facility has plans in place to respond to a wide array of emergency situations. The locally approved evacuation plan is updated annually. The latest update was conducted on 6/4/2018.
4. The facility conducts emergency exercises to test specific emergency plans to assess their effectiveness.	Meets Standard	Emergency exercises are conducted periodically to test specific emergency plans. A mock escape drill was conducted with the sheriff's office on 1/13/2018.
5. *(SPCs/CDFs) Each SPC and CDF shall develop contingency plans with local, State, and Federal law enforcement agencies and formalize those agreements with Memoranda of Understanding (MOUs). The facility administrator shall review and approve contingency plans at least annually.*	Meets Standard	This IGSA facility has developed contingency plans with applicable agencies as listed in this component. These plans are formalized agreements with updated Memoranda of Understanding and are reviewed annually by the OIC. The contingency plans were last reviewed and approved on 5/17/2018.
6. Every plan that is being developed or is final must include a statement prohibiting unauthorized disclosure.	Meets Standard	Each Emergency plans contain a statement prohibiting unauthorized disclosure.
7. The facility shall establish written policy and procedures addressing, at a minimum: chain of command, command post/center, staff recall, staff assembly, emergency response components, use of force, video recording, records and logs, utility shutoff, employee conduct and responsibility, public relations, facility security, etc.	Meets Standard	Emergency plans address each topic referenced in this component.

PART 1 – 1. EMERGENCY PLANS (Key: A)		
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Components	**Rating**	**Remarks** (1000 Char Max)
8. *(SPCs/CDFs) The facility shall set up a primary command post outside the secure perimeter that is equipped as per the Emergency Plan standard.*	Meets Standard	At this IGSA facility, the primary command post is located outside the secure perimeter in the OIC's office and is equipped in accordance with the Emergency Plan standard.
9. At least one video camera shall be maintained in the Control Center for use in emergency situations.	Meets Standard	Two video cameras are maintained in the control center for use in emergencies.
10. Emergency plans include emergency medical treatment for staff and detainees during and after an incident.	Meets Standard	
11. The FSA shall make contingency plans for providing meals to detainees and staff during an emergency, including access to community resources, which the FSA shall negotiate during the planning phase.	Meets Standard	The FSA has contingency plans in place to provide meals to detainees and staff during emergencies, including access to community resources which were negotiated during the planning phase.
12. The plan shall include post-emergency procedures.	Meets Standard	Post-emergency procedures are outlined in the emergency plans.
13. Written procedures cover: • Work/Food Strike • Fire • Environmental Hazard • Detainee Transportation System Emergency • ICE-wide Lockdown • Staff Work Stoppage • Disturbances • Escapes • Bomb Threats • Adverse Weather • Internal Searches • Facility Evacuation • Detainee Transportation System Plan • Hostages (Internal) • Civil Disturbances	Meets Standard	Written emergency procedures address each item listed in this component.

PART 1 – 1. EMERGENCY PLANS – Reviewer Summary
(Use following format for dates: mm/dd/yyyy)

PART 1 – 1. EMERGENCY PLANS – Reviewer Summary

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

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

Having contingency emergency plans in place to quickly and effectively respond to emergency situations and to minimize their severity ensures a safe environment for detainees and staff. In evaluating this standard, the assistant OIC was interviewed and policy and emergency plans were reviewed. The emergency plans are comprehensive and set forth procedures to respond to most emergency situations. Cooperative contingency plans are in place with applicable agencies.

Emergency plans are implemented per standard. The OIC is responsible for developing and implementing emergency contingency plans. All plans comply with standards for confidentially, accountability, review, and revision. Emergency plans do not include procedures for rendering emergency assistance to other facilities in the form of supplies, transportation, and temporary housing, etc. In development of plans, input from all department heads was solicited, and they were made aware of their responsibility to be fully ready to exercise that responsibility under the plan. An accurate inventory of equipment identified for use during implementation of the plan is maintained and reviewed at least every six months to ensure its accuracy.

The captain chairs a committee responsible for development and review of emergency plans. Emergency plans are updated as often as necessary and forwarded to the OIC for approval. Annual reviews of plans are conducted, with participation from every department head. The OIC determines where copies of the various plans are to be stored, and in what quantity. A master copy of the plans is maintained outside the secure perimeter, with an itemized list of plans and where the plans are located.

General requirements for emergency plans implementation do not include procedures for alternative means of reaching the facility for emergency staff, if the main approach becomes dangerous or inaccessible. Plans include how and when staff notify nearby residents of the situation, including type of emergency, actions being taken, evacuation routes if applicable, and special precautions. Emergency plans do not identify an alternate means of communication; however, the sheriff's department would provide this service, if needed.

Overall Rating: Meets St[redacted]

Reviewer Name (Printed (b)(6); (b)(7)(C) **Completion Date:** 6/14/2018

Reviewer Signature (for printed form submission):

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY (Key: B)		
This Detention Standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.		
Components	**Rating**	**Remarks** (1000 Char Max)
1. Environmental health and safety conditions shall be maintained at a level that meets recognized standards of safety and hygiene, including those from the: • American Correctional Association, • Occupational Safety and Health Administration, • Environmental Protection Agency, • Food and Drug Administration, • National Fire Protection Association's Life Safety Code, and • National Center for Disease Control and Prevention.	Meets Standard	Environmental health and safety conditions are maintained at a level consistent with the standards of the six organizations listed in this component. The Ocilla Fire Department conducts an annual inspection of the facility. The Georgia Department of Public Health performs annual inspections of food service.
2. A housekeeping plan will be developed for detainee living areas noted in the standards. The facility appears clean and well maintained.	Meets Standard	The facility has an established cleaning, housekeeping and inspection plan. The lieutenant or shift sergeant inspects the housing units daily. The fire/safety sergeant conducts weekly sanitation inspections. The facility is clean and well maintained.
3. The facility has a system for storing, issuing, and maintaining inventories of hazardous materials	Does Not Meet Standard	Policy and procedures establish a system for storing, issuing and maintaining inventories of hazardous materials. However, a review of the inventory log in storage room 103 did not reflect an accurate inventory. The staff member in charge stated that she inventories the chemicals monthly instead of maintaining a perpetual inventory of chemicals in stock as required by the Standard. This was corrected during the inspection.
4. The Maintenance Supervisor shall compile: • An up to date master index of all hazardous substances in the facility and their locations; • A master file of MSDSs; and • A comprehensive, up-to-date list of emergency phone numbers (fire department, poison control center, etc.).	Meets Standard	The fire/safety sergeant maintains an SDS master file that includes the items listed in this component. SDSs are in all appropriate areas. Master MSDS binders are on file in the fire/safety sergeant's (FSS) office and the medical department. A copy of the binder is on file with the local fire department.

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY (Key: B)		
This Detention Standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.		
Components	**Rating**	**Remarks** (1000 Char Max)
5. All personnel using flammable, toxic, and/or caustic substances follow prescribed safety procedures.	Meets Standard	This component was rated Does Not Meet Standard during the last inspection as personal protective equipment was not always available as required by the MSDS. In addition, the portable eyewash station located in the laundry was not in close proximity to a plumbed system to allow the use of the system. Also, there was no documentation that staff and detainees working in these areas had been instructed in the use of the eyewash stations. Eye wash stations are available in all areas of the facility. A hard-plumbed station is now available in the laundry area and detainees have been trained on its use. Hazards or spills are immediately reported to a supervisor or the fire/safety sergeant. Every individual who uses a hazardous substance is trained, knowledgeable, and follows all prescribed precautions. Protective equipment is available as required in all areas.
6. The MSDS are readily accessible to staff and detainees in the work areas.	Meets Standard	Copies of SDSs are maintained in each work and housing area where chemicals are stored. They are accessible to detainees and staff members, if needed.

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY (Key: B)		
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Components	**Rating**	**Remarks** (1000 Char Max)
7. Hazardous materials are always issued under proper supervision.	Meets Standard	This component was rated Does Not Meet Standard during the last inspection as hazardous chemicals used in the dish machine and pot and pan sink were stored in expanded metal cages; however, there were no locking devices to secure the cages. Unsecured hazardous chemicals were also discovered in the laundry. A review of these areas revealed that all chemicals were properly secured in a locked expanded metal cage. Automated dispensers are used to dispense chemicals. Quantities of chemicals used in the housing units are limited and their issuance and use are monitored by employees. Cleaning chemicals used in the housing units are diluted prior to use.
8. All toxic and caustic materials stored in their original containers in a secure area.	Meets Standard	Cleaning chemicals are securely stored. Undiluted cleaning chemicals are stored in their original containers. Secondary containers issued for cleaning purposes are appropriately labeled.
9. Excess flammables, combustibles, and toxic liquids are disposed of properly in accordance with MSDS.	Meets Standard	
10. The facility program will be supervised by a person who has been trained in accordance with OSHA standards.	Meets Standard	The FSS has received OSHA general industry and fire fighter training. He is also a former fire chief and a trained fire fighter.
11. PRIORITY: A qualified departmental staff member shall conduct weekly fire and safety inspections.	Meets Standard	Weekly fire and safety inspections are conducted by the FSS, who has received fire safety training.
12. Facility maintenance (safety) staff shall conduct monthly inspections.	Meets Standard	This component was rated Does Not Meet Standard during the last inspection as monthly fire and safety inspections were not being conducted. Monthly inspections are currently being conducted.

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY (Key: B)		
This Detention Standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.		
Components	**Rating**	**Remarks** (1000 Char Max)
13. The facility maintains files of inspection reports, including corrective actions taken.	Meets Standard	All inspection reports are maintained in a folder in the safety office.
14. PRIORITY: The facility has an approved fire prevention, control, and evacuation plan.	Meets Standard	The fire prevention, control and evacuation plan was approved by the Ocilla Fire Department on 6/4/2018.
15. The plan requires: • Monthly fire inspections. • Fire protection equipment strategically located throughout the facility. • Public posting of emergency plan with accessible building/room floor plans. • Exit signs and directional arrows. • An area-specific exit diagram conspicuously posted in the diagrammed area.	Meets Standard	The fire plan includes all of the requirements of this component.
16. Fire drills are conducted and documented quarterly in all facility locations including the administrative area.	Meets Standard	Fire drills are conducted quarterly in all areas including the administration area. Results of the drills are documented.
17. PRIORITY: The facility administrator shall ensure licensed pest-control professionals perform monthly inspections to identify and eradicate rodents, insects and vermin, including a preventative spraying program for indigenous insects.	Meets Standard	Pest control services are currently being provided monthly through a contract with Astro Exterminating Services, a licensed pest control company. Preventative spraying occurs as needed.
18. At least annually, a state laboratory shall test samples of drinking and wastewater to ensure compliance with applicable Standards.	Meets Standard	This component was rated Does Not Meet Standard during the last inspection as there was no documentation certifying that wastewater was tested as required. Drinking and wastewater are tested annually by the City of Ocilla, GA. The report, including documentation on the testing of the waste water, was available for review. There were no issues noted during the inspection period.

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY (Key: B)		
This Detention Standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.		
Components	**Rating**	**Remarks** (1000 Char Max)
19. Emergency power generators are tested as required by emergency plans and manufacturer's recommendations.	Meets Standard	Testing of emergency generators is conducted as required by the emergency plans and manufacturer's recommendations. Generator testing and services are provided by maintenance employees and an outside vendor.
20. (Medical Operations) Written procedures, to include an exposure-control plan in the event of a needle stick, regulate the handling and disposal of used needles and other sharp objects.	Meets Standard	Comprehensive policy outlines the exposure control plan, which includes provisions for needle sticks and the handling and disposal of needles and other sharp objects.
21. (Medical Operations) Standard cleaning practices include: • Using specified equipment; cleansers; disinfectants and detergents. • An established schedule of cleaning and follow-up inspections.	Meets Standard	Standard cleaning practices incorporate the items listed in this component.
22. (Medical Operations) Spill kits are readily available.	Meets Standard	Spill kits are available in twelve different locations throughout the facility.
23. (Medical Operations) A licensed medical waste contractor disposes of infectious/bio-hazardous waste.	Meets Standard	Infectious/biohazardous waste is disposed of through a contract with Stericycle, a licensed contractor.
24. (Medical Operations) Staff are trained to prevent contact with blood and other body fluids and written procedures are followed.	Meets Standard	Staff receives training regarding blood-borne pathogens during initial and annual training. Written procedures are followed.
25. (Medical Operations) The Health Services Administrator conducts medical-facility inspections daily.	Meets Standard	
26. A qualified staff member shall: conduct special investigations and comprehensive surveys of environmental health conditions, and provide advisory, consultative, inspection, and training services regarding environmental health conditions.	Meets Standard	The fire/safety sergeant and the health services administrator (HSA) conduct environmental health and safety inspections and special investigations as needed. These individuals provide advisory, consultative and training services regarding environmental health conditions.

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY (Key: B)		
This Detention Standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.		
Components	**Rating**	**Remarks** (1000 Char Max)
27. The assigned staff member is responsible for developing and implementing policies, procedures, and guidelines for the environmental health program.	Meets Standard	Policies establish procedures for the environmental health program. The OIC has designated the fire/safety sergeant and the HSA to assist in developing and implementing policies, procedures, and guidelines for the environmental health program.

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

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

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

The facility provides a safe environment for detainees through comprehensive fire prevention practices and the control of hazardous materials. The facility has a fire alarm and detection system that includes an automatic sprinkler system for fire suppression that meets all local and national fire safety codes. The alarm system was upgraded in March 2018 by Johnson Electronics after being inspected by this firm on 10/17/2017. The sprinkler system was inspected on 5/27/2018 by Century Fire Protection, Inc., the suppression system on 4/18/2018 by AllSaf, and fire extinguishers were inspected by Fire Safety, Inc. in April 2018. The City of Ocilla Fire Department conducted its annual inspection and approved the fire plan on 6/4/2018.

The fire/safety sergeant and the HSA are responsible for developing and implementing environmental health and safety policies, procedures and guidelines for the environmental health program. The program evaluates and eliminates or controls, as necessary, sources of injuries and modes of transmission of agents or vectors of communicable diseases and poor sanitation. Environmental health and safety policy protects detainees, personnel, contractors and volunteers from injury and illness by ensuring good standards of cleanliness and sanitation through daily cleaning practices. Non-toxic cleaning supplies are utilized for all cleaning purposes as recommended by the manufacturer. Garbage and refuse are collected and removed by Advance Disposal as necessary to maintain sanitary conditions and to avoid creating a health hazard. The methods for handling and disposing of refuse meet all regulatory requirements.

Medical cleaning procedures include daily infirmary cleaning, blood and body fluid clean-up and the use of disinfectants. Infectious waste is clearly labeled and doubled-bagged. The red bags are impermeable and specifically for biohazardous waste storage. Universal precautions are followed by all personnel when handling untreated infectious waste. All items that pose a security risk, such as sharp instruments, syringes, needles and scissors are inventoried at the beginning and ending of each shift by designated medical personnel.

A review of training records indicated that individuals who use a hazardous substance are trained and knowledgeable of all prescribed precautions. Protective equipment was available as required by the Standard. Hazards or spills are immediately reported to a supervisor. The fire/safety sergeant compiles a master index of all hazardous substances in the facility including locations and a master file of all SDSs. The master index includes a comprehensive, up-to-date list of emergency phone numbers and a plant diagram showing all areas of flammable or hazardous materials. Automated dispensers are used to distribute or dilute full-strength chemicals in the laundry and food service areas. All chemicals, solvents and other hazardous materials were labeled and in the original containers or approved miscellaneous containers as specified by OSHA regulations.

The facility has one barbershop with one barber chair and is in a separate room not used for any other purpose. The floors were smooth, nonabsorbent and easily cleaned. The walls and ceiling were in good repair and painted in a light color. The lavatory had both hot and cold running water and sanitation regulations were conspicuously posted on the walls. This inspector observed the barbering process and noted that the barbershop has all the facilities necessary for maintaining

PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY – Reviewer Summary *(Use following format for dates: mm/dd/yyyy)*	
sanitary procedures for hair care to prevent the transfer of infection associated with scalp diseases. During the evaluation of this standard, policy and the standard were reviewed, employees were interviewed and SDS master and storage site files were inspected. The facility has a system to safely address any emergency that may arise. An inspection of the housing units, medical unit, and the facility overall reflected a positive environment, clean conditions, and no issues being noted with the conditions of confinement or quality of life. Various detainee interviews were conducted including with those with limited English proficiency. All detainees interviewed in the housing units indicated they had access to cleaning materials and felt safe within the facility.	
Overall Rating: Meets Standard	
Reviewer Name (Printed (b)(6); (b)(7)(C)	**Completion Date:** 6/14/2018
Reviewer Signature (for printed form submission):	

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

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

Standard N/A

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

Components	Rating	Remarks (1000 Char Max)
1. The Facility Administrator shall develop and implement written policy, procedures and guidelines for the transportation of detainees.	Meets Standard	Written policy outlines procedures and guidelines for the transportation of detainees.
2. Documentation indicating annual inspection of vehicles and annual inspection in accordance with state statutes is available for review.	Meets Standard	Documentation of vehicle annual inspections, in accordance with state statutes, is maintained on file in the transportation supervisor's office.
3. To be assigned to a bus transporting detainees, an officer must have successfully completed the ICE/ERO bus-driver-training program or a comparable approved training program and all local state requirements for a Commercial Driver's License (CDL).	Meets Standard	Only transportation officers assigned to drive a bus are required to have a commercial driver's license (CDL) and pass the facility's local competency exam. Those transportation officers assigned to drive smaller vehicles (vans and other passenger vehicles) are exempt from this requirement.
4. Supervisors maintain records for each vehicle operator. This includes certificate of completion from bus training program, most current physical exam used to obtain the CDL, and a copy of the CDL.	Meets Standard	All documents listed in this component are maintained by the transportation supervisor and the human resource manager.
5. Maximum driving time (time on the road), for CDL operators, is governed by USDOT.	Meets Standard	
6. The transporting officer inspects the vehicle before the start of each detail.	Meets Standard	All transportation vehicles are inspected prior to each detail and results are documented on proper form.
7. Positive identification of all detainees being transported is confirmed.	Meets Standard	
8. The facility ensures that the number of detainees transported does not exceed the vehicle manufacturer's occupancy level.	Meets Standard	The assistant OIC stated the number of detainees transported does not exceed the rated capacity of the vehicles.
9. Policies and procedures are in place addressing the use of restraining equipment on transportation vehicles.	Meets Standard	Policy addresses the use of restraining equipment on transportation vehicles.

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

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

Standard N/A

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

Components	Rating	Remarks (1000 Char Max)
10. Meals are provided during long distance transfers. The meals meet the minimum dietary standards, as identified by dieticians utilized by ICE.	Meets Standard	
11. The facility administrator shall establish the procedures and schedule for sanitizing facility vehicles.	Meets Standard	Policy provides instructions for the sanitizing of facility vehicles.
12. Personal property of a detainee transferring to another facility: • Is inventoried. • Is inspected. • Accompanies the detainee.	Meets Standard	Detainees being transferred have their personal property inventoried and inspected. The property accompanies the detainee upon transfer.

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

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

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

To prevent harm to the general public, detainees and staff, vehicles are properly equipped, maintained and operated. Detainees are transported in a secure, safe, and humane manner, under supervision of trained and experienced staff. In evaluating this standard, the assistant OIC and transportation officers were interviewed, and policy, driver logs, and vehicle maintenance records were reviewed. Transportation vehicles inspected were clean and well maintained. The transportation supervisor has overall responsibility for all aspects of vehicle operations.

All officers transporting detainees are required to wear their prescribed uniforms unless other attire is authorized by the OIC. Officers assigned to vehicle operations have direct contact with the general public and are required to conduct themselves with the utmost professionalism and in a manner that reflects positively on the facility. Transportation officers are issued and wear protective vests while transporting detainees.

Prior to any detainee being removed from the facility, G-391 and I-216 forms are completed. All detainee files and other required documentation accompany the detainee being transferred. The transporting officers schedule their driving time so the detainee arrives at the designated destination on schedule. Before transferring detainees from one facility to another, the receiving office is informed of the estimated time of departure, the number of detainees being transferred, any special handling cases, and any estimated delays in departure affecting ETAs. Written procedures are in place for transportation officers to follow when transporting females and in an en-route emergency. Strict procedures are outlined for confirming identification of detainees boarding a transportation vehicle. When the transport vehicle is in motion, all personnel remain seated, and detainees are not allowed to have access to any personal property, except for normally allowed property to be kept in the detainee's possession.

(b)(7)(E) The transportation officer post orders and the transportation policy specify that officers secure the vehicle before leaving it unattended, including removal of the keys from the ignition. Officers avoid parking in a spot where the vehicle would attract undue attention or be vulnerable to vandalism or sabotage. If such a location cannot be located, officers contact local law enforcement for advice or permission to use their parking areas.

PART 1 – 3. TRANSPORTATION (BY LAND) – Reviewer Summary *(Use following format for dates: mm/dd/yyyy)*	
Armed officers are posted whenever detainees enter or exit a vehicle outside a secure area. A complete set of keys for every lock located in or on the vehicle travels with the vehicle at all times. Armed officers do not enter the secure area of the vehicle. During any stop detainees are not allowed to leave the vehicle until the officers secure the area. Once disembarked, officers keep detainees under constant observation to prevent external contact and/or contraband smuggling or exchange. The OIC has established written procedures in the transportation post orders addressing all the emergency situations noted in the transportation standard. The transportation post orders specify that the transportation of female detainees will be done via special transportation using gender specific officers.	
Overall Rating: Meets Standard	
Reviewer Name (Printed (b)(6); (b)(7)(C)	**Completion Date:** 6/14/2018
Reviewer Signature (for printed form submission):	

Section II: SECURITY

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

PART 2 – 4. ADMISSION AND RELEASE (Key: D)		
This Detention Standard protects the community, detainees, staff, volunteers, and contractors by ensuring secure and orderly operations when detainees are admitted to or released from a facility.		
Components	**Rating**	**Remarks** (1000 Char Max)
1. The facility has implemented written policies and procedures for the intake and reception of newly arrived detainees and provided them with information about facility policies, rules and procedures.	Meets Standard	Written policy and procedures govern the intake and reception of newly arrived detainees. Detainees are provided with, and sign for, the National Detainee Handbook and a facility handbook, which addresses rules, policies, programs and activities, during the intake process and are afforded the opportunity to ask questions. The unit case manager provides a verbal orientation the next business day. A telephonic translation line is used for detainees with limited English proficiency.
2. At intake, detainees are searched, and their personal property and valuables checked for contraband, inventoried, receipted, and stored.	Meets Standard	Detainees are pat searched by an officer of the same gender. Detainee property is searched, inventoried, receipted, and stored. The detainee is provided a copy of the property receipt.
3. Each detainee's identification documents are secured in the detainee's A-file.	Meets Standard	
4. A medical screening will be conducted to protect the health of the detainee and others in the facility, and the detainee shall be given an opportunity to shower and be issued clean clothing, bedding, towels, and personal hygiene items.	Meets Standard	A medical screening is done by medical staff. The detainee is given the opportunity to shower and is issued clean clothing, bedding, towels and personal hygiene items.
5. Staff shall not routinely require a detainee to remove clothing or require a detainee to expose private parts of his or her body to search for contraband.	Meets Standard	Detainees are pat searched. Reasonable suspicion that a detainee may be in possession of contraband and approval from a supervisor is required for a strip search. There have been no strip searches during this inspection period.
6. Staff shall issue those clothing and bedding items that are appropriate for the facility environment and local weather conditions.	Meets Standard	

PART 2 – 4. ADMISSION AND RELEASE (Key: D)		
This Detention Standard protects the community, detainees, staff, volunteers, and contractors by ensuring secure and orderly operations when detainees are admitted to or released from a facility.		
Components	**Rating**	**Remarks** (1000 Char Max)
7. Staff shall use the documentation accompanying each new arrival for identification and classification purposes. If the classification staff is not ICE/ERO employees ICE/ERO shall provide the information needed for classification. Under no circumstances may non-ICE/ERO personnel have access to the detainees A-File.	Meets Standard	Detainees arrive at this facility having already been classified by ICE personnel who provide the classification information to facility staff. Facility staff reviews the information to determine the proper housing location for the detainee. Non-ICE personnel do not have access to A-Files.
8. An Order to Detain or Release the detainee (Form I-203 or I-203a), bearing the appropriate ICE/ERO Authorizing Official signature, must accompany each newly arriving detainee.	Meets Standard	A signed Form I-203 must accompany each detainee.
9. PRIORITY: Facilities shall have a method to provide ICE/ERO detainees an orientation to the facility as soon as practicable, in a language or manner that detainees can understand.	Meets Standard	The National Detainee Handbook and local handbook, describing local policies and procedures is issued to every detainee upon admission to the facility. The handbooks are available in English and Spanish and will be interpreted into other languages as needed. Detainees sign a form acknowledging receipt of the handbooks and are given the opportunity to ask questions. Unit case managers provide a verbal orientation. This orientation is provided in a language that the detainee understands. A telephonic language translation line is used if needed.
10. The facility shall issue to each newly admitted detainee a copy of the ICE National Detainee Handbook and local supplement that fully describes all policies, procedures, and rules in effect at the facility.	Meets Standard	
11. All releases are coordinated with ICE.	Meets Standard	
12. Staff complete paperwork/forms for release as required.	Meets Standard	
13. The facility returns each detainee's property upon release, and each detainee receives a receipt for personal property secured by the facility.	Meets Standard	

PART 2 – 4. ADMISSION AND RELEASE (Key: D)		
This Detention Standard protects the community, detainees, staff, volunteers, and contractors by ensuring secure and orderly operations when detainees are admitted to or released from a facility.		
Components	**Rating**	**Remarks** (1000 Char Max)
14. PRIORITY: The facility has a system to maintain accurate records and documentation for admission, orientation, and release.	Meets Standard	A detention file is created for every detainee upon admission. Detention files contain accurate records and other documentation regarding admission, orientation and release. Complete detainee information is also entered and stored electronically in the jail management system.
15. ICE staff enter all information pertaining to release, removal, or transfer of all detainees into the Enforce Alien Detention Module (EADM) within 8 hours of action.	Meets Standard	ICE personnel stated that release information is entered into the system within eight hours of the detainee's release/transfer from the facility.
16. All orientation material shall be provided in English, Spanish, and other language(s) as determined by the Field Office Director.	Meets Standard	All orientation material is provided in English and Spanish the languages spoken by the majority of the detainees.

PART 2 – 4. ADMISSION AND RELEASE – Reviewer Summary

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

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

Detainees are pat searched upon intake. Policy requires that if reasonable suspicion warrants a strip search to detect contraband, prior approval of the OIC must be obtained. The search will take place in an area that affords a reasonable degree of privacy. All strip searches must be documented. Before strip searching a detainee, an officer must first attempt to resolve his/her suspicions through less intrusive means. Whenever possible, medical personnel must be present to observe the strip search of a transgender detainee. No ICE detainees have been strip searched during this inspection period.

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

A review of policy and handbook content; observation of the intake area and its processes; and interviews with the intake supervisor, intake officers, a case manager and detainees revealed the community, detainees, staff, volunteers and contractors are protected by ensuring secure and orderly operations when detainees are admitted and released from the facility.

Overall Rating: Meets Standard

Reviewer Name (Printed): (b)(6); (b)(7)(C) **Completion Date:** 6/14/2018

Reviewer Signature (for printed form submission):

PART 2 – 5. CLASSIFICATION SYSTEM (Key: E)		
This Detention Standard protects the detainees, staff, contractors, volunteers, and the community from harm, and contributes to orderly facility operations, by requiring a formal classification process for managing and separating detainees that is based on verifiable and documented data.		
Components	**Rating**	**Remarks** (1000 Char Max)
1. PRIORITY: SPC and CDF facilities use the required Objective Classification System. IGSAs use an objective classification system or similar system for classifying detainees. Staff shall use facts and other objective, credible evidence documented in detainee's A-file, criminal history checks, or work-folder during the classification process. The classification process includes reassessment/ reclassification.	Meets Standard	At this IGSA facility, ICE classifies detainees using the Risk Classification Assessment (RCA) process prior to the detainee's arrival at the facility. Facility personnel review the classification information to determine the proper housing location for the detainee. Facility personnel conduct a classification reassessment/reclassification sixty days after the detainee's arrival.
2. The facility classification system includes: Classifying detainees upon arrival. • Separating individuals who cannot be classified upon arrival from the general population. • The first-line supervisor or designated classification specialist reviews every classification decision.	Meets Standard	Detainees are classified by ICE personnel prior to arrival. If a detainee arrives without a classification designation he/she will be separated from the general population until the classification process is completed. A supervisor reviews every classification decision.
3. The intake/processing officer reviews work-folders, A-files, etc., to identify and classify each new arrival.	Meets Standard	Facility personnel review the RCA and other information provided by ICE to identify and house each new arrival. Facility personnel do not have access to A-files or work folders.
4. In SPCs and CDFs detainees are assigned color-coded uniforms and IDs to reflect classification levels. In IGSA's a similar system is utilized for each level of classification.	Meets Standard	At this IGSA facility, ICE detainees are issued color coded wristbands to reflect their classification level. Male detainees are issued orange uniforms and female detainees are issued blue uniforms to identify them as ICE detainees.
5. PRIORITY: Housing assignments are based on classification-level. Level 1 detainees may not be commingled with Level 3 detainees in housing, recreation and feeding.	Meets Standard	Housing assignments are based on classification levels. Low security detainees are not commingled with High security detainees.

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

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

Components	Rating	Remarks (1000 Char Max)
6. PRIORITY: Level 1 detainees may not have felony convictions that included an act of physical violence, and may not be housed with any Level 2 detainee with a history of assaultive or combative behavior.	Meets Standard	Low security detainees do not have violent felony convictions and are not housed with detainees who have a history of violence.
7. Detainee work assignments are based upon classification designations.	Meets Standard	
8. The classification process includes reassessment/ reclassification. The first reassessment is to be completed 60 days to 90 days after the initial assessment.	Meets Standard	The first classification reassessment is completed sixty days after the initial assessment.
9. *(SPCs/CDFs) Subsequent classification reassessments are completed at 90 day to 120 day intervals. Special reassessments are completed within 24 hours.*	Meets Standard	At this IGSA, subsequent reassessments are conducted at 90 to 120-day intervals. Special reassessments are conducted within 24 hours of the initiating activity, such as a release from disciplinary segregation.
10. The facility classification system shall include procedures for detainees to appeal their classification levels.	Meets Standard	Detainees may appeal their classification levels through the grievance process. The grievance officer will forward the recommendation to the assistant warden and the appeal will be discussed with ICE personnel.
11. The Detainee Handbook or equivalent for IGSAs explains the classification levels, with the conditions and restrictions applicable to each.	Meets Standard	At this IGSA facility, the local handbook explains the classification levels and the conditions and restrictions applicable to each.

PART 2 – 5. CLASSIFICATION SYSTEM – Reviewer Summary

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

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

A review of policy, detention files, classification forms, and the local handbook and interviews with the case manager and ICE personnel revealed the community, staff, contractors, volunteers and detainees are protected from harm by a documented and formal classification process that manages and separates detainees into compatible categories. Classification is based on verifiable and documented data.

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

Detainees are processed for housing assignments within twelve hours of arrival at the facility. If the process takes longer, documentation is maintained as to what delayed the process and the detainee is housed appropriately. There have been no detainees that were not processed within twelve hours during this inspection period.

PART 2 – 5. CLASSIFICATION SYSTEM – Reviewer Summary *(Use following format for dates: mm/dd/yyyy)*	
Medium custody detainees have no recent convictions for any offense listed under the highest section of the severity of offense guideline and no pattern or history of violent assaults, whether convicted or not. High custody detainees are considered a high-risk category and are assigned to high security housing. High custody detainees are always monitored and escorted.	
Overall Rating: Meets Standards	
Reviewer Name (Printed) (b)(6); (b)(7)(C)	**Completion Date:** 6/14/2018
Reviewer Signature (for printed form submission):	

PART 2 – 6. CONTRABAND (Key: F)		
This Detention Standard protects detainees and staff and enhances facility security and good order by identifying, detecting, controlling, and properly disposing of contraband.		
Components	**Rating**	**Remarks** (1000 Char Max)
1. PRIORITY: The facility follows a written procedure for disposition and handling contraband to include proper destruction of contraband and return of property not needed as evidence.	Meets Standard	Policy addresses the disposition and handling of contraband, including the proper destruction of contraband and the return of property not needed as evidence.
2. Contraband is retained as evidence for potential disciplinary action or criminal prosecution.	Meets Standard	
3. *(SPCs/CDFs) Before confiscating religious items, the Facility Administrator or designated investigator contacts a religious authority.*	Meets Standard	At this IGSA facility, policy requires the OIC to consult a religious authority before a religious item is confiscated.
4. Facilities with canine units only use them for contraband detection and not in the presence of ICE detainees.	N/A	The facility does not have a canine unit.
5. Detainees receive notification of contraband rules and procedures in the Detainee Handbook.	Meets Standard	All detainees receive the facility handbook, which includes contraband rules and procedures.

PART 2 – 6. CONTRABAND – Reviewer Summary

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

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

The facility has procedures in place for identifying, detecting, controlling, and properly disposing of contraband. In evaluating this standard, the major was interviewed, and policy, and contraband logs were reviewed. No hard contraband was confiscated from an ICE detainee during this inspection period.

When a detainee's claimed ownership of potential contraband material is in question, staff inventory and store the item pending verification of ownership and provide the detainee a copy of the inventory. Once notified, detainees have seven days to prove ownership of the listed items.

Policy states that narcotics and other controlled substances not dispensed or approved by the medical department constitute hard contraband. Medication dispensed or approved by the medical department is classified as hard contraband if found in the possession of a detainee for whom it was not prescribed, or if not used as prescribed. Employees must consult with the pharmacist or other medical staff when uncertain about whether prescribed medication represents contraband. Medicine a detainee brings into the facility upon arrival is required to be forwarded to the medical department for disposition.

Policy states the OIC determines when personal property items are excessive. The facility will not pay shipping costs but will make efforts to arrange shipping costs, to be paid by the detainee or a third party, for shipment to the third party chosen by the detainee. Excess property, unless nuisance or illegal is donated to charity. In disciplinary contraband cases, the OIC defers the decision about property destruction until the disciplinary case is resolved and appeals are satisfied. Written procedures are in place for the destruction of contraband items.

Overall Rating: Meets Standard

Reviewer Name (Printed): (b)(6); (b)(7)(C) **Completion Date:** 6/14/2018

PART 2 – 6. CONTRABAND – Reviewer Summary *(Use following format for dates: mm/dd/yyyy)*
Reviewer Signature (for printed form submission):

PART 2 – 7. FACILITY SECURITY AND CONTROL (Key: G)		
This Detention Standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and that events that pose a risk of harm are prevented.		
Components	**Rating**	**Remarks** (1000 Char Max)
1. At least one male and one female staff are on duty where both males and females are housed.	Meets Standard	The facility staffing pattern ensures that at least one male and one female staff member are on duty at all times.
2. Comprehensive annual staffing analysis determines staffing needs and plans and is reviewed and updated annually.	Meets Standard	The assistant OIC stated that staffing needs are based on a comprehensive staffing analysis, which is reviewed and updated annually.
3. Essential posts and positions are filled with qualified personnel.	Meets Standard	Security staff assigned to essential posts receive 120 hours of pre-service training, which includes 80 hours of state jail school, and forty hours of annual training.
4. *(SPCs/CDFs) Detainees do not have access to the Control Center.*	Meets Standard	At this IGSA facility, policy prohibits detainee access to the central control.
5. Facility security and safety will be monitored and coordinated by a secure, well-equipped, and continuously staffed control center.	Meets Standard	Security staff assigned to the central control complete an on-the-job training period with an experienced control room officer. Training includes computer operation and internal traffic control, communication systems operation, key control and count procedures. The central control is secure, well equipped and staffed 24 hours a day.
6. *(SPCs/CDFs) The facility administrator shall establish procedures to implement the following Control Center requirements:* *Communications center;* *Maintenance of a list of the current home and cellphone number of every officer, administrative/support services staff, Situation Response Teams (SRTs), Hostage Negotiation Teams (HNTs), and law enforcement agencies.* *Watch calls (officer safety checks) to the Control Center by all staff ordinarily shall occur every half-hour between 6:00 P.M. and 6:00 A.M. Individual facility policy may designate another post to conduct watch calls. Any exception for staff to not make watch calls as described requires approval of the facility administrator.*	Meets Standard	This IGSA facility control center is the facility communications center and maintains a recall list which includes the current home and cell phone number of every officer, administrative/support services staff, emergency responders and local law enforcement agencies. Watch calls are conducted every half hour between the hours of 6:00 p.m. and 6:00 a.m.

PART 2 – 7. FACILITY SECURITY AND CONTROL (Key: G)		
This Detention Standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and that events that pose a risk of harm are prevented.		
Components	**Rating**	**Remarks** (1000 Char Max)
7. The front-entrance officer checks the identification of everyone entering or exiting the facility.	Meets Standard	The front entrance officer verifies the identification of everyone entering and exiting the facility.
8. All visits are officially recorded in a visitor logbook or electronically recorded.	Meets Standard	Data of all visitors, to include date, name, agency represented, and entrance and exit time, is recorded on a log sheet. The log was reviewed and was found to be current
9. The facility has a secure visitor pass system.	Meets Standard	
10. Information about routine procedures, emergency situations, and unusual incidents will be continually recorded in permanent post logs and shift reports.	Meets Standard	
11. *(SPCs/CDFs) Housing unit Post Orders in SPCs and CDFs shall follow the event schedule format, for example, "0515 Lights on" and shall direct the assigned officer to maintain a unit log of pertinent information regarding detainee activity. The shift supervisor shall visit each housing area and initial the log on each shift.*	Meets Standard	This IGSA facility's housing unit post orders require that an event schedule be maintained which follows the format outlined in this component. A log is used to record detainee activity by housing unit staff and is reviewed and initialed by the shift supervisor during each shift.
12. Security officer posts shall be located in or immediately adjacent to detainee living areas to permit officers to see or hear and respond promptly to emergency situations.	Meets Standard	Observations confirmed that security officer posts are located immediately adjacent to detainee living areas, permitting officers to see or hear and respond promptly to emergency situations.
13. Detainee movement from one area to another area is controlled by staff.	Meets Standard	
14. PRIORITY: No detainee may ever be given authority over, or be permitted to exert control over, any other detainee.	Meets Standard	Policy and practice prohibits detainees from having authority or being permitted to exert control over any other detainee.
15. The facility administrator, designated assistant facility administrator, security supervisors, and others designated by the facility administrator shall be required to visit all housing units at least weekly to observe living conditions and interact informally with detainees.	Meets Standard	Policy addresses supervisory staff and others who are required to visit all housing units at least weekly. Review of housing unit logbooks confirmed this policy requirement is being followed.
16. The facility has a comprehensive security inspection policy.	Meets Standard	

PART 2 – 7. FACILITY SECURITY AND CONTROL (Key: G)		
This Detention Standard protects the community, staff, contractors, volunteers, and detainees from harm by ensuring that facility security is maintained and that events that pose a risk of harm are prevented.		
Components	**Rating**	**Remarks** (1000 Char Max)
17. Documentation of security inspections is kept on file.	Meets Standard	Documentation of security inspections is maintained in the compliance office.
18. Daily procedures include: • Perimeter alarm system tests. • Physical checks of the perimeter fence. • Documenting the results.	Meets Standard	The facility does not have a perimeter alarm system. Physical checks of the perimeter fence are conducted on each shift, and results are documented in central control.

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

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

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

The facility has inspection and search policy and procedures in place to protect the community, staff, contractors, volunteers, and detainees from harm by ensuring security is maintained. In evaluating this standard, major and staff were interviewed; policy and inspection logs were reviewed; and central control and housing unit operations were observed. All inspections are required to be documented. Overall sanitation of the facility was acceptable.

The control center controls all vehicular traffic entering and leaving the facility. Prior to permitting entry, the perimeter officer logs the driver's license of the driver, company represented, logs time in/out, and secures the vehicle key in the perimeter vehicle until the vehicle is ready to depart the facility. The perimeter officer searches the vehicle before it enters or leaves the facility. All drivers making deliveries must submit to questioning about items considered contraband.

The SMU has a sally port that is always operated so that the inner and outer doors cannot be open simultaneously. Staff assigned to the SMU have keys to the inner door(s) of the sally port, but not to the outside door(s). Tools being taken into the SMU are not inventoried by the special housing officer prior to entering. Maintenance personnel are escorted while inside the SMU with tools. Food carts are escorted by staff from the food service area for delivery to the SMU.

The facility has written policy and procedure for searching housing units. All cell and area searches are documented in a search log. Staff conducts irregular searches of utility areas at least once each shift.

Overall Rating: Meets Standard

Reviewer Name (Print (b)(6); (b)(7)(C) **Completion Date:** 6/14/2018

Reviewer Signature (for printed form submission):

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

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

Standard N/A

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

Components	Rating	Remarks (1000 Char Max)
1. All detention facilities are required to have written policies and procedures to: • Account for and safeguard detainee property from time of admission until date of release; • Inventory and receipt detainee funds and valuables; • Inventory and receipt detainee baggage and personal property (other than funds and valuables); • Inventory and audit detainee funds, valuables and personal property; • Return funds, valuables and personal property to detainees being transferred or release; and • Provide a way for a detainee to report missing or damaged property.	Meets Standard	Policies and procedures address all of the requirements listed in this component.
2. All facilities, at a minimum shall provide: • A secured locker for holding large valuables, that can be accessed only by designated supervisor(s); and • A baggage and property storage area that is secured when not attended by assigned admissions processing staff.	Meets Standard	The storage room for property is located outside the booking area, across from the laundry. The area is locked at all times and is accessible only by authorized officers or command personnel.
3. The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property.	Meets Standard	The handbook notifies the detainees of policies and procedures concerning funds and personal property, to include items they may retain in their possession.
4. At admission, staff search and inventory detainee property only in the presence of the detainee, unless instructed otherwise by the facility administrator.	Meets Standard	
5. The facility administrator shall establish whether and, how much cash each detainee may have in personal possession while in detention.	N/A	The facility does not permit a detainee to maintain cash in their personal possession.
6. Identity documents, such as passports, birth certificates, are held in each detainee's A-file but, upon request, staff shall provide the detainee a copy of a document, certified by an ICE/ERO official to be a true and correct copy.	Meets Standard	Identity documents are maintained in the detainee's A-file by ICE personnel. Upon written request, ICE personnel will provide the detainee a certified copy of their identity documents.

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

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

Standard N/A

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

Components	Rating	Remarks (1000 Char Max)
7. *(SPCs /CDFs) Every housing area shall have lockers or other securable space for storing detainees' authorized personal property. The amount of storage space shall correspond to the number of detainees assigned to that housing area.*	N/A	At this IGSA, detainees are issued individual unsecured plastic storage containers to store their personal property in the housing units. The amount of storage space corresponds to the number of detainees assigned to the housing units.
8. Property discrepancies are immediately reported to the Chief of Security or equivalent.	Meets Standard	
9. PRIORITY: Procedure ensures that: • Detainee funds and small and large valuables are placed in a secure location; • Medical staff determine the disposition of all medicine accompanying an arriving detainee • Detainees are able to keep a reasonable amount of personal property in their possession, provided it poses no threat to detainee safety or facility security; and • Facilities return funds and valuables to detainees being transferred or released.	Meets Standard	Detainee funds and valuables are securely stored. A review of policy and procedures indicated that detainee property is properly inventoried, and receipts are generated. Medication arriving with a detainee is forwarded to the medical department for evaluation. Detainees can keep a reasonable amount of personal property in their possession, provided it does not pose a threat to facility security. Procedures are in place to return funds and property to detainees upon release.
10. *(SPCs/CDFs) For recordkeeping and accounting purposes, use of the G-589 Property Receipt form is mandatory to inventory any funds removed from a detainee's possession, and a separate form G-589 is required for each kind of currency and negotiable instrument.*	N/A	This IGSA facility uses a receipt form to inventory any funds removed from a detainee's possession. A receipt for each type of currency is generated.

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

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

Standard N/A

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

Components	Rating	Remarks (1000 Char Max)
11. *(SPCs/CDFs) The supervisory security officer or equivalent shall remove the contents of the drop safe during his or her shift and initial the G-589 accountability log. The supervisor shall:* • *Verify the correctness of all G-589s;* • *Record the amount of cash and describe each item in the supervisors' property log; and* • *Verify the proper disposition of funds and valuables by checking the sealed envelopes in the cash box, the property envelopes in the safe, and the safekeeping of all large valuables in the designated secured locked area.*	N/A	At this IGSA, the intake officers verify and document all monetary instruments. Funds are placed in sealed envelopes and placed inside the drop safe by the intake officers. The mailroom officer picks up the funds Monday through Friday from the drop safe. The mailroom officer and an intake staff verify the funds in each of the individual envelopes. Valuables and foreign currency are secured in individual property bags in a locked area.
12. The Facility Administrator has established quarterly audits of baggage and non-valuable property.	Meets Standard	Personnel conduct weekly audits of the detainee property room. Documentation of these audits was reviewed during the inspection.
13. All facilities shall report and turn over to ICE/ERO all detainee abandoned property.	Meets Standard	All abandoned property is immediately forwarded to ICE. Per ICE personnel, abandoned property is destroyed in accordance with ICE procedures.

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

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

Standard N/A

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

Components	Rating	Remarks (1000 Char Max)
14. PRIORITY: Facilities have and follow procedures for reporting and investigating incidents of detainee property loss or damage, and for reimbursing detainees for all validated property losses caused by facility negligence. The senior contract officer immediately notifies the designated ICE/ERO officer of all claims and outcomes.	Meets Standard	The facility utilizes a lost property form for handling property claims. The form is forwarded to the property officer and the major for investigation; ICE is notified immediately. All appropriate documentation is placed in the detainee's file. A detainee will be reimbursed for property losses due to facility negligence. ICE personnel indicated no major concerns with lost property during the past twelve months. A review of documentation revealed one lost property claim within the past year. Procedures for missing or lost property are explained in the site-specific handbook.

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

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

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

The baggage and property storage area is maintained in a clean and orderly manner and inspected as often as necessary to protect detainee property. Per ICE, standard operating procedures include obtaining a forwarding address from every detainee for use in the event that personal property is lost or forgotten in the facility after the detainee's release, transfer or removal.

Upon request, ICE staff will provide the detainee with a copy of a document, certified by an ICE/ERO official to be a true and correct copy. Each detainee is permitted to keep in their possession reasonable quantities of property approved by the OIC.

Removal and inventory of detainee funds is conducted by two officers in the presence of the detainee. An officer deposits the envelope containing the cash, checks, and other negotiable items in the drop safe. A receipt is generated and signed by the officer and the detainee, who receives a copy. All detainee personal clothing and facility clothing bags used for storing detainee personal property are secured in a locked area where only intake staff and supervisors have access. Personal property inventory forms contain date and time of admission; detainee's complete name and A-number; description, quantity and disposition of articles; general condition of the property and signatures of both the officer completing the inventory and the detainee.

When a detainee is being released or transferred, staff compare signatures on the receipts and match cash funds, negotiable instruments and property against property descriptions on the forms. After the property check, the property is returned to the detainee. The detainee then signs the form indicating receipt of all funds and personal property.

PART 2 - 8. FUNDS AND PERSONAL PROPERTY – Reviewer Summary *(Use following format for dates: mm/dd/yyyy)*	
If a detainee who is being released from the facility becomes aware that they are missing property or that their property is damaged, they can file a complaint on the facility's lost property form. The claim is properly investigated by the property officer and major. Per the OIC, there is no ceiling on the amount to be reimbursed for a validated claim. The facility notifies ICE of all claims and outcomes relating to property lost at the facility. During the evaluation of this standard, policy was reviewed, employees and detainees were interviewed, documents were reviewed, and the intake process was discussed. Policy and procedures are in place to control and safeguard detainee personal property. All detainee funds and other personal property are properly searched, inventoried, receipted and secured. Copies of all transactions are maintained on file. Interviews with detainees revealed no complaints regarding funds or personal property. There was only one grievance and one lost property claim within the past year regarding detainee property. Policy and practice address all areas required by the detention standard.	
Overall Rating: Meets Standard	
Reviewer Name (Printe (b)(6); (b)(7)(C)	**Completion Date:** 6/14/2018
Reviewer Signature (for printed form submission):	

PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES (Key: I)		
This Detention Standard ensures the safety, security, and comfort of detainees temporarily held in Hold Rooms pending further processing. The maximum aggregate time an individual may be confined in a facility's Hold Room is 12 hours.		
Components	**Rating**	**Remarks** (1000 Char Max)
1. *(SPCs/CDFs) Each Hold Room shall contain sufficient seating for the maximum room-capacity but shall contain no moveable furniture.*	Meets Standard	Hold rooms in this IGSA facility contain sufficient seating for the maximum room capacity. No moveable furniture was observed in the hold rooms.
2. *(SPCs/CDFs) Each Hold Room shall be equipped with stainless steel, combination lavatory/toilet fixtures with modesty panels, in compliance with the Americans with Disabilities Act of 1990.*	N/A	Hold rooms in this IGSA facility are equipped with stainless steel combination lavatory/toilet fixtures; however, no modesty panels are in place, as required by the Americans with Disabilities Act of 1990.
3. PRIORITY: Detainees are not held in hold rooms for more than 12 hours.	Meets Standard	Policy states that detainees will not be held in hold rooms for more than 12 hours. A review of logs indicated that this policy is followed.
4. Male and females detainees are segregated from each other at all times.	Meets Standard	Male and female detainees are segregated from each other upon admission.
5. Unaccompanied minors (under 18) and parent(s) or legal guardians accompanied by minor children shall not be placed in Hold Rooms, unless they have shown or threatened violent behavior, have a history of criminal activity, or have given staff reasonable grounds to expect an escape attempt.	Meets Standard	Unaccompanied minors and parents or legal guardians accompanied by minor children are not brought to this facility and therefore are not placed in hold rooms.
6. Persons exempt from placement in a Hold Room due to obvious illness, special medical, physical and or psychological needs, or other documented reasons shall be seated in an appropriate area designated by the facility administrator outside the Hold Room, or in separate rooms, under direct supervision and control, barring an emergency.	Meets Standard	
7. To the extent practicable in a hold room situation, detainees with known or readily apparent disabilities, including temporary disabilities, shall be housed in manner that accommodates their mental and/or physical condition(s) and provides for their safety, comfort and security.	Meets Standard	
8. Detainees are provided with basic personal hygiene items such as water, soap, toilet paper, cups for water, feminine hygiene items, diapers and wipes.	Meets Standard	

PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES (Key: I)		
This Detention Standard ensures the safety, security, and comfort of detainees temporarily held in Hold Rooms pending further processing. The maximum aggregate time an individual may be confined in a facility's Hold Room is 12 hours.		
Components	**Rating**	**Remarks** (1000 Char Max)
9. If the hold room is not equipped with toilet facilities, an officer is posted within visual or audible range to allow detainees access to such on a regular basis.	Meets Standard	Hold rooms are equipped with toilet facilities, giving detainees access on a regular basis.
10. All detainees are given a pat down search for weapons or contraband before being placed in the hold room.	Meets Standard	Detainees are given a pat search prior to being placed in a hold room.
11. Before placing a detainee in a room, an officer shall observe each individual to screen for obvious mental or physical problems.	Meets Standard	All detainees are observed by an officer to screen for obvious mental or physical problems prior to being placed in a hold room.
12. Each detention facility maintains a detention log for each detainee placed in a hold cell.	Meets Standard	A detention log is maintained in the intake area to document each detainee placed in a hold room. A review of logs indicated that this policy is being followed.
13. Officers provide a meal to any detainee detained in a hold room for more than six hours. Pregnant women have access to snacks, milk or juice.	Meets Standard	
14. Staff shall ensure that sanitation, temperatures and humidity in Hold Rooms are maintained at acceptable and comfortable levels. Pregnant women and others with evident medical needs will have temporary access to temperature appropriate clothing and blankets.	Meets Standard	
15. PRIORITY: Officers closely supervise hold rooms through direct supervision, to ensure: • Continuous auditory monitoring, • Visual monitoring at irregular intervals at least every 15 minutes, • Constant surveillance of any detainee exhibiting signs of hostility, depression, or similar behaviors.	Meets Standard	Hold rooms are directly supervised by officers with continuous auditory monitoring. Visual hold room checks at irregular fifteen-minute intervals are logged. Detainees exhibiting signs of hostility, depression and similar behaviors are under constant surveillance.
16. The maximum occupancy for the hold room will be posted.	Meets Standard	Each hold room has its maximum occupancy posted.
17. When the last detainee has been removed, officers shall ensure the Hold Room is thoroughly cleaned and inspected.	Meets Standard	

PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES (Key: I)		
This Detention Standard ensures the safety, security, and comfort of detainees temporarily held in Hold Rooms pending further processing. The maximum aggregate time an individual may be confined in a facility's Hold Room is 12 hours.		
Components	**Rating**	**Remarks** (1000 Char Max)
18. *(SPCs/CDFs) Evacuation procedures shall include posting the evacuation map and advance designation of the officer responsible for removing detainees from the Hold Room(s) in case of fire and/or building evacuation.*	Meets Standard	This IGSA facility has a written evacuation plan posted. The staff is responsible for ensuring the removal of detainees from the hold rooms in case of fire and/or building evacuation. The evacuation plan was last approved 6/4/2018.

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

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

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

Policy and procedures are in place to ensure the safety, security and comfort of detainees while temporarily held in hold rooms during intake and transfer from the facility. To evaluate this standard, staff was interviewed, policy and logs were reviewed, and the hold room area was toured and inspected.

Hold rooms are situated within the secure perimeter and are well ventilated and well lit. All activating switches are located outside the room(s). Bunks, cots, beds and other sleeping apparatuses were not observed in the hold rooms. Each hold room has a floor drain. Hold rooms are escape- and tamper-resistant. Each hold room has two-inch thick, detention-grade, 14-gauge steel doors that swing outward, with 14-gauge steel doorframes grouted into the surrounding wall. The solid doors are equipped with security glass that meets or exceeds the impact-resistant standard of glass-clad polycarbonate laminate for convenient visual checks.

Procedures do not allow an officer to enter a hold room unless another officer is outside the door, ready to respond as needed. Staff immediately contact medical emergency service when a detainee appears to be in need of urgent medical treatment.

Overall Rating: Meets Standard

Reviewer Name (Printed): (b)(6); (b)(7)(C) **Completion Date:** 6/14/2018

Reviewer Signature (for printed form submission):

PART 2 – 10. KEY AND LOCK CONTROL (Key: J)		
This Detention Standard maintains facility safety and security by requiring that keys and locks be properly controlled and maintained.		
Components	**Rating**	**Remarks** (1000 Char Max)
1. All staff shall be trained and held responsible for adhering to proper procedures for the care and handling of keys, including electronic key pads where they are used. Initial training shall be accomplished before staff is issued keys, and key control shall be among the topics covered in subsequent annual training.	Meets Standard	Policy requires that staff be trained and held responsible for the proper handling of keys. A review of training records indicated that staff receives pre-service training in key control and annually thereafter.
2. Each facility administrator shall establish the position of Security Officer, or at a minimum, assign a staff member the collateral security officer. The Security Officer shall have a written position description that includes duties, responsibilities, and chain of command.	Meets Standard	There is an officer designated as the key control officer. The position has a written position description that includes duties, responsibilities and chain of command.
3. The Security Officer is responsible for all administrative duties, including recordkeeping, concerning keys, locks, and related security equipment.	Meets Standard	The key control officer has the responsibility for all administrative duties and responsibilities relating to keys, locks and related security equipment.
4. The Security Officer shall train and direct employees in key control, including electronic key pads where they are used.	Meets Standard	Training in key control is provided by the training officer.
5. The facility maintains inventories of all keys, locks and locking devices. Lock shop inventories include a secure master-key cabinet containing at least one pattern key.	Meets Standard	
6. Facility policies and procedures address the issue of compromised keys, locks, and to ensure safe combination integrity.	Meets Standard	
7. Either deadbolts or deadlocks shall be used in detainee-accessible areas. Grand master-keying systems are not authorized. A master-keying system may be used only in housing units where detainees have individual room keys.	Meets Standard	Deadbolts or deadlocks are used in detainee-accessible areas. A grand master keying system is prohibited in this facility. Detainees do not have individual room keys.
8. The Security Officer shall implement a preventive maintenance program. The Security Officer shall maintain all preventive maintenance records.	Meets Standard	The maintenance supervisor maintains all preventive maintenance records related to the preventive maintenance program for keys and locks.

PART 2 – 10. KEY AND LOCK CONTROL (Key: J)		
This Detention Standard maintains facility safety and security by requiring that keys and locks be properly controlled and maintained.		
Components	**Rating**	**Remarks** (1000 Char Max)
9. The Security Officer shall implement procedures for identifying every key ring and every key on each key ring, and for preventing keys from being removed from key rings, once issued.	Meets Standard	(b)(7)(E)
10. Emergency keys shall be on hand for every area to or from which entry or exit might be necessary in an emergency.	Meets Standard	A set of emergency keys, with keys required by this component, are maintained in the central control.
11. The facility has a written policy and implementation procedures to ensure key accountability. Facilities shall use standard system for the issuance and accountability of key rings.	Meets Standard	Key accountability is carried out on each shift. The facility uses a chit system that includes the employee's picture for the issuance of key rings.
12. The facility administrator shall establish rules and procedures for authorizing use of restricted keys.	Meets Standard	
13. Pharmacy keys shall be strictly controlled.	Meets Standard	Pharmacy keys are on the restricted key list.
14. Keys to ICE and EOIR (Executive Office for Immigration Review) office and courtroom areas shall similarly be restricted and controlled. If a key is authorized for emergency withdrawal, a copy of the Restricted Key form is to be provided to ICE.	Meets Standard	
15. Officers shall store all their weapons in individual lockers before entering the facility. The facility administrator shall develop and implement site-specific procedures for controlling gun-locker access.	Meets Standard	All weapons are required to be stored outside the facility. Gun lockers are located at the vehicle sally-port and the back door to the administration area. Both are under camera surveillance at all times from central control.

PART 2 – 10. KEY AND LOCK CONTROL – Reviewer Summary
(Use following format for dates: mm/dd/yyyy)

PART 2 – 10. KEY AND LOCK CONTROL – Reviewer Summary *(Use following format for dates: mm/dd/yyyy)*	
Overall Remarks: *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)* The key control system is efficient, accountable and well maintained. In evaluating this standard, the key control officer and maintenance supervisor were interviewed, key control policy was reviewed and key and lock control operation was observed. Accountability of keys is carried out on each shift. The maintenance supervisor has completed an approved locksmith training program. The facility uses a key chit system with the employee's photo for the issuance and accountability of key rings. The operational key cabinets located in central control and are large enough to accommodate all facility key rings, including keys in use. The placement of the key cabinets is not visible to detainees or visitors. No key or key ring is issued on a 24-hour basis without written authorization from the OIC. Key-changes are only made after written approval from the OIC. Only the key control officer may add or remove a key from a ring. The splitting of key rings into separate rings is not allowed.	
Overall Rating: Meets Standard	
Reviewer Name (Printed): (b)(6); (b)(7)(C)	**Completion Date:** 6/14/2018
Reviewer Signature (for printed form submission):	

PART 2 – 11. POPULATION COUNTS (Key: K)		
This Detention Standard protects the community from harm and enhances facility security, safety, and good order by requiring that each facility have an ongoing, effective system of population counts and detainee accountability.		
Components	**Rating**	**Remarks** (1000 Char Max)
1. Staff conduct a formal count at least once each 8 hours (no less than three counts per day). At least one of these counts shall be a face to photo count.	Meets Standard	Formal counts are conducted seven times daily. A face-to-photo count is conducted during the 11:00 p.m. count.
2. Each officer shall make irregular but frequent checks to verify the presence of all detainees in his or her charge.	Meets Standard	Policy requires officers to make irregular, but frequent, checks to verify the presence of all detainees in his/her charge.
3. The facility Control Center shall maintain a master count.	Meets Standard	The master count is maintained electronically by an officer in central control.
4. The control officer (or other designated position) maintains an "out-count" record of all detainees temporarily out of the facility.	Meets Standard	An "out count" record of detainees temporarily out of the facility is maintained by central control.
5. An emergency count shall be conducted when there is reason to believe a detainee is missing, or after a major disturbance has occurred.	Meets Standard	Policy requires an emergency count to be conducted when there is reason to believe a detainee is missing or after a major disturbance.

PART 2 – 11. POPULATION COUNTS – Reviewer Summary

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

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

Formal counts are conducted to ensure accountability for all detainees, protect the community, and enhance facility security, safety and good order. In evaluating this standard, the count policy was reviewed and the 2:30 p.m. count on 6/13/2018 was observed from central control and the housing units. Count was conducted as prescribed by policy.

During counts, officers were observed making positive identification of living, breathing flesh and not just a human shape before counting a detainee as present.

Count procedures are strictly followed by officers. If the accuracy of a count is in doubt officers conduct a recount. Officers never rely on a roll call in performing the count. Unaccompanied officers never perform a count in an open area such a housing unit or in food service. One officer conducts the count while a second officer observes. Once the first count is completed the officers switch positions and count again. Officers performing the count have primary responsibility for the count accuracy.

Officers remain in the count area until the count clears. Detainees do not participate in the count nor the preparation or documentation of the count process. No detainee movement is allowed during the count process. All detainee units/areas were counted simultaneously with all detainees being counted at a specific location. Movement does not resume until the count is verified and cleared. Counting officers report their count and then deliver a signed count slip to the shift lieutenant's office. The shift lieutenant records the count in the count log. If a recount fails to clear, the shift supervisor conducts a face to photo count. Emergency counts are conducted in the same manner as formal counts, and all detainees are returned to their housing units during such counts.

PART 2 – 11. POPULATION COUNTS – Reviewer Summary *(Use following format for dates: mm/dd/yyyy)*	
Overall Rating: Meets Standard	
Reviewer Name (Printed): (b)(6); (b)(7)(C)	**Completion Date:** 6/14/2018
Reviewer Signature (for printed form submission):	

PART 2 – 12. POST ORDERS (Key: L)		
This Detention Standard protects detainees and staff and enhances facility security and good order by ensuring that each officer assigned to a security post knows the procedures, duties, and responsibilities of that post.		
Components	**Rating**	**Remarks** (1000 Char Max)
1. The facility administrator shall ensure that: • There are written Post Orders for each security post, • Copies are available to all employees, • Written facility policy and procedures: o Provide official on-duty time for officers to read the applicable Post Orders when assigned to a post, and o Ensure that officers read those applicable Post Orders prior to assuming their posts.	Meets Standard	The OIC has procedures in place to comply with all items listed in this component.
2. Supervisors shall ensure that officers understand the Post Orders, regardless of whether the assignment is temporary, permanent, or due to an emergency.	Meets Standard	
3. Anyone assigned to an armed post qualifies with the post weapons before assuming post duty.	Meets Standard	All officers assigned to an armed post are qualified on the weapons issued for that particular post.
4. Post Orders for armed posts, and for posts that control access to the institution perimeter, clearly state that: Any staff member who is taken hostage is considered to be under duress, and Any order issued by such a person, regardless of his or her position of authority, is to be disregarded.	Meets Standard	Post orders for armed posts and posts that control access to the institution perimeter clearly state that any member taken hostage has no authority and any order issued by such a person is to be disregarded.
5. Specific instructions for escape attempts shall be included in the Post Orders for armed posts.	Meets Standard	Detailed instructions are included in post orders for armed posts regarding specific instructions for escape attempts.
6. Post Orders shall be kept current at all times and formally reviewed at least annually and updated as needed.	Meets Standard	Post orders are current, are reviewed annually and are updated as needed.
7. Post Orders and logbooks are confidential and must be kept secure at all times and never left in an area accessible to detainees.	Meets Standard	Policy states that post orders and logbooks are confidential, are to be secured at all times and not accessible to detainees.
8. The facility administrator authorizes all Post Orders and changes.	Meets Standard	The OIC authorizes all post orders and changes.

PART 2 – 12. POST ORDERS – Reviewer Summary
(Use following format for dates: mm/dd/yyyy)

PART 2 – 12. POST ORDERS – Reviewer Summary *(Use following format for dates: mm/dd/yyyy)*	
Overall Remarks: *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)* Post orders ensure that an officer assigned to a security post knows the procedures, duties and responsibilities of that post. In evaluating this standard, the assistant OIC and several housing unit officers were interviewed, and post orders were reviewed. Post orders are available to staff in the offices of the OIC, assistant OIC, major, and supervisors and are updated annually. The post orders are based on the ICE detention standards and policies and facility practices. Post orders do not state the duty hours for each post. The OIC initials and dates each page of the post orders. There is a written policy providing official time for officers to read post orders upon assuming a new post and procedures ensure that all officers read applicable post orders. All officers and supervisors use the post orders to familiarize themselves with the duties of their posts. The major determines if the post orders need updating during the period between annual reviews. Prior to annual reviews, supervisors solicit written suggestions for changes or additions from affected personnel. The major reviews and comments on all suggested post order changes prior to submitting them for possible inclusion in the post orders. The revised post orders are forwarded to the OIC for approval. The major ensures that all post orders are transcribed on a computer and that all back-up disks are properly accounted for and maintained in a secure location. The post orders for armed posts describe and explain the circumstances and conditions when use of a firearm is authorized.	
Overall Rating: Meets Standard	
Reviewer Name (Printed) (b)(6); (b)(7)(C)	**Completion Date:** 6/14/2018
Reviewer Signature (for printed form submission):	

PART 2 – 13. SEARCHES OF DETAINEES (Key: M)		
This Detention Standard protects detainees and staff and enhances facility security and good order by detecting, controlling, and properly disposing of contraband.		
Components	**Rating**	**Remarks** (1000 Char Max)
1. PRIORITY: The facility has written policy and procedures governing searches of detainees and housing or work areas. The policies and procedures include the requirement that staff employ the least intrusive method of body search practicable, based on security concerns involved; and conduct searches without unnecessary force and in ways that preserve the dignity of detainees.	Meets Standard	Written facility policy governs searches of detainees, housing areas and work areas. Policy requires that staff employ the least intrusive method of body search practicable and searches are to be conducted without unnecessary force and undo embarrassment to the detainee.
2. All staff who do housing or work area searches or body searches shall receive initial training regarding search procedure prior to entering on duty, and annual training in effective techniques thereafter.	Meets Standard	Staff receive initial training regarding search procedures prior to entering on duty and during annual in-service training thereafter.
3. The facility shall establish procedures to ensure all housing units and work areas are searched routinely, but irregularly.	Meets Standard	Written policy and procedures require frequent and irregular searches of all housing units and work areas.
4. Staff shall maintain written documentation of each housing unit search within the individual housing unit.	Meets Standard	Housing unit searches are documented in the housing unit log.
5. Work areas shall be searched each workday by shop supervisors, and these inspections shall be supplemented with periodic searches by designated search teams.	Meets Standard	Security inspections and inventories are conducted daily in every work area inside the secure perimeter of the facility. Facility assigned search teams conduct additional searches of all areas periodically.
6. Strip searches are conducted only when there is reasonable belief or suspicion that contraband may be concealed on the person, or a good opportunity for concealment has occurred, and when properly authorized by a supervisor.	Meets Standard	Reasonable suspicion that a detainee is in possession of contraband and prior approval from a supervisor is required for strip search. The search must be documented and ICE will be notified. No ICE detainees have been strip searched during this inspection period.
7. PRIORITY: Strip searches are performed by an officer of the same gender as the detainee.	Meets Standard	Policy states that strip searches must be performed by an officer of the same gender as the detainee.

PART 2 – 13. SEARCHES OF DETAINEES (Key: M)		
This Detention Standard protects detainees and staff and enhances facility security and good order by detecting, controlling, and properly disposing of contraband.		
Components	**Rating**	**Remarks** (1000 Char Max)
8. Body cavity searches are conducted by designated health personnel only when authorized by the facility administrator (or acting administrator) on the basis of reasonable belief or suspicion that contraband may be concealed in or on the detainee's person.	Meets Standard	Policy requires that a search warrant be obtained prior to a body cavity search. The search must be conducted by qualified medical personnel at an offsite medical facility.
9. "Dry cells" are used for contraband detection only when there is reasonable belief of concealment, with proper authorization, and in accordance with required procedures.	Meets Standard	
10. The chief of security shall have post orders for closely observing a detainee in dry cell status.	Meets Standard	

PART 2 – 13. SEARCHES OF DETAINEES – Reviewer Summary

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

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

A review of policy; observation of detainee searches; and interviews of command personnel and intake officers revealed detainees are protected through an established search program that detects, controls and properly disposes of contraband discovered in searches of persons and property. Strip search documentation must provide specific and articulable facts used to determine that the reasonable suspicion guidelines have been met. Officers attempt to resolve any suspicions through less intrusive means, such as thorough examination of reasonably available documentation, a pat search and/or detainee interview, as required by the standard.

Pat searches of detainees are conducted routinely to control contraband. Policy and procedures are in place to enhance security and good order by controlling and properly disposing of contraband.

Overall Rating: Meets Standard

Reviewer Name (Printed (b)(6); (b)(7)(C) **Completion Date:** 6/14/2018

Reviewer Signature (for printed form submission):

PART 2 – 14. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (Key: N)		
This Detention Standard requires that facilities that house ICE/DRO detainees affirmatively act to prevent sexual abuse and assaults on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and assault, and control, discipline, and prosecute the perpetrators of sexual abuse and assault.		
Components	**Rating**	**Remarks** (1000 Char Max)
1. PRIORITY: The facility has a Sexual Abuse and Assault Prevention and Intervention Program that includes, at a minimum: • Measures to prevent sexual abuse and sexual assault; • Policy and procedures for required chain-of-command reporting to the highest facility official and the ICE Field Office Director; • Measures for prompt and effective intervention to address the safety and treatment needs of detainee victims if an assault occurs; and • Investigation of incidents of sexual assault, and discipline of assailants.	Meets Standard	The Sexual Abuse and Assault Prevention and Intervention Program (SAAPI) addresses measures to prevent sexual abuse and sexual assault; addresses prompt and effective intervention on detainee safety and treatment needs on the victims if an assault occurs; investigation of incidents of sexual assault; and the discipline of assailants. Policy includes chain of command reporting to the highest official in the facility and the ICE Field Office Director.
2. *(SPCs/CDFs) The written policy and procedure has been approved by the Field Office Director.*	Meets Standard	The SAAPI program policy and procedures are approved and signed by the OIC and the LaSalle Corporate office.
3. PRIORITY: All staff are trained, during orientation and in annual refresher training, in the prevention and intervention areas required by the Detention Standard.	Meets Standard	All staff are trained during initial orientation and annual refresher training on the areas required by the standard. This is confirmed by the health services administrator (HSA) and training officer, staff interviews and review of the training log and curriculum.
4. PRIORITY: Detainees are informed about the program in facility orientation and the detainee handbook (or equivalent).	Meets Standard	Detainees are informed about the SAAPI program during intake and via the distribution of the National Detainee Handbook and the local handbook.
5. The Sexual Assault Awareness Notice is posted on all housing unit bulletin boards.	Meets Standard	The Sexual Assault Awareness Notice is noticeably posted in the units where ICE detainees are housed.
6. *(SPCs/CDFs) The Sexual Assault Awareness Information brochure is available for detainees.*	Meets Standard	The Sexual Assault Awareness Notice and information brochures are posted in the ICE detainees housing units.

PART 2 – 14. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (Key: N)		
This Detention Standard requires that facilities that house ICE/DRO detainees affirmatively act to prevent sexual abuse and assaults on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and assault, and control, discipline, and prosecute the perpetrators of sexual abuse and assault.		
Components	**Rating**	**Remarks** (1000 Char Max)
7. PRIORITY: Detainees are screened upon arrival for "high risk" sexual assaultive and sexual victimization potential and housed and counseled accordingly. Detainees who are likely to become victims will be placed in the least restrictive housing that is available and appropriate.	Meets Standard	Medical staff screen all new arrivals for "high risk" sexual assaultive and sexual victimization potential. They are counseled and housed accordingly. Detainees who may become potential victims are placed in the most appropriate and least restrictive available housing.
8. PRIORITY: There is prompt and effective intervention when any detainee is sexually abused or assaulted and policy and procedures for required chain-of-command reporting.	Meets Standard	Policy and procedures insure a prompt and effective intervention when a detainee is sexually abused or assaulted and proper reporting through chain-of-command.
9. When there is an alleged sexual assault, staff conduct a thorough investigation, gather and maintain evidence, and make referrals to appropriate law enforcement agencies for possible prosecution.	Meets Standard	Policy requires that in an alleged sexual assault, staff conducts a thorough investigation, gathers and maintains evidence and makes referrals to appropriate law enforcement agencies for possible prosecution.
10. PRIORITY: When there is an alleged or proven sexual assault, the required notifications to ICE, facility management, and the appropriate law enforcement agency are promptly made.	Meets Standard	Policy states that in an alleged or proven sexual assault, ICE and the facility management are notified. The appropriate law enforcement agency is also immediately notified.
11. Victims of sexual abuse or assault are referred to specialized community resources for treatment and gathering of evidence.	Meets Standard	Victims of sexual abuse or assault are promptly referred to the community hospital or the Haven Rape Crisis Center for proper treatment and evidence gathering.
12. All records associated with claims of sexual abuse or assault is maintained, and such incidents are specifically logged and tracked by a designated staff coordinator.	Meets Standard	All records associated with claims of sexual abuse or assault are maintained, logged and tracked by the Program Coordinator, who is the sergeant.
13. Tracking statistics and reports are readily available for review by the inspectors.	Meets Standard	There were seven allegations of sexual assault on ICE detainees. Tracking statistics and reports are readily available for review by the inspectors.

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

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

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

The facility has a Sexual Abuse and Assault Prevention and Intervention program. The policy provides instructions on how to contact ICE/ERO to confidentially report sexual abuse or assault. Medical staff members would immediately report any allegations of sexual abuse/assault through the facility's chain-of-command and to ICE/ERO. Mental health personnel are notified immediately after the initial report of an allegation of sexual assault or abuse of a detainee and evaluate if he/she needs crisis intervention counseling and long-term follow-up.

Detainee handbooks have instructions regarding prevention strategies; definitions and examples of detainee-on-detainee sexual abuse, staff-on-detainee sexual abuse and coercive sexual activity; information for self-protection and indicators of sexual abuse; prohibition against retaliation, including an explanation that reporting an assault shall not negatively impact the detainees immigration proceedings; and right of a detainee who has been subjected to sexual abuse/assault to receive treatment and counseling. The sexual awareness brochure is posted on the bulletin board in each of the housing units.

During the forensic exam, the victim may request that an outside advocate be present for support. The detainee may be examined by medical personnel from the community if authorized by the OIC. The examination includes assessing physical injuries and collecting physical evidence of sexual assault. Health care professionals test for sexually transmitted diseases and refer victims for counseling as appropriate. Prophylactic treatment and follow-up examination for sexually transmitted diseases is offered to the victim as appropriate. When transfer occurs, a report is made to the facility administrator or designee to confirm that the victim has been separated from the assailant.

The program coordinator maintains a general file that includes the victim and assailant of a sexual assault, crime characteristics, detailed reporting timeline, and all formal and informal action taken. The program coordinator also maintains an administrative investigative file that includes all reports, medical forms, supporting memos and videotapes, and other evidentiary materials. The program coordinator maintains an incident reporting system listing the names of sexual assault victims and assailants, along with dates and locations of all sexual assault incidents occurring within the facility. Procedures are in place to prevent sexual abuse and assault.

There were seven ICE detainee allegations of sexual abuse or assault in the last twelve months. Six allegations are detainee against detainee and one detainee against staff. One was unfounded, five not sustained, and one exonerated. The allegation against the staff member was not sustained.

Evaluation of the standard was based on review of policy, procedure and training files, and interviews with staff members.

Overall Rating: Meets Standard

Reviewer Name (Printed): (b)(6); (b)(7)(C)	**Completion Date:** 6/14/2018

Reviewer Signature (for printed form submission):

PART 2 – 15. SPECIAL MANAGEMENT UNITS (Key: O)		
This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.		
Components	**Rating**	**Remarks** (1000 Char Max)
1. Written policy and procedures are in place for special management units, including Administrative Segregation and Disciplinary Segregation, as well as documenting the reason(s) for placement and periodic reviews.	Meets Standard	Policy and procedures are in place for operation of the special management unit, including administrative and disciplinary segregation. Policy requires staff document reasons for placement of a detainee in the SMU and requirements for periodic reviews.
2. The number of detainees confined to each cell or room does not exceed the capacity for which it was designed.	Meets Standard	Staff stated that the number of detainees confined to each cell does not exceed the rated capacity of the cell.
3. Cells and rooms are well ventilated, adequately lit, appropriately heated and maintained in a sanitary condition at all times.	Meets Standard	A tour of the SMU revealed an atmosphere and environment consistent with the items listed in this component.
4. Each facility shall issue guidelines concerning the privileges detainees may have in both Administrative and Disciplinary status.	Meets Standard	Policy establishes guidelines for privileges detainees are eligible for while in administrative and/or disciplinary segregation.
5. PRIORITY: Detainees in SMUs are personally observed at least every 30 minutes in an irregular schedule and more often when warranted.	Meets Standard	Detainees are observed every thirty minutes at irregular intervals and more often if warranted. Observations are documented.
6. PRIORITY: A detainee is placed in protective custody status in Administrative Segregation only when there is documentation that it is warranted and that no reasonable alternatives are available. A detainee is placed in Administrative Segregation only for non-punitive reasons, when necessary to ensure the safety of detainees or others, the protection of property, or the security or good order of the facility.	Meets Standard	Policy states detainees are placed in protective custody status in administrative segregation when documented and warranted and no reasonable alternatives are available. Policy states detainee's placement in administrative segregation is only for non-punitive reasons, when necessary to ensure the safety of detainees or others, the protection of property or the security or good order of the facility.

PART 2 – 15. SPECIAL MANAGEMENT UNITS (Key: O)		
This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.		
Components	**Rating**	**Remarks** (1000 Char Max)
7. The facility administrator or designee shall complete the Administrative Segregation Order (Form I-885 or equivalent), detailing the reasons for placing a detainee in Administrative Segregation, before his or her actual placement.	Meets Standard	A local segregation order form is completed before a detainee is placed in administrative segregation, detailing reasons for placement, unless the detainee's continued presence in general population presents an immediate risk to the security and good order of the facility.
8. A copy of the decision and justification for each review is given to the detainee, unless, in exceptional circumstances, this provision would jeopardize security. The detainee is given an opportunity to appeal a review decision to a higher authority within the facility.	Meets Standard	Detainees are provided a copy of the decision and justification of reviews. Detainees may appeal a review to the OIC.
9. A detainee will be placed in Disciplinary Segregation only after a finding by a Disciplinary Hearing Panel that the detainee is guilty of a prohibited act or rule violation classified at a “Greatest,” “High,” or “High-Moderate” level, as defined in the Detention Standard on Disciplinary System.	Meets Standard	Policy addresses the requirements listed in this component.
10. A written order shall be completed and signed by the chair of the IDP (or disciplinary hearing officer) before a detainee is placed into Disciplinary Segregation. A copy of the order shall be given to the detainee within 24 hours, unless delivery would jeopardize the safety, security, or the orderly operation of the facility or the safety of another detainee.	Meets Standard	Policy addresses the requirements listed in this component.
11. Upon a detainee’s release from the SMU, the releasing officer attaches the entire housing unit record to the Administrative Segregation Order or Disciplinary Segregation Order and forwards it to the Supervisor for inclusion in the detainee’s detention file.	Meets Standard	

PART 2 – 15. SPECIAL MANAGEMENT UNITS (Key: O)		
This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.		
Components	**Rating**	**Remarks** (1000 Char Max)
12. PRIORITY: There are implemented written procedures for the regular review of all detainees in Administrative Segregation. A supervisor conducts a review within 72 hours of the detainee's placement in Administrative Segregation to determine whether segregation is still warranted. The review includes an interview with the detainee, and a written record is made of the decision and the justification. If a detainee is segregated for the detainee's protection, but not at the detainee's request, continued detention requires the authorizing signature of the facility administrator or assistant facility administrator. When a detainee has spent seven days in Administrative Segregation, and every week thereafter for the first 60 days and at least every 30 days thereafter, a supervisor conducts a similar review, including an interview with the detainee, and documents the decision and justification.	Meets Standard	Policy, procedures, and review of practice address each of the requirements listed in this component. Reviews are documented on a local segregation review form.
13. Permanent housing logs are maintained in SMUs to record pertinent information on detainees upon admission to and release from the unit, and in which supervisory staff and other officials record their visits to the unit.	Meets Standard	A permanent log is maintained in the segregation housing unit. A review of the log found pertinent current information as required in this component.
14. *(SPCs/CDFs) A separate log is maintained in the SMU that all persons visiting the unit must sign and record:* • *The time and date of the visit, and* • *Any unusual activity or behavior of an individual detainee, with a follow-up memorandum sent through the facility administrator to the detainee's file.*	N/A	In this IGSA facility, a separate log is not maintained in the SMU for visiting persons to sign.
15. A Special Management Housing Unit Record is maintained on each detainee in an SMU.	Meets Standard	
16. Health care personnel are immediately informed when a detainee is admitted to an SMU to provide assessment and review as indicated by health care protocols.	Meets Standard	Policy requires that health care personnel be immediately notified upon a detainee's placement in the SMU in order to conduct a health care assessment.

PART 2 – 15. SPECIAL MANAGEMENT UNITS (Key: O)		
This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.		
Components	**Rating**	**Remarks** (1000 Char Max)
17. PRIORITY: A health care provider visits every detainee in an SMU at least once daily, and detainees are provided any medications prescribed for them. Detainees will have access to regularly scheduled sick call regardless of housing assignment. Any action taken is documented in a separate logbook, and the medical visit is recorded on the detainee's SMU Housing Record (Form I-888).	Does Not Meet Standard	Procedures require a health care professional to visit detainees in the SMU each day and provide any medications prescribed. Detainees have access to regularly scheduled sick call. Any action taken by a health care provider is recorded in the SMU log and the detainee's segregation housing record; however, a review of SMU housing unit records did not indicate that visits are made daily, as required.
18. Detainees in SMUs may shave and shower three times weekly and receive other basic services (laundry, hair care, barbering, clothing, bedding, linen) on the same basis as the general population.	Meets Standard	Detainees in SMU receive all of the services listed in this component. The opportunity to shower and shave is offered three times a week.
19. Detainees in Administrative Segregation are provided opportunities to spend time outside their cells (over and above the required recreation periods), for such activities as socializing, watching TV, and playing board games and may be assigned to work details (for example, as orderlies in the SMU).	Does Not Meet Standard	The SMU sergeant stated that detainees are offered a choice of outside recreation or spending time outside their cell in the dayroom.
20. The shift supervisor sees each segregated detainee daily, including weekends and holidays.	Meets Standard	Procedures require the shift supervisor to visit detainees face-to-face in SMU each day, including weekends and holidays. Documentation of visits is entered on the detainee SMU housing unit form.
21. The facility administrator (or designee) visits each SMU daily.	Meets Standard	The shift supervisor and/or the duty officer visit the SMU daily.
22. Detainees in SMUs are provided three nutritionally adequate meals per day, ordinarily from the general population menu.	Meets Standard	

PART 2 – 15. SPECIAL MANAGEMENT UNITS (Key: O)		
This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.		
Components	**Rating**	**Remarks** (1000 Char Max)
23. Only for documented medical or mental health reasons are detainees denied such items as clothing, mattress, bedding, linens, or a pillow. If a detainee is so disturbed that he or she is likely to destroy clothing or bedding or create a disturbance risking harm to self or others, the medical department is notified immediately and a regimen of treatment and control instituted by the medical officer.	Meets Standard	In the event a detainee is denied items such as mattress, bedding, linens or pillow due to his/her mental state, health care providers are notified immediately and a treatment plan is determined and instituted.
24. Detainees in an SMU may write and receive letters the same as the general population.	Meets Standard	
25. Detainees in an SMU ordinarily retain visiting privileges.	Meets Standard	
26. Adequate documentation is generated for any restricted or disallowed general visits for a detainee in an SMU who violated visiting rules or whose behavior indicated the detainee would be a threat to the security or good order of the visiting room in the past year.	Meets Standard	Policy states any restriction or denial of visiting for a detainee in SMU must be documented and approved by the OIC. There have been no visit restrictions or denials during this inspection period.
27. Under no circumstances is a detainee permitted to participate in general visitation while in restraints.	Meets Standard	
28. *(SPCs/CDFs) Detainees in protective custody and violent and disruptive detainees are not permitted to use the visitation room during normal visitation hours.*	Meets Standard	In this IGSA facility, protective custody and violent and disruptive detainees are not allowed to use the visitation room during normal visitation hours. The SMU sergeant stated a separate visiting room is used or alternate visiting times are provided.
29. *(SPCs/CDFs) Violent and disruptive detainees are limited to non-contact visits and, in extreme cases, not permitted to visit.*	Meets Standard	In this IGSA facility, all visits of violent and disruptive detainees are non-contact and, in extreme cases, denied. There have been no visiting restrictions or denials during this reporting period.
30. Ordinarily, detainees in SMUs are not denied legal visitation.	Meets Standard	
31. Detainees in SMUs are allowed visits by members of the clergy, upon request; unless it is determined a visit presents a risk to safety, security, or orderly operations.	Meets Standard	

PART 2 – 15. SPECIAL MANAGEMENT UNITS (Key: O)		
This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.		
Components	**Rating**	**Remarks** (1000 Char Max)
32. Detainees in SMUs have access to reading materials, including religious materials. *In SPCs and CDFs, the Recreation Specialist offers each detainee soft-bound, non-legal books on a rotating basis, provided no detainee has more than two books (excluding religious material) at any one time.*	Meets Standard	In this IGSA facility, detainees in SMU have access to reading materials, including religious materials.
33. Detainees in SMUs have access to legal materials, in accordance with the Detention Standard on Law Libraries and Legal Material. Detainees are permitted to retain a reasonable amount of personal legal material in the SMU, provided it does not create a safety, security and/or sanitation hazard. Detainee requests for access to legal material in their personal property are accommodated as soon as possible and always within 24 hours of a detainee's request.	Meets Standard	All items listed in this component are addressed in policy. Detainees requesting law library access are escorted individually to the main law library.
34. Any denial of access to the law library is always: • Supported by compelling security concerns, • For the shortest period required for security, and • Fully documented in the SMU housing logbook. ICE/ERO is notified every time law library access is denied.	Meets Standard	Policy and procedure are in place that addresses all items listed in this component. In the event a detainee is denied law library access, the ICE/ERO is notified. No detainee has been denied law library access during this inspection period.
35. Recreation for detainees in the SMU is separate from the general population.	Meets Standard	
36. The facility has policy and procedures to ensure detainees who must be kept apart never participate in activities in the same location at the same time.	Meets Standard	
37. Detainees in the SMU are offered at least one hour of recreation per day, scheduled at a reasonable time, at least five days per week. Where cover is not provided to mitigate inclement weather, detainees are provided weather-appropriate equipment and attire.	Meets Standard	Detainees are offered at least one hour of recreation a day, five days per week. Detainees are provided appropriate attire in inclement weather.
38. The recreation privilege is denied or suspended only if it would unreasonably endanger safety or security. When a detainee in an SMU is deprived of recreation (or any usual authorized items or activity), a report of the action is forwarded to the facility administrator.	Meets Standard	Policy states that recreation privileges may be denied or suspended for safety and security concerns. Such action requires a report be submitted to the OIC. Staff stated that no recreation privilege denial or suspension has occurred during this inspection period.

PART 2 – 15. SPECIAL MANAGEMENT UNITS (Key: O)		
This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.		
Components	**Rating**	**Remarks** (1000 Char Max)
39. The case of a detainee denied recreation privileges is reviewed at least once each week, as part of the reviews required for all detainees in SMU status. The reviewer documents whether the detainee continues to pose a threat to self, others, or facility security and, if so, why.	Meets Standard	
40. Denial of recreation privileges for more than 15 days requires the concurrence of the facility administrator and the health authority. The facility notifies ICE/ERO when a detainee is denied recreation privileges for more than 15 days.	Meets Standard	Policy requires the approval of the OIC and health authority for denial of recreation privileges for more than fifteen days. There has been no denial of recreation privileges for more than fifteen days during this inspection period.
41. Ordinarily, detainees in Administrative Segregation have telephone access similar to detainees in the general population, in a manner consistent with the special security and safety requirements of an SMU. Detainees in Disciplinary Segregation may be restricted from using telephones to make general calls as part of the disciplinary process; however, ordinarily, they are permitted to make direct and/or free and legal calls as described in the Detention Standard on Telephone Access, except for compelling and documented reasons of safety, security, and good order.	Meets Standard	Detainees in administrative segregation are allowed the same telephone access as the general population. Detainees in disciplinary segregation are restricted from general telephone use; however, they can ordinarily make direct and/or free and legal telephone calls.
42. After seven consecutive days in Administrative Segregation, the detainee may exercise the right to appeal to the facility administrator the conclusions and recommendations of any review conducted.	Meets Standard	
43. If a detainee has been in Administrative Segregation for more than 30 days and objects to this status, the facility administrator reviews the case to determine whether that status should continue, taking into account the views of the detainee. A written record is made of the decision and the justification. A similar review is done every 30 days thereafter.	Meets Standard	
44. When a detainee has been held in Administrative Segregation for more than 30 days, the facility administrator notifies the Field Office Director.	Meets Standard	

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

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

Components	Rating	Remarks (1000 Char Max)
45. A permanent log is maintained in each SMU to record all activities concerning SMU detainees (meals served, recreation, visitors, etc.). *In SPCs and CDFs, the SMU log records the detainee's name, A-number, housing location, date admitted, reasons for admission, tentative release date for detainees in Disciplinary Segregation, the authorizing official, and date released.*	Meets Standard	In this IGSA facility, a permanent SMU logbook and the detainees' segregation housing record is utilized to document requirements of this component.

PART 2 – 15. SPECIAL MANAGEMENT UNITS – Reviewer Summary

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

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

The special management units protect detainees, staff, contractors, volunteers and the community from harm by segregating certain detainees from the general population. In evaluating this standard, SMU sergeant was interviewed, policy and documentation were reviewed, and the special management unit was toured. At the time of the inspection, twelve male detainees were assigned to administrative segregation and no male detainee was assigned to disciplinary segregation. No female detainees were assigned to either administrative segregation or disciplinary segregation. Sanitation of the SMU was acceptable.

Individual interviews with detainees in the SMU indicated that they were treated with respect and in a decent and humane manner by staff.

Written policy and procedure are in place to control and secure the SMU entrances, contraband, tools and food carts. Permanent housing logs are maintained to record specific data on detainees upon admission to and release from the unit and for supervisory staff to record their visits to the unit.

Detainees in disciplinary segregation have more stringent personal property restrictions and control than those in administrative segregation. Detainees housed in the SMU have the same law library access as the general population. Translation services or interpretation services are provided to detainees while in the SMU to assist with their understanding of conditions of confinement as well as their rights and responsibilities.

Detainees are provided appropriate accommodations and professional assistance such as medical, therapeutic, or mental health treatment for special needs.

A maximum sanction of sixty days is imposed for violations related to a single prohibited incident. After the first thirty days, and every thirty days thereafter, the OIC sends a written justification to the FOD. Written procedures are in place requiring a review of a detainee in disciplinary segregation every seven days. The review includes an interview with the detainee, documentation of the review, and a written copy of the decision and basis for the findings.

Overall Rating: Meets Standard

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

Completion Date: 6/14/2018

Reviewer Signature (for printed form submission):

PART 2 – 16. STAFF-DETAINEE COMMUNICATION (Key: P)		
This Detention Standard enhances security, safety, and orderly facility operations by encouraging and requiring informal direct and written contact among staff and detainees, as well as informal supervisory observation of living and working conditions. It also requires the posting of Hotline informational posters from the Department of Homeland Security Office of the Inspector General.		
Components	**Rating**	**Remarks** (1000 Char Max)
1. PRIORITY: ICE/ERO detainees shall have frequent informal access to and interaction with key facility staff members, in a language they can understand. Facility staff shall conduct scheduled visits to address detainees' personal concerns and monitor living conditions.	Meets Standard	The OIC, assistant warden and designated department heads visit the housing units weekly. Supervisors visit the housing units on each shift and case managers are in the housing units each week day. Interpretive language line services are available to ensure that detainees may communicate in a language with which they are comfortable.
2. Each facility shall develop a method to document the unannounced visits by ICE/ERO staff.	Meets Standard	ICE personnel sign a log each time they visit a housing unit.
3. *In SPCs, CDFs, and IGSAs with On-Site ICE/ERO Presence: The facility administrator or Supervisory Detention and Deportation Officer (SDDO) shall develop written schedules of weekly visits and ensure they are posted in detainee living and other appropriate areas. Each facility shall have specific procedures for documenting each visit.*	Does Not Meet Standard	This component was rated Does Not Meet Standard during the previous inspection because there was no documentation available to confirm the weekly scheduled visits occurred from July 2016 through October 2016. January 2017 and May 2017 schedules did not include every week during the respective month. Postings in the housing units indicate that announced visits occur on Tuesday. ICE visits are documented in the applicable control center logs. Documentation provided did not include every week during this inspection period. Documentation provided confirmed that the weekly visits did not occur consistently until April through June 2018. This is a repeat deficiency.

PART 2 – 16. STAFF-DETAINEE COMMUNICATION (Key: P)		
This Detention Standard enhances security, safety, and orderly facility operations by encouraging and requiring informal direct and written contact among staff and detainees, as well as informal supervisory observation of living and working conditions. It also requires the posting of Hotline informational posters from the Department of Homeland Security Office of the Inspector General.		
Components	**Rating**	**Remarks** (1000 Char Max)
4. PRIORITY: Detainees may submit written questions, requests, or concerns to ICE/ERO staff, using the detainee request form, a local IGSA form, or a sheet of paper. Each facility administrator shall: • Ensure that adequate supplies of detainee request forms, envelopes, and writing implements are available. • Have written procedures to promptly route and deliver detainee requests to the appropriate ICE/ERO officials by authorized personnel (not detainees) without reading, altering, or delaying. • Ensure that the standard operating procedures accommodate detainees with special assistance needs based on, for example, disability, illiteracy, or limited use of English. • Ensure that each facility provides a secure drop box for ICE detainees to correspond directly with ICE management, and that only ICE personnel have access to the drop box.	Meets Standard	Detainees may submit questions, requests, grievances or concerns to ICE/ERO staff using the ICE detainee request form which is available in the housing units. Detainees place the request forms in secure boxes located in the housing units. Only ICE personnel have the key to retrieve the forms. Adequate supplies of request forms, envelopes and pencils are available in the housing units. Detainees with special assistance needs may request assistance from staff or another detainee.
5. *In SPCs and CDFs and in IGSAs with ICE/ERO on-site presence: The staff member receiving the request shall normally respond in person or in writing as soon as possible and practicable, but no longer than within 72 hours of receipt.*	Does Not Meet Standard	This component was rated Does Not Meet Standard during the previous inspection because the electronic log indicated that staff members receiving the requests did not consistently respond to the requests within 72 hours. At this IGSA ICE officers are assigned on-site. The documentation reviewed during this inspection indicated that not all requests were responded to in a timely manner with many not having any indication of a response. This is a repeat deficiency.
6. In IGSA facilities without ICE/ERO on-site presence, each detainee request shall be forwarded to the ICE/ERO office of jurisdiction within two business days.	N/A	This facility has onsite ICE presence.

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

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

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

Components	Rating	Remarks (1000 Char Max)
7. All requests to ICE/ERO staff shall be recorded in a logbook (or electronic logbook) specifically designed for that purpose. At a minimum, the log shall record: • Date of receipt; • Detainee's name; • Detainee's A-number; • Detainee's nationality; • Name of the staff member who logged the request; • Date the request, with staff response and action, was returned to the detainee; and • Any other pertinent site-specific information. In IGSAs, the date the request was forwarded to ICE/ERO and the date it was returned shall also be recorded.	Does Not Meet Standard	This component was rated Does Not meet Standard during the previous inspection because the date the request was forwarded to ICE/ERO and the date it was returned was not consistently recorded. During this inspection it was noted that the date the request, with staff response and action, was returned to the detainee was not consistently recorded. This is a repeat deficiency. It was noted that the documentation has improved since April 2018.
8. As required by the ICE/ERO Detention Standard on Detainee Handbook, each facility's handbook (or supplement) shall advise detainees of the procedures to submit written questions, requests, or concerns to ICE/ERO staff, as well as the availability of assistance to prepare such requests.	Meets Standard	
9. The facility administrator shall ensure that OIG Hotline posters are posted at appropriate common areas (recreation areas, dining areas, processing areas, etc.) *to include each housing area in SPC/CDFs.*	Meets Standard	At this IGSA, OIG Hotline posters were observed in the housing units, the intake area, the law library and common areas. OIG contact information and procedures are included in the local handbook.

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

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

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

A review of policy, shift log entries, and the local handbook; observation of housing unit request forms, ICE mailboxes and housing unit postings; and interviews with ICE, facility personnel and detainees revealed detainees have formal and informal contact with facility and ICE personnel through an established and documented system of verbal and written communication. Detainee telephone services are tested daily by housing unit officers and weekly by ICE personnel.

Procedures are in place to allow for formal and informal contact between key facility and ICE personnel and detainees. In addition to scheduled visits, ICE/ERO employees conduct frequent unannounced visits to the facility to informally observe living and working conditions and encourage informal communication among staff and detainees in all areas of the facility. These visits are documented when they occur. Detainees interviewed stated that ICE officers visit the housing units.

Overall Rating: Meets Standard

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

Completion Date: 6/14/2018

PART 2 – 16. STAFF-DETAINEE COMMUNICATION – Reviewer Summary *(Use following format for dates: mm/dd/yyyy)*
Reviewer Signature (for printed form submission):

PART 2 – 17. TOOL CONTROL (Key: Q)		
This Detention Standard protects detainees, staff, contractors, and volunteers from harm and contributes to orderly facility operations by maintaining control of tools, culinary utensils, and medical and dental instruments, equipment, and supplies.		
Components	**Rating**	**Remarks** (1000 Char Max)
1. The use of tools, keys, medical equipment and culinary equipment is controlled.	Meets Standard	Tool control policy and procedures were reviewed. The use of tools, keys, medical equipment, and culinary equipment is controlled through inventories in each department.
2. PRIORITY: There is an individual who is responsible for developing a tool control procedure and an inspection system to insure accountability.	Meets Standard	The OIC has designated the compliance officer is responsible for developing tool control procedure and inspection system to ensure accountability.
3. PRIORITY: Each facility administrator shall develop and implement a written tool control and storage system to include a tool classification system, and there are policies and procedures in place to ensure that all tools are properly marked and readily identifiable.	Meets Standard	Policy states that tools are classified, marked, readily identifiable and properly stored. A review of tools and tools storage areas indicated compliance with this component.
4. The facility has developed and implemented a tool classification system.	Meets Standard	Tools are classified as Class A (restricted, dangerous/hazardous) and Class B (non-restricted, non-hazardous).
5. Tool inventories are required for: • Facility Maintenance Department • Medical Department • Food Service Department • Electronics Shop • Recreation Department • Armory	Meets Standard	The armory is located outside the secure perimeter. The facility does not have an electronics shop or tools assigned to the recreation department. All other areas listed have tool inventories in place.
6. Tool Inventories are conspicuously posted on all tool boards, tool boxes and tool kits.	Meets Standard	
7. *(SPCs/CDFs) The new tools shall be issued only after the Tool Control Officer has marked and inventoried them. Inventories that include any portable power tools shall provide brand name, model, size, description, and inventory control/AMIS number.*	Meets Standard	In this IGSA facility, the tool control officer transports all new tools to the maintenance shop for proper etching prior to placement on and into the tool inventory.
8. The facility administrator shall schedule, and establish procedures for, the quarterly inventorying of all tools.	Meets Standard	

PART 2 – 17. TOOL CONTROL (Key: Q)		
This Detention Standard protects detainees, staff, contractors, and volunteers from harm and contributes to orderly facility operations by maintaining control of tools, culinary utensils, and medical and dental instruments, equipment, and supplies.		
Components	**Rating**	**Remarks** (1000 Char Max)
9. *(SPCs/CDFs) Tool inventories shall be numbered and posted conspicuously on all corresponding shadow boards, toolboxes, and tool kits. While all posted inventories must be accurate, only the Master Tool Inventory Sheet in the office of the chief of security requires the certifiers' signatures.*	N/A	In this IGSA facility, numbered tool inventories are posted on tool boards and toolboxes. The major maintains the master tool inventory sheet; however, the individual tool inventory sheets are not signed.
10. The facility administrator shall develop and implement procedures governing lost tools.	Meets Standard	
11. *(SPCs/CDFs) When a restricted or non-restricted tool is missing or lost, staff shall notify the chief of security in writing as soon as possible.* *When the tool is a restricted (Class "R") tool, staff shall inform the shift supervisor orally immediately upon discovering the loss. Any detainee(s) who may have had access to the tool shall be held at the work location pending completion of a thorough search.* *The facility administrator shall implement quarterly evaluations of lost/missing tool files.*	Meets Standard	In this IGSA facility, policy states that the shift supervisor, tool control officer, and major are notified verbally when a tool is discovered missing or lost. Before the end of shift a written report is submitted to the major. In the case of a restricted tool, the shift supervisor is notified immediately. Tools are not issued to detainees. Quarterly evaluations are conducted of all lost/missing tool files. No lost/missing tools have been reported during this inspection period.
12. All visitors, including repair and maintenance workers who are not ICE/ERO or facility employees, shall submit to an inspection and inventory of all tools, tool boxes, and equipment that could be used as weapons before entering and leaving the facility. The contractor shall maintain a copy of the tool inventory with them while inside the facility.	Meets Standard	All visitors and outside contractors must submit to an inspection and inventory of all tools and equipment being presented for entry into and exit from the facility. A copy of the tool inventory must be retained by the contractor while inside the facility.

PART 2-17. TOOL CONTROL – Reviewer Summary
(Use following format for dates: mm/dd/yyyy)
Overall Remarks: *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*
The control of all tools protects detainees, staff, contractors and volunteers from harm and contributes to orderly facility operations. In evaluating this standard, the tool control officer was interviewed, policy was reviewed and tool inventories checked. Inventory control and storage of tools in all departments followed facility policy and guidelines. Staff removes all restricted tools from work areas at the end of each workday for safekeeping in a secure tool room. The amount of acetylene allowed into the facility is limited to a day's supply. No acetylene tanks are secured inside the facility. The OIC has established written procedures for marking tools, making them identifiable, and a tool-storage system that

PART 2-17. TOOL CONTROL – Reviewer Summary *(Use following format for dates: mm/dd/yyyy)*	
ensures accountability. Commonly used, mounted tools are stored so that a tool's disappearance will not escape attention. Tools not adaptable to shadow boards are kept in a locked tool room. Individual tool boxes used on a daily basis are secured with a hasp and padlocks, with an inventory sheet in the box. The tool control officer maintains copies of all such inventory sheets. All new tools are received at a site-specific location according to a procedure approved by the OIC. The new tools are not issued until the tool control officer has marked and inventoried them. Tools such as band saw blades, files and all restricted tools are immediately placed in secure storage by the tool control officer. Inventory maintenance at each work location is the responsibility of the detail supervisor and department head. The staff member assigned a toolbox is accountable for the control of assigned tools on a daily basis. Any tool permanently removed from service is turned over to the tool control officer for recordkeeping and safe disposal. All broken and worn out tools are surveyed and destroyed in accordance with the written procedures established by the superintendent. All contractor tools are inventoried upon their admission and release. The facility has procedures in place for the issuance of tools, security of restricted tools, and control of ladders, extension cords and ropes.	
Overall Rating: Meets Standard	
Reviewer Name (Printed (b)(6); (b)(7)(C)	**Completion Date:** 6/14/2018
Reviewer Signature (for printed form submission):	

PART 2 – 18. USE OF FORCE AND RESTRAINTS (Key: R)		
This Detention Standard authorizes staff to use necessary physical force, after all reasonable efforts to otherwise resolve a situation have failed, and only for protection of self, detainees, or others, for prevention of escape or serious property damage, or to maintain the security and orderly operation of the facility.		
Components	**Rating**	**Remarks** (1000 Char Max)
1. PRIORITY: Staff use physical force only as a last resort after all reasonable efforts to otherwise resolve a situation have failed, and use only the degree of force necessary to gain control of the situation, employing confrontation avoidance techniques and the use-of-force continuum.	Meets Standard	Policy and procedures address each requirement of this component.
2. Staff: • Does not use force as punishment. • Attempts to gain the detainee's voluntary cooperation before resorting to force. • Uses only as much force as necessary to control the detainee. • Uses restraints only when other non-confrontational means, including verbal persuasion, have failed or are impractical.	Meets Standard	The use of force policy addresses each issue listed in this component.
3. PRIORITY: All officers receive training in self-defense, confrontation avoidance techniques and the use of force to control detainees. Specialized training is given to officers ensuring they are certified in all devices including chemical agents, approved for use.	Meets Standard	All security staff receives training in each area listed in this component.
4. PRIORITY: Staff will consult with medical staff prior to a calculated use of force regarding the following: • Use of pepper spray/non-lethal weapons. • Pregnant detainees. • Detainees with wounds or cuts. • Detainees with special medical or mental health needs.	Meets Standard	Policy requires security staff to consult with health care providers prior to a calculated use of force regarding items listed in this component.
5. Special precautions are taken when restraining pregnant detainees. Medical personnel are consulted.	Meets Standard	Policy requires that security staff consult with medical personnel prior to restraining a pregnant detainee.
6. Intermediate force weapons, when not in use, are stored in areas where access is limited to authorized personnel and to which detainees have no access.	Meets Standard	Intermediate force weapons are stored in the central control room, if not on the person of staff trained and authorized to carry the weapon.
7. When the detainee is in an area that is or can be isolated (e.g., a locked cell, a range), posing no direct threat to the detainee or others, staff must try to resolve the situation without resorting to force.	Meets Standard	

PART 2 – 18. USE OF FORCE AND RESTRAINTS (Key: R)		
This Detention Standard authorizes staff to use necessary physical force, after all reasonable efforts to otherwise resolve a situation have failed, and only for protection of self, detainees, or others, for prevention of escape or serious property damage, or to maintain the security and orderly operation of the facility.		
Components	**Rating**	**Remarks** (1000 Char Max)
8. The facility subscribes to the prescribed confrontation avoidance procedures. The ranking detention official, health professionals, and others confer before every calculated use of force.	Meets Standard	
9. When a detainee must be forcibly moved and/or restrained and there is time for a calculated use of force, staff use the use of force team technique.	Meets Standard	
10. Staff members are trained in the performance of the use-of-force team technique.	Meets Standard	The assistant OIC stated that security staff is trained in the use of the force team technique during pre-service training and annually thereafter.
11. PRIORITY: All use of force incidents are documented and reviewed. All use of force incidents are properly audio-visually documented and forwarded for review. Use of Force documentation at a minimum, shall include the medical examination through the conclusion of the incident. All calculated uses of force incidents must be audio-visually recorded in its entirety from the beginning of the incident to its conclusion.	Meets Standard	All use of force incidents are documented and reviewed by senior staff. Policy addresses all areas listed in this component.
12. Staff shall store and maintain audio-visual recording equipment under the same conditions as “restricted” tools.	Meets Standard	Audio-visual recording equipment is listed on the equipment inventory and stored in the central control room and various other locations within the facility.
13. Standard procedures associated with using four/five point restraints include: • Soft (nylon/leather) restraints. • Dressing the detainee appropriately for the temperature. • A bed, mattress, and blanket/sheet. • Checking the detainee at least every 15 minutes. • Logging each check. • Repositioning detainee often enough to prevent soreness or stiffness. • Medical evaluation of the restrained detainee twice per eight-hour shift. When qualified medical staff are not immediately available, staff position the detainee "face-up."	N/A	The facility does not use four/five-point restraints.

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

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

Components	Rating	Remarks (1000 Char Max)
14. In immediate use of force situations, officers contact medical staff once the detainee is under control.	Meets Standard	
15. The shift supervisor monitors the detainee's position/condition every two hours. He/she allows the detainee to use the restroom at these times under safeguards.	N/A	The facility does not use four/five-point restraints.
16. All detainee checks are logged.	N/A	The facility does not use four/five-point restraints.
17. When any detainee is restrained for more than eight hours, the facility administrator shall telephonically notify the Assistant Field Office Director and provide updates every eight hours until the restraints are removed.	N/A	The facility does not use four/five-point restraints.
18. It is standard practice to review any use of force and the non-routine application of restraints.	Meets Standard	Non-routine application of restraints is classified by the facility as a use of force. All uses of force are reviewed by senior staff.
19. *In SPCs, the use of force form is used. In other facilities (IGSAs / CDFs) this form or its equivalent is used.*	Meets Standard	This IGSA facility uses a local use of force form.

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

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

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

The use of force is authorized after all reasonable efforts to otherwise resolve a situation have failed, and only for the protection of self, detainees or others, for the prevention of property damage or to maintain the security and orderly operation of the facility. In evaluating this standard, the assistant OIC was interviewed and policy and reports were reviewed. During this inspection period, there were twelve uses of force involving ICE detainees. Of those instances, one was a calculated use of force and eleven were immediate uses of force. The calculated use of force was a cell extraction with the application of Oleoresin Capsicum (OC) spray. The use of force report indicated that force was applied per standard guidelines; however, the facility was not able to produce the video of the incident. A note in the use of force file indicated that the video could not be located. Two of the immediate uses of force involved detainees' refusal to obey a directive resulting in the application of OC spray. The remaining nine uses of force were for refusal to obey a directive. All reports indicated that force was applied within guidelines of the standard. The medical evaluations were timely, and the five detainees who suffered minor injuries were treated by the medical staff.

Tasers and canines are not allowed in the facility.

Staff are trained and required only to use the level of force necessary and reasonable to gain control of a detainee; however, depending on circumstances, staff may escalate or de-escalate through the Use of Force Continuum. All new officers are trained during their first year of employment and annually thereafter. Acts and techniques such as neck restraints; using batons to apply choke holds; intentional baton strikes to head, groin, solar plexus, kidneys; and striking a detainee for failure to obey an order are prohibited.

Officers are authorized to use immediate use of force when a detainee's behavior constitutes a serious and immediate threat to self, staff, another detainee, property or security and orderly operation of the facility. The supervisor inspects the areas of

PART 2 – 18. USE OF FORCE AND RESTRAINTS – Reviewer Summary *(Use following format for dates: mm/dd/yyyy)*	
blood or other body-fluid spillage after a use of force incident. Only ICE approved restraint equipment is authorized to restrain detainees, and officers use ambulatory restraints where possible. When ambulatory restraints are insufficient to protect and restrain detainees, officers apply progressive restraints. All incidents involving the use of force are documented, including chemical agents and intermediate force weapons. Use of force incident documentation is maintained by the assistant OIC.	
Overall Rating: Meets Standard	
Reviewer Name (Print (b)(6); (b)(7)(C)	**Completion Date:** 6/14/2018
Reviewer Signature (for printed form submission):	

Section III: ORDER

Disciplinary System

PART 3 – 19. DISCIPLINARY SYSTEM (Key: S)		
This Detention Standard promotes a safe and orderly living environment for detainees by expecting detainees to comply with facility rules and regulations and imposing disciplinary sanctions to control the behavior of those who do not.		
Components	**Rating**	**Remarks** (1000 Char Max)
1. PRIORITY: The facility has a written disciplinary system using progressive levels of reviews and appeals. Written disciplinary policy and procedures shall clearly define detainee rights and responsibilities. The policy, procedures, and rules shall be reviewed at least annually.	Meets Standard	The facility has a written disciplinary policy using progressive levels of reviews and appeals. The disciplinary system includes all areas listed in this component and is reviewed annually.
2. Detainees will receive translation or interpretation services throughout the investigative, disciplinary, and appeal process, including accommodation for the hearing impaired. The facility shall not hold a detainee accountable for his or her conduct if a medical authority finds him or her mentally incompetent.	Meets Standard	
3. PRIORITY: Time in disciplinary segregation or withholding of privileges imposed for disciplinary violations do not generally exceed 60 days per violation. Staff do not impose or allow imposition of the following sanctions: corporal punishment; deprivation of food services (to include use of Nutraloaf or "food loaf"); deprivation of clothing, bedding, or items of personal hygiene; deprivation of correspondence privileges; deprivation of legal access and legal materials; or deprivation of physical exercise, unless such activity creates a documented unsafe condition.	Meets Standard	Policy states time in disciplinary segregation and imposed withholding of privileges for disciplinary violations do not exceed sixty days. All other requirements listed in this component are also addressed in policy.
4. PRIORITY: The facility supplemental handbook issued to each detainee upon admittance, shall provide notice of the facility's rules of conduct and prohibited acts, the sanctions imposed for violations of the rules, the disciplinary severity scale, the disciplinary process and the procedure for appealing disciplinary findings.	Meets Standard	The facility's detainee handbook includes areas listed in this component. The major stated that each detainee is issued and signs for a handbook and receives a verbal orientation from the classification caseworker informing the detainee of the facility's rules of conduct.
5. Copies of the rules of conduct, rights, and disciplinary sanctions shall be provided to all detainees and posted in English, Spanish, and/or other languages spoken by significant numbers of detainees, as follows: • Disciplinary Severity Scale • Prohibited Acts • Sanctions	Meets Standard	Items listed in this component are posted, in Spanish and English, in detainee housing units and are included in the detainee handbook.
6. All facilities shall have graduated scales of offenses and disciplinary consequences as provided in this section.	Meets Standard	

PART 3 – 19. DISCIPLINARY SYSTEM (Key: S)		
This Detention Standard promotes a safe and orderly living environment for detainees by expecting detainees to comply with facility rules and regulations and imposing disciplinary sanctions to control the behavior of those who do not.		
Components	**Rating**	**Remarks** (1000 Char Max)
7. PRIORITY: Incident reports are investigated within 24 hours of the incident by an officer who had no involvement in the incident. Low or moderate infractions are adjudicated by a Unit Disciplinary Committee (UDC). Unresolved cases and cases involving serious charges are forwarded by the UDC to the Institution Disciplinary Panel (IDP) for adjudication.	Meets Standard	Policy addresses areas listed in this component.
8. A staff representative is available if requested for a detainee facing an IDP disciplinary hearing.	Meets Standard	
9. The facility permits hearing postponements or continuances when conditions warrant such a continuance. Reasons are documented.	Meets Standard	Postponement or continuance of a hearing is permitted for extenuating circumstances. Reasons for the delay are documented. No request for postponement has occurred during this inspection period.
10. Written procedures govern the handling of confidential-source information. Procedures include criteria for recognizing "substantial evidence."	Meets Standard	
11. All forms relevant to the incident, investigation, committee/panel reports, etc., are completed and distributed as required.	Meets Standard	All relevant forms are completed and distributed and become part of the permanent record.

PART 3 – 19. DISCIPLINARY SYSTEM – Reviewer Summary

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

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

Compliance with facility rules and regulations and imposing disciplinary sanctions to control the behavior of those who do not behave, promotes a safe and orderly living environment for detainees. In evaluating this standard, the disciplinary hearing officer was interviewed and policy and disciplinary reports were reviewed. The facility has a progressive disciplinary policy. All detainees are made aware of the facility rules and regulations through orientation and posted copies of rules, regulations and sanctions.

Incident records will not be placed or retained in the detainee's file if he/she is found not guilty at any stage of the disciplinary process, even if they are retained elsewhere for statistical or historical purposes. Disciplinary action may not be capricious or retaliatory nor based on race, religion, national origin, sex, sexual orientation, disability, or political beliefs.

The shift supervisor reviews all incident reports before going off duty. The investigating officer has supervisory rank. Only the disciplinary hearing officer places a detainee in disciplinary segregation. Detainees being held in segregation pending a discipline hearing cannot be held longer than 72 hours, barring an emergency. The entire discipline record is forwarded to the facility major, who may (a) concur; (b) terminate the proceedings; or (c) impose more severe or more lenient sanctions. Time served in segregation pending the outcome of the proceedings may be credited to the number of days to be spent in the segregation unit after an adverse decision is announced. During the evaluation of this standard, discipline personnel were interviewed, policy and the local detainee handbook were reviewed, and disciplinary report packets were examined.

Overall Rating: Meets Standard

PART 3 – 19. DISCIPLINARY SYSTEM – Reviewer Summary *(Use following format for dates: mm/dd/yyyy)*	
Reviewer Name (Printed): (b)(6); (b)(7)(C)	**Completion Date:** 6/14/2018
Reviewer Signature (for printed form submission):	

Section IV: CARE

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

PART 4 – 20. FOOD SERVICE (Key: T)		
This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.		
Components	**Rating**	**Remarks** (1000 Char Max)
1. PRIORITY: The food service program shall be under the direct supervision of an experienced food service administrator (FSA) who is responsible for: • Planning, controlling, directing, managing, and evaluating food service; • Managing budget resources; • Establishing standards of sanitation, safety and security; • Developing nutritionally adequate menus and evaluating detainee acceptance of them; • Developing specifications for the procurement of food, equipment, and supplies; and • Establishing a training program that ensures operational efficiency and a high quality food service program.	Meets Standard	The food service department is under the supervision of a professionally trained food service director (FSD) with over six years' experience and who is ServSafe certified. The FSD is responsible for all the requirements of this component.
2. The knife cabinet must be equipped with an approved locking device. Knives must be physically secured to workstations for use outside a secure cutting room. Any detainee using a knife outside a secure area must receive direct staff supervision.	Meets Standard	Knives are not used in this facility. Dough cutters are used for processing food items.
3. Special procedures govern the handling of food items that pose a security threat.	Does Not Meet Standard	This component was rated does not meet the Standard during the last inspection as special procedures for handling security threat food items were not in place. Sugar was not properly secured, and a perpetual inventory was not being maintained. Sugar is properly stored in the dry storage area; however, the perpetual inventory log has not been maintained. This was corrected during the inspection. This is a repeat deficiency.
4. The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date.	Does Not Meet Standard	There was no documentation to support that detainee job descriptions were reviewed annually. This was corrected during the inspection.

PART 4 – 20. FOOD SERVICE (Key: T)		
This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.		
Components	**Rating**	**Remarks** (1000 Char Max)
5. During orientation and training session(s), the cook supervisor or equivalent explains and demonstrates: • Safe work practices and methods. • Safety features of individual products/ pieces of equipment. • Training covers the safe handling of hazardous material[s] the detainee are likely to encounter in their work.	Does Not Meet Standard	Detainees working in the food service department receive orientation training on all the requirements of this component with the exception of safety training on individual equipment. There was no documentation available to support this training. This was corrected during the inspection. They are required to sign a voluntary work agreement indicating they have received training in the use of hazardous materials.
6. The cook supervisor documents all training.	Meets Standard	
7. Detainees assigned to the food service department shall have a neat and clean appearance.	Meets Standard	Detainees working in food service were observed to be dressed in clean, suitable uniforms. Their appearance was consistent with the requirements of the standard.
8. Detainees are served three meals every day, at least two of which are hot meals. No more than 14 hours elapse between the last meal served and the first meal of the following day.	Meets Standard	Three meals are served daily to the detainees; at least two of the meals are hot. Times between meals do not exceed fourteen hours.
9. Meals shall always be prepared, delivered, and served under staff supervision.	Meets Standard	
10. PRIORITY: Before and during the display, service and transportation of food, sanitary guidelines are observed, with hot foods maintained at a temperature of at least 140 F degrees (120 degrees in food trays) and foods that require refrigeration maintained at 41 F degrees or below.	Does Not Meet Standard	Observation of food preparation confirmed that sanitary guidelines are followed. Food temperatures observed before and during the display, service and transportation of food during the lunch meal were maintained within the prescribed safe range. However, a review of documentation during the inspection period revealed that temperatures are not consistently documented.

PART 4 – 20. FOOD SERVICE (Key: T)		
This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.		
Components	**Rating**	**Remarks** (1000 Char Max)
11. Servers must wear food grade plastic gloves and hair nets whenever there is direct contact with a food or beverage. Serving food without use of utensils is strictly prohibited.	Meets Standard	Detainees were observed wearing the proper gloves and hair coverings during the preparation of the lunch meal on 6/12/2018. Proper utensils were used for all food items served.
12. Utensils shall be sanitized as often as necessary to prevent cross-contamination and other food-handling hazards during food preparation and service.	Meets Standard	
13. If the facility does not have enough equipment to maintain the minimum or maximum temperature required for food safety, the affected items (for example, salad bar staples such as lettuce, meat, eggs, cheese) must be removed and discarded after two hours at room temperature.	N/A	The facility has the appropriate equipment to maintain proper food temperatures throughout the serving process.
14. Food shall be delivered from one place to another in covered containers.	Meets Standard	Once plated, food is delivered to the housing units or the dining room in insulated trays.
15. If food carts are delivered to housing units by detainees, they must be locked unless they are under constant supervision of staff. All food safety procedures (sanitation, safe-handling, storage, etc.) apply without exception to food in transit.	Meets Standard	Satellite feeding is used at this facility. The food carts are transported by staff to a large dining hall in the old building and to the housing units in the new addition for detainee consumption. All food safety procedures apply to food delivered to these areas.
16. PRIORITY: A registered dietitian shall conduct a complete nutritional analysis that meets U.S. Recommended Daily Allowances (RDA), at least annually, of every master-cycle menu planned by the FSA. The dietitian must certify menus before they are incorporated into the food service program.	Meets Standard	All menus have been certified to meet the U.S. RDA. All menus are reviewed and certified annually by a registered dietitian. Any revisions to the menus require re-certification by the dietitian. The last analysis occurred on 4/6/2018.
17. The FSA has established procedures to ensure that items on the master-cycle menu are prepared and presented according to approved recipes.	Meets Standard	
18. The FSA or designee has the authority to change menu items if necessary, documenting each substitution, along with its justification, with a copy to the FSA. Menu substitutions will be in accordance with dietician approved substitution guidelines.	Meets Standard	Food service employees are authorized to make menu substitutions and are required to document the substitution and justification to the FSD. Substitutions are in accordance with dietician approved guidelines and are reported to the OIC and corporate office.

PART 4 – 20. FOOD SERVICE (Key: T)		
This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.		
Components	**Rating**	**Remarks** (1000 Char Max)
19. Food service staff and detainee workers involved in cooking shall ensure that potentially hazardous foods are cooked at the required safe temperatures, as listed in the Detention Standard on Food service.	Does Not Meet Standard	During the inspection, food was cooked at the appropriate temperatures; however, temperatures were not always documented consistently on their production logs.
20. Facilities are required to provide detainees requesting a religious diet a reasonable and equitable opportunity to observe their religious dietary practice by offering a Common Fare Menu. Detainees whose religious beliefs require the adherence to particular religious dietary laws are referred to the Chaplain or FSA.	Meets Standard	A common fare program is used to accommodate detainees whose religious dietary requirements cannot be met on the main menu. The chaplain is the approving official for placing detainees on the common fare program.
21. *(SPCs/CDFs) Once a religious diet has been approved, the FSA shall issue, in duplicate, a special-diet identification card.*	N/A	Special diet identification cards are not used at this IGSA facility. The food service department maintains a religious diet list to identify participating detainees.
22. The common fare menu shall be based on a 14 day cycle. The menus must be certified as exceeding minimum daily nutritional requirements. Hot entrees shall be offered at least three times a week.	Meets Standard	The facility maintains an approved common fare menu that adheres to the approved nutritional analysis and the requirements listed in this component. The current common fare menu cycle is 35 days. Hot entrees are offered a minimum of three days a week.
23. The chaplain, in consultation with local religious leaders if necessary, shall develop the ceremonial meal schedule for the following calendar year and provide it to the facility administrator.	Meets Standard	
24. The Common Fare Program shall accommodate detainees abstaining from particular foods or fasting for religious purposes at prescribed times of the year, such as Ramadan, Passover, and Lent.	Meets Standard	The food service department maintains a common fare program to accommodate religious beliefs. It honors the tenets of the Muslim, Jewish and other faith groups.
25. Detainees with certain conditions – chronic or temporary; medical, dental, and/or psychological – shall be prescribed special diets as appropriate.	Meets Standard	The medical department provides a listing of detainees requiring medical diets. Documentation was reviewed supporting special diets. There were 86 detainees receiving medical diets during the inspection.

PART 4 – 20. FOOD SERVICE (Key: T)		
This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.		
Components	**Rating**	**Remarks** (1000 Char Max)
26. The sanitary standards, including proper temperature maintenance, are required in the food service department also apply to satellite meals, from preparation to actual delivery.	Meets Standard	
27. Food for satellite meals must be prepared and held at the proper temperatures until served. Satellite tray meals must be delivered and served within two hours of food being plated.	Meets Standard	
28. In segregation units, food rations shall not be reduced or changed or otherwise used as a disciplinary tool.	Meets Standard	Food rations are not reduced or used as a disciplinary tool. ICE detainees housed in the segregation units receive the same food as the general population. This IGSA does not use a food loaf.
29. Sack meals shall be provided for detainees being transported from the facility, and detainees arriving or departing between scheduled meal hours, and detainees in the SMU, as provided in the standard. Sack meals shall be of the same nutritional quality as other meals prepared by the food service.	Meets Standard	Sack meals provided for detainees arriving/departing between scheduled meal hours are of the same nutritional quality as other meals prepared by food service.
30. The food service staff instruct detainee volunteers on: • Personal cleanliness and hygiene; • Sanitary techniques for preparing, storing, and serving food, and; • The sanitary operation, care, and maintenance of equipment.	Meets Standard	Food service personnel instruct detainees assigned to the kitchen in each of the items listed in this component. Documentation was reviewed verifying this training.
31. All food service personnel, including staff and detainees, shall receive a pre-employment medical examination. The Cook Foreman or detention staff assigned to food service shall inspect all detainee food service workers on a daily basis at the start of each work period. Detainees who exhibit signs of illness, skin disease, diarrhea (admitted or suspected), or infected cuts or boils shall be removed from the work assignment and immediately referred to Health Services for determination of duty fitness.	Does Not Meet Standard	Documentation was not available to show that the food service staff receive pre-employment physicals. This was corrected during the inspection and physicals for all food service staff were scheduled within the next two weeks.

PART 4 – 20. FOOD SERVICE (Key: T)		
This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.		
Components	**Rating**	**Remarks** (1000 Char Max)
32. The food service department complies with food safety and sanitation requirements as prescribed by the governing health inspection authority, applicable laws and contract provisions.	Meets Standard	The Georgia Department of Public Health conducts inspections of food service facilities and equipment at least annually. A review of the most current inspection indicates that the department complies with food safety and sanitation requirements and received a rating of 96% compliance.
33. All facilities shall meet environmental standards for safety and sanitation.	Meets Standard	Food service facilities and equipment meet established governmental health and safety codes, as confirmed by the inspection conducted by the Georgia Health Department.
34. The FSA shall develop a schedule for the routine cleaning of equipment consistent with the information obtained from manufacturers or local distributors, the National Sanitation Foundation International (NSF) standards or equivalent standards of other agencies about the operation, cleaning, and care of equipment.	Meets Standard	The food service cleaning schedule is posted in the department. It is consistent with food service industry standards.
35. Spray or immersion dishwashers or devices – including automatic dispensers for detergents, wetting agents, and liquid sanitizer – shall be maintained in good repair. Utensils and equipment placed in the machine must be exposed to all cycles.	Meets Standard	
36. Adequate, sanitary, properly equipped, and conveniently located toilet facilities shall be provided for all food service staff and detainee workers.	Meets Standard	Clean toilet facilities are provided to detainees. Staff are required to use the restroom in the medical department located next to food service area.
37. The FSA is responsible for pest control in the food service department. Air curtains or comparable devices shall be used on outside doors where food is prepared, stored, or served to protect against insects and other rodents.	Meets Standard	A licensed pest control contractor, Astro Exterminating, provides pest control services on a monthly and as needed basis. Air curtains are present and operable on all outside doors where food is prepared, stored and served.

PART 4 – 20. FOOD SERVICE (Key: T)		
This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.		
Components	**Rating**	**Remarks** (1000 Char Max)
38. The facility shall implement written procedures requiring administrative, medical, and/or dietary personnel to conduct the weekly inspections of all food service areas, including dining, storage, equipment, and food-preparation areas.	Meets Standard	This component was rated Does Not Meet Standard during the last inspection as weekly inspections were not always conducted and the dining areas were not included in the inspections. Daily inspections are conducted by food service staff and the kitchen officer. Weekly inspections are now completed and documented by the fire/safety sergeant. Documentation of the inspections was reviewed during this inspection.
39. PRIORITY: Staff shall check refrigerator and water temperatures daily and record the results. The FSA or designee will verify and document requirements of food and equipment temperatures. The FSA or CS shall inspect food service areas at least weekly. An independent, external inspector shall conduct annual inspections to ensure that the food service facilities and equipment meet governmental health and safety codes.	Does Not Meet Standard	This component was rated as Does Not Meet Standard during the last inspection because a review of documentation revealed that food service personnel did not record refrigerator temperatures during every shift as required. Additionally, the FSD had not conducted inspections of the department, at least weekly, as required by the Standard. Refrigerator and freezer temperatures are still not always checked and recorded as required by the Standard. This is a repeat deficiency. Food service staff conduct daily inspections. In addition, the fire/safety sergeant is also currently conducting weekly inspections of this department. Training was conducted by the regional food manager during the inspection for all food service staff on their responsibilities and the purpose of temperature checks.
40. The FSA shall develop a cleaning schedule for each food service area and post it for easy reference.	Meets Standard	
41. Each FSA shall establish procedures for storing, receiving, and inventorying food.	Meets Standard	

PART 4 – 20. FOOD SERVICE (Key: T)		
This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.		
Components	**Rating**	**Remarks** (1000 Char Max)
42. Store all products at least six inches from the floor and sufficiently far from walls to facilitate pest-control measures.	Meets Standard	Storage areas are maintained to ensure that all goods are stored at least six inches off the floor. Pallets and racks are placed sufficiently away from walls to allow for pest control measures to be conducted.
43. Perishables shall be stored at 35-40 F degrees to prevent spoilage and other bacterial action, and maintain frozen foods at or below zero degrees.	Meets Standard	Documentation of refrigeration and freezer temperatures revealed that they are within industry standards.
44. Inventory levels are established, monitored and periodically adjusted to correct excesses or shortages.	Meets Standard	The FSD is responsible for monitoring inventory levels and making the appropriate adjustments to correct excesses and/or shortages. A "first in, first out" (FIFO) system is utilized to control inventory.

PART 4 – 20. FOOD SERVICE – Reviewer Summary

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

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

The food service department is operated by Trinity Food Services which is providing detainees with a nutritionally balanced diet that has been approved by a registered dietitian. The training officer in conjunction with the FSD has devised and provides appropriate training to all food service personnel in detainee custodial issues and training in the ICE detention standards.

Per the FSD, food service employees do not conduct daily shakedowns of the food service department; officers conduct daily shakedowns. Adequate and conveniently located toilet facilities are provided for all detainees. Staff uses the restroom in the medical department.

The dietitian considers the ethnic diversity of the facility's detainee population when developing menu cycles. There is an established meal schedule for detainee food service workers. Detainee workers normally receive the same fare as other detainees. Per the FSD, cook supervisors do allow detainees to prepare some "special" dishes like personal pizzas for their own consumption. The FSD also indicated that food service detainees receive ice cream, candy bars, chips, and other incentives to work in the food service department and that ICE detainee workers can snack between meals which is not in compliance with the Standard.

Meals are served in as unregimented manner as possible. The facility has a small dining room for some detainees and also utilizes satellite feeding in some of the housing units. Observation of food preparation during the inspection confirmed sanitary guidelines were followed. Food temperatures observed during the inspection were maintained within the prescribed safe range.

Per the FSD, the facility maintains a fifteen-day supply of food as required by the standard. The areas underneath sprinkler deflectors have at least an eighteen-inch clearance.

A sink with at least three compartments is used for manually washing, rinsing, and sanitizing utensils and equipment.

PART 4 – 20. FOOD SERVICE – Reviewer Summary *(Use following format for dates: mm/dd/yyyy)*	
Chemicals used for sanitizing are dispensed at the appropriate ppm level and proper temperature. During the evaluation of this standard, policy and documentation were reviewed; employees were interviewed; food service areas were inspected; temperatures were checked; and the food preparation process was observed. The food service program is designed to provide detainees with a nutritionally balanced diet that is prepared and presented in accordance with food service standards. During the inspection, food service operations were found to be clean and organized. Food items are prepared to be nutritionally adequate and are presented in a manner designed to be visually appealing.	
Overall Rating: Meets Standard	
Reviewer Name (Printed): (b)(6); (b)(7)(C)	**Completion Date:** 6/14/2018
Reviewer Signature (for printed form submission):	

PART 4 – 21. HUNGER STRIKES (Key: U)		
This Detention Standard protects detainees' health and well-being by monitoring, counseling and, when appropriate, treating any detainee who is on a hunger strike.		
Components	**Rating**	**Remarks** (1000 Char Max)
1. All staff receive initial and annual training on recognizing the signs of a hunger striker and on the procedures for referral for medical assessment. Medical staff receive training in hunger-strike evaluation and treatment and remain up-to-date on these techniques.	Meets Standard	All facility staff receives training in recognizing signs of hunger strikes and the procedure for medical referral for assessment during initial and annual training. Medical staff receives training in hunger strike evaluation and treatment and is updated with the techniques.
2. Procedures for identifying and referring to medical staff a detainee suspected or announced to be on a hunger strike shall include obtaining from qualified medical personnel an assessment of whether the detainee's action is reasoned and deliberate or the manifestation of a mental illness.	Meets Standard	Procedures include identifying and referring a hunger striker to medical staff and obtaining, from a qualified medical and/or mental health member, an assessment of the detainee's physical and mental health status.
3. PRIORITY: Facility immediately reports via the chain of command a hunger strike to ICE/ERO.	Meets Standard	When a detainee is on hunger strike, immediate reporting to ICE is made by the OIC, or his designee, through the health services administrator (HSA).
4. PRIORITY: Staff shall consider any detainee observed to have not eaten for 72 hours to be on a hunger strike, and shall refer him or her to the clinical medical authority for evaluation and management.	Meets Standard	Policy states that if a detainee refuses to eat for 72 hours, staff considers him/her to be on hunger strike and the detainee is referred immediately to medical staff for evaluation and possible treatment.
5. During the initial evaluation of a detainee on a hunger strike, medical staff shall: • Measure and record height and weight; • Measure and record vital signs; • Perform urinalysis; • Conduct psychological/psychiatric evaluation; • Examine general physical condition; and • If clinically indicated, proceed with other necessary studies. Medical staff record the weight and vital signs and repeat other procedures as medically indicated of a hunger-striking detainee at least once every 24 hours. Medical staff shall record all examination results in the detainee's medical file.	Meets Standard	Policy requires the initial referral to medical staff of suspected or announced hunger strikers who will receive a medical evaluation that includes the measurement and documentation of height, weight, and vital signs. It also includes urinalysis and physical examination which are recorded in the detainee's chart. Per the HSA, vital signs are taken at least every shift until the hunger strike is terminated. The detainee is isolated in a single-occupancy observation room.

PART 4 – 21. HUNGER STRIKES (Key: U)		
This Detention Standard protects detainees' health and well-being by monitoring, counseling and, when appropriate, treating any detainee who is on a hunger strike.		
Components	**Rating**	**Remarks** (1000 Char Max)
6. All physical and mental examinations, treatments, and other medical procedures require the documented informed consent of the detainee.	Meets Standard	All detainees sign the "informed consent" form during the intake screening.
7. A signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment. If the detainee will not cooperate by signing, staff shall note this on the "Refusal of Treatment" form. Any detainee refusing medical treatment will be monitored by medical staff to evaluate whether the hunger strike poses a risk to the detainee's life or permanent health.	Meets Standard	Policy requires that a detainee is required to sign a refusal of treatment when he/she declines medical evaluation and treatment. If the detainee will not cooperate by signing, staff shall note this on the "Refusal of Treatment" form, witnessed by at least two other staff. Any detainee refusing medical treatment will be monitored by medical staff to evaluate whether the hunger strike poses a risk to the detainee's life.
8. After the hunger strike, medical staff shall provide appropriate medical and mental health follow-up care. Only the clinical medical authority may order a detainee's release from hunger strike treatment and shall document that order in the detainee's medical record. A notation will be made in the detention file when the detainee has ended the hunger strike.	Does Not Meet Standard	This component was rated Does Not Meet Standard during the last inspection because a review of two of the medical records revealed that the clinical medical authority did not document the discharge from the hunger strike and there was no notation made in the detention file. During this inspection, the discharge notes of the detainees on hunger strike are still missing from the medical records as are notations in the detention files. This is a repeat deficiency.
9. After consultation with the clinical medical authority, the facility administrator may require staff to measure and record food and water intake and output until terminated by the clinical medical authority. An IHSC Hunger Strike Form or equivalent must be used.	Meets Standard	After consultation with the CD, the detention officer and/or the nurses will record the food and fluid intake and output in the medical record until hunger strike is terminated by the CD. The equivalent of the IHSC Hunger Strike Form is used in this facility.

PART 4 – 21. HUNGER STRIKES (Key: U)		
This Detention Standard protects detainees' health and well-being by monitoring, counseling and, when appropriate, treating any detainee who is on a hunger strike.		
Components	**Rating**	**Remarks** (1000 Char Max)
10. Unless otherwise directed by the medical authority, staff physically deliver three meals per day to the detainee's room, regardless of the detainee's response to a verbally offered meal and document those meal offers.	Meets Standard	Policy requires that staff deliver three meals per day to the detainee's room unless otherwise directed by the CD, regardless of the detainee's response to the offered meal. Staff shall physically deliver each meal.
11. Provide an adequate supply of drinking water or other beverages.	Meets Standard	Policy requires that the hunger striker will be provided with an adequate supply of drinking water or other beverages. The water to the room is shut off to get an accurate reading of intake and output.
12. Remove from the detainee's room all food items not authorized by the clinical medical authority.	Meets Standard	Policy requires removal from the detainee's room all food items not authorized by the CD. During the hunger strike, the detainee is not allowed to purchase commissary/vending machine food.
13. Before involuntary medical treatment is administered, staff shall make reasonable efforts to educate and encourage him or her to accept treatment voluntarily. Involuntary medical treatment shall be administered in accordance with established guidelines and applicable laws and only after the clinical medical authority determines the detainee's life or health is at risk.	Meets Standard	Policy requires that before involuntary medical treatment is administered, staff makes reasonable efforts to educate and encourage the detainee to accept treatment voluntarily. The CD may recommend that the detainee be transferred to the community hospital for management and treatment before the detainee's weakening condition threatens the life or long-term health of the detainee.

PART 4 – 21. HUNGER STRIKES – Reviewer Summary

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

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

When the detainee declares a hunger strike or is observed to be not eating for at least 72 hours, medical staff will monitor the health of the detainee. During the hunger strike, food and liquid intake and output are monitored and the detainee is not allowed to purchase commissary/vending machine food.

If the detainee engages in a hunger strike due to a mental condition or is incapable of giving informed consent due to age or illness, appropriate medical/administrative action is taken aside from consultation with a mental health professional. If medically necessary, the detainee can be transferred to Tift Regional Medical Center, Irwin County Hospital, Coffee Regional Medical Center, and Columbia Regional Medical Center or a detention facility appropriately equipped for treatment.

PART 4 – 21. HUNGER STRIKES – Reviewer Summary *(Use following format for dates: mm/dd/yyyy)*	
The facility does not impose involuntary medical treatment without authorization from ICE/ERO. The CD may recommend involuntary treatment when clinical assessment and available laboratory results indicate that the detainee's weakening condition threatens the life or long-term health of the detainee. When the detainee refuses to accept treatment, medical personnel explain to the detainee the medical risks associated with the refusal of treatment, and document their treatment efforts which become a permanent part of the medical chart. The facility administrator notifies ICE/ERO that the detainee is refusing treatment. The administrative health authority notifies the respective ICE FOD in writing of the proposed plan to involuntarily feed the detainee if the hunger strike continues. The FOD notifies ICE/ERO headquarters. Copies of all notifications are placed in the detention file. The FOD, in consultation with the clinical medical authority, contacts the respective ICE chief counsel and the presiding U.S. Attorney's Office to discuss the case and make recommendations regarding seeking a court order.	
Overall Rating: Meets Standard	
Reviewer Name (Printed) (b)(6); (b)(7)(C)	**Completion Date:** 6/14/2018
Reviewer Signature (for printed form submission):	

PART 4 – 22. MEDICAL CARE (Key: V)		
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.		
Components	**Rating**	**Remarks** (1000 Char Max)
1. Every facility shall directly or contractually provide its detainee population: • Initial medical, mental health, and dental screening, • Primary medical and dental care, Emergency care, Specialty health care, • Timely responses, Mental health care, and • Hospitalization as needed within the local community.	Meets Standard	Policy requires the facility directly or contractually provides its detainees initial medical, dental, mental health, and emergency care, and hospitalization as needed within the local community.
2. A designated administrative health authority shall have overall responsibility for health care services pursuant to a written agreement, contract, or job description. The administrative health authority is a physician, health services administrator, or health agency. When the administrative health authority is other than a physician, final clinical judgment shall rest with the facility's designated clinical medical authority. In no event should clinical decisions be made by non-clinicians.	Meets Standard	The health services administrator (HSA) has overall responsibility for health care but the clinical director (CD) has the final clinical judgement authority in the health services department. In no event is a clinical decision made by non-clinicians.
3. PRIORITY: All facilities shall provide a medical staff and sufficient support personnel to meet these Standards. A staffing plan, which is reviewed at least annually by the administrative health authority, identifies the positions needed to perform the required services.	Meets Standard	Policy requires the facility provides adequate medical staff and sufficient support personnel to meet the required standards and the staffing plan is reviewed quarterly by the HSA and identifies the positions needed to perform the required services.
4. PRIORITY: All health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements. Health care personnel only perform duties for which they are credentialed by training, licensure, certification, job descriptions, and/or written standing or direct orders by personnel authorized by law to give such orders.	Meets Standard	Policy requires health care personnel to perform duties for which they are credentialed by training, licensure, certification, job description and/or written standing or direct orders by personnel authorized by law to give such orders.
5. The facility administrator, in collaboration with the clinical medical authority and administrative health authority, negotiates and maintains arrangements with nearby medical facilities or health care providers to provide required health care not available within the facility, as well as identifying custodial officers to transport and remain with detainees for the duration of any off-site treatment or hospital admission.	Meets Standard	Policy requires the OIC and HSA to negotiate and maintain arrangements with health care providers and local hospitals to provide required health care not available within the facility, and to identify and train officers to transport and/or remain with a detainee for the duration of any off-site treatment and/or hospitalization.

PART 4 – 22. MEDICAL CARE (Key: V)		
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.		
Components	**Rating**	**Remarks** (1000 Char Max)
6. PRIORITY: Each facility shall have written plans that address the management of infectious and communicable diseases, including prevention, education, identification, surveillance, immunization (when applicable), treatment, follow-up, isolation (when indicated), and reporting to local, state, and federal agencies. Plans shall include: • Coordination with public health authorities; • Ongoing education for staff and detainees; • Control, treatment and prevention strategies; • Protection of individual confidentiality; • Media relations; • Procedures for the identification, surveillance, immunization, follow-up and isolation of patients; • Manage infectious diseases and report them to local and/or state health departments in accordance with established guidelines and applicable laws; and • Management of bio-hazardous waste and decontamination of medical and dental equipment that complies with applicable laws and Detention Standard on Environmental Health and Safety.	Meets Standard	Policy has written plans for management of infectious and communicable diseases, including prevention, education, identification, surveillance, immunization (if applicable), treatment, follow-up, isolation (if indicated), reporting to local, state and federal agencies, management of biohazard waste and decontamination of medical and dental equipment that complies with laws and Detention Standards on Environmental Health and Safety.
7. PRIORITY: All new arrivals shall receive TB screening within 12 hours of intake and using methods in accordance with CDC guidelines for non-minimal risk detention facilities.	Meets Standard	The new arrivals receive PPD screening or chest x-ray as part of their intake screening and no later than 12 hours after the detainee's arrival in the facility.
8. Detainees with symptoms suggestive of TB shall be placed in a functional airborne infection isolation room with negative pressure ventilation and promptly evaluated for TB disease. Suspected and confirmed active TB patients shall be placed in a functional airborne infection isolation room with negative pressure ventilation (on- or off-site) until determined by a qualified provider to be noninfectious in accordance with CDC guidelines for non-minimal risk detention facilities.	Meets Standard	If a detainee is positive for active TB, he/she is isolated from the general population and referred to health care staff for appropriate treatment. He/she is placed in a functional airborne infection isolation room with negative pressure ventilation until determined by a qualified provider to be noninfectious in accordance with CDC guidelines for non-minimal risk detention facilities.

PART 4 – 22. MEDICAL CARE (Key: V)		
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.		
Components	**Rating**	**Remarks** (1000 Char Max)
9. For all confirmed and suspected active tuberculosis cases, designated medical staff shall report: • All cases to local and/or state health departments within one working day of meeting reporting criteria and in accordance with established guidelines and applicable laws. • All cases to the ICE HQ Epidemiology Unit within one working day. • Any movement of TB patients, including hospitalizations, facility transfers, releases, or removals/deportations to the local and/or state health department and the ICE HQ Epidemiology Unit.	Meets Standard	Per the HSA, she reports the suspected and/or confirmed active TB cases to local and/or state health departments within one working day. The appropriate ICE representative is notified of a detainee identified with any communicable or infectious disease. All movements of TB patients, including transfer, hospitalization, releases or deportation, are reported to local and state health departments and IHSC Public Health, Safety and Preparedness Unit.
10. PRIORITY: Designated medical staff shall report to the ICE Epidemiology Unit all cases of nationally notifiable infectious diseases as per the CDC guidelines, including, but not limited to: TB, varicella (herpes zoster [shingles], chicken pox), and recent exposures of varicella among non-immune contacts.	Meets Standard	Policy states that the HSA or medical designee reports to local health departments and IHSC Public Health Safety and Preparedness Unit all cases of notifiable infectious diseases. Such communicable diseases or related conditions are also reported to the Georgia Department of Health. There is no recent exposure of varicella among non-immune contacts.
11. Facilities must develop a plan to ensure the highest degree of confidentiality regarding HIV status and medical condition.	Meets Standard	When the nurse has a clinical encounter during the intake screening, the security staff stand at a distance that precludes overhearing the conversation. When staff is used as an interpreter he/she is reminded of the confidentiality of the encounter.
12. When current symptoms are suggestive of HIV infection, clinical evaluation shall determine the medical need for isolation.	Meets Standard	Policy requires the need to isolate a detainee with HIV which is done on a case by case basis and is determined through clinical evaluation by the CD.

PART 4 – 22. MEDICAL CARE (Key: V)		
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.		
Components	**Rating**	**Remarks** (1000 Char Max)
13. Each facility shall establish a plan to address exposure to blood-borne pathogens, including reporting.	Meets Standard	Policy requires and reminds the staff on the Standard precautions utilized to minimize risk of exposure to blood and body fluids of infected patients. Management of sharps disposal and biohazardous waste and decontamination of medical and dental equipment is included in the plan. Hepatitis B series are offered to direct care staff. All sanitation workers are trained in appropriate methods for handling and disposing of biohazardous materials and spills. Surveillance to detect detainees with serious infectious and communicable disease is performed.
14. The facility shall provide each detainee, upon admittance, a copy of the detainee handbook and local supplement, in which procedures for access to health care services are explained; access to health care services, sick call and a medical grievance process shall be included in the orientation curriculum for newly admitted detainees.	Meets Standard	All detainees are given a copy of the handbook which includes procedures for accessing health care services, sick call and medical grievance process.
15. PRIORITY: Medical, dental, and mental health interviews, examinations, and procedures shall be conducted in settings that respect detainee's privacy.	Meets Standard	Medical, dental and mental health care providers conduct interviews with consideration of the patient's privacy and dignity. The facility has two exam rooms and one sick call room, where interviews and/or hands on physical examinations are performed. There are also two negative pressure rooms and four observation rooms inside the facility.
16. A holding/waiting area shall be located at the entrance to the medical facility that is under the direct supervision of custodial officers. A detainee toilet and drinking fountain shall be accessible from the holding/waiting area.	Meets Standard	There are two waiting areas in the medical unit. Both areas have independent entrance doors to the medical unit. These areas are under direct supervision of the detention officer. A drinking water and toilet are accessible to detainees.

PART 4 – 22. MEDICAL CARE (Key: V)		
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.		
Components	**Rating**	**Remarks** (1000 Char Max)
17. Medical records shall be kept separate from detainee detention records and stored in a securely locked area within the medical unit.	Meets Standard	Health care personnel use a computerized medical record for all health-related encounters. The computerized record is user ID and password protected. Access to health care records is limited to health care personnel and health care records are kept separate from detention files.
18. If there is a specific area, separate from other housing areas, where detainees are admitted for health observation and care under the supervision and direction of health care personnel, the following minimum standards shall be met: • Clearly defined scope of care services available; • Physician on call or available 24 hours per day; • Health care personnel are on duty 24 hours per day when patients are present; • All patients within sight or sound of a staff member; • Housing record that is a separate and distinct section of the complete medical record; and • Compliance with all established guidelines and applicable laws. Facilities are expected to provide detainees in medical housing access to other services such as telephone, legal access and materials consistent with their medical condition.	N/A	While there is no infirmary, the medical unit has six observation rooms that are used for short term observation and meet the minimum standards listed in the component. The facility has 24-hour nurse coverage. Medical and mental health providers are on call 24 hours a day, seven days per week.
19. PRIORITY: Each facility shall have written policy and procedures for the management of pharmaceuticals that include procurement, inventory, prescription, dispensing, and secure storage and disposal of all prescription and nonprescription medicines.	Meets Standard	Policy requires that only authorized physicians, dentists or persons with privileges can prescribe, dispense or distribute medications. Medications are ordered as determined by the site CD and quantities received are verified when they arrive in the facility. Medications are stored in a locked room. Access and control of medications is strictly controlled and restricted to health personnel approved for access. The HSA implements inventory procedures sufficient to ensure accountability of medications, syringes and needles.

PART 4 – 22. MEDICAL CARE (Key: V)		
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.		
Components	**Rating**	**Remarks** (1000 Char Max)
20. The facility administrator and administrative health authority shall jointly approve any non-prescription medications that are available to detainees outside of health services and they shall jointly review the list annually.	Meets Standard	Non-prescription medications from the commissary are approved jointly by the OIC, HSA and CD. The OIC, CD and HSA bi-annually review and complete the facility Over-the-Counter Medication form.
21. PRIORITY: Initial medical, dental, and mental health screening shall be done within 12 hours of arrival by a health care provider or a detention officer specially trained to perform this function. The screening shall inquire into the following: • Any past history of serious infectious or communicable illness, and any treatment or symptoms; • Current illness and health problems, including communicable diseases; • Pain assessment; • Current and past medication; • Allergies; • Past surgical procedures; • Symptoms of active TB or previous TB treatment; • Dental problems; • Use of alcohol and other drugs; • Possibility of pregnancy; • Other health programs designated by the responsible clinical medical authority; • Observation of behavior, including state of consciousness, mental status, appearance, conduct, tremor, sweating; • Observation and interview items related to the detainee's potential suicide risk and possible mental disabilities, including mental illness; • History of suicide attempts or current suicidal/homicidal ideation or intent; • Observation of body deformities and other physical abnormalities; • Questions and an assessment regarding past or recent sexual victimization.	Meets Standard	Policy requires that the initial medical, dental and mental health screenings are done within 12 hours by the nursing staff. Screenings include all the inquiries listed in the component. Review of 15 medical records confirmed this procedure.

PART 4 – 22. MEDICAL CARE (Key: V)		
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.		
Components	**Rating**	**Remarks** (1000 Char Max)
22. If screening is performed by a detention officer, the facility shall maintain documentation of the officer's special training, and the officer shall have available for reference the training syllabus, to include education on patient confidentiality of disclosed information.	N/A	Only medical personnel conduct the initial medical, dental and mental health screenings.
23. PRIORITY: If at any time during the screening process there is an indication of need, or request for, mental health services, the health authority must be notified within 24 hours. The clinical medical authority will ensure a full mental health evaluation if indicated.	Meets Standard	Policy states that a health provider is notified within 24 hours if there is an indication of need, or request for mental health services. Persons screen for mental health issues are referred to a qualified mental health professional for a mental health evaluation within 72 hours as staffing permits or within at least 14 days.
24. All facilities shall have policies and procedures to ensure the initial health screening and assessment is documented.	Meets Standard	Policy requires that the initial health screening and assessment is documented and becomes part of the permanent medical record.
25. PRIORITY: Upon completion, the in-processing health screening form shall be forwarded to the facility medical staff for appropriate action. The clinical medical authority shall be responsible for review of all health screening forms within 24 hours or next business day to assess the priority for treatment (for example, Urgent, Today, or Routine).	Meets Standard	The medical staff performs the in-processing health screening and can immediately assess the need and prioritize the referral for evaluation and treatment to a qualified medical provider.
26. PRIORITY: Non-English speaking detainees and detainees who are deaf or hard of hearing will be provided interpretation or translation services or other assistance as needed for medical care activities. Language assistance may be provided by another staff member competent in the language or by a professional service, such as a telephone translation service.	Meets Standard	Policy requires that non-English speaking detainees and detainees who are deaf or hard of hearing will be provided with interpreter or translation services or other assistance as needed for medical care. Language assistance may be provided by another staff member or the professional service such as the language line.

PART 4 – 22. MEDICAL CARE (Key: V)		
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.		
Components	**Rating**	**Remarks** (1000 Char Max)
27. The clinical medical authority shall establish guidelines for evaluation and treatment of new arrivals who require detoxification.	Meets Standard	Policy requires that a detainee experiencing severe, life-threatening intoxication or withdrawal upon arrival to the facility will not be accepted into the facility and is immediately transferred to a licensed acute care facility.
28. PRIORITY: Each facility's health care provider shall conduct a health appraisal including a physical examination on each detainee within 14 days of the detainee's arrival unless more immediate attention is required due to an acute or identifiable chronic condition, in accordance with the most recent ACA Adult Local Detention Facility standards for Health Appraisals. If there is documentation of one within the previous 90 days, the facility health care provider upon review may determine that a new appraisal is not required.	Meets Standard	Policy requires that all detainees receive a health assessment as soon as possible but no later than 14 days after the detainee is admitted to the facility. Physical examination and health assessment are performed by nursing staff that are trained by the clinical director (CD). The nurse practitioner (NP) reviews and signs the physical examination.
29. Detainees will be provided same sex chaperones as appropriate or as requested.	Meets Standard	Same sex chaperones are provided as appropriate or requested.
30. PRIORITY: The facility performs mental health intake screening, as well as mental health evaluations based on screening results, medical documentation, or subsequent observations, that include prior history of mental health treatment, medications, drug use, suicidal tendencies, and abuse, observations of current physical and intellectual condition, and recommendations for any appropriate medical or custodial treatment. Detainees are appropriately referred to a mental health provider for diagnosis, treatment, and/or intervention, and transferred to licensed mental health facilities where detainee mental health needs exceed the capabilities of the facility.	Meets Standard	Policy requires that mental health screening is part of the initial health screening assessment. Patients screened for positive suicidal ideation are immediately placed on suicide watch and referred to a health care provider and mental health provider.

PART 4 – 22. MEDICAL CARE (Key: V)		
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.		
Components	**Rating**	**Remarks** (1000 Char Max)
31. PRIORITY: Any detainee referred for mental health treatment shall receive a comprehensive evaluation by a licensed mental health provider as clinically necessary, but no later than 14 days of the referral. The provider shall develop an overall treatment/management plan that may include transfer to a mental health facility if the detainee's mental illness or developmental disability needs exceed the treatment capability of the facility.	Meets Standard	Policy states that a patient referred to a mental health provider must be evaluated within 72 hours or within at least 14 days. Development and implementation of an overall treatment plan, including recommendations concerning housing, job assignment, program participation and appropriate referral to include transfer to a mental health facility for patients who psychiatric needs exceed the treatment capability of the facility, are made.
32. The clinical medical authority may place in medical isolation a detainee who is at high risk for violent behavior because of a mental health condition. The clinical medical authority must provide for reassessment on a daily basis the need for continued medical isolation for the health and safety of the detainee.	Meets Standard	Per the HSA, the physician may place a detainee who is at high risk for violent behavior because of a mental health condition in medical isolation. Medical staff conducts reassessment on a daily basis to determine the need for continued medical isolation for the health and safety of the detainee. There have been no detainees placed in medical isolation for high risk violent behavior because of a mental health condition since the last inspection.
33. PRIORITY: The facility shall have written procedures for restraints for medical or mental health purposes that specify: • The conditions under which restraints may be applied; • The types of restraints to be used; • The proper use, application, and monitoring of restraints; • Requirements for documentation, including efforts to use less restrictive alternatives; and • After-incident review.	Meets Standard	The facility does not routinely place restraints on detainees for medical or mental health purposes. However, if the detainee is placed in restraints, he/she is placed in a designated observation area, which permits frequent observation. Written procedures for restraints include all the requirements of the component.

PART 4 – 22. MEDICAL CARE (Key: V)		
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.		
Components	**Rating**	**Remarks** (1000 Char Max)
34. PRIORITY: Involuntary administration of psychotropic medications to detainees shall comply with established guidelines and applicable laws and only pursuant to the specific, written and detailed authorization of a physician. When psychotropic medication is involuntarily administered, it is required that the administrative health authority contact ERO Management, who shall contact respective DHS/ICE Chief Counsel. The authorizing physician shall: • Review the medical record of the detainee and conduct a medical examination; • Specify the reasons for and duration of therapy and whether the detainee has been asked if he or she would consent to such medication; • Specify the medication to be administered, the dosage, and the possible side effects of the medication; • Document that less restrictive intervention options have been exercised without success; • Detail how the medication is to be administered; • Monitor the detainee for adverse reactions and side effects; and • Prepare treatment plans for less restrictive alternatives as soon as possible.	Meets Standard	A patient order of forced medications is the result of a psychiatrist or CD's personal observation and examination that determines the detainee is acutely suicidal or poses an imminent threat of serious physical harm to him/herself or others, and less restrictive modalities do not provide adequate safeguards. An appropriate ICE representative is notified when forced psychotropic medications are necessary. The authorizing physician adheres to the requirements listed in this component. Per the HSA, involuntary administration of psychotropic medications is not done at the facility. If the need for this type of intervention arises, the detainee will be transferred to the community hospital for management and treatment.
35. A detainee that is in ICE custody for over a year shall receive health examinations on an annual basis. Detainees shall have access to age and gender appropriate exams annually, including rescreening for tuberculosis.	Meets Standard	Detainees in custody for more than twelve months receive an annual health assessment and physical examination. They will have access to age and gender appropriate annual exams including TB testing or chest x-ray, as appropriate for TB rescreening.
36. An initial dental screening exam shall be performed within 14 days of the detainee's arrival. • Emergency dental treatment shall be provided for immediate relief of pain, trauma and acute oral infection. • Routine dental treatment may be provided to detainees in ICE custody for whom dental treatment is inaccessible for prolonged periods because of detention for over six (6) months.	Meets Standard	Initial dental screening exams are performed during the physical assessment. Emergent dental treatment to relief pain, trauma and acute oral infection is provided by a licensed dentist or NP. Routine dental treatment may be provided when the detainee has been detained for over six months.

PART 4 – 22. MEDICAL CARE (Key: V)		
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.		
Components	**Rating**	**Remarks** (1000 Char Max)
37. PRIORITY: Each facility shall have a sick call procedure that allows detainees the unrestricted opportunity to freely request health care services (including mental health and dental services) provided by a physician or other qualified medical staff in a clinical setting. This procedure shall include: • Clearly written policies and procedures; • Sick call process will be communicated in writing and verbally to detainees during their orientation; • Regularly scheduled "sick call" times will be established and communicated to detainees; • All facilities must have an established procedure in place to ensure that all sick call requests are received and triaged by appropriate medical personnel within 48 hours after the detainee submits the request. In an urgent situation, the housing unit officer shall notify medical personnel immediately. All detainees, including those in Special Management Units, regardless of classification, shall have access to sick call.	Meets Standard	Sick call request forms are available to all detainees from medical staff during the rounds or med pass and from security staff at all other times. All sick call requests will be triaged within 24 hours by the nursing staff. Detainees are scheduled according to priorities and seen on the next available sick call, that is either the same day or within 24 hours. The provider will document current weight, temperature and other vital signs and address the detainee's complain. Detainees complaining of the same problem more than two times will be referred to the medical provider. All detainees regardless of housing assignment will have access to regular scheduled sick call.
38. If the procedure uses a written request slip, they shall be provided in English and the most common languages spoken by the detainee population of that facility. Non-English speaking detainees and detainees who are deaf or hard of hearing will be provided interpretation/translation services as needed or other assistance as needed to complete a request slip.	Meets Standard	Medical request forms are available in English and Spanish. Non-English-speaking detainees and hard of hearing and deaf detainees are provided with interpreter/translation services or other assistance (TTY).

PART 4 – 22. MEDICAL CARE (Key: V)		
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.		
Components	**Rating**	**Remarks** (1000 Char Max)
39. PRIORITY: Each facility shall have a written emergency services plan for the delivery of 24-hour emergency health care. A plan shall be prepared in consultation with the facility's clinical medical authority or the administrative health authority. The plan will include the following: • An on-call physician, dentist, and mental health professional, or designee, that are available 24 hours per day; • A list of telephone numbers for local ambulances and hospital services available to all staff; • An automatic external defibrillator (AED) will be maintained for use at each facility and accessible to staff; • All detention staff shall receive cardio pulmonary resuscitation (CPR, AED) , and emergency first aid training annually; • Security procedures that ensure the immediate transfer of detainees for emergency medical care.	Meets Standard	The facility has 24-hour medical coverage. All facility personnel receive training annually and are certified in CPR and the use of AEDs. The plan includes all the bulleted items of the component. Medical staff are on site 24 hours per day and medical, dental and mental health providers are on-call 24 hours per day, seven days a week. There are four AEDs. Security procedures for immediate emergency transport of detainees when clinically indicated are in place. Emergency medical services are obtained by calling 911. There are 12 first aid kits all over the facility.
40. Medical personnel shall review the request slips and determine when the detainee will be seen. All facilities shall maintain a permanent record of all sick call requests.	Meets Standard	Medical personnel review the sick call slips and determine when the detainee will be seen based on urgency of need. All sick call requests are prioritized and scheduled with the medical provider according to urgency of needs. The sick call slip is scanned and becomes a permanent part of the medical record.

PART 4 – 22. MEDICAL CARE (Key: V)		
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.		
Components	**Rating**	**Remarks** (1000 Char Max)
41. PRIORITY: Training is provided to all detention and health care personnel at least annually by a responsible medical authority in cooperation with the facility administrator, and includes: • Responding to health-related situations within four (4) minutes; • Recognizing of signs of potential health emergencies and the required responses; • Administering first aid and cardiopulmonary resuscitation (CPR); • Obtaining emergency medical assistance through the facility plan and its required procedures; • Recognizing signs and symptoms of mental illness, suicide risk, retardation, and chemical dependency; • The facility's established plan and procedures for providing emergency medical care including, when required, the safe and secure transfer of detainees for appropriate hospital or other medical services, including by ambulance when indicated.	Meets Standard	Policy states that detention and medical personnel are trained annually by the HSA and the training officer to a four-minute response time to emergencies, recognizing signs of potential health emergencies and the required responses, first aid administration, CPR, recognizing signs and symptoms of mental illness, suicidal risk, retardation, chemical dependency and withdrawal. The medical staff has Continuing Medical Education (CME) aside from the regular CME to maintain licenses.
42. The designated health authority and facility administrator shall determine the contents, number, location(s), use protocols, and procedures for monthly inspections of first aid kits.	Meets Standard	The facility maintains 12 first aid kits, located in the housing units, kitchen and intake screening area. The medical staff and the sergeant are responsible for checking, maintaining and resupplying the kits.
43. Distribution of medication shall be in accordance with specific instructions and procedures established by the administrative health authority. Written records of all medication given to detainees shall be maintained. Detainees may not deliver or administer medications to other detainees.	Meets Standard	All medications distributed or administered to the detainees are by direct observation by the health care staff and are documented upon completion in the medication administration record (MAR). This becomes part of the permanent record of the detainee. Review of 15 medical records confirmed that the medications are given as prescribed and documented in a timely manner.

PART 4 – 22. MEDICAL CARE (Key: V)		
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.		
Components	**Rating**	**Remarks** (1000 Char Max)
44. If medication must be delivered at a specific time when medical staff is not on duty, it may only be distributed by detention officers who have received proper training by the administrative health authority. The facility shall maintain documentation of the training given any officer required to distribute medication, and the officer shall have available for reference the training syllabus or other guide or protocol provided by the health authority.	N/A	The facility has 24-hour medical coverage. The correctional officers do not dispense medications.
45. The health authority shall provide detainees health education and wellness information.	Meets Standard	Appropriate health education and wellness information is provided by qualified medical personnel.
46. The health administrative authority for each facility must have a plan to notify ICE for any detainee with special needs. The written notification must become part of the detainee's health record file.	Meets Standard	Policy requires that health care staff communicate with the facility administrator and security staff for any ICE detainee with special needs. The appropriate ICE representative will be notified of any detainees with special needs.
47. PRIORITY: When a detainee requires close medical supervision, including chronic and convalescent care, a written treatment plan that includes access to health care and other personnel regarding care and supervision, shall be developed and approved by the appropriate physician, dentist, or mental health practitioner, in consultation with the patient, with periodic review. The written treatment plan will conform to NCCHC and TJC requirements.	Meets Standard	A written treatment plan is developed by the appropriate health care provider, in consultation with the detainee, for detainees requiring close medical supervision. The plan is reviewed periodically.
48. PRIORITY: Female detainees shall have access to pregnancy testing and pregnancy management services that include routine prenatal care, addiction management, comprehensive counseling and assistance, nutrition, and postpartum follow-up.	Meets Standard	Female detainees receive a pregnancy test during the initial screening. The detainees have access to pregnancy management, including routine prenatal care, addiction management, comprehensive counseling and assistance, nutrition and post-partum follow-up.
49. Detainees shall have access to age- and gender-appropriate examinations.	Meets Standard	All detainees receive age and gender appropriate examinations including specific health problem and chronic care issues.

PART 4 – 22. MEDICAL CARE (Key: V)		
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.		
Components	**Rating**	**Remarks** (1000 Char Max)
50. The facility administrative health authority must ensure that a plan is developed that provides for continuity of medical care in the event of a change in detention placement or status. Upon transfer to another facility or release, the medical provider shall ensure that all relevant medical records and at least 7 days (or, in the case of TB medications, 15 days) supply of medication shall accompany the detainee.	Does Not Meet Standard	Policy requires that medical staff complete the Medical Summary of a Federal Inmates/Alien in Transit form for all detainees transferred to another facility. The summary notes any current acute and/or chronic conditions and includes a listing of medications, allergies and the detainee's TB status. Per the HSA, at least a seven-day supply of medication is provided. A 15-day supply of TB medication and 30-day supply of HIV medication accompanying the detainee. During the previous month the transfer of three detainees had to be postponed due to the proper medication not being available. Procedures have been put in place to ensure that transfers occur in a timely manner.
51. PRIORITY: Documented informed consent, consistent with standards of the jurisdiction, is obtained from a detainee before medical treatment is administered. If a detainee refuses consent to treatment, medical staff explain the medical risks if treatment is declined and document their efforts in the detainee's medical record.	Meets Standard	This component was rated Does Not Meet Standard during the last inspection because the medical staff did not always obtain informed consent from detainees being administered psychotropic medication. During this inspection, the informed consent is signed by the detainee during intake screening and also during administration of the psychotropic medication. If the detainee refuses to consent for treatment, medical staff will explain the medical risk and if treatment is declined, document the encounter in the medical record.

PART 4 – 22. MEDICAL CARE (Key: V)		
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.		
Components	**Rating**	**Remarks** (1000 Char Max)
52. If a detainee refuses treatment and the clinical medical authority determines that the treatment is necessary, ICE/ERO shall be consulted in determining whether involuntary treatment shall be pursued. Involuntary treatment is a decision made only by medical staff under strict legal restrictions. Prior to any contemplated action involving involuntary medical treatment, DHS/ICE respective Chief Counsel will be consulted.	Meets Standard	Policy states that if the detainee refuses treatment and the CD determines that the treatment is necessary, ICE is notified and consulted to determine whether involuntary treatment is pursued. Per the HSA, the detainee will be transferred to the community hospital for management and treatment.
53. PRIORITY: The administrative health authority shall maintain a complete health record on each detainee that is: • Organized uniformly in accordance with recognized medical records standards; • Available to all practitioners and used by them for health care documentation; • Properly maintained and safeguarded in a securely locked area within the medical unit separately from other detention records.	Meets Standard	There is a complete computerized medical record for each detainee. The record is uniformly organized and available to all health care providers. The record is user ID and password protected. The record is maintained separately from other detention records.
54. All medical providers shall protect the privacy of detainees' medical information in accordance with established guidelines and applicable laws. These protections apply, not only to records maintained on paper, but also to electronic records where they are used. Staff training must emphasize the need for confidentiality and procedures must be in place to limit access to health records to only authorized individuals and only when necessary.	Meets Standard	All medical providers protect the privacy of detainees' medical information and access to the health records are limited to authorized staff only. The privacy of information is in accordance with established guidelines and applicable laws.
55. The administrative health authority shall provide the facility administrator and designated staff information that is necessary: • To preserve the health and safety of the detainee, other detainees, staff, or any other person. • For administrative and detention decisions such as housing, voluntary work assignments, security, and transport. • For management purposes such as audits and inspections.	Meets Standard	The HSA provides the OIC and designated staff with detainee information required for the health and safety concerns of other detainees, staff and volunteers, for classification issues and for management purposes.
56. Copies of health records shall be released by the administrative health authority directly to a detainee or their designee, at no cost to the detainee, upon receipt by the administrative health authority of a written authorization from the detainee that complies with the Health Insurance Portability and Accountability Act (HIPAA).	Meets Standard	Per HIPAA compliance, the copies of medical records are released by the HSA directly to the detainee or his/her designee upon written authorization from the detainee.

PART 4 – 22. MEDICAL CARE (Key: V)		
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.		
Components	**Rating**	**Remarks** (1000 Char Max)
57. Detainees who indicate they wish to obtain copies of their medical records shall be provided with the appropriate request form. ICE/ERO, or the facility administrator, shall provide non-English speaking detainees and detainees who are deaf or hard of hearing with interpretation or translation services or other assistance as needed to make the written request and assist in transmitting the request to the facility administrative health authority.	Meets Standard	Detainees requesting copies of medical records can be provided the appropriate request form. The HSA can provide the non-English speaking detainee or deaf or hard of hearing detainee an interpreter or translation services. The copies are provided at no cost to the detainee.
58. PRIORITY: Medical staff shall notify the facility administrator in writing, when they determine that a detainee's medical or psychiatric condition requires: • Clearance by the medical staff prior to release or transfer, or • Medical escort during removal, deportation, or transfer.	Meets Standard	Per the HSA, medical staff notify the OIC in writing of any medical/psychiatric alerts or holds that have been assigned to the detainee. Detainees placed in a medical hold status are evaluated and cleared by a licensed independent practitioner prior to release or transfer. In addition, the OIC is also notified if the detainee's condition requires a medical escort.
59. PRIORITY: The administrative health authority shall be given advance notice prior to the release, transfer, or removal of a detainee, so that medical staff may determine and provide for any medical needs associated with the transfer or release. A summary of the detainee's medical care (transfer summary) shall be marked "CONFIDENTIAL MEDICAL RECORDS" and shall accompany the detainee who is being transferred. A transfer summary must include: • TB clearance, including PPD and Chest x-ray results, with the test dates; • Current mental and physical health status, including all significant health issues; • Current medications, with specific instructions for medications that must be administered en route; and • The name and contract information of the transferring medical facility.	Meets Standard	A Medical Summary of Federal Prisoner/Alien in Transit form is completed for each detainee and accompanies the detainee being transferred. The transfer summary includes all the bulleted items listed in this component. The form is placed in an envelope marked "Confidential Medical Records". A copy of the complete medical record does not accompany the detainee when he/she is transferred to an IGSA facility but will follow as soon as practicable and upon request by the receiving facility.

PART 4 – 22. MEDICAL CARE (Key: V)		
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.		
Components	**Rating**	**Remarks** (1000 Char Max)
60. Detainees will not participate in medical, pharmaceutical or cosmetic research while under the care of ICE detention facilities. This does not preclude the use of approved clinical trials that may be warranted for a specific inmate's diagnosis or treatment when recommended and approved by the clinical medical director. Such measures require documented informed consent.	Meets Standard	Detainees do not participate in medical, pharmaceutical or cosmetic research. No ICE detainees housed at the facility were participating in clinical trials but it does not preclude the use of approved clinical trials that may be warranted for specific detainees' diagnosis or treatment. Such measures require approval from ICE and the clinical director and documented informed consent.
61. PRIORITY: The administrative health authority shall implement a system of internal review and quality assurance that includes data analysis, a multidisciplinary committee with regular monitoring of health service outcomes, and assessment of ongoing education and training needs.	Meets Standard	The HSA has implemented a system of internal review and quality assurance consistent with this component. Current studies include emergency services, mental health screening, and physician chart review.
62. The administrative health authority shall implement an intra-organizational, external peer review program for all independently licensed medical professionals. Reviews are conducted at least every two years.	Meets Standard	The corporate office of LaSalle Corrections Southeast has implemented an annual external peer review program of licensed medical professionals.

PART 4 – 22. MEDICAL CARE – Reviewer Summary

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

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

The medical facility is headed by an HSA and CD. The CD is a physician and has the final say in all clinical judgements. The medical department is contracted with LaSalle Corrections Southeast. The staff is composed of one CD, one psychiatrist, one HSA/RN, four NPs, three registered nurses (RNs), one mental health counselor, fourteen LPNs, and two medical assistants. There is no in-house dentist. Tift Regional Medical Center, Irwin County Hospital, Coffee Regional Medical Center, and Columbia Regional Medical Center are the hospitals the facility uses for medical and mental health management and treatment. CorrecTek provides the electronic medical records; CorrecRx is the x-ray provider and Ocilla Pharmacy and IHSC (Alabama) is the pharmaceutical provider. The biohazard waste is collected at least once-a-month by Stericycle.

The HSA provides the OIC and designated staff information that is necessary to preserve the health and safety of the detainee, staff or any other person; for administrative and detention decisions such as housing, voluntary work assignments, security and transport; and for management purposes such as audits and inspections.

A Continuous Quality Improvement (CQI) Program monitors the fundamental aspects of the facility health care. The CQI coordinator is the HSA, who is responsible for the implementation, maintenance and monitoring of the CQI program and functions as a liaison with the OIC. The HAS completes an annual review of the effectiveness of the CQI program by reviewing CQI studies, minutes of administration and /or staff meetings. The CQI program coordinator assigns responsibility for a specific quality improvement activity, defines the level of care or scope of practice to be assessed, identifies objective indicators which measure the quality of care, collects and organizes data, and evaluates the collected data against identified

PART 4 – 22. MEDICAL CARE – Reviewer Summary *(Use following format for dates: mm/dd/yyyy)*	
thresholds. The coordinator also developed and implemented a plan of action to improve care and assess effectiveness of the corrective actions taken. Detainees experiencing severe intoxication or withdrawal from alcohol or drugs are immediately transferred to the emergency hospital for evaluation and treatment. A medical provider reviews health assessments to assess priority for treatment. Mental health evaluations and screenings include: reason for referral, mental health history, drug/alcohol use history, suicide attempts, current suicidal/homicidal ideation, medications, intellectual functioning, history of abuse, pertinent physical condition, and treatment recommendations. Informed consent is obtained on intake screening. Separate informed consent is obtained for medical and dental procedures and the use of psychotropic medications. If detainees sign a refusal for treatment, they are counseled on the risk. The signed refusals are retained as a permanent copy in the detainee's medical record.	
Overall Rating: Meets Standard	
Reviewer Name (Printed (b)(6); (b)(7)(C)	**Completion Date:** 6/14/2018
Reviewer Signature (for printed form submission):	

PART 4 – 23. PERSONAL HYGIENE (Key: W)		
This Detention Standard ensures that each detainee is able to maintain acceptable personal hygiene practices through the provision of adequate bathing facilities and the issuance and exchange of clean clothing, bedding, linens, towels, and personal hygiene items.		
Components	**Rating**	**Remarks** (1000 Char Max)
1. Each detention facility shall have a written policy and procedures for the regular issuance and exchange of clothing, bedding, linens, towels, and personal hygiene items.	Meets Standard	Policy established procedures for the issuance and exchange of clothing, bedding, linens, towels and personal hygiene items.
2. Clothing that is worn out, indelibly stained, or bears offensive or otherwise unauthorized markings should be discarded and replaced as soon as practicable.	Meets Standard	Clothing that is worn out, stained, or bears unauthorized markings is discarded and replaced.
3. All new detainees shall be issued clean, indoor/outdoor temperature-appropriate, size appropriate, presentable clothing during in-processing at no cost to the detainee.	Meets Standard	Clothing issued during in-processing is clean, indoor/outdoor temperature-appropriate and presentable and is provided at no cost to the detainee. Detainees are issued two uniforms, two pairs of socks, two pairs of underwear, two sports bras and two panties (for females), and one pair of facility-issued footwear.
4. Each detainee assigned to a special work area shall be clothed in accordance with the requirements of the job and, when appropriate, provided protective clothing and equipment.	Meets Standard	Detainees wear clothing which is appropriate for their assigned work area/duties.
5. Staff shall provide male and female detainees personal hygiene items appropriate for their gender and shall replenish supplies as needed. The distribution of hygiene items shall not be used as reward or punishment.	Meets Standard	Appropriate personal hygiene items for male and female detainees are supplied and replenished as needed at no cost to the detainees.
6. Razors must be strictly controlled. Disposable razors will be provided to detainees on a daily basis. Razors will be issued and collected daily by staff.	Meets Standard	Policy states that disposable razors are available to detainees from the dorm officer. Razors must be checked out and returned to the dorm officer for disposal in a provided sharps container.
7. Female detainees shall be issued and may retain feminine hygiene items as needed.	Meets Standard	Female detainees are issued feminine hygiene items which are replenished as needed. Detainees can keep the hygiene items with them in the unit.

PART 4 – 23. PERSONAL HYGIENE (Key: W)		
This Detention Standard ensures that each detainee is able to maintain acceptable personal hygiene practices through the provision of adequate bathing facilities and the issuance and exchange of clean clothing, bedding, linens, towels, and personal hygiene items.		
Components	**Rating**	**Remarks** (1000 Char Max)
8. Detainees shall be provided an adequate number of toilets 24 hours per day that can be used without staff assistance when detainees are confined to their cells or sleeping areas.	Does Not Meet Standard	This component was rated Does Not Meet Standard during the last inspection because six 100 bed dorms did not have an adequate number of toilets; there are a total of four toilets which does not satisfy the ratio requirement of 1 to12. During this inspection, four 100 bed dorms still do not have an adequate number of toilets. There are four toilets for each dorm, which does not satisfy the ratio requirement of 1 for every 12 detainees. This is a repeat deficiency.
9. An adequate number of washbasins with temperature controlled hot and cold running water 24 hours per day.	Does Not Meet Standard	This component was rated Does Not Meet Standard during the last inspection because six 100 bed dorms did not have an adequate number of washbasins; there are a total of four washbasins which does not satisfy the ratio requirement of 1 to12. During this inspection, four 100 bed dorms still do not have an adequate number of washbasins. There are four washbasins for each dorm, which does not satisfy the ratio requirement of 1 for every 12 detainees. This is a repeat deficiency.
10. Operable showers that are thermostatically controlled to temperatures between 100 and 120 degrees Fahrenheit, to ensure safety and promote hygienic practices.	Meets Standard	The facility has operable showers that are thermostatically controlled to temperatures between 100 to 120 degrees Fahrenheit. The water temperature of the showers and faucets, per the facility maintenance officer thermometer, is between 103.8 and 104.9 degrees Fahrenheit.

PART 4 – 23. PERSONAL HYGIENE (Key: W)		
This Detention Standard ensures that each detainee is able to maintain acceptable personal hygiene practices through the provision of adequate bathing facilities and the issuance and exchange of clean clothing, bedding, linens, towels, and personal hygiene items.		
Components	**Rating**	**Remarks** (1000 Char Max)
11. Detainees with disabilities shall be provided the facilities and support needed for self-care and personal hygiene in a reasonably private environment in which the individual can maintain dignity.	Meets Standard	Detainees with disabilities are afforded accommodation and provided the support needed for self-care and personal hygiene in a reasonably private environment in which the individual can maintain dignity. ADA compliant toilet and shower facilities are available in the housing units.
12. PRIORITY: Detainees shall be provided with clean clothing, linen and towels on the following basis: • A daily change of socks and undergarments. An additional exchange of undergarments shall be made available to detainees if necessary for health or sanitation reasons. • At least twice weekly exchange of outer garments (with a maximum of 72 hours between changes). An additional exchange of outer garments shall be made available to detainees if necessary for health or sanitation reasons. • At least weekly exchange of sheets, towels, and pillowcases. More frequent exchanges of outer garments may be appropriate, especially in hot and humid climates.	Meets Standard	Policy establishes procedures for laundry exchange that meets the bulleted items of the component. Per interview with the laundry foreman, detainees are provided two shirts and pants, two pairs of socks and underwear, one towel, a cover and a blanket. Clothing is not exchanged; these items are washed daily if detainees so desire and blankets are washed twice a month.

PART 4 – 23. PERSONAL HYGIENE – Reviewer Summary

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

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

The facility, for good practice, maintains an excess clothing inventory of at least two hundred percent of the maximum funded detainee capacity to be prepared for unforeseen circumstances. The facility has available, at all times, more clothing, bedding, linen and towels than needed to supply the maximum funded detainee capacity to allow for the immediate replacement of items that are lost, destroyed, or worn out.

The standard issue of clothing is two uniform shirts and pants; two pairs of socks; two pairs of underwear; and one pair of facility issued footwear. Additional clothing is issued as necessary for changing weather conditions or as seasonally appropriate. Each detainee receives one bar of bath soap; one comb; one tube of toothpaste; one toothbrush; one bottle of shampoo; one container of skin lotion. For both males and females, personal items of clothing, including undergarments, are not permitted.

Standard issue of bedding includes one mattress, one blanket, and one pillow; additional blankets are issued, based on local indoor-outdoor temperatures; linens include two sheets and one pillowcase; and one towel. Volunteer food service workers wash their outer garments daily.

The facility, for good practice, periodically measures and documents water temperature. Assistance to disabled detainees

PART 4 – 23. PERSONAL HYGIENE – Reviewer Summary *(Use following format for dates: mm/dd/yyyy)*	
who cannot perform basic life functions is provided by employees who are trained and qualified to understand problems and challenges faced by persons with physical and/or mental impairments. Evaluation of this standard was based on review of policies, staff interviews, inspection of applicable logs, and a tour of the housing units.	
Overall Rating: Meets Standard	
Reviewer Name (Printed (b)(6); (b)(7)(C)	**Completion Date:** 6/14/2018
Reviewer Signature (for printed form submission):	

PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION (Key: X)		
This Detention Standard protects detainees' health and well-being by training staff to prevent suicide by recognize potential signs and situations of risk and to intervene with appropriate sensitivity, supervision, referral, and treatment.		
Components	**Rating**	**Remarks** (1000 Char Max)
1. PRIORITY: The facility has a written suicide prevention and intervention program that is reviewed and approved by the clinical health authority, approved and signed by the administrative health authority and Facility Administrator and reviewed annually. At a minimum, the Program shall include procedures to address suicidal detainees. Key components of this program include: • Staff training, • Identification, • Referral, • Evaluation, • Treatment, • Housing, • Monitoring, • Communication, • Intervention, • Notification and reporting, • Review, and • Debriefing.	Meets Standard	The facility has a written Suicide Prevention and Intervention Program, which is reviewed and approved by the health authority and reviewed by the OIC. The key components of this program include staff training, identification, referral, evaluation, treatment, housing, monitoring, communication, intervention, notification and reporting, review and debriefing. The HSA, CD and mental health professional review the training program annually and update as needed.
2. Every new staff member receives suicide-prevention training. Suicide-prevention training occurs during the employee orientation and annual training.	Meets Standard	All detention and health care personnel are trained on the facility's suicide prevention and intervention program during initial orientation and annually thereafter. The program includes all of the bulleted items listed in this component. Training logs were reviewed and confirmed the provision of this training.
3. If a detainee is identified as being suicidal, the detainee is removed from general population, placed on suicide precautions, and is referred immediately to qualified medical staff.	Meets Standard	A detainee identified as being "at risk" for significant self-harm or suicide is placed on suicide precautions and immediately referred to the mental health provider. Qualified personnel evaluate the detainee within 24 hours of the initial referral.

PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION (Key: X)		
This Detention Standard protects detainees' health and well-being by training staff to prevent suicide by recognize potential signs and situations of risk and to intervene with appropriate sensitivity, supervision, referral, and treatment.		
Components	**Rating**	**Remarks** (1000 Char Max)
4. PRIORITY: All facility staff who interact with and/or are responsible for detainees are trained at least annually on the facility's Suicide Prevention and Intervention Program, to include: • Identifying the warning signs and symptoms of impending suicidal behavior, • Demographic, cultural, and precipitating factors of suicidal behavior, • Responding to suicidal and depressed detainees, • Communication between correctional and health care personnel, • Referral procedures, • Housing observation and suicide-watch level procedures, and • Follow-up monitoring of detainees who have attempted suicide.	Meets Standard	Policy states that all facility staff are trained during orientation and annually on the Suicide Prevention and Intervention Program including all requirements listed in the component.
5. PRIORITY: Detainees who are identified as being "at risk" for suicide shall immediately be referred to the mental health provider or other appropriately trained medical staff member for evaluation. Appropriately trained and qualified medical staff shall evaluate the detainee within 24 hours of the referral, and re-evaluate any detainee placed on suicide watch on a daily basis. All evaluation is documented in the detainee's medical record. Only the mental health professional, clinical medical authority, or designee may terminate a suicide watch after a current suicide risk assessment is completed.	Meets Standard	Detainees identified as being "at risk" for suicide are referred to trained medical providers within 24 hours and mental health providers within 72 hours. A detainee placed on suicide watch is re-evaluated daily by medical and mental health providers. All evaluations become permanent record in the detainee's chart. Only mental health providers can terminate the suicide watch.
6. Evaluation by a mental health provider of detainees who are identified as being "at risk" for suicide will be documented in the medical record and include: • Relevant history, • Environmental factors, • Lethality of suicide plan, • Psychological factors, • A determination of level of suicide risk, • Level of supervision needed, • Referral/transfer for inpatient care (if needed), • Instructions to medical staff for care, and • Reassessment time frames.	Meets Standard	The mental health provider evaluating a detainee as being "at risk" for suicide documents, in the detainee's medical record, the relevant history, environmental and psychological factors, lethality of plan, level of suicide risk and supervision, referral and/or transfer to hospital and reassessment time frames.

PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION (Key: X)		
This Detention Standard protects detainees' health and well-being by training staff to prevent suicide by recognize potential signs and situations of risk and to intervene with appropriate sensitivity, supervision, referral, and treatment.		
Components	**Rating**	**Remarks** (1000 Char Max)
7. Detainees who are placed on suicide watch are to be re-evaluated by appropriately trained and qualified medical staff on a daily basis and this re-evaluation is documented in the detainee's medical record. Only the mental health professional, clinical medical authority, or designee may terminate a suicide watch after a current suicide risk assessment is completed. A detainee may not be returned to the general population until this assessment has been completed.	Meets Standard	Any detainee placed on suicide watch is re-evaluated daily by medical and mental health providers. The evaluation becomes a permanent record in the detainee's chart. The mental health provider can terminate the suicide watch after a current suicide risk assessment is completed, but the CD can also terminate the suicide watch upon consultation with the mental health provider.
8. PRIORITY: Suicidal detainees should be housed in a room that has been made as suicide resistant as possible. Security staff shall ensure that the area for suicide observation is initially inspected so that there are no objects that pose a threat to the detainee's safety.	Meets Standard	This component was rated Does Not Meet Standard during the last inspection because the suicide watch room revealed two objects that could be used in a suicide attempt. A cable jack protruding from the wall and electrical outlets. The cable jack and electrical outlets were covered with plates during the inspection. During this inspection, the cover plates are still in place. The cells have been made as suicide resistant as possible. A suicidal detainee is housed in the medical observation room which is checked before and after use to ensure that the area is free of any objects that can pose a threat to the detainee.
9. When standard-issue clothing presents a security or medical risk, the detainee is to be provided an alternative garment that promotes detainee and staff safety, while preventing the humiliation and degradation of the detainee. The clinical medical authority or designee will determine appropriate clothing.	Meets Standard	Per the HSA, the detainee on suicide watch will be issued alternative clothing such as a smock and a tear-resistant blanket.
10. Suicidal detainees will be monitored by assigned security officers who maintain constant one-to-one visual observation, 24 hours a day, until the detainee is released from suicide watch. The assigned security officer makes a notation every 15 minutes on the behavioral observation checklist.	Meets Standard	A suicidal detainee is monitored by detention officers maintaining one-to-one visual observation 24 hours daily, with an every 15 minute notation in the suicide log book.

PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION (Key: X)		
This Detention Standard protects detainees' health and well-being by training staff to prevent suicide by recognize potential signs and situations of risk and to intervene with appropriate sensitivity, supervision, referral, and treatment.		
Components	**Rating**	**Remarks** (1000 Char Max)
11. Following a suicide attempt, security staff shall initiate and continue appropriate life-saving measures until relieved by arriving medical personnel.	Meets Standard	Detention officers are trained on life-saving measures. They can initiate and continue the measures until medical personnel arrive at the site.
12. In the event of a suicide attempt or a completed suicide, all appropriate ICE and IHSC officials shall be notified through the chain of command. The victim's family and appropriate outside authorities, as appropriate, shall also be immediately notified. Medical staff shall complete an Incident Report Form within 24 hours.	Meets Standard	Policy requires that ICE officials be notified through the chain of command. ICE makes all other notifications. Incident report forms are completed by medical staff within 24 hours.
13. Every completed suicide and serious suicide attempt shall be subject to a mortality review process. A critical incident debriefing shall be provided to all affected staff and detainees.	Meets Standard	Policy requires that a mortality review is performed for every serious suicide attempt or when suicide is completed.

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

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

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

Detainees receive an initial mental health screening by a qualified health care professional, who has been trained by professional mental health provider. Mental health screening is incorporated with the medical and dental intake that is done within 12 hours of admission. Results of the screening are documented on an approved intake screening form which includes observation and interview items related to potential suicide risk. A detainee entering ICE custody is screened as to any known prior suicidal behaviors or actions. If any are identified, the detainee is maintained in a safe environment pending evaluation by medical personnel.

While in ICE custody, detainees are identified as being "at risk" for suicide either by self-referral, daily observation or interaction with medical personnel, security personnel or an ICE agent. The detainee is referred to medical staff for evaluation and will be placed in a secure environment on constant one-to-one observation until the evaluation is completed. Based on the evaluation, medical personnel develop a treatment plan which addresses the environmental, historical and psychological factors that contribute to the detainee's suicidal ideation. The plan includes strategies and interventions to be followed by employees and the detainee if suicidal ideation reoccurs, strategies for improved functioning and regular follow-up appointments based on level of acuity. The treatment plan is documented and becomes a permanent part of the detainee's medical record.

If the detainee is mentally competent and refuses management and treatment, the ICE representative is consulted as to the most appropriate action to take, such as transferring to a community hospital or petitioning the appropriate federal court to intervene against the detainee's refusal for purposes of his or her hospitalization and treatment.

When medical personnel determine a detainee is at imminent risk of bodily injury or death, medical personnel make a recommendation to hospitalize the detainee for purposes of evaluation and/or treatment.

Consistent communication is maintained between medical, mental health and detention personnel through a variety of mechanisms including intake forms, daily briefings, shift change briefings, medical progress notes, special needs forms, medical/psychiatric alerts and transfer summaries.

PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION – Reviewer Summary *(Use following format for dates: mm/dd/yyyy)*	
When a detainee is discharged from suicide watch, he/she is monitored and re-assessed by medical personnel consistent with the level of acuity. In the event of a suicide attempt, detention personnel will initiate life-saving procedures until medical personnel arriving on the scene perform the appropriate medical evaluation and intervention. The physician/clinical director is notified when referral to the emergency room of the local hospital is required. There were no suicide attempts during this inspection period. Evaluation of this standard was based on review of policies and documentation, staff interviews, and a tour of the housing units.	
Overall Rating: Meets Standard	
Reviewer Name (Printed): (b)(6); (b)(7)(C)	**Completion Date:** 6/14/2018
Reviewer Signature (for printed form submission):	

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

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

Standard N/A

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

Components	Rating	Remarks (1000 Char Max)
1. Detainees, who are chronically or terminally ill, are transferred to an appropriate off-site medical facility, if necessary. Immediately notify the facility administrator and/or ICE/ERO Field Office Director (FOD) of the detainee's condition by phone or in person and document the detainee's condition in a memorandum to the facility administrator that briefly describes the illness and prognosis.	Meets Standard	When a detainee's health care needs exceed the scope of services available at the facility, he/she is transferred to a more appropriate medical or detention facility. The OIC and ICE are notified, both verbally and in writing, of the detainee's condition.
2. The FOD or designee shall immediately notify (or make reasonable efforts to notify) the detainee's next-of-kin of the medical condition and status, the detainee's location, and the visiting hours and rules at that location, in a language or manner which they can understand.	Meets Standard	Medical personnel notify ICE when a detainee is hospitalized. The ICE representative will make all other required notification.
3. When the detainee is at an off-site facility, that facility is expected to assist the detainee in completing an Advance Directive and/or Living Will. All facilities shall use the State Advance Directive form (in which the facility is located) for implementing Living Wills and Advance Directives.	Meets Standard	When a detainee is diagnosed as having a terminal illness, he/she is offered access to the State of Georgia advance directive and living will forms, as appropriate. The facility would assist the detainee in completing the forms if needed and also when housed in an off-site facility.
4. When the terms of the advanced directive must be implemented, the medical professional overseeing the detainee's care will contact the ICE/ERO FOD or designee and the respective ICE Chief Counsel.	Meets Standard	The facility does not accept ICE detainees who have serious health issues or are terminally ill. The FOD is immediately notified should an ICE detainee become seriously ill or when the terms of an advance directive must be implemented.
5. Each facility holding detainees shall establish written policy and procedures governing DNR orders in accordance with the laws of the state in which the facility is located.	Meets Standard	A written policy and procedures governing DNR orders are in accordance with the laws of the state. Detainees have the opportunity to retain their own counsel to prepare DNR documents.

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

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

Standard N/A

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

Components	Rating	Remarks (1000 Char Max)
6. Health care will continue to be provided consistent with the DNR order.	Meets Standard	Policy requires that a detainee with a valid DNR order will receive all therapeutic efforts short of resuscitation. In determining withholding or withdrawing care, there shall be an independent review by the physician not directly involved in the detainee's treatment of the detainee's course of care and prognosis.
7. The detainee's medical file shall include documentation validating the DNR order.	Meets Standard	Per the HSA, the detainee's medical file would include documentation validating the DNR order.
8. The facility shall follow written procedures for notifying attending medical staff of the DNR order.	Meets Standard	Written procedures address notification of attending medical staff when a detainee has a DNR order.
9. The facility has written procedures to address the issues of organ donation by detainees.	Meets Standard	Policy includes procedures addressing organ donation by detainees.
10. Each facility shall have written policy and procedures that are followed to notify ICE/ERO officials, next-of-kin, and consulate officials of a detainee's death while in custody.	Meets Standard	Policy establishes procedures for notifying ICE, the next-of-kin and consulate officials when a detainee dies in custody. The facility notifies ICE and ICE notifies the other parties.
11. The facility has a policy and procedure to address the death of a detainee while in transport.	Meets Standard	A written procedure addresses death of a detainee while in transport.
12. The body must be transferred to the local coroner or medical examiner in the jurisdiction where the death occurred.	Meets Standard	The body of the detainee is transferred to the local coroner in the jurisdiction where the death occurred.

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

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

Standard N/A

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

Components	Rating	Remarks (1000 Char Max)
13. The Chaplain shall telephone the person named as the next-of-kin in the United States to communicate the circumstances surrounding the death.	Meets Standard	Policy establishes procedures for notifying ICE, the next-of-kin and consulate officials when a detainee dies in custody. The facility notifies ICE and ICE notifies the other parties. Per the chaplain, he would be involved himself after the ICE representative has contacted the next-of-kin.
14. Within seven calendar days of the date of notification (in writing or in person), the family shall have the opportunity to claim the remains.	Meets Standard	Per the ICE representative, the family shall have the opportunity to claims the remains within seven calendar days after notification.
15. If family members cannot be located or decline orally or in writing to claim the remains, ICE/ERO shall notify the consulate.	Meets Standard	ICE shall notify the consulate if no family members of the deceased can be located.
16. The facility administrator shall specify policy and procedures regarding responsibility for proper distribution of the death certificate.	Meets Standard	The original death certificate is given to whoever claims the body and a copy of the certificate is given to ICE for placement in the A-file. If the body is not claimed, the original is placed in the A-file. There have been no deaths of ICE detainees at this facility since the previous inspection.
17. The facility's written procedures shall address, at a minimum: • Contacting the local coroner or medical examiner, in accordance with established guidelines and applicable laws; • Scheduling the autopsy; • Identifying the person who will perform the autopsy; • Obtaining the official death certificate; and • Transporting the body to the coroner or medical examiner's office.	Meets Standard	Policy establishes procedures addressing detainee deaths and autopsies. Policy addresses all bulleted items of the component.

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

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

Standard N/A

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

Components	Rating	Remarks (1000 Char Max)
18. Medical staff shall arrange for the approved autopsy to be performed by the local coroner or medical examiner in accordance with established guidelines and applicable laws.	Meets Standard	Per policy, the HSA or designee will arrange for the approved autopsy to be performed by the local coroner in accordance with established guidelines and appropriate laws.

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

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

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

The facility will transfer a detainee to the community hospital, Tifton Regional Medical Center, Irwin County Hospital, Coffee Regional Medical Center, or Columbia Regional Medical Center, when his/her medical condition deteriorates to a point that the facility won't be able to provide the care the detainee needs for his/her daily existence. Medical personnel notify ICE when a detainee is hospitalized and ICE will make all the necessary notifications to next of kin or consuls on the death of the detainee.

The facility is expected to assist the detainee in completing an Advance Directive and/or Living Will by using the State Advance Directive form in which the facility is located. ICE will be notified through chain-of-command by the HSA when advance directives must be implemented.

Written procedure governing DNR orders is in accordance with the laws of the state. A detainee with a DNR order will receive all therapeutic effort short of resuscitation.

The facility has policy addressing the issues of organ donation by detainees that includes: That the detainee can only donate an organ to immediate family members; that the detainee may not donate blood or blood products; that the detainee will shoulder all expenses related to the donation; the detainee signs a statement of his/her decision to donate the organ to the specified family member, understands the risk and is donating based on his/her own free will; and understands that the Government shall not be held responsible for any resulting medical complications or financial obligations incurred.

Overall Rating: Meets Standard

Reviewer Name (Printed (b)(6); (b)(7)(C) | **Completion Date:** 6/14/2018

Reviewer Signature (for printed form submission):

Section V: ACTIVITIES

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

PART 5 – 26. CORRESPONDENCE AND OTHER MAIL (Key: Z)		
This Detention Standard ensures that detainees will be able to correspond with their families, the community, legal representatives, government offices, and consular officials consistent with the safe and orderly operation of the facility.		
Components	**Rating**	**Remarks** (1000 Char Max)
1. Each facility shall have written policy and procedures concerning detainee correspondence and other mail.	Meets Standard	
2. PRIORITY: A detainee is considered "indigent" if he or she has less than $15.00 in his or her account. Indigent detainees will be permitted to mail a reasonable amount of mail each week at government expense, as determined by the Facility Administrator, including the following: • At least five pieces of special correspondence or Legal Mail. • Three pieces of general correspondence. • Packages as deemed necessary by ICE.	Meets Standard	ICE detainees are considered indigent if they have less than $15.00 in their account. All the elements listed in this component are satisfied through policy and/or practice.
3. The facility shall notify detainees of its rules on correspondence and other mail through the Detainee Handbook, or supplement, provided to each detainee upon admittance.	Meets Standard	The rules on correspondence and other mail are addressed in the facility handbook.
4. The facility shall provide key information to detainees in languages spoken by any significant portion of the facility's detainee population.	Meets Standard	All information is provided in English and Spanish. English and Spanish are the primary languages of the current detainee population.
5. PRIORITY: Detainee correspondence and other mail shall be delivered to the detainee and to the postal service on regular schedules. • Incoming correspondence shall be distributed to detainees within 24 hours (one business day) of receipt by the facility. • Outgoing correspondence shall be delivered to the postal service no later than the day after it is received by facility staff or placed by the detainee in a designated mail depository, excluding weekends and holidays.	Meets Standard	Incoming correspondence is delivered to detainees within one business day of receipt by the facility. Outgoing correspondence is delivered to the postal service no later than one day after it is received by facility staff, excluding weekends and holidays.
6. All facilities shall implement procedures for the inspection of all incoming general correspondence and other mail (including packages and publications) for contraband.	Meets Standard	All incoming mail is opened and inspected for contraband and funds prior to delivery to the detainee. The OIC has authorized this inspection to occur outside the presence of the detainee.

PART 5 – 26. CORRESPONDENCE AND OTHER MAIL (Key: Z)		
This Detention Standard ensures that detainees will be able to correspond with their families, the community, legal representatives, government offices, and consular officials consistent with the safe and orderly operation of the facility.		
Components	**Rating**	**Remarks** (1000 Char Max)
7. All facilities shall implement procedures for inspecting special correspondence and legal mail for contraband in the presence of the detainee. Detainees shall sign a logbook upon receipt of special correspondence and/or legal mail to verify that the special correspondence or legal mail was opened in their presence.	Meets Standard	Procedures require, and documentation confirmed, that special correspondence, which includes legal mail, is opened and inspected for contraband in the presence of the detainee. The detainee signs a log acknowledging receipt of special correspondence and verifying that the special correspondence was opened in his/her presence.
8. Outgoing special correspondence and legal mail shall not be opened, inspected, or read.	Meets Standard	
9. All facilities shall implement policies and procedures addressing acceptable and non-acceptable mail.	Meets Standard	
10. When an officer finds an item that must be removed from a detainee's mail, he or she shall make a written record.	Meets Standard	
11. Prohibited items discovered in the mail shall be handled as follows: • A receipt shall be issued to the detainee for all cash, which shall be safeguarded and credited to the detainee's account in accordance with the Detention Standard on Funds and Personal Property. • Identity documents, such as passports, birth certificates, etc., shall be placed in the detainee's A-file. Upon request, the detainee shall be provided with a copy of the document, certified by an ICE/ERO officer to be a true and correct copy.	Meets Standard	Any cash received in the mail is documented and deposited in the detainee's account. A receipt is issued to the detainee. Identity documents are turned over to ICE personnel to be placed in the detainee's A-file. A copy will be provided to the detainee upon request.
12. The facility shall provide a postage allowance at government expense to all detainees, if the facility does not have a system for detainees to purchase stamps.	Meets Standard	Detainees may purchase stamps from the commissary.
13. The facility shall provide writing paper, envelopes, and pencils at no cost to ICE detainees.	Meets Standard	
14. All facilities shall have written policy and procedures regarding mail privileges for detainees housed in a Special Management Unit.	Meets Standard	Detainees in the special management unit have the same correspondence privileges as detainees in the general population.

PART 5 – 26. CORRESPONDENCE AND OTHER MAIL – Reviewer Summary
(Use following format for dates: mm/dd/yyyy)

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

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

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

The facility has written policy and procedures concerning detainee correspondence and other mail. The rules for correspondence and other mail, which are provided to detainees in the handbook and are posted in the housing units, address all information required by the standard.

The quantity of correspondence a detainee may send or receive at his/her own expense is not limited. Detainees are not limited to postcards. Written procedures that explain how to obtain writing implements, paper and envelopes, and how indigent detainees can request postage at government expense, are posted in the housing units.

Incoming priority mail, overnight mail, certified mail and deliveries from a private package service are recorded in a logbook. Detainees must sign the log. Packages and publications are subject to certain restrictions. Detainees are not permitted to send or receive packages without the prior approval of the OIC. Detainees must pay postage for packages, unless deemed necessary by the OIC, and oversized or overweight mail.

Inspection of the mail is for the purpose of detecting contraband and to maintain security. Reading of the mail must be authorized by the OIC. Outgoing general correspondence is inspected if it is addressed to another detainee or there is reason to believe that it may present a threat to the facility or others.

Rejected mail is considered contraband and is handled in accordance with the contraband standard. Both the sender and the addressee are provided a written explanation when the facility rejects incoming or outgoing mail. Detainees may appeal rejection of correspondence through the detainee grievance system. Upon approval of the OIC, soft contraband is returned to the sender. The OIC ensures that the records of the discovery and disposition of contraband are accurate and current.

Correspondence to/from the news media is considered special correspondence if properly identified as such. Detainees may not receive compensation or anything of value for correspondence with the media and may not act as a reporter or publish under a byline.

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

A review of policy and local handbook content and interviews with detainees, the mail room supervisor, and housing unit officers revealed detainees are able to correspond with family, the community, legal representatives, government/consular officials and the media through an established and accessible mail system.

Overall Rating: Meets Standard

Reviewer Name (Printed): (b)(6); (b)(7)(C) | **Completion Date:** 6/14/2018

Reviewer Signature (for printed form submission):

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

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

Standard N/A

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

Components	Rating	Remarks (1000 Char Max)
1. On a case-by-case basis, and with approval of the respective Field Office Director, the facility administrator may allow a detainee, under ICE/ERO staff escort: • To visit a critically ill member of his or her immediate family. • To attend an immediate-family member's funeral.	N/A	
2. The facility notifies ICE of all detainee requests for non-medical escorts. Each recommendation addresses the individual's suitability for travel, e.g., the kind of supervision required. The Field Office Director is the approving official for all non-medical escorted trips.	N/A	
3. Escorts shall ensure that detainees with physical disabilities are provided reasonable accommodations in accordance with security and safety concerns.	N/A	

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

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

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

All trips for non-medical emergencies are handled by ICE personnel.

Overall Rating: N/A

Reviewer Name (Printe (b)(6); (b)(7)(C) **Completion Date:** 6/14/2018

Reviewer Signature (for printed form submission):

PART 5 – 28. MARRIAGE REQUESTS (Key: AB)		
This Detention Standard ensures that each marriage request from an ICE/DRO detainee receives a case-by-case review and based on internal guidelines for approval of such requests.		
Components	**Rating**	**Remarks** (1000 Char Max)
1. All facilities shall have in place policy and procedures to enable eligible ICE/ERO detainees to marry.	Meets Standard	The site-specific and National Detainee handbooks outline the marriage request process.
2. A detainee, or his or her legal representative, may submit the request for permission to marry to the facility administrator or Field Office Director in writing.	Meets Standard	The intended spouse or their attorney must submit a letter that includes the legal eligibility, history of the relationship and confirms the desire to marry.
3. The Field Office Director or Facility Administrator considers detainee marriage requests on a case-by-case basis.	Meets Standard	
4. The facility administrator or designated Field Office staff shall notify the detainee in a timely manner of a time and place for the ceremony.	Meets Standard	If the marriage request is approved, the OIC or FOD will notify the detainee in a timely manner of the time and place for the ceremony.
5. Once the marriage has taken place, the facility administrator shall forward original copies of all documentation to the detainee's A-file and maintain copies in the facility's detention File.	Meets Standard	Per ICE employees, documentation is forwarded and placed in the detainee's A-file.

PART 5 – 28. MARRIAGE REQUESTS – Reviewer Summary

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

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

Detainees are informed about the marriage request procedures through the local handbook and the National Detainee Handbook. ICE notifies the detainee in writing of the reasons for the denial within thirty days from the date of request. Detainees may seek legal assistance throughout the marriage application process. Guidelines for denying a detainee's marriage request include the following: the detainee is not legally eligible to be married; the detainee is not mentally competent, as determined by a qualified medical practitioner; the intended spouse has not affirmed, in writing, their intent to marry the detainee; the marriage would present a threat to the security or orderly operation of the facility; or there are compelling government interests for denying the request. A detainee may file an appeal to the FOD if the request is denied.

When a request is approved, the following guidelines are followed: the detainee, legal representative or other individual acting on the detainee's behalf make all the marriage arrangements, including, but not limited to blood tests, obtaining marriage license, and retaining an official to perform the marriage ceremony. ICE personnel do not participate in making marriage arrangements nor serve as witnesses in the ceremony. The marriage does not interrupt nor stay any hearing, transfer to another facility or removal from the United States and transfers do not occur solely to prevent a marriage. Arrangements made are consistent with the security and orderly operation of the facility according to the following stipulations: all expenses relating to the marriage shall be borne by the detainee or person acting on the detainee's behalf; and the ceremony shall be private with no media publicity and only individuals essential for the marriage ceremony may attend. The FOD may revoke approval of a marriage request for good cause and notifies the detainee in writing. The detainee may file an appeal in such instances.

There have been eighteen marriages within the past twelve months. To evaluate this standard, ICE and facility personnel were interviewed and the handbook was reviewed.

PART 5 – 28. MARRIAGE REQUESTS – Reviewer Summary *(Use following format for dates: mm/dd/yyyy)*	
Overall Rating: Meets Standard	
Reviewer Name (Printed (b)(6); (b)(7)(C)	**Completion Date:** 6/14/2018
Reviewer Signature (for printed form submission):	

PART 5 – 29. RECREATION (Key: AC)		
This Detention Standard ensures that each detainee has access to recreational and exercise programs and activities, within the constraints of safety, security, and good order.		
Components	**Rating**	**Remarks** (1000 Char Max)
1. The facility provides an indoor recreation program.	Meets Standard	
2. The facility provides an outdoor recreation program.	Meets Standard	
3. PRIORITY: If outdoor recreation is available at the facility, each detainee shall have access for at least one hour daily, at a reasonable time of day, weather permitting. Detainees shall have access to clothing appropriate for weather conditions. If only indoor recreation is available, detainees shall have access for at least one hour each day to a large recreation room with exercise equipment and access to natural sunlight. All detainees participating in outdoor recreation shall have access to drinking water and toilet facilities.	Meets Standard	There are established recreation and leisure programs for detainees that include indoor and outdoor activities. Detainees are allowed at least one hour of recreation daily, seven days a week. The facility has two indoor gymnasiums which are used during inclement weather. Appropriate clothing is issued based on the climate and detainees have access to drinking water and toilet facilities as needed.
4. If a detainee is housed for more than 45 days in a facility that provides neither indoor nor outdoor recreation, he or she may be eligible for a voluntary transfer to a facility that does provide recreation. Likewise, if a detainee is housed for more than six months in a facility that provides only indoor recreation, he or she may be eligible for a voluntary transfer to a facility that also provides outdoor recreation.	Meets Standard	Indoor and outdoor recreation is provided at this facility.
5. PRIORITY: All facilities shall have an individual responsible for the development and oversight of the recreation program. In SPCs/CDFs, a recreational specialist (for facilities with more than 350 detainees) assesses the needs and interests of the detainees.	Meets Standard	This is an IGSA. A recreation specialist has oversight of the recreation program and is responsible for development and oversight of the recreation program. Recreational programs are diverse and are based on the needs and interests of the detainees. The ICE detainee population count during the inspection was 803 ICE detainees.
6. All facilities shall provide recreational opportunities for detainees with disabilities.	Meets Standard	
7. Exercise areas shall offer a variety of equipment. Weight training, if offered, must be limited to fixed equipment. Free weights are prohibited.	Meets Standard	Outdoor recreational activities include volleyball, soccer, walking and handball. Free weights are prohibited.
8. Cardiovascular exercise shall be available to detainees for whom outdoor recreation is unavailable.	N/A	Outdoor recreation is available to all detainees.

PART 5 – 29. RECREATION (Key: AC)		
This Detention Standard ensures that each detainee has access to recreational and exercise programs and activities, within the constraints of safety, security, and good order.		
Components	**Rating**	**Remarks** (1000 Char Max)
9. PRIORITY: Dayrooms in general population housing units shall offer board games, television, and other sedentary activities.	Meets Standard	Television and board games to include cards, puzzles, checkers, dominoes and chess are available to detainees in the housing unit dayrooms. Officers supervise dayroom activities and provide recreational materials daily.
10. Recreational activities shall be based on the facility's size and location. With the facility administrator's approval, recreational activities may include limited-contact sports, such as soccer, basketball, volleyball, and table games, and may extend to intramural competitions among units. Detention personnel shall supervise dayroom activities, distributing games and other recreation materials daily.	Meets Standard	Recreational activities include limited contact sports such as basketball, soccer and volleyball. Per the recreation specialist, intramural activities are allowed at this IGSA on occasion.
11. Recreation areas shall be under continuous supervision by staff equipped with radios or other communication devices to maintain contact with the Control Center.	Meets Standard	Recreation areas are under constant supervision by officers with radios.
12. PRIORITY: Recreation for detainees housed in the SMU shall be separate from the general population. Detainees in the SMU shall be offered at least one hour of recreation per day, outside their cells and scheduled at a reasonable time, at least five days per week. Where cover is not provided to mitigate inclement weather, detainees shall be provided weather-appropriate equipment and attire.	Meets Standard	Detainees housed in the disciplinary special management units receive outdoor recreation at least one hour a day, five days a week, at a reasonable time. Recreation is conducted in individual recreation areas, separate from the general population. The individual recreation areas are not covered. Sweatshirts are provided when climate conditions require additional attire. When inclement weather prohibits outdoor recreation, detainees are allotted one hour of recreation time outside of their cells in the common area.
13. When a detainee in an SMU is deprived of recreation (or any usual authorized items or activity), a written report of the action is forwarded to the facility administrator. Denial of recreation must be evaluated daily by a shift supervisor.	Meets Standard	

PART 5 – 29. RECREATION (Key: AC)		
This Detention Standard ensures that each detainee has access to recreational and exercise programs and activities, within the constraints of safety, security, and good order.		
Components	**Rating**	**Remarks** (1000 Char Max)
14. When recreation privileges are suspended, the disciplinary panel or facility administrator shall provide the detainee written notification, the reason for the suspension, any conditions that must be met before restoration of privileges, and the duration of the suspension provided the requisite conditions are met for its restoration.	Meets Standard	Administrative and disciplinary segregation detainees would receive written notification covering the elements of this component from the assistant OIC or disciplinary hearing officer if their recreation privileges are suspended. The notification would include the reasons for the suspension, any conditions that must be met before restoration of privileges and the duration of the suspension.
15. The case of a detainee denied recreation privileges shall be reviewed at least once each week as part of the reviews required for all detainees in SMU status.	Meets Standard	
16. Denial of recreation privileges for more than 15 days requires the concurrence of the facility administrator and a health care professional.	Meets Standard	Per the assistant OIC, denial of recreation would never exceed fifteen days. If it did, the OIC would receive approval from the HSA. Policy did not address this issue. Per ICE and facility staff, there have been no recreation denials for more than fifteen days within the last inspection period. Policy was updated during the inspection to reflect concurrence of the OIC and medical staff after seven days.
17. The facility shall notify the ICE/ERO Field Office in writing when a detainee's denied recreation privileges exceeds 15 days.	Meets Standard	Per the assistant OIC, procedure requires that written notification be given to the ICE field office when a detainee's recreation privileges have been denied. Policy did not address this issue, but ICE personnel indicated that recreation has never been denied for a detainee for more than fifteen days. Policy was updated during the inspection to reflect concurrence of the OIC and medical after seven days.

PART 5 - 29. RECREATION – Reviewer Summary
(Use following format for dates: mm/dd/yyyy)

PART 5 - 29. RECREATION – Reviewer Summary

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

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

The recreation program is overseen by the recreation specialist and two recreation officers who ensure that the program is operated in an orderly, safe and secure manner.

A review of policy, an interview with the recreation specialist and an inspection of the recreation facilities indicated that detainees have access to indoor and outdoor recreational activities, within the constraints of safety, security and good order.

Detainees housed in the SMU recreate apart from general population detainees. Policy and procedures are in place to ensure that detainees who must be kept separate never participate in activities in the same location at the same time. Special attention is given to detainees in protective custody.

Per policy, a detainee may be denied recreation privileges only with the concurrence of ICE. The written authorization would indicate the reason why the detainee poses an unreasonable risk even when recreating alone. A written explanation would be provided if recreation privileges are revoked for safety or security reasons.

Policy states that detainees are not required to forgo basic law library privileges for recreation privileges. Officers search the recreation areas before and after each use to detect altered or damaged equipment, hidden contraband, and security breaches. All recreational issued supplies are checked for damage and general condition by the recreation staff.

Electronic ear buds are provided to each detainee upon admission for use with the televisions. A small radio with earphones is also available to detainees for use in their cells or on the recreation yard. Tablets can be rented to detainees for movies, text messages, receiving photographs, music, games, and books. Prices range from three to five cents per minute. A stationary tablet is available free of charge for intra communications with the facility, filing grievances, legal research, and access to the handbook. Video visitation is also available on the stationary tablet.

Only religious and recreation activities are available to ICE male detainees while female detainees can also participate in arts and crafts projects. To provide access to programs and services, the facility provides communication assistance to LEP detainees and detainees with disabilities. This may be achieved via bilingual staff, translation services, or other means for LEP detainees; or in the form of auxiliary aids for detainees with disabilities, including but not limited to those aids listed in the Standard.

The OIC has established policy and procedures for television viewing in housing unit dayrooms. All television viewing schedules are subject to approval by command staff.

The evaluation was based on review of policy and procedures, employee and detainee interviews and on-site observation.

Overall Rating: Meets Standard

Reviewer Name (Printed (b)(6); (b)(7)(C) | **Completion Date:** 6/14/2018

Reviewer Signature (for printed form submission):

PART 5 – 30. RELIGIOUS PRACTICES (Key: AD)		
This Detention Standard ensures that detainees of different religious beliefs are provided reasonable and equitable opportunities to participate in the practices of their respective faiths, constrained only by concerns about safety, security, the orderly operation of the facility, or extraordinary costs associated with a specific practice.		
Components	**Rating**	**Remarks** (1000 Char Max)
1. PRIORITY: Detainees have opportunities to engage in practices of their religious faiths (including observance of important holy days, observance of special diets, and use of personal religious property) consistent with safety, security, and the orderly operation of the facility. Attendance at all religious activities is voluntary.	Meets Standard	Religious services are provided for multiple faiths and include the observance of holy days, special diets and the use of religious property. Attendance is voluntary.
2. Religious activities shall be open to the entire detainee population, without discrimination based on a detainee's race, ethnicity, religion, national origin, gender, sexual orientation, or disability. • The facility chaplain shall endeavor to provide opportunities for religious practice in major languages spoken by the residents. • Accommodations will be provided to residents who are deaf or hard of hearing to provide them access to the service should they wish to participate.	Meets Standard	Religious activities are open to the entire population, without restriction. Religious services are available in English and Spanish. Depending on individual need, appropriate accommodations can be made for hearing-impaired detainees. The chaplain indicated that he has had no requests for a sign language interpreter.
3. Facility records shall reflect the limitation or discontinuance of a religious practice along with the reason for such limitation or discontinuance.	N/A	There have been no limitations or discontinuances of a religious practice in the past twelve months.
4. PRIORITY: A facility religious services coordinator manages and coordinates religious activities for detainees, which are augmented and enhanced by community clergy, contractors, volunteers, and groups that provide individual and group assembly religious services and counseling that the facility religious services coordinator cannot personally deliver.	Meets Standard	The chaplain is responsible for coordinating religious activities for all detainees. Community volunteer clergy are used to augment and enhance religious and counseling services.
5. The chaplain or other religious coordinator shall have physical access to all areas of the facility to minister to detainees and staff.	Meets Standard	
6. All facilities shall designate space for religious activities.	Meets Standard	The chaplain utilizes the court room, the dining hall, and the training room to provide religious services. These areas provide adequate space and accommodate the needs of all detainee religious groups in an equitable manner.
7. When recruiting citizen volunteers, the chaplain and other staff shall be cognizant of the need for representation from all cultural and socioeconomic parts of the community.	Meets Standard	

PART 5 – 30. RELIGIOUS PRACTICES (Key: AD)		
This Detention Standard ensures that detainees of different religious beliefs are provided reasonable and equitable opportunities to participate in the practices of their respective faiths, constrained only by concerns about safety, security, the orderly operation of the facility, or extraordinary costs associated with a specific practice.		
Components	**Rating**	**Remarks** (1000 Char Max)
8. Detainees who are members of faiths not represented by clergy may conduct their own services, provided they do not interfere with facility operations.	Meets Standard	Detainees are permitted to participate in religious services that are not represented by clergy. Approval is given if the service does not interfere with the safety and security of the facility.
9. If requested by a detainee, the chaplain or designee shall facilitate arrangements for pastoral visits by a clergyperson or representative of the detainee's faith.	Meets Standard	The chaplain will facilitate pastoral visits by clergy or another representative of the detainee's faith when requested by the detainee.
10. Detainees may make a request for the introduction of a new component to the Religious Services program (schedule, meeting time and space, religious items and attire) to the chaplain. The chaplain shall ask the detainee to provide additional information to use in deciding whether to include the practice.	Meets Standard	The chaplain, in consultation with the volunteer clergy members, will research these requests and arrange for them if there is no threat to the safety and security of the facility.
11. Each facility shall have written policy and procedures to facilitate detainee observance of important holy days, consistent with maintaining safety, security and orderly operations, and the chaplain shall work with detainees to accommodate proper observances.	Meets Standard	Policy addresses religious programs, services and observances, including holy days. The chaplain works with detainees daily to fulfill their religious needs.
12. Each facility administrator shall allow detainees access to personal religious property, as is consistent with safety, security and orderly operation of the facility.	Meets Standard	Detainees are permitted to keep Bibles, Korans, headgear, rosaries, religious texts, prayer rugs and other approved religious items in their possession.
13. When a detainee's religion requires special food services, daily or during certain holy days or periods that involve fasting, restricted diets, etc., staff shall make all reasonable efforts to accommodate those requirements (for example, modifying menus to exclude certain foods or food combinations, or providing meals at unusual hours).	Meets Standard	Per policy, reasonable accommodations are made to allow for special food service, fasting or a restricted diet as required by the detainee's religious practice. Ramadan is currently being observed with 49 detainees participating.
14. The chaplain shall develop the religious fast schedule for the calendar year and provide it to the facility administrator or designee.	Meets Standard	

PART 5 – 30. RELIGIOUS PRACTICES – Reviewer Summary
(Use following format for dates: mm/dd/yyyy)

PART 5 – 30. RELIGIOUS PRACTICES – Reviewer Summary

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

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

The religious program provides detainees the opportunity to participate in their respective religious faiths. The program also recognizes holy days and offers special meals. The chaplain works with approximately nine volunteers from the community who provide religious programs to the detainee population.

The facility does not disparage the religious beliefs of a detainee, nor coerce or harass a detainee to change religious affiliation. ICE does not require a detainee to profess a religious belief. Detainees may designate any or no religious preference during in processing. With a written request to the chaplain, a detainee can request to change this designation and the change will be affected in a timely fashion.

In the interest of maintaining the security of the facility and to prevent abuse or disrespect by detainees of religious practices or observances, changes in declarations of religious preferences are monitored. When a determination of a request to allow a detainee to participate in specific religious activities is under consideration, the information contained both on the initial classification and the detainee's religious designation is considered.

Detainees showing "No Preference" can be restricted from participation in those activities deemed appropriate for members only. During the booking process, officers enter the religious designation. When a request for change of religious preference is approved, the chaplain is responsible for making the necessary change in the detention file.

There is not a dedicated chapel for religious activities. Religious services are held in several areas of the facility. These areas are sufficient to accommodate the needs of all religious groups in the detainee population fairly and equitably. The religious service areas are maintained in a neutral fashion suitable for use by various faith groups. The facility provides limited storage space for items used in religious programs. Staff restroom facilities are available for staff and volunteers.

Current program schedules are posted on all housing units' bulletin boards. When scheduling approved religious activities, both the availability of staff supervision and the need to allot time and space equitably among the different groups is considered. In order to provide access to programs and services, the facility provides communication assistance to LEP detainees and detainees with disabilities. This may be achieved via bilingual staff, translation services, or other means for LEP detainees; or in the form of auxiliary aids for detainees with disabilities, including but not limited to those aids listed in the Standard.

The needs of women and special-needs detainees can be addressed via a request for spiritual counselors or advisers for religious needs other than those of a specific faith tradition. The facility secures representatives of faith groups in the community to provide specific religious services that are not otherwise provided.

All volunteers are subject to background and criminal history checks, credential verification and must attend an orientation program before entering the secure portion of the facility.

Pastoral visits take place in the non-contact visiting rooms during regular visiting hours on Monday, Tuesday and Wednesday. The chaplain who oversees the religious program does not have the qualifications of clinical pastoral education but has received a certificate from the Southern Baptist organization, a religious certifying body. He has over five years of specialized correctional experience as a clergy. The facility also uses several religious volunteers from the community who have minimum qualifications of clinical pastoral education or the equivalent and/or endorsements by an appropriate religious-certifying body. These individuals can also provide guidance to the facility when needed. Detainees in the SMU can participate in religious practices, consistent with the safety, security, and orderly operation of the facility. The evaluation of the standard was based on observation of the religious programs and schedules, staff and detainee interviews and review of policy and procedures.

Overall Rating: Meets Standard

Reviewer Name (Printed (b)(6); (b)(7)(C)	**Completion Date:** 6/14/2018

PART 5 – 30. RELIGIOUS PRACTICES – Reviewer Summary *(Use following format for dates: mm/dd/yyyy)*
Reviewer Signature (for printed form submission):

PART 5 – 31. TELEPHONE ACCESS (Key: AE)		
This Detention Standard ensures that detainees may maintain ties with their families and others in the community by providing them reasonable and equitable access to telephone services.		
Components	**Rating**	**Remarks** (1000 Char Max)
1. To ensure sufficient access, each facility shall provide at least one operable telephone for every 25 detainees.	Meets Standard	This component was rated Does Not Meet Standard during the previous inspection because housing unit C-2, a 100-bed dormitory, only had three operable telephones. During this inspection all ICE detainee housing units were equipped with sufficient telephones providing at least one operable telephone for every 25 detainees.
2. PRIORITY: Each facility shall ensure that detainees have access to reasonably priced telephone services. Contracts for such services shall comply with all applicable state and federal regulations and be based on rates and surcharges commensurate with those charged to the general public. Any variations shall reflect actual costs associated with the provision of services in a detention setting.	Meets Standard	Detainee telephone services are provided by Correct Solutions Group. Local calls cost $0.18 per minute, long distance calls cost $0.21 per minute and international calls cost $1.00 per minute. Cost per minute does not include applicable taxes.
3. Each facility shall maintain detainee telephones in proper working order. Designated facility staff shall inspect the telephones daily, promptly report out-of-order telephones to the repair service and ensure that required repairs are completed quickly. This information will be logged.	Meets Standard	Housing unit officers conduct telephone checks daily and record the results on the housing log. ICE officers inspect telephones on a weekly basis and report the results on the Telephone Serviceability Worksheet. Telephone repair logs are maintained.
4. Facility staff is responsible for ensuring on a daily basis that telephone systems are operational. Any problems identified must immediately be logged and reported to the appropriate facility and ICE staff personnel.	Meets Standard	
5. Each facility shall have a written policy on the monitoring of detainee telephone calls. If telephone calls are monitored, the facility shall include a recorded message on its phone system stating that all telephone calls are subject to monitoring. At each monitored telephone, place a notice that states that detainee calls are subject to monitoring. A detainee's call to a court, a legal representative, OIG, or CRCL, or for the purposes of obtaining legal representation, may not be electronically monitored.	Meets Standard	Policy addresses telephone monitoring. Every telephone bank is labeled with a notice of monitoring in English and Spanish and a recorded message advises all call participants that the conversation is monitored. Calls to courts, OIG, CRCL and other legal calls are not monitored.

PART 5 – 31. TELEPHONE ACCESS (Key: AE)		
This Detention Standard ensures that detainees may maintain ties with their families and others in the community by providing them reasonable and equitable access to telephone services.		
Components	**Rating**	**Remarks** (1000 Char Max)
6. Each facility shall provide telephone access rules in writing to each detainee upon admission, and also shall post these rules where detainees may easily see them in a language they can understand. Updated telephone and consulate lists shall be posted in the detainee housing units. Translation and interpretation services shall be provided as needed.	Meets Standard	Telephone rules, written in English and Spanish, are included in the detainee handbook and are posted in the housing areas. All telephone listings as required by the standard are posted in the housing units. Translation services are available via a language line as needed.
7. Each facility administrator shall establish and oversee rules and procedures that provide detainees reasonable and equitable access to telephones during established facility "waking hours."	Meets Standard	Telephones are accessible daily during dayroom hours. Dayroom hours are from 5:00 a.m. to 11:00 p.m. Sunday through Thursday and from 5:00 a.m. to 1:00 a.m. Friday and Saturday, except for count times.
8. Detainees are afforded a reasonable degree of privacy for legal phone calls.	Meets Standard	
9. A procedure exists to assist a detainee who is having trouble placing a confidential call.	Meets Standard	The unit case manager or ICE personnel will assist a detainee who is having trouble placing a confidential call.
10. The facility provides the detainees with the ability to make non-collect (special access) calls.	Meets Standard	The special access numbers are programmed into the detainee telephone system and are free of charge.
11. Even if telephone service is generally limited to collect calls, each facility shall permit detainees to make direct or free calls to the offices and individuals listed below. Updated lists need to be posted in the detainee housing units.	Meets Standard	The telephone system provides for direct calls, free calls, and collect calls. Updated telephone lists are posted in the housing units.
12. If detainees are required to complete request forms to make direct or free calls, facility staff must assist them as needed, especially illiterate or non-English speaking detainees.	Meets Standard	Detainees complete a request form to make direct or free calls if they are unable to complete the call from the housing unit. The unit case manager will assist them in completing the call.

PART 5 – 31. TELEPHONE ACCESS (Key: AE)		
This Detention Standard ensures that detainees may maintain ties with their families and others in the community by providing them reasonable and equitable access to telephone services.		
Components	**Rating**	**Remarks** (1000 Char Max)
13. PRIORITY: All detainees are able to call their consulate, the DHS Office of the Inspector General, and any organization on the ICE/ERO-provided list of free legal service providers at no charge to the detainee or receiving party. The FOD will ensure that all information is kept current and provided to each facility. Updated contact lists are posted in the detainee housing units. Indigent detainees are afforded the same telephone access and privileges as detainees in the general population. The indigent detainee may also request a free call to immediate family or others in personal or family emergencies or for a compelling need (to be interpreted liberally).	Meets Standard	Detainees may make calls listed in this component. Indigent detainees have access to telephone calls as prescribed in this component and may request free calls in the case of an emergency. All telephone information required by this component is current. Updated contact lists are posted in the housing units. The inspector reached the OIG hotline recording using the speed dial number from a telephone in a housing unit.
14. A facility may neither restrict the number of calls a detainee places to his/her legal representatives nor limit the duration of such calls by rule or automatic cut-off, unless necessary for security purposes or to maintain orderly and fair access to telephones.	Meets Standard	
15. The facility has a system for taking and delivering emergency detainee telephone messages.	Meets Standard	Facility policy addresses emergency telephone messages.
16. The facility shall take and deliver telephone messages to detainees as promptly as possible. When facility staff receive an emergency telephone call for a detainee, the caller's name and telephone number will be obtained and given to the detainee as soon as possible. The detainee shall be permitted to return the emergency call as soon as reasonably possible within the constraints of security and safety. The facility shall enable indigent detainees to make a free return emergency call.	Meets Standard	Telephone messages are delivered to detainees as promptly as possible. Detainees are permitted to return emergency calls as soon as reasonably possible. Indigent detainees are permitted to make a free return emergency call.
17. The facility shall provide a TTY device or Accessible Telephone (telephones equipped with volume control and telephones that are hearing-aid compatible for detainees who are deaf or hard of hearing). Detainees who are hard of hearing will be provided access to the TTY on the same terms as hearing detainees. Accommodations shall also be made for detainees with speech disabilities.	Meets Standard	A TTY device is available to accommodate detainees who are deaf or hard of hearing or have speech disabilities.
18. Detainees in Disciplinary Segregation may be restricted from using telephones to make general calls as part of the disciplinary process. Even in Disciplinary Segregation, however, detainees shall have some access for special purposes.	Meets Standard	

PART 5 – 31. TELEPHONE ACCESS (Key: AE)		
This Detention Standard ensures that detainees may maintain ties with their families and others in the community by providing them reasonable and equitable access to telephone services.		
Components	**Rating**	**Remarks** (1000 Char Max)
19. Generally, detainees in administrative segregation should receive the same privileges that are available to detainees in the general population, subject to any safety and security considerations that may exist.	Meets Standard	Detainees in administrative segregation receive telephone privileges generally the same as detainees in the general population.
20. Upon a detainee's request, facility staff shall make special arrangements to permit the detainee to speak by telephone with an immediate family member detained in another facility.	Meets Standard	ICE personnel will arrange these calls.
21. **LYON AGREEMENT:** When a detainee requests a direct or free Legal Call to an attorney, court, or government agency or demonstrates a compelling need for other direct or free calls, access is granted within 24 hours of the request and ordinarily within 8 facility waking hours. Further delays may be justified by extraordinary circumstances.	Meets Standard	Detainee requests for free legal calls are granted within eight facility waking hours. Facility staff stated that there have no delays in meeting this requirement during this inspection period.
22. **LYON AGREEMENT:** The facility documents and reports to ICE/ERO any delays in responding to requests for free or direct Legal Calls beyond 8 facility waking hours.	Meets Standard	Any delay in responding to requests for free or direct legal calls beyond eight facility waking hours would be documented and ICE would be notified.
23. **LYON AGREEMENT:** Detainees are provided private settings for Legal Calls such that calls cannot be overheard by officers, other staff, or other detainees.	Meets Standard	
24. **LYON AGREEMENT:** The facility has a system for taking and delivering telephone messages to detainees, including but not limited to attorney messages, other messages related to a detainee's legal case, and emergency messages, and ensures the timeliness of such message delivery.	Meets Standard	Policy addresses telephone messages for detainees.
25. **LYON AGREEMENT:** The facility provides translation and interpretation services to detainees who are unable to read written telephone access rules in the languages provided.	Meets Standard	
26. **LYON AGREEMENT:** Detainees in segregation or other environments with limited physical access to telephones have reasonable and equitable access to telephones during waking hours (i.e., they can request telephone calls and receive them in a timely manner).	Meets Standard	Detainees in segregation are permitted to make telephone calls upon request.

PART 5 – 31. TELEPHONE ACCESS – Reviewer Summary
(Use following format for dates: mm/dd/yyyy)

PART 5 – 31. TELEPHONE ACCESS – Reviewer Summary *(Use following format for dates: mm/dd/yyyy)*	
Overall Remarks: *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)* A review of policy, the local handbook and posted telephone access rules/hours and monitoring notices, observation of housing unit telephone banks, and interviews with ICE personnel, detainees and housing unit officers revealed detainees can maintain ties with families and others in the community through reasonable and equitable access to telephone services. Interviews were conducted with detainees concerning telephone access and the telephone system. No concerns or complaints were noted. They stated that the phones were usually operable and if a problem occurs it is repaired quickly. The facility has Video Teleconferencing (VCT) technology available for virtual attorney-client meetings. Private rooms have been set aside to accommodate VTC meetings. Computers programmed with free Skype internet are available in the VTC rooms. A camera and video monitor allow the detainee to see and speak with his/her legal representative. VTC meetings are confidential and are scheduled for sixty minutes.	
Overall Rating: Meets Standard	
Reviewer Name (Printed): (b)(6); (b)(7)(C)	**Completion Date:** 6/14/2018
Reviewer Signature (for printed form submission):	

PART 5 – 32. VISITATION (Key: AF)		
This Detention Standard ensures that detainees will be able to maintain ties through visitation with their families, the community, legal representatives, and consular officials, within the constraints of safety, security, and good order.		
Components	**Rating**	**Remarks** (1000 Char Max)
1. There is a written visitation procedure, schedule, and hours for general visitation.	Meets Standard	
2. Each facility administrator shall decide whether to permit contact visits, as is appropriate for the facility's physical plant and detainee population.	Meets Standard	All visits are non-contact.
3. A facility administrator may temporarily restrict visiting when necessary to ensure the security and good order of the facility. Each restriction or denial of visits shall be documented in writing, including the duration of and reasons for the restriction.	Meets Standard	
4. Each facility shall: • Make the schedule and procedures available to the public, both in written form and telephonically. • Post that information in the visitor waiting area in English, Spanish, and other major languages spoken in the facility.	Meets Standard	Visiting rules and hours are available by telephone and on the facility website and are posted in English and Spanish in the visitor entrance lobby.
5. PRIORITY: General visitation is permitted during set hours on Saturdays, Sundays, and holidays, and, to the extent practicable, the facility accommodates the scheduling needs of visitors for whom weekends and holidays pose a hardship. The number of visitors a detainee receives and the length of visits are limited only by reasonable constraints of space, scheduling, staff availability, safety, security, and good order. The minimum duration for a visit is 30 minutes.	Meets Standard	ICE detainee visitation hours are 1:00 p.m. to 4:00 p.m. Thursday and Saturday and 8:00 a.m. to 12:00 p.m. and 1:00 p.m. to 4:00 p.m. Friday and Sunday including holidays. Other times may be permitted upon request. The minimum duration for a visit is one hour.
6. Each facility shall maintain a log of all general visitors, and a separate log of legal visitors.	Meets Standard	Separate written logs are maintained for general and legal visitors.
7. If the facility establishes and maintains a dress code for visitors, it shall be made available to the public.	Meets Standard	
8. The facility's visiting areas shall be appropriately furnished and arranged, and as comfortable and pleasant as practicable.	Meets Standard	
9. The facility's written rules shall specify time limits for visits. The minimum time limit is 30 minutes.	Meets Standard	The minimum time limit is one hour.
10. At facilities where there is no provision for visits by minors, ICE arranges for visits by children and stepchildren, on request, within the first 30 days.	N/A	Minors may visit if accompanied by an adult.
11. Written procedures shall detail the limits and conditions of contact visits in facilities permitting them.	N/A	There are no contact visits.

PART 5 – 32. VISITATION (Key: AF)		
This Detention Standard ensures that detainees will be able to maintain ties through visitation with their families, the community, legal representatives, and consular officials, within the constraints of safety, security, and good order.		
Components	**Rating**	**Remarks** (1000 Char Max)
12. Anytime a visit is denied, to either a general population detainee or SMU detainee, the denial is documented.	Meets Standard	Personnel interviewed stated that there have been no visits denied for general population detainees or administrative segregation detainees in the past twelve months. If this were to occur it would be documented and ICE would be notified.
13. While in administrative or disciplinary segregation status, a detainee ordinarily retains visiting privileges.	Meets Standard	
14. PRIORITY: Legal visitation is available seven (7) days a week, including holidays. Legal visitation hours provide for a minimum of eight (8) hours per day on regular business days, and a minimum of four (4) hours per day on weekends and holidays.	Meets Standard	Legal visitation is permitted 24 hours a day seven days a week.
15. Private consultation rooms are available for attorney meetings. There is a mechanism for the detainee and his/her representative to exchange documents.	Meets Standard	Private consultation rooms are available for attorney meetings. There is a paper slot to facilitate the exchange of documents.
16. Legal representatives and assistants are subject to a non-intrusive search such as a pat-down search of the person or a search of the person's belongings – at any time for the purpose of ascertaining the presence of contraband.	Meets Standard	Upon entry, legal visitors must clear a metal detector and their property may be searched.
17. The current list of pro bono legal organizations is posted in the detainee housing areas and other appropriate areas.	Meets Standard	Lists of pro bono legal organizations are posted in the housing units.
18. All requests by NGOs and other organizations to send representatives to visit detainees must be submitted in advance and in writing to the ICE/ERO facility administrator or ICE/ERO Field Office supervising the contract, state or local facility. The written request must state the number of visitors, exact reason for the visit and issues to be discussed.	Meets Standard	
19. Facility visitation procedures shall cover law enforcement officials requesting interviews with detainees. Facilities will notify and seek approval from ICE ERO of any proposed law enforcement officer visit with a detainee.	Meets Standard	Prior approval from ICE is required for law enforcement officials requesting interviews with detainees.
20. Former ICE/ERO detainees, individuals with criminal records and individuals in deportation proceedings shall not be automatically excluded from visiting. Individuals in any of these categories must so notify the facility administrator before registering for visitation privileges.	Meets Standard	ICE approval is required for these visits.

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

PART 5 – 32. VISITATION – Reviewer Summary

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

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

Visits by legal representatives are conducted in private meeting rooms. Messengers may deliver documents to and from the facility but are not permitted to visit detainees. Legal visitors may be accompanied by interpreters. Legal visitors are not required to know the detainee's A-number in order to visit and policy permits legal visitors to call ICE prior to the visit to determine if the detainee is at the facility. Legal providers are not required to file a Form G-28 for pre-representation meetings with detainees or for representation of non-immigration matters but must file a G-28 to represent detainees for immigration matters. Blank G-28 forms are available in the visitor entrance and online. Legal visits are not terminated for routine official counts.

Employees visually observe legal visits, but are not able to hear conversations, and legal visits may continue through counts. Upon request, legal visits may occur in general visitation areas if private consultation rooms are not available. Documents exchanged between detainees and their legal visitors are inspected by employees, but not read. Legal visiting policy is available upon request. Consultation visitation, asylum officer visits, and consular officer visits are managed within the stipulations of the Standard. NGO visitation and facility tour requests are submitted to ICE in writing and state the reasons for the visit and issues to be discussed. Legitimate community service organizations may visit upon approval of ICE. News media visit only with approval of ICE. All requirements of the Standard are adhered to for news media visits and interviews.

Visitation is restricted only through the disciplinary process and criminal behavior during visits may be referred for prosecution. In those cases, the officer is required to document the action and notify the OIC. The visiting room officer, with concurrence from the shift supervisor, may terminate visits involving inappropriate behavior.

Visiting hours may be limited based on space and resources but have not been during this inspection period. The visitation period is one hour. Family and friends may visit detainees, and detainees may visit other family members who are detained at this facility by special arrangement. Visitors refusing search procedures, which consist of divesting their person of personal items not permitted into the visitation area, are not permitted to visit. Policy lists the items of personal property that may enter the visitation areas, and pets are not included on that list. Service animals are permitted.

Written procedures address incoming property and money for detainees and permit visitors to leave money for detainees, for which they receive a receipt. Visitors may not give money directly to a detainee.

This standard was evaluated via policy and handbook review, interviews with staff and detainees, observation of visits in progress, and inspection of the visitation areas.

Overall Rating: Meets Standard

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

Completion Date: 6/14/2018

Reviewer Signature (for printed form submission):

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

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

Standard N/A

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

Components	Rating	Remarks (1000 Char Max)
1. Detainees who are physically and mentally able to work shall be provided the opportunity to participate in any voluntary work program.	Meets Standard	Per policy and the voluntary work coordinator, physically and mentally able detainees are afforded the opportunity to take part in the voluntary work program.
2. The detainee's classification level shall determine the type of work assignment for which he/she is eligible. Level 3 detainees shall not be given work opportunities outside their housing units/living areas.	Meets Standard	
3. ICE detainees may not work outside the secure perimeter of local jails and facilities used under Intergovernmental Service Agreements.	Meets Standard	Detainees do not work outside the secure perimeter on facility grounds at this IGSA.
4. The facility administrator shall develop site-specific rules for selecting work detail volunteers in a facility procedure that will include a voluntary work program agreement.	Meets Standard	Policy establishes the voluntary work program and the rules and procedures for its implementation and documentation. Detainees must sign a voluntary work program agreement before they can participate in the program.
5. Detainees shall not be denied voluntary work opportunities on the basis of such factors as a detainee's race, religion, national origin, gender, sexual orientation or disability.	Meets Standard	
6. While medical or mental health restrictions may prevent some physically or mentally challenged detainees from working, those with less severe disabilities shall have the opportunity to participate in the voluntary work program in appropriate work assignments.	Meets Standard	Per policy and the voluntary work coordinator, discrimination based on physical or mental disability is prohibited. Detainees with less severe disabilities are given the opportunity to participate in the volunteer work program.
7. Detainees who participate in the volunteer work program are required to work according to a fixed schedule.	Meets Standard	Detainees work a fixed schedule and are not permitted to work more than eight hours a day or forty hours a week. Detainees may work only one assignment per day.

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

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

Standard N/A

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

Components	Rating	Remarks (1000 Char Max)
8. Detainees shall receive monetary compensation for work completed in accordance with the facility's standard policy.	Meets Standard	Per policy, detainees participating in the voluntary work program are paid $1.00 per day.
9. The facility administrator shall establish procedures for informing detainee volunteers about on-the-job responsibilities and reporting procedures.	Meets Standard	Detainees are required to sign a voluntary work program agreement before beginning a work assignment. Completed agreements are filed in the detainee's detention file.
10. When a detainee is removed from a work detail, staff place the written justification for the action in the detainee's detention file.	Meets Standard	If a detainee is removed from the work program, written justification is placed in their detention file. Detainees may file a grievance with the OIC or ICE if they believe they were improperly removed.
11. All detention facilities shall comply with all applicable health and safety regulations and standards, to include training.	Meets Standard	The facility has a policy establishing a voluntary work program. Orientation training is given to all detainees prior to working a new job assignment. Detainee training records confirmed that the detainee signs a form acknowledging receipt of training.
12. The facility administrator shall ensure that all department heads, in collaboration with the facility's safety/training officer, develop and institute appropriate training for all detainee workers.	Meets Standard	Appropriate training programs are in place for detainees given work assignments in the facility's volunteer work program.
13. Upon a detainee's assignment to a job or detail, the supervisor shall provide thorough instructions regarding safe work methods and, if relevant, hazardous materials.	Meets Standard	Prior to a detainee beginning a job assignment, the supervisor instructs detainees in safe work methods and hazardous materials.
14. The facility shall provide detainees with safety equipment that meets OSHA and other standards associated with the task performed.	Meets Standard	

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

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

Standard N/A

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

Components	Rating	Remarks (1000 Char Max)
15. The facility administrator shall implement procedures for immediately and appropriately responding to on-the-job injuries, including immediate notification of ICE/ERO.	Meets Standard	

PART 5 – 33. VOLUNTARY WORK PROGRAM – Reviewer Summary

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

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

The voluntary work program offers detainees the opportunity to work and earn money by participating. Policy mandates the voluntary work program operate in compliance with codes and regulations of OSHA and the NFPA. The detainee is required to sign a voluntary work program agreement before commencing each new assignment. Completed agreements are filed in the detainee's detention file. A detainee can work in only one work detail per day. High security ICE detainees are only allowed to work in their respective housing units. Work details include barbers, unit janitors, laundry, and food service.

A detainee who believes that there was insufficient justification to reject their placement in the program or believes they can perform essential functions of the work assignment may file a grievance. The OIC will consult medical personnel to ascertain the detainee's suitability for a given project.

The facility has a system that ensures that detainees receive the pay owed them prior to the detainee being released or transferred. Detainees can be removed from work assignments for various reasons that include unsatisfactory performance, physical inability to do the work, prevention of injury and removal sanctions imposed by the disciplinary panel. Detainees may file a grievance with ICE or the OIC if they believe they were unfairly removed from their work assignment.

Detainees receive appropriate training as required prior to starting their assignments. As a requirement of the program, detainees must maintain their immediate living area in a neat and orderly manner. Policy and practice address all areas required by the detention standard. During the inspection, 65 ICE detainees were participating in the voluntary work program. Evaluation of this standard was based on observations, review of policy and documentation of detainee worker training, and interviews with the voluntary work coordinator, employees and detainees.

Overall Rating: Meets Standard

Reviewer Name (Printed): (b)(6); (b)(7)(C) **Completion Date:** 6/14/2018

Reviewer Signature (for printed form submission):

Section VI: JUSTICE

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

PART 6 – 34. DETAINEE HANDBOOK (Key: AH)		
This Detention Standard requires that, upon admission, every detainee be provided comprehensive written orientation materials that describe such matters as the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care, in English, Spanish, and other languages and that detainees acknowledge receipt of those materials.		
Components	**Rating**	**Remarks** (1000 Char Max)
1. PRIORITY: Upon admission to a facility, as part of the orientation program, each detainee shall be provided a copy of the ICE National Detainee Handbook and that facility's local supplement to the handbook.	Meets Standard	Copies of the National Detainee Handbook and the local handbook are provided to detainees during admission and are available in English and Spanish versions.
2. The facility administrator shall ensure that the local supplement is translated into Spanish and any other language spoken by significant numbers of detainees in that facility.	Meets Standard	The local handbook is available in English and Spanish. Other language needs are addressed through the use of a translation service.
3. Staff shall require each detainee to verify, by signature, receipt of the handbook and maintain that acknowledgement in the detainee's detention file.	Meets Standard	Detainees sign a receipt for the site-specific handbook during the intake process. A copy of the signed receipt is placed in the detainee's detention file.
4. If a detainee cannot read or does not understand the language of the handbook, the facility administrator shall arrange for the orientation materials to be read to the detainee, provide the material using audio or video tapes in a language the detainee does understand, or provide a translator.	Meets Standard	The facility does not utilize an orientation video during the admission process. Orientation materials can be read to detainees who cannot read or do not understand the languages in which the handbook is provided. The facility has access to a translation line for interpretation services.
5. The facility administrator shall provide a copy of the ICE National Detainee Handbook and the local supplement to every staff member who has contact with detainees, and cover its contents in initial and annual staff training.	Meets Standard	Copies of the site-specific and national handbooks are provided to staff members as part of their orientation training. Refresher training on the content of both handbooks is provided annually.
6. The facility administrator shall appoint a committee to review the local supplement annually and recommend changes. While the handbook does not have to be immediately revised and reprinted to incorporate every change, the facility administrator shall establish procedures for immediately communicating such changes to staff and detainees.	Meets Standard	Designated personnel conduct an annual review of the handbook. The latest revision was completed on 5/16/2018. Changes in procedures are posted immediately on the housing unit bulletin boards. Staff are notified via internal communications.

PART 6 – 34. DETAINEE HANDBOOK (Key: AH)		
This Detention Standard requires that, upon admission, every detainee be provided comprehensive written orientation materials that describe such matters as the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care, in English, Spanish, and other languages and that detainees acknowledge receipt of those materials.		
Components	**Rating**	**Remarks** (1000 Char Max)
7. The detainee handbook (local supplement) address the following issues: • Personal Items permitted to be retained by the detainee. • Initial issue of clothes, bedding and personal hygiene items. • How to access care.	Meets Standard	The handbook addresses the items listed in this component.
8. The detainee handbook (local supplement) states in clear language basic detainee responsibilities.	Meets Standard	Detainee responsibilities are clearly outlined in the detainee handbook.
9. The handbook (local supplement) clearly outlines the methods for classification of detainees, explains each level, and explains the classification appeals process.	Meets Standard	
10. The handbook (local supplement) states when a medical examination will be conducted.	Meets Standard	The site-specific handbook states that a medical examination will be conducted within fourteen days of arrival.
11. The handbook (local supplement) describes the facility, housing units, dayrooms, In-dorm activities and special management units.	Meets Standard	
12. The handbook (local supplement) describes official count times and count procedures, meal times, feeding procedures, procedures for medical or religious diets, smoking policy, clothing exchange schedules and if authorized, clothes washing and drying procedures and expected personal hygiene practices.	Meets Standard	The handbook addresses each of the items in this component. Washers and dryers are not available in the ICE housing units. This is a non-smoking facility.
13. The handbook (local supplement) describes times and procedures for obtaining disposable razors and explains that detainees attending court will be afforded the opportunity to shave first.	Meets Standard	
14. The handbook (local supplement) describes barber hours and hair cutting restrictions.	Meets Standard	This component was rated as Does Not Meet Standard during the last inspection because the handbook did not include the haircutting restrictions as outlined in the environmental health and safety Standard. The facility imposes no restrictions on haircuts as long as it does not affect the safety and security of the facility.

PART 6 – 34. DETAINEE HANDBOOK (Key: AH)		
This Detention Standard requires that, upon admission, every detainee be provided comprehensive written orientation materials that describe such matters as the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care, in English, Spanish, and other languages and that detainees acknowledge receipt of those materials.		
Components	**Rating**	**Remarks** (1000 Char Max)
15. The handbook (local supplement) describes; the telephone policy, debit card procedures, direct and frees calls; locations of telephones; policy when telephone demand is high; and policy and procedures for emergency phone calls.	Meets Standard	All elements of this component are outlined in the detainee handbook.
16. The handbook (local supplement) addresses religious programming.	Meets Standard	
17. The handbook (local supplement) states times and procedures for commissary or vending machine usage (where available).	Meets Standard	Commissary procedures are outlined in the handbook. Per the commissary staff, there is no spending limit on commissary purchases. There are no vending machines available for detainee use.
18. The handbook (local supplement) describes the detainee voluntary work program.	Meets Standard	
19. The handbook (local supplement) describes the library location and hours of operation and law library procedures and schedules.	Meets Standard	The site-specific handbook describes the library and law library procedures, schedules and hours of operation.
20. The handbook (local supplement) describes: attorney and regular visitation hours, policies, and procedures, location of the list of pro bono legal organizations; group legal rights presentations schedule and sign up procedures.	Meets Standard	
21. The handbook (local supplement) provides local ICE contact information.	Meets Standard	The detainee handbook includes the local ICE contact information.
22. The handbook (local supplement) describes the facility contraband policy.	Meets Standard	
23. The handbook (local supplement) describes the facility visiting hours and schedule and visiting rules and regulations.	Meets Standard	Visiting hours, schedules, and rules and regulations are provided in the handbook.
24. The handbook (local supplement) describes the correspondence policy and procedures.	Meets Standard	The correspondence policy and procedures are outlined in the handbook.
25. The handbook (local supplement) describes the detainee disciplinary policy and procedures, including: Prohibited acts and severity scale sanctions. • Time limits in the Disciplinary Process. • Summary of Disciplinary Process.	Meets Standard	The handbook describes the disciplinary policy and procedures, including all the elements in this component.

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

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

Components	Rating	Remarks (1000 Char Max)
26. The grievance section of the handbook (local supplement) explains all steps in the grievance process, including informal (if used) and formal grievance procedures.	Meets Standard	All procedures for the informal and formal grievance systems are described in the handbook to include the applicable time limits and appeal process.
27. The handbook (local supplement) describes the medical sick call procedures for general population and segregation.	Meets Standard	Sick call procedures for all housing areas are outlined in the handbook. Detainees are required to submit a sick call slip as part of the protocol.
28. The handbook (local supplement) describes the facility recreation policy.	Meets Standard	
29. The handbook (local supplement) describes the detainee dress code for daily living; and work assignments and the meaning of color-coded uniforms.	Does Not Meet Standard	This component was rated Does Not Meet Standard during the last inspection because the handbook did not include the dress code for work assignments. The current handbook also does not address this issue. This is a repeat deficiency. This was corrected during the inspection.
30. The handbook (local supplement) specifies the rights and responsibilities of all detainees.	Meets Standard	Detainee rights and responsibilities are defined in the handbook.

PART 6 - 34. DETAINEE HANDBOOK – Reviewer Summary

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

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

Detainees are issued the local handbook upon admission. The site-specific handbook is free from derogatory or insensitive statements about detainee religion or culture. The site-specific handbook, written in English and Spanish, is comprehensive and accurately describes the facility's rules, programs, procedures and requirements for detainees during their detention. Detainees are required to sign for the site-specific handbook and a copy of the receipt is maintained in the detention file.

The facility's handbook and the National Detainee Handbook inform the detainee in detail as to how to report allegations of abuse and civil rights violations, along with violations of officer misconduct, directly to ICE/ERO headquarters or the DHS OIG. Policy and practice address all areas required by the detention standard.

During the evaluation of this standard, policy and the standard were reviewed, employees were interviewed, and the detainee handbook, detainee files and other documentation were reviewed.

Overall Rating: Meets Standard

Reviewer Name (Printe (b)(6); (b)(7)(C) **Completion Date:** 6/14/2018

Reviewer Signature (for printed form submission):

PART 6 – 35. GRIEVANCE SYSTEM (Key: AI)		
This Detention Standard protects detainees' rights and ensures they are treated fairly by providing a procedure by which they may file formal grievances and receive timely responses.		
Components	**Rating**	**Remarks** (1000 Char Max)
1. PRIORITY: Each facility shall have written policy and procedures for a detainee grievance system that: • Establishes a procedure for any detainee to file a formal grievance; • Establishes a procedure to track or log all formal grievances; • Establishes reasonable time limits for: o Processing, investigating, and responding to grievances, including medical grievances; o Convening a grievance committee (or actions of a single designated grievance officer) to review formal complaints; and o Providing written responses to detainees who filed formal grievances, including the basis for the decision. • Ensures a procedure in which all medical grievances are received by the administrative health authority within 24 hours or the next business day; • Establishes a special procedure for time-sensitive, emergency grievances; • Ensures each grievance receives supervisory review; • Provides at least one level of appeal; • Includes guarantees against reprisal; and • Ensures information, advice, and directions are provided to detainees in a language or manner they can understand, or that interpretation/translation services are utilized. Illiterate, disabled, or non-English speaking detainees shall be provided additional assistance, upon request.	Meets Standard	Written policy and procedures address all the elements listed in this component. Detainees are provided information regarding the grievance system via the facility handbook and the National Detainee Handbook.
2. Written procedures require that detainees are informed about the facility's informal and formal grievance system.	Meets Standard	An informal and formal grievance process is outlined in policy and procedure. The grievance system is also explained in the detainee handbook. Translation services are available for those detainees that need additional assistance.
3. The grievance section of the handbook explains all steps in the grievance process.	Meets Standard	All procedures for the informal and formal grievance systems are described in the handbook to include the applicable time limits and the appeal process.

PART 6 – 35. GRIEVANCE SYSTEM (Key: AI)		
This Detention Standard protects detainees' rights and ensures they are treated fairly by providing a procedure by which they may file formal grievances and receive timely responses.		
Components	**Rating**	**Remarks** (1000 Char Max)
4. Written procedures provide for the informal resolution of oral grievances.	Meets Standard	Written procedures outlined in the detainee handbook describe the informal grievance process. Informal resolution of oral grievances is encouraged. Detainees are allowed five days to make their grievances known to a staff member.
5. The facility administrator, or designee, shall allow a detainee to submit a formal, written grievance to a single designated grievance officer or the facility's grievance committee and shall be given the opportunity to obtain preparation assistance from another detainee or facility staff. Formal written grievances regarding medical care shall be submitted directly to medical personnel designated to receive and respond to medical grievances at the facility.	Meets Standard	Policy requires facility personnel to make every effort to resolve a detainee's complaint or grievance at the lowest level possible. The handbook informs detainees that assistance in the preparation of grievances can be obtained from staff or other detainees. The medical department receives all medical grievances within 24 hours.
6. Each facility shall implement written procedures for identifying and handling a time-sensitive emergency grievance that involves an immediate threat to a detainee's health, safety or welfare.	Meets Standard	Written policy addresses the identification and handling of emergency grievances. All personnel are trained on grievances. Per interviews of staff members, personnel know how to identify and handle emergency grievances.
7. All staff will be trained to appropriately respond to emergency grievances in an expeditious matter.	Meets Standard	Per the training coordinator, training in handling and responding to emergency grievances is addressed during orientation.
8. The facility's established grievance system protocol must provide for at least one level of appeal but may establish more than one. In all instances detainees must receive written decisions about their appeals within reasonable and specified time limits.	Meets Standard	
9. PRIORITY: Each facility shall devise a method for documenting detainee grievances, at a minimum, a Detainee Grievance Log. The documentation shall include the date of the grievance, nature of the grievance in detail, and the date the grievance was resolved. A copy of the grievance disposition shall be placed in the detainee's detention file and provided to the detainee. Medical grievances are maintained in the detainee's medical file.	Meets Standard	Review of the facility computerized grievance logs confirmed that they include the documentation listed in this component. A copy of the grievance disposition is given to the detainee and one is placed in the detainee's detention or medical file, as applicable.

PART 6 – 35. GRIEVANCE SYSTEM (Key: AI)		
This Detention Standard protects detainees' rights and ensures they are treated fairly by providing a procedure by which they may file formal grievances and receive timely responses.		
Components	**Rating**	**Remarks** (1000 Char Max)
10. PRIORITY: Staff must forward all detainee grievances containing allegations of staff misconduct to a supervisor or higher-level official in the chain of command. While such grievances are to be processed through the facility's established grievance system, CDFs and IGSA facilities must also forward a copy of any grievances alleging staff misconduct to ICE/ERO.	Meets Standard	Policy requires staff to notify a supervisor, the OIC and ICE of any allegations of staff misconduct. ICE receives a written copy of the grievance and the facility also processes the allegation through the established grievance system.
11. Staff shall not harass, discipline, punish, or otherwise retaliate against a detainee who files a complaint or grievance or who contacts the Inspector General or the Office for Civil Rights and Civil Liberties.	Meets Standard	Policy protects detainees from retaliation for filing a grievance or complaint. There were no documented or substantiated cases of staff retaliation against a detainee who lodged a complaint.

PART 6 – 35. GRIEVANCE SYSTEM – Reviewer Summary

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

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

The grievance system offers detainees an informal and a formal avenue to address issues and concerns to command staff without fear of reprisal. The grievance program establishes the grievance process, protects detainee rights and ensures that detainees are treated fairly. Responses to grievances can be appealed in accordance with an established system.

If a grievance is resolved at the informal level, the grievance officer who resolved the issue documents the circumstances and the resolution in the log. If the grievance cannot be resolved informally, the detainee may proceed with a formal grievance. All grievances are logged and tracked and per policy, staff have five days to respond to the grievance. Medical grievances are immediately forwarded to medical personnel for resolution. The facility addresses nuisance grievances in the handbook and informs detainees that nuisance grievances will be returned.

The detainee grievance logs are subject to regular inspection by the onsite ICE and ICE headquarters staff to evaluate compliance with the grievance standard and the associated grievances procedures; to assess the reasonableness of the final decisions; and to possibly generate data showing trends in the types of grievances, time frames for resolution and outcomes at the facility. The facility's grievances policy and procedures are reviewed during ICE/ERO-initiated inspections.

The evaluation of this standard was based on review of policy, review of the detainee handbook and the grievance logs, and interviews with detainees the grievance officer, and facility and ICE employees.

Overall Rating: Meets Standard

Reviewer Name (Printed (b)(6); (b)(7)(C) **Completion Date:** 6/14/2018

Reviewer Signature (for printed form submission):

PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL (Key: AJ)		
This Detention Standard protects detainees' rights by ensuring their access to courts, counsel, and legal materials.		
Components	**Rating**	**Remarks** (1000 Char Max)
1. Each facility shall provide a properly equipped law library in a designated, well-lit room that is reasonably isolated from noisy areas and large enough to provide reasonable access to all detainees who request its use. It shall be furnished with a sufficient number of tables and chairs to facilitate detainees' legal research and writing.	Meets Standard	The facility provides a main law library and two satellite law libraries which are located in separate rooms adjacent to the dormitories. The libraries are furnished with tables and chairs providing ample workspace for detainees.
2. PRIORITY: Each detainee shall be permitted to use the law library for a minimum of five hours per week and may not be forced to forego his or her minimal recreation time to use the law library, consistent with the security needs of the institution and the detainee.	Meets Standard	Detainees may use the law library a minimum of five hours per week and do not have to forgo recreation time to use the library.
3. PRIORITY: The law library shall provide an adequate number of computers with printers, access to one or more photocopiers and sufficient writing implements, paper, and related office supplies to enable detainees to prepare documents for legal proceedings. Typewriters, carbon paper, and correction tape may be substituted for computers and printers only if approved by ICE/ERO. Each facility administrator shall designate an employee to inspect the equipment at least weekly and ensure it is in good working order and to stock sufficient supplies.	Meets Standard	The facility has five computers equipped with the LexisNexis electronic law library available for detainee use. The computers also have word processing capabilities. The law library has one computer and a selection of printed legal materials. The law libraries in the dormitory areas are equipped with two computers each. Detainees may request photocopies by contacting the library officer. Printers are available in each library. Writing implements and other supplies are available. The library officer monitors and replenishes equipment and supplies in the law libraries on an ongoing basis, and the Information Technology employee maintain the computer hardware and install updates.
4. Detainees are provided with the means to save legal work in a private electronic format for future use.	Meets Standard	Detainees may save their legal work on a flash drive issued by the library officer.
5. The facility subscribes to updating services where applicable and legal materials requiring updates are current.	Meets Standard	The LexisNexis program on the law library computers is updated by ICE as required. The most recent update was installed March 2018. The DO stated that he has just received Version 24 which will be installed by IT personnel.

PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL (Key: AJ)		
This Detention Standard protects detainees' rights by ensuring their access to courts, counsel, and legal materials.		
Components	**Rating**	**Remarks** (1000 Char Max)
6. Each facility administrator shall designate a facility law library coordinator to be responsible for updating legal materials, inspecting them weekly, maintaining them in good condition and replacing them promptly as needed.	Meets Standard	The OIC has designated a law library coordinator who inspects the law libraries at least weekly. She also ensures that the LexisNexis updates are completed timely by the Information Technology staff as soon as they are provided by ICE.
7. PRIORITY: The law library contains all materials listed in the "Law Libraries and Legal Materials" Standard, Attachment A. As an alternative to obtaining and maintaining the paper-based publications in Attachment A, a facility may substitute the Lexis/Nexis publications on CD ROM. Any materials listed in Attachment A which are not loaded onto the Lexis/Nexis CD ROM must be maintained in paper form.	Meets Standard	The LexisNexis program is installed on all law library computers and contains all the materials required by this component. Any additional law materials may be obtained by making a request to facility or ICE staff.
8. The facility administrator must certify to the respective Field Office Director – and the Field Office Director must verify – that the facility provides detainees sufficient: • Operable computers that are capable of running the Lexis/Nexis CEROM, • Operable printers, • Supplies for both, and • Instructions for detainees on the basic use of the system.	Meets Standard	The OIC has certified to the Field Office Director that the facility provides a law library which meets the requirements of this component. ICE personnel have verified that the equipment and materials are provided.
9. Outside persons and organizations may submit published or unpublished legal material for inclusion in a facility's law library. If the material is in a language other than English, an English translation must be provided. Outside published material is forwarded and reviewed by the ICE prior to inclusion.	Meets Standard	All materials must be approved by ICE prior to submission for the law library.
10. Detainees who require legal material not available in the law library may make a written request to the facility law library coordinator, who shall inform the Field Office of the request as soon as possible.	Meets Standard	
11. The facility shall ensure that detainees can obtain photocopies of legal material when such copies are reasonable and necessary for a legal proceeding involving the detainee.	Meets Standard	Copies may be obtained immediately upon request.
12. The facility permits detainees to assist other detainees, voluntarily and free of charge, in researching and preparing legal documents.	Meets Standard	

PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL (Key: AJ)		
This Detention Standard protects detainees' rights by ensuring their access to courts, counsel, and legal materials.		
Components	**Rating**	**Remarks** (1000 Char Max)
13. Unrepresented illiterate or non-English speaking detainees who wish to pursue a legal claim related to their immigration proceedings or detention, and who indicate difficulty with the legal materials, must be provided with more than access to a set of English-language law books. To the extent practicable and consistent with the good order and security of the facility, all efforts will be made to assist disabled persons in using the law library.	Meets Standard	Requests for materials in other languages are forwarded to ICE. LexisNexis provides detainees with a Spanish tutorial which instructs them on locating relevant materials. Facility personnel will assist illiterate and disabled persons in using the law library.
14. The facility shall permit a detainee to retain all personal legal material upon admittance to the general population or Administrative Segregation or Disciplinary Segregation units, unless this would create a safety, security, or sanitation hazard. Stored legal materials are accessible within 24 hours of a written request.	Meets Standard	Detainees are permitted to retain all personal legal materials in their housing unit. If it is necessary to store the materials they are accessible within 24 hours of a written request.
15. Detainees housed in Administrative Segregation and Disciplinary Segregation units have the same law library access as the general population, unless compelling security concerns require limitations.	Meets Standard	Detainees housed in Administrative Segregation or Disciplinary Segregation are permitted to use the main law library upon request.
16. Denial of access to the law library must be: • Supported by compelling security concerns, • For the shortest period required for security, • Fully documented in the Special Management Unit housing logbook, and • The reason should be documented and placed in the detention file. The facility shall notify the Field Office every time access is denied and send a copy of the proper documentation.	Meets Standard	Facility policy addresses all requirements of this component. There have been no denials of access to the law library during this inspection period.
17. The facility shall provide assistance to any unrepresented detainee who requests a notary public, certified mail, or other such services to pursue a legal matter, if the detainee is unable do so through a family member, friend, or community organization.	Meets Standard	Facility staff will provide these services upon request.
18. Staff shall not permit a detainee to be subjected to reprisals, retaliation, or penalties because of a decision to seek judicial or administrative relief or investigation of any matter.	Meets Standard	Facility policy addresses this component.

PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL – Reviewer Summary
(Use following format for dates: mm/dd/yyyy)

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

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

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

ICE determines acceptance of outside published materials into the law library based on usefulness of the materials and space limitations, and notifies the submitter if materials are declined. Outdated legal materials are removed from the law library and damaged or stolen materials are replaced as necessary.

Each detainee has the opportunity to research his/her legal status and is provided the necessary equipment and materials. Per the DO, ICE makes decisions regarding unpublished outside material requests within thirty days. When outside persons and organizations are permitted to submit legal materials for inclusion in the law library which are in a language other than English, an English translation is provided.

Detainees obtain photocopies for a legal proceeding by sending a request to the library coordinator or case manager. These requests are denied only if the document poses a security risk, threat to orderly operations, violation of any law or regulation and/or the request is clearly abusive or excessive. The library coordinator inspects documents offered for photocopying to ensure they comply with these rules but does not read legal documents.

Unrepresented detainees requesting a notary public, certified mail, or other such services to pursue a legal matter are provided this assistance by staff if unable to secure the services by other means. Indigent detainees are provided free envelopes and stamps for domestic mail related to their legal matters and for correspondence to a legal representative, a potential legal representative or any court. Requests to send international mail at no cost are reviewed, on a case-by-case basis.

The detainee handbook and postings in the law library provide law library information, including rules, procedures, hours, information on how to request additional time in the law library, and how to access legal materials, how to request materials not included in the library, and how to report missing or damaged material.

During the evaluation of this standard, the law library was inspected, the LexisNexis program was manipulated, employees and detainees were interviewed, and policy and the detainee handbook were reviewed.

Overall Rating: Meets Standard

Reviewer Name (Printed (b)(6); (b)(7)(C) | **Completion Date:** 6/14/2018

Reviewer Signature (for printed form submission):

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

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

Standard N/A

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

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

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

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

Standard N/A

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

Components	Rating	Remarks (1000 Char Max)
7. The facility may discontinue or temporarily suspend group presentations by any or all presenters, if they: • Pose an unreasonable security risk; • Interfere substantially with the facility's orderly operation; • Deviate materially from approved presentation material, procedures or presenters; or if • The facility is operating under emergency conditions.	Meets Standard	There have been no suspensions in the last twelve months.
8. PRIORITY: If ICE/ERO approves an electronic presentation submitted by qualified individuals or organizations, the facility shall provide regularly scheduled and announced opportunities for detainees in the general population to view or listen to the electronic presentation(s). Each facility shall present only ICE/ERO-approved electronic presentations on detainee legal rights.	Meets Standard	ICE/ERO approved electronic presentations on detainee legal rights are made available to all detainees.
9. The facility shall maintain electronically-formatted presentations and equipment in good condition.	Meets Standard	

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

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

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

Observation of housing unit postings and interviews with housing unit officers, detainees, and ICE personnel revealed detainees have access to information presented by authorized persons and organizations for the purpose of informing them of U.S. immigration law and procedures.

The rules on legal rights group presentations are addressed in the handbook. Illiterate, limited-English proficient and disabled detainees are notified in a language/manner they understand about scheduled presentations. Print versions of the ICE Know Your Rights video are available in the law library in English, Spanish, Chinese, Vietnamese and Portuguese. The video version has been damaged and cannot be viewed. ICE personnel have been notified but a replacement video has not been provided.

Overall Rating: Meets Standard

Reviewer Name (Printed) (b)(6); (b)(7)(C) **Completion Date:** 6/14/2018

Reviewer Signature (for printed form submission):

Section VII: ADMINISTRATION & MANAGEMENT

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

PART 7 – 38. DETENTION FILES (Key: AL)		
This Detention Standard contributes to efficient and responsible facility management by maintaining for each detainee booked into a facility for more than 24 hours a file of all significant information about that person.		
Components	**Rating**	**Remarks** (1000 Char Max)
1. For every new arrival whose stay will exceed 24 hours, a designated officer shall create a detainee detention file.	Meets Standard	A file is created for each detainee upon admission to the facility.
2. The detainee detention file contains either originals or copies of documentation and forms generated during the admissions process.	Meets Standard	
3. The detention files are located and maintained in a secured area.	Meets Standard	Detention files are securely maintained in a secure records area with limited access. The intake supervisor maintains the key. Detainees do not have access to the area.
4. Each detention file remains active during the detainee's stay. When the detainee is released from the facility, staff add copies of completed release documents, the original closed-out receipts for property and valuables, the original I-385 or equivalent and other documentation.	Meets Standard	Detention files remain active during a detainee's stay. To document releases, this facility uses a local discharge form and a property release form. These forms are included in the archived file with other forms equivalent to those listed in this component.
5. At a minimum, a logbook entry recording the file's removal from the cabinet shall include: • The detainee's name and A-File number; • Date and time removed; • Reason for removal; • Signature of person removing the file, including title and department; • Date and time returned; and • Signature of person returning the file.	Meets Standard	
6. Electronic record-keeping systems and data are protected from unauthorized access.	Meets Standard	Electronic recordkeeping systems are password protected.

PART 7 – 38. DETENTION FILES – Reviewer Summary
(Use following format for dates: mm/dd/yyyy)
Overall Remarks: *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)*
An inspection of the detention file storage area; interviews with intake personnel and the intake supervisor; and review of detention file content and detention file sign-out documentation revealed a detention file is created for each newly admitted detainee during the intake process. The OIC ensures the intake unit has on hand all necessary supplies and equipment, and that all equipment is maintained in good working order. The intake area has the necessary supplies to process detainees. Defective and extra copies of all forms and documents generated during the admissions process are disposed of properly.

PART 7 – 38. DETENTION FILES – Reviewer Summary *(Use following format for dates: mm/dd/yyyy)*	
ICE personnel confirmed that the field office maintains files as needed and retains all inactive files for a minimum of eighteen months. Approved personnel have access to detention files on an as needed basis and for official purposes only. Information may only be released to an outside third party when the detainee has signed a release of information consent form consistent with state and federal regulations and ICE has approved the request.	
Overall Rating: Meets Standard	
Reviewer Name (Printed): (b)(6); (b)(7)(C)	**Completion Date:** 6/14/2018
Reviewer Signature (for printed form submission):	

PART 7 – 39. NEWS MEDIA INTERVIEWS AND TOURS (Key: AM)		
This Detention Standard ensures that the public and the media are informed of events within the facility's areas of responsibility through interviews and tours.		
Components	**Rating**	**Remarks** (1000 Char Max)
1. Interviews by reporters, other news media representatives, academics and parties not included in other visitation categories in the Detention Standard on Visitation shall be permitted access to facilities only by special arrangement and with prior approval of the respective ICE/ERO Field Office Director.	Meets Standard	Policy specifically addresses the elements of this component in detail. ICE must approve any media contacts with detainees. There have been two tours during this inspection period.
2. News media organizations shall abide by the policies and procedures of the facility being visited or toured. Media representatives must obtain advance permission from the facility administrator and FOD before taking photographs in or of any facility. The facility administrator shall advise both media representatives and detainees that use of any detainee's name, identifiable photo, or recorded voice requires his or her prior permission.	Meets Standard	
3. Media representatives shall obtain a signed release from the detainee before photographing or recording his or her voice. The original of the form is to be filed in the detainee's A-file with a copy in the facility's Detention File.	Meets Standard	Detainees must sign an ICE News Interview Authorization form prior to being photographed or recorded. Copies of these documents are stored in the appropriate detainee files as stipulated by the Standard.
4. When the alien is the center of a controversy or of a special interest or high profile case, the Field Office Director shall consult with the Headquarters Deputy Assistant Director, Detention Management Division, before deciding whether to allow the interview.	Meets Standard	The Field Office will handle all notifications and interviews involving a detainee who is the center of a controversy or of a special interest or high-profile case.
5. A press pool may be established when the Field Office Director and facility administrator determine that the volume of interview requests warrants such action. The facility administrator shall notify all media representatives with pending or requested interviews, tours, or visits that, effective immediately and until further notice, all media representatives must comply with the press pool guidelines established by the Field Office Director.	Meets Standard	Press pools with be handled by the Field Office PIO in conjunction with the OIC.

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

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

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

A review of policy and interviews with ICE personnel and the OIC revealed the public and the media are informed of events within the facility's area of responsibility through interviews and tours. The privacy of detainees and staff, including the right of a detainee to not be photographed or recorded, is protected. Media representatives, media visitors, tours, personal interviews, press pools and visits by NGOs are all coordinated and approved by ICE officials.

Access is not denied based on the political or editorial viewpoint of the requestor. Prior to the tour, the OIC explains the

PART 7 - 39. NEWS MEDIA INTERVIEWS AND TOURS – Reviewer Summary *(Use following format for dates: mm/dd/yyyy)*	
terms and guidelines of the tour to the visitors.	
Overall Rating: Meets Standard	
Reviewer Name (Printed): (b)(6); (b)(7)(C)	**Completion Date:** 6/14/2018
Reviewer Signature (for printed form submission):	

PART 7 – 40. STAFF TRAINING (Key: AN)		
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.		
Components	**Rating**	**Remarks** (1000 Char Max)
1. The facility conducts appropriate orientation, initial training, and annual training for all staff, contractors, and volunteers with appropriate assessment measures.	Meets Standard	All employees, contractors and volunteers must participate in initial orientation and annual refresher training sessions.
2. The amount and content of training is consistent with the duties and function of each individual and the degree of direct supervision that individual receives.	Meets Standard	Personnel are trained in accordance with their job duties and functions within the scope of facility operations.
3. At least one qualified individual with specialized training for the position coordinates and oversees the staff development and training program. At a minimum, full-time training personnel complete a 40-hour training-for-trainers course.	Meets Standard	
4. Training is governed and guided by a training plan that is reviewed and approved annually by the facility administrator.	Meets Standard	
5. Training shall be conducted by trainers certified in the subject matter.	Meets Standard	
6. Each trainee shall be required to pass a written or practical examination to ensure the subject matter has been mastered.	Meets Standard	The training curriculum requires that each attendee demonstrate competency by passing written examinations covering the coursework.
7. The formal training received by each trainee shall be fully documented in permanent training records.	Meets Standard	Training files are maintained by the training officer and are established for each employee.

PART 7 – 40. STAFF TRAINING (Key: AN)		
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.		
Components	**Rating**	**Remarks** (1000 Char Max)
8. Each new employee, contractor, and volunteer is provided an orientation prior to assuming duties. While tailored specifically for staff, contractors, and volunteers, the orientation programs include, at a minimum: • ICE/ERO National Detention Standards • Working conditions • Cultural diversity for understanding staff and detainees • Requirements of special-needs detainees • Code of ethics • Personnel policy manual • Employees' rights and responsibilities • Drug-free workplace • Health-related emergencies • Signs of suicide risk, suicide precautions, prevention, and intervention • Hunger strikes • Use of force • Key and lock control • Overview of the criminal justice system • Tour of the facility • Facility goals and objectives • Facility organization • Staff rules and regulations • Sexual harassment/sexual misconduct awareness • Hostage situations and staff conduct if taken hostage • Program overview.	Meets Standard	This component was rated Does Not Meet Standard during the last inspection because volunteers had received all required training with the exception of special needs detainees' requirements, hunger strikes and use of force. A review of the training curriculum for new employees, contractors and volunteers covers the elements of this component.
9. Clerical/support employees who have minimal detainee contact receive the facility initial training and training specific to their job duties.	Meets Standard	Clerical/support employees complete an initial training specific to their job duties prior to beginning work.

PART 7 – 40. STAFF TRAINING (Key: AN)		
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.		
Components	**Rating**	**Remarks** (1000 Char Max)
10. Professional and support employees (including contractors) who have regular or daily detainee contact will receive training on the following subjects, at a minimum: • ICE/ERO National Detention Standards update • Security procedures and regulations • Code of Ethics • Health-related emergencies • Drug-free workplace • Supervision of detainees • Signs of hunger strike • Signs of suicide risk, suicide precautions, prevention, and intervention • Use-of-force regulations and tactics • Hostage situations and staff conduct if taken hostage • Report writing • Detainee rules and regulations • Key and lock control • Rights and responsibilities of detainees • Safety procedures • Emergency plan and procedures • Interpersonal relations • Social and cultural lifestyles of the detainee population • Cultural diversity for understanding staff and detainees • Communication skills • Cardiopulmonary resuscitation (CPR)/First aid • Counseling techniques • Sexual harassment and sexual misconduct awareness	Meets Standard	All bulleted training components are included in the training for new professional and support staff (including contractors) having daily or regular detainee contact.

PART 7 – 40. STAFF TRAINING (Key: AN)		
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.		
Components	**Rating**	**Remarks** (1000 Char Max)
11. Full-time health care employees receive at least 40 hours of formal orientation before undertaking their assignments. In addition to the training areas above, the health-care employee orientation program includes instruction in the following: • ICE/ERO National Detention Standards update • The purpose, goals, policies, and procedures for the facility and parent agency security and contraband regulations • Key and lock control; appropriate conduct with detainees • Medical grievance procedures and protocols • Emergency medical procedures • Requirements of special-needs detainees • Code of ethics • Drug-free workplace • Responsibilities and rights of employees • Standard precautions • Occupational exposure • Personal protective equipment • Bio-hazardous waste disposal • Overview of the detention operations • Hostage situations and staff conduct if taken hostage	Meets Standard	All full-time health care employees receive a minimum of forty hours of training that includes all the items in this component.

PART 7 – 40. STAFF TRAINING (Key: AN)		
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.		
Components	**Rating**	**Remarks** (1000 Char Max)
12. Security personnel (including contractors) will receive training on the following subjects, at a minimum: • ICE/ERO National Detention Standards update • Security procedures and regulations • Supervision of detainees • Searches of detainees, housing units, and work areas • Signs of suicide risk, suicide precautions, prevention, and intervention • Indicators of hunger strike • Code of Ethics • Health-related emergencies • Drug-free workplace • Self-defense techniques • Use-of-force regulations and tactics • Hostage situations and staff conduct if taken hostage • Report writing • Detainee rules and regulations • Key and lock control • Rights and responsibilities of detainees • Safety procedures • Emergency plans and procedures • Interpersonal relations • Social/cultural lifestyles of the detainee population • Cultural diversity for detainees and staff • Communication skills • Cardiopulmonary resuscitation (CPR) and first aid • Counseling techniques • Sexual abuse and assault awareness	Meets Standard	All security personnel are provided training prior to assuming their duties. Security contractors are not used at this facility. The training includes all the items listed in this component.
13. Situation Response Teams (SRTs) receive: • Specialized training before undertaking their assignments.	N/A	The facility does not have a situation response team.
14. Facility management and supervisory staff receive Management and Supervisory training.	Meets Standard	

PART 7 – 40. STAFF TRAINING (Key: AN)		
This Detention Standard ensures that staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing refresher training.		
Components	**Rating**	**Remarks** (1000 Char Max)
15. PRIORITY: Personnel authorized to use firearms receive training that covers their use, safety, and care and constraints on their use – before being assigned to a post involving their possible use. All personnel authorized to use firearms demonstrate competency in their use at least annually.	Meets Standard	All personnel authorized to use firearms receive training in the use, safety, care and constraints on their use prior to being assigned to an armed post. Personnel authorized to use firearms are required to demonstrate competency in their use on an annual basis. Per the training officer, the state of Georgia has recently implemented two required on-line courses that each officer must pass before they can be certified to carry a weapon. Those courses are use of force and de-escalation techniques.
16. PRIORITY: Personnel authorized to use chemical agents receive training in the use of chemical agents and in the treatment of individuals exposed to a chemical agent before being assigned to a post involving their possible use.	Meets Standard	All employees authorized to use chemical agents receive training in the use of chemical agents and in the decontamination of individuals exposed to a chemical agent prior to being assigned to a post involving their possible use.

PART 7 – 40. STAFF TRAINING – Reviewer Summary

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

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

The facility maintains a comprehensive training plan that ensures personnel are properly trained and competent in their assigned duties. Training records document the training that is provided.

Before assuming duties, each new employee is provided appropriate orientation as required. All employees receive annual training as required. The amount and content of the training is consistent with the duties and function of each individual. All staff are required to attend a forty-hour pre-service class. Per the training officer, the only armed post is the transport. Documentation was reviewed showing current certification of the transport staff. Policy and practice address all areas required by the detention standard.

The evaluation of this standard was based on a review of policies and procedures, interviews with training staff and a review of training records and the training curriculum, rosters, on-site observations, employee interviews, and a review of personnel training records.

Overall Rating: Meets Standard

Reviewer Name (Printed): (b)(6); (b)(7)(C) **Completion Date:** 6/14/2018

Reviewer Signature (for printed form submission):

PART 7 - 41. TRANSFER OF DETAINEES (Key: AO)		
This Detention Standard ensures that transfers of detainees from one facility to another are professionally and responsibly managed in regard to notifications, detainee records, safety and security, and protection of detainee funds and personal property.		
Components	**Rating**	**Remarks** (1000 Char Max)
1. Facility policy mandates that: • Times and transfer plans are never discussed with the detainee prior to transfer. • The detainee is not notified of the transfer until immediately prior to departing the facility. • The detainee is not permitted to make any phone calls or have contact with any detainee in the general population.	Meets Standard	Facility policy addresses all requirements of this component.
2. A detainee may not be removed from any facility without a Form I-203 or I-203A or equivalent authorizing the removal of the detainee the facility.	Meets Standard	Form I-203 is required for the removal of a detainee from the facility.
3. The facility health care provider shall be notified sufficiently in advance of the transfer that medical staff may determine and provide for any associated medical needs.	Meets Standard	
4. The sending facility's medical staff shall prepare a Transfer Summary that must accompany the transferee. Either the USM 553 Form or a facility-specific form may be used, provided it shows: • TB clearance, including PPD and Chest x-ray results, with the test dates; • Current mental and physical health status, including all significant health issues; • Current medications, with specific instructions for medications that must be administered en route; and • The name and contact information of the transferring medical official.	Meets Standard	Facility medical personnel complete a USM 553 Transfer Summary form that includes all information required by this component. The form accompanies the transferee.
5. Transportation staff may not transport a detainee without the required Transfer Summary, which is essential for detainee safety while in transit.	Meets Standard	
6. Medical staff shall notify the facility administrator when they determine that a detainee's medical or psychiatric condition requires: • Clearance by the medical staff prior to transfer, or • Medical escort during transfer.	Meets Standard	The OIC and ICE are notified by medical personnel if a detainee requires medical clearance for a transfer or needs a medical escort during transfer.

PART 7 - 41. TRANSFER OF DETAINEES (Key: AO)		
This Detention Standard ensures that transfers of detainees from one facility to another are professionally and responsibly managed in regard to notifications, detainee records, safety and security, and protection of detainee funds and personal property.		
Components	**Rating**	**Remarks** (1000 Char Max)
7. PRIORITY: Prior to transfer, medical personnel shall provide the transporting officers instructions and, if applicable, medication(s) for the detainee's care in transit. Detainees shall be transferred with, at a minimum, 7 days worth of prescription medications (TB medications, a 15 days supply) to ensure continuity of care throughout the transfer and subsequent intake process. Medications shall be: • Placed in a property envelope with the detainee's name and A-number on it, • Accompany the transfer, and • If unused, be turned over to an officer at the receiving Field Office.	Does Not Meet Standard	During the month prior to this inspection three transfers had to be postponed due to required medication not being available to accompany the detainee.
8. Before transfer, the sending facility shall return all funds and small valuables to the detainee and close out all forms G-589 (or local IGSA funds and valuables receipts) in accordance with the Detention Standard on Funds and Personal Property.	Meets Standard	All funds and valuables accompany the detainee when transferred.
9. Within 24 hours of arrival at the final transfer destination all detainees should be given the opportunity to make a phone call. Any indigent detainee shall be permitted a single domestic phone call at the Governments expense, ordinarily using a PCS Emergency Card or equivalent.	Meets Standard	ICE personnel stated that detainees are permitted to make a call once they arrive at their new facility.

PART 7 - 41. TRANSFER OF DETAINEES – Reviewer Summary *(Use following format for dates: mm/dd/yyyy)*	
Overall Remarks: *(Record significant facts, observations, other sources used, etc.) (5000 Character Max)* A review of policy and interviews of ICE, the HSA, and facility personnel revealed the transfer of detainees from one facility to another is professionally and responsibly managed in regards to notifications, detainee records, safety and security concerns, and protection of detainee funds and personal property. Detainee transfers are conducted in accordance with required notification, safety and medical requirements specified in the standard.	
Overall Rating: Meets Standard	
Reviewer Name (Printed (b)(6); (b)(7)(C)	**Completion Date:** 6/14/2018
Reviewer Signature (for printed form submission):	

DOCUMENT CHECK

The document check should be run upon completion of the review form and PRIOR to submission to DHS-ICE. This check will help ensure the form is ready for upload to DHS-ICE systems. Errors indicate issues were found with specific data entered into the form. Items Not Rated indicate there were line items found on the form which remain in a "Not Rated" status. This action will also update the table of contents.

The check will take several minutes to complete, during which the screen will flash.

Review Document Issue Summary	**Ratings check complete.**			
Check Document: Run Check	**Error(s) Found:**	**0**	**Items Not Rated:**	**0**

Errors:

No Errors Found

Items Not Rated:

All Items Rated

Run Indicator: ☒

~~FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)~~

ICE Uniform Corrective Action Plan

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

Review Date: 6/14/2018	**DETLOC: IRWINGA**	**Review Purpose: Annual**
Complete and Return to ICE HQ No Later Than: 9/7/2018		**Review Type: PBNDS_2008_G324_O72_LYON**
Facility Corrective Action Plan Assigned To: ATL		
Facility Name IRWIN COUNTY DETENTION CENTER		
Address 132 COTTON DRIVE		
City: OCILLA	**State: GA**	**Zip Code: 31772**
County IRWIN		
Document Key: 649	**Form Key (Version): 9**	
Document Name: IRWINGA_06_14_2018_Annual_UCAP_KEY_649.doc		

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

FIELD OFFICE USE: ***(Updates Permitted,** Field Entry Required)*

Date of Final Submission: (Use following format for dates: mm/dd/yyyy)

Form Date: 01-27-2014

Department of Homeland Security
Immigration and Customs Enforcement: Office of Enforcement and Removal Operations

Instructions for Corrective Action Response

Provide a detailed description of the corrective action taken by the facility to address each of the deficiencies identified in the review. Please ensure that each corrective action corrects the noted deficiency to the fullest extent possible. In the event a deficiency cannot be corrected within the authorized timeline, an explanation is required in the "Corrective Actions" column. The explanation should include a work around solution while pending final resolution, and an approximate completion date. If an extension is needed, the Field Office must contact the appropriate DMD staff member with this request in advance of the specified timelines for submission.

Exceptions to this timeline may be granted for necessary construction and staffing requirements, but will require an estimated completion date and temporary "work around" as part of the approved UCAP. Serious life and safety issues must be corrected immediately.

Detainee Handbook (Key: AH)					
This Detention Standard requires that, upon admission, every detainee be provided comprehensive written orientation materials that describe such matters as the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care, in English, Spanish, and other languages and that detainees acknowledge receipt of those materials.					
Item No.	Component	Deficiency Identified	Corrective Action	Projected Completion Date	Date Completed
1	The handbook (local supplement) describes the detainee dress code for daily living; and work assignments and the meaning of color-coded uniforms. (Key: AH29)	This component was rated Does Not Meet Standard during the last inspection because the handbook did not include the dress code for work assignments. The current handbook also does not address this issue. This is a repeat deficiency. This was corrected during the inspection.			

Environmental Health and Safety (Key: B)					
This Detention Standard protects detainees, staff, volunteers, and contractors from injury and illness by maintaining high facility standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment.					
Item No.	Component	Deficiency Identified	Corrective Action	Projected Completion Date	Date Completed
2	The facility has a system for storing, issuing, and maintaining inventories of hazardous materials (Key: B03)	Policy and procedures establish a system for storing, issuing and maintaining inventories of hazardous materials. However, a review of the inventory log in storage room 103 did not reflect an accurate inventory. The staff member in charge stated that she inventories the chemicals monthly instead of maintaining a perpetual inventory of chemicals in stock as required by the Standard. This was corrected during the inspection.			

Food Service (Key: T)					
This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.					
Item No.	Component	Deficiency Identified	Corrective Action	Projected Completion Date	Date Completed

3	Special procedures govern the handling of food items that pose a security threat. (Key: T03)	This component was rated does not meet the Standard during the last inspection as special procedures for handling security threat food items were not in place. Sugar was not properly secured, and a perpetual inventory was not being maintained. Sugar is properly stored in the dry storage area; however, the perpetual inventory log has not been maintained. This was corrected during the inspection. This is a repeat deficiency.			
4	The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date. (Key: T04)	There was no documentation to support that detainee job descriptions were reviewed annually. This was corrected during the inspection.			
5	During orientation and training session(s), the cook supervisor or equivalent explains and demonstrates: •Safe work practices and methods. •Safety features of individual products/ pieces of equipment. •Training covers the safe handling of hazardous material[s] the detainee are likely to encounter in their work. (Key: T05)	Detainees working in the food service department receive orientation training on all the requirements of this component with the exception of safety training on individual equipment. There was no documentation available to support this training. This was corrected during the inspection. They are required to sign a voluntary work agreement indicating they have received training in the use of hazardous materials.			
6	PRIORITY: Before and during the display, service and transportation of food, sanitary guidelines are observed, with hot foods maintained at a temperature of at least 140 F degrees (120 degrees in food trays) and foods that require refrigeration maintained at 41 F degrees or below. (Key: T10)	Observation of food preparation confirmed that sanitary guidelines are followed. Food temperatures observed before and during the display, service and transportation of food during the lunch meal were maintained within the prescribed safe range. However, a review of documentation during the inspection period revealed that temperatures are not consistently documented.			
7	Food service staff and detainee workers involved in cooking shall ensure that potentially hazardous foods are cooked at the required safe temperatures, as listed in the Detention Standard on Food service. (Key: T19)	During the inspection, food was cooked at the appropriate temperatures; however, temperatures were not always documented consistently on their production logs.			
8	All food service personnel, including staff and detainees, shall receive a pre-employment medical examination. The Cook Foreman or detention staff assigned to food service shall inspect all detainee food service workers on a daily basis at the start of each work period. Detainees who exhibit signs of illness, skin disease, diarrhea (admitted or suspected), or infected cuts or boils shall be removed from the work assignment and immediately referred to Health Services for determination of duty fitness. (Key: T31)	Documentation was not available to show that the food service staff receive pre-employment physicals. This was corrected during the inspection and physicals for all food service staff were scheduled within the next two weeks.			
9	PRIORITY: Staff shall check refrigerator and water temperatures daily and record the results. The FSA or designee will verify and document requirements of food and equipment temperatures. The FSA or CS shall inspect food service areas at least weekly. An independent, external inspector shall conduct annual inspections to ensure that the food service facilities and equipment meet governmental health and safety codes. (Key: T39)	This component was rated as Does Not Meet Standard during the last inspection because a review of documentation revealed that food service personnel did not record refrigerator temperatures during every shift as required. Additionally, the FSD had not conducted inspections of the department, at least weekly, as required by the Standard. Refrigerator and freezer temperatures are still not always checked and recorded as required by the Standard. This is a repeat deficiency. Food service staff conduct daily inspections. In addition, the fire/safety sergeant is also currently conducting weekly inspections of this department. Training was conducted by the regional food manager during the inspection for all food service staff on their responsibilities and the purpose of temperature checks.			

Hunger Strikes (Key: U)

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

Item No.	Component	Deficiency Identified	Corrective Action	Projected Completion Date	Date Completed
10	After the hunger strike, medical staff shall provide appropriate medical and mental health follow-up care. Only the clinical medical authority may order a detainee's release from hunger strike treatment and shall document that order in the detainee's medical record. A notation will be made in the detention file when the detainee has ended the hunger strike. (Key: U08)	This component was rated Does Not Meet Standard during the last inspection because a review of two of the medical records revealed that the clinical medical authority did not document the discharge from the hunger strike and there was no notation made in the detention file. During this inspection, the discharge notes of the detainees on hunger strike are still missing from the medical records as are notations in the detention files. This is a repeat deficiency.			

Medical Care (Key: V)

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

Item No.	Component	Deficiency Identified	Corrective Action	Projected Completion Date	Date Completed
11	The facility administrative health authority must ensure that a plan is developed that provides for continuity of medical care in the event of a change in detention placement or status. Upon transfer to another facility or release, the medical provider shall ensure that all relevant medical records and at least 7 days (or, in the case of TB medications, 15 days) supply of medication shall accompany the detainee. (Key: V50)	Policy requires that medical staff complete the Medical Summary of a Federal Inmates/Alien in Transit form for all detainees transferred to another facility. The summary notes any current acute and/or chronic conditions and includes a listing of medications, allergies and the detainee's TB status. Per the HSA, at least a seven-day supply of medication is provided. A 15-day supply of TB medication and 30-day supply of HIV medication accompanying the detainee. During the previous month the transfer of three detainees had to be postponed due to the proper medication not being available. Procedures have been put in place to ensure that transfers occur in a timely manner.			

Personal Hygiene (Key: W)

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

Item No.	Component	Deficiency Identified	Corrective Action	Projected Completion Date	Date Completed
12	Detainees shall be provided an adequate number of toilets 24 hours per day that can be used without staff assistance when detainees are confined to their cells or sleeping areas. (Key: W08)	This component was rated Does Not Meet Standard during the last inspection because six 100 bed dorms did not have an adequate number of toilets; there are a total of four toilets which does not satisfy the ratio requirement of 1 to12. During this inspection, four 100 bed dorms still do not have an adequate number of toilets. There are four toilets for each dorm, which does not satisfy the ratio requirement of 1 for every 12 detainees. This is a repeat deficiency.			
13	An adequate number of washbasins with temperature controlled hot and cold running water 24 hours per day. (Key: W09)	This component was rated Does Not Meet Standard during the last inspection because six 100 bed dorms did not have an adequate number of washbasins; there are a total of four washbasins which does not satisfy the ratio requirement of 1 to12. During this inspection, four 100 bed dorms still do not have an adequate number of washbasins. There are four washbasins for each dorm, which does not satisfy the ratio requirement of 1 for every 12 detainees. This is a repeat deficiency.			

Special Management Units (Key: O)					
This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.					
Item No.	Component	Deficiency Identified	Corrective Action	Projected Completion Date	Date Completed
14	PRIORITY: A health care provider visits every detainee in an SMU at least once daily, and detainees are provided any medications prescribed for them. Detainees will have access to regularly scheduled sick call regardless of housing assignment. Any action taken is documented in a separate logbook, and the medical visit is recorded on the detainee's SMU Housing Record (Form I-888). (Key: O17)	Procedures require a health care professional to visit detainees in the SMU each day and provide any medications prescribed. Detainees have access to regularly scheduled sick call. Any action taken by a health care provider is recorded in the SMU log and the detainee's segregation housing record; however, a review of SMU housing unit records did not indicate that visits are made daily, as required.			
15	Detainees in Administrative Segregation are provided opportunities to spend time outside their cells (over and above the required recreation periods), for such activities as socializing, watching TV, and playing board games and may be assigned to work details (for example, as orderlies in the SMU). (Key: O19)	The SMU sergeant stated that detainees are offered a choice of outside recreation or spending time outside their cell in the dayroom.			

Staff-Detainee Communication (Key: P)					
This Detention Standard enhances security, safety, and orderly facility operations by encouraging and requiring informal direct and written contact among staff and detainees, as well as informal supervisory observation of living and working conditions. It also requires the posting of Hotline informational posters from the Department of Homeland Security Office of the Inspector General.					
Item No.	Component	Deficiency Identified	Corrective Action	Projected Completion Date	Date Completed
16	In SPCs, CDFs, and IGSAs with On-Site ICE/ERO Presence: The facility administrator or Supervisory Detention and Deportation Officer (SDDO) shall develop written schedules of weekly visits and ensure they are posted in detainee living and other appropriate areas. Each facility shall have specific procedures for documenting each visit. (Key: P03)	This component was rated Does Not Meet Standard during the previous inspection because there was no documentation available to confirm the weekly scheduled visits occurred from July 2016 through October 2016. January 2017 and May 2017 schedules did not include every week during the respective month. Postings in the housing units indicate that announced visits occur on Tuesday. ICE visits are documented in the applicable control center logs. Documentation provided did not include every week during this inspection period. Documentation provided confirmed that the weekly visits did not occur consistently until April through June 2018. This is a repeat deficiency.			
17	In SPCs and CDFs and in IGSAs with ICE/ERO on-site presence: The staff member receiving the request shall normally respond in person or in writing as soon as possible and practicable, but no longer than within 72 hours of receipt. (Key: P05)	This component was rated Does Not Meet Standard during the previous inspection because the electronic log indicated that staff members receiving the requests did not consistently respond to the requests within 72 hours. At this IGSA ICE officers are assigned on-site. The documentation reviewed during this inspection indicated that not all requests were responded to in a timely manner with many not having any indication of a response. This is a repeat deficiency.			

18	All requests to ICE/ERO staff shall be recorded in a logbook (or electronic logbook) specifically designed for that purpose. At a minimum, the log shall record: •Date of receipt; •Detainee's name; •Detainee's A-number; •Detainee's nationality; •Name of the staff member who logged the request; •Date the request, with staff response and action, was returned to the detainee; and •Any other pertinent site-specific information. In IGSAs, the date the request was forwarded to ICE/ERO and the date it was returned shall also be recorded. (Key: P07)	This component was rated Does Not meet Standard during the previous inspection because the date the request was forwarded to ICE/ERO and the date it was returned was not consistently recorded. During this inspection it was noted that the date the request, with staff response and action, was returned to the detainee was not consistently recorded. This is a repeat deficiency. It was noted that the documentation has improved since April 2018.			

Transfer of Detainees (Key: AO)

This Detention Standard ensures that transfers of detainees from one facility to another are professionally and responsibly managed in regard to notifications, detainee records, safety and security, and protection of detainee funds and personal property.

Item No.	Component	Deficiency Identified	Corrective Action	Projected Completion Date	Date Completed
19	PRIORITY: Prior to transfer, medical personnel shall provide the transporting officers instructions and, if applicable, medication(s) for the detainee's care in transit. Detainees shall be transferred with, at a minimum, 7 days worth of prescription medications (TB medications, a 15 days supply) to ensure continuity of care throughout the transfer and subsequent intake process. Medications shall be: •Placed in a property envelope with the detainee's name and A-number on it, •Accompany the transfer, and •If unused, be turned over to an officer at the receiving Field Office. (Key: AO07)	During the month prior to this inspection three transfers had to be postponed due to required medication not being available to accompany the detainee.			

This UCAP has been reviewed and concurred with by an ERO field office official equivalent to an AFOD or above.	
Reviewer Name (Printed):	***Reviewed Date:**
Reviewer Title (Printed):	
Reviewer Signature (for printed form submission):	

** Field Entry Required*

From: Sullivan, Kristen
Sent: 30 Aug 2018 20:07:32 +0000
To: (b)(6); (b)(7)(C)
Subject: FW: (b)(6); /ICDC Consular visit report-August 16.2018
Attachments: IRWIN RESPONSES.docx

Please see the responses from ICDC medical regarding the Mexican letter.

Kristen Sullivan
Assistant Field Office Director
DHS/ICE/ERO
180 Ted Turner Drive SW
Atlanta, GA 30303
Office: 404-893(b)(6); (b)(7)(C)

Fro (b)(6); (b)(7)(C)
Sent: Thursday, August 30, 2018 2:52 PM
To: Sullivan, Kristen <(b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: R (b)(6); (b)(7)(C) Consular visit report-August 16.2018

From: Sullivan, Kristen
Sent: Thursday, August 30, 2018 11:34 AM
To (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW (b)(6); (b)(7)(C) ICDC Consular visit report-August 16.2018

Good morning, (b)(6);

Can you please look in to the medical claims in this letter from the Mexican consulate?

Thank you,

Kristen Sullivan
Assistant Field Office Director
DHS/ICE/ERO
180 Ted Turner Drive SW
Atlanta, GA 30303
Office: 404-893-(b)(6);

From: Gallagher, Sean W
Sent: Wednesday, August 29, 2018 9:48 AM
To: Sterling, George A (b)(6); (b)(7)(C) ng@ice.dhs.gov>
Cc: Sullivan, Kristen <(b)(6); (b)(7)(C) ce.dhs.gov>
Subject: FW: (b)(6); /ICDC Consular visit report-August 16.2018

Did we look into this yet?

Regards,

Sean

_____

Sean Gallagher | Field Office Director |Atlanta Field Office
Department of Homeland Security | U.S. Immigration and Customs Enforcement | Enforcement and Removal Operations
180 Ted Turner Drive, SW, Suite 522, Atlanta, GA 30303
PH: 404-893-1396 (b)(6);

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From: Consulmex Atlanta [(b)(6); (b)(7)(C) @sre.gob.mx]
Sent: Thursday, August 23, 2018 5:57 PM
To: Gallagher, Sean W (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: Sterling, George A (b)(6); (b)(7)(C) @ice.dhs.gov>; Ervin, Sean (b)(6); (b)(7)(C) ice.dhs.gov>; Ervin, Sean <(b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) irwincdc.com
Subject: ATL04934/ICDC Consular visit report-August 16.2018

SRE
CONSULADO GENERAL
DE MÉXICO EN ATLANTA

No. (b)(6); (b)(7)(C)
Asunto: report of visit ICDC August 16th
Sicar: 7.720.12 384

Atlanta, Georgia August 23rd, 2018

Sean Gallagher
Field Office Director
Atlanta Field Office
Department of Homeland Security
U.S. Immigration and Customs Enforcement
Enforcement and Removal Operations

As part of its duties, this Consulate General conducts monthly visits to Irwin County Detention Center (ICDC) in order to interview and provide assistance to Mexican nationals currently facing a removal process. That being said, I would like to bring to your attention the following report which was made as

a result of our last visit, held on August 16th. With this brief report, I wish to revise general conditions as well as specific cases that have caught my attention.

GENERAL CONDITIONS

Detainees reported verbal abuse and continuous discrimination from (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) Detainees reported having less than 10 minutes to eat during lunch breaks, they are rushed and screamed at from the moment they sit at the dining area. They are continuously being threatened, intimidated and mocked regarding their status and probable deportation.
Detainees also mentioned concerns regarding food:

- Food contains worms
- Bread with mold
- Expired milk
- Rotten vegetables
- Food provided is leftover food from other detainees

Detainees explained showers, hallways and dining areas were moldy and infested with insects (flies and cockroaches).

We consider this situation to be highly alarming as we feel the overall health of our nationals will be put in jeopardy if the substandard quality of the food were to be maintained.

SPECIFIC CASES

(b)(6); (b)(7)(C)
(b)(6); (b)(7)(C) is a transgender woman in solitary confinement. She did not receive her hormone treatment for the first two months of her detention.
(b)(6); (b)(7)(C) states that when officer (b)(6); drove her to the clinic for her medical checkup and hormone prescription, she did not receive any food during the trip to the medical facility and back (more than 12 hours). (b)(6); (b)(7)(C) also reports that o (b)(6); (b)(7)(C) d her she would eventually be deported for being an illegal alien and that transporting her to the medical facility was a “waste of time”. Officer (b)(6); (b)(7)(C) lso refused to refer to (b)(6); (b)(7)(C) as a she.

(b)(6); (b)(7)(C)
(b)(6); (b)(7)(C) s also a transgender woman in solitary confinement (for protective reasons).
as well as (b)(6); (b)(7)(C) clared being victims of verbal and physical abuse in the form of name calling, threats and sexual harassment from detainees and guards at the facility.
Both detainees explained being treated with the same restrictions as other inmates in solitary confinement as if their segregation was due to disciplinary reasons and not protection from further abuse.

(b)(6); (b)(7)(C)
According to (b)(6); (b)(7)(C) he suffered a miscarriage in January of 2018. She was prescribed antibiotics and painkillers at the facility she was transferred from in Arizona. (b)(6); (b)(7)(C) also states she has Cysts and vaginal infections.

(b)(6); (b)(7)(C) declared she is not receiving any kind of medication or treatment to relieve her from the increased pain.

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

According to (b)(6); (b)(7)(C) she suffered a sexual assault before her arrest. The results from her initial medical checkup have not been disclosed nor has she received any thorough gynecological examinations.

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

(b)(6); (b)(7)(C) suffers from hypothyroidism; she used to take levothyroxine every day but has not received any medication since entering ICDC. Additionally, she suffers from headaches. According to (b)(6); (b)(7)(C) she had some blood work but never got her results disclosed to her.

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

(b)(6); (b)(7)(C) declared suffering from Heartburn. She was not able to report this situation to the nurses during intake due to language barriers. She also indicates not being provided nourishment throughout her transfer from North Carolina to Irwin (3 am to 11 pm).

I trust the general conditions as well as the specific cases I have just disclosed can be reviewed by your staff as well as staff pertaining to ICDC. The Consulate values the partnership that it has been able to build with ICE overtime and though some interests may diverge I believe both parties want to do what is best for their respective communities. In that sense, I would appreciate your valuable feedback on these important matters.

SRE
CONSULADO GENERAL
DE MÉXICO EN ATLANTA

F. JAVIER DÍAZ
CÓNSUL GENERAL / CONSUL GENERAL
1700 Chantilly Dr. NE, Atlanta, GA 30324
Tel. (404) 262 4460
https://consulmex2.sre.gob.mx/atlanta
jdiazd@sre.gob.mx
@CGjdl
@consulmexatl

RBC/WLA/AGD

Response

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

Intake completed on 06/06/18, no mention of a miscarriage or suction BND on intake. rx Naprosyn 500mg po bid x30days for pain. Transfer summary indicated Naprosyn. 6-22-18 rash on side. 6/27/18 referred to OBGYN for vaginal discharge and abd pain. She had an offsite visit on 7/3/18. She was diagnosed with pelvic inflammatory disease and dysfunctional uterine bleeding. She told (b)(6); that she had a suction D&C on Jan 2018 and she supposedly miscarried in Dec 2017. Ultrasound on 7/25/18. 8/7/18 went to (b)(6); or an examination, he prescribed her 7 days of antibiotics, antifungal, and ibuprofen meds ended on 8/14/18.

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

Intake was completed 5/11/18 with no mention of sexual assault. 8/07/18 she had labs. On 8/21/18 she went to OB-GYN. She to (b)(6); (b)(7)(C) that she was raped. On 8/21/18 lab results were discussed with detainee by (b)(6); nd nurse (b)(6); . She was called up 8/24/18 (b)(6); (b)(7)(C) ffice to have lab results reviewed and she informed her that they her labs had already been discussed.

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

Intake was completed on 5/11/18

She was seen by the NP on 05/30/18. The mar reveals that the detainee did nt come down for medication or no show to obtain her daily medication. She was transferred on 08/20/18

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

She came in on 08/20/19. The 553 revealed that she was on zatac 150 mg po bid.. she has been on Zantac since her arrival.

From: (b)(6); (b)(7)(C)
Sent: 16 Sep 2020 19:57:30 +0000
To: Sullivan, Kristen
Subject: FW: from NPR reporter
Attachments: (b)(6); (b)(7)(C) Privacy Waiver (b)(6); (b)(7)(C) pdf

(b)(6); (b)(7)(C)
Public Affairs Officer
U.S. Immigration and Customs Enforcement
Atlanta Field Office (GA,NC,SC, Ala)
(404) 346-(b)(6);
(b)(6); (b)(7)(C)@ice.dhs.gov

From (b)(6); (b)(7)(C) npr.org>
Sent: Wednesday, September 16, 2020 3:43 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) ice.dhs.gov>; ICEMedia <(b)(6); @ice.dhs.gov>; (b)(6); (b)(7)(C) ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: from NPR reporter

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

The completed form from (b)(6); (b)(7)(C) ney is attached. I look forward to anything further you can add.

Best,

(b)(6);
NPR (b)(6); e (he/him) | Correspondent (b)(6); @npr.org | 202.513.(b)(6); mobile 215.2(b)(6);

From: (b)(6); (b)(7)(C) ice.dhs.gov>
Sent: Wednesday, September 16, 2020 3:37 PM
To: (b)(6); (b)(7)(C) @npr.org>; (b)(6); (b)(7)(C) @ice.dhs.gov>; ICEMedia <(b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) ice.dhs.gov>
Subject: RE: from NPR reporter

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

We are generally not able to discuss any person's specific medical care absent their written consent. We're working on additional statistical data separate from any particular person's medical history, and we hope to have that shortly.

We can confirm that (b)(6); (b)(7)(C) remains in ICE custody and has not been removed. Beyond that, for operational security reasons we do not discuss if/when any person may be scheduled for removal prior to a removal taking place. We would be able to confirm a removal has occurred after it's been completed.

Below is what we are able to provide at present, which speaks to ICE protocols. We are not able to speak to additional protocols that may be in place at private hospitals in regard to their surgical and informed consent protocols, but you could certainly contact a private facility directly separate from any interaction with us if you wanted to do so.

As we said, we're working on getting more data for context. When we're able to provide more we'll certainly pass it along.

STATEMENT FROM (b)(6); (b)(7)(C) Medical Director of the ICE Health Service Corps (IHSC):

The accusations will be fully investigated by an independent office, however, ICE vehemently disputes the implication that detainees are used for experimental medical procedures. ICE's mission is to protect the homeland and to swiftly and quickly remove people from the country; the health, welfare and safety of ICE detainees is one of the agency's highest priorities, any assertion or claim to the contrary is false and intentionally misleading.

All female ICE detainees receive routine, age-appropriate gynecological and obstetrical health care, consistent with recognized community guidelines for women's health services. According to U.S. Immigration and Enforcement (ICE) data, since 2018, only two individuals at Irwin County Detention Center were referred to certified, credentialed medical professionals at gynecological and obstetrical health care facilities for hysterectomies in compliance with National Commission on Correctional Health Care (NCCHC) standards. Based on their evaluations, these specialists recommended hysterectomies. These recommendations were reviewed by the facility clinical authority and approved.

To be clear, medical care decisions concerning detainees are made by medical personnel, not by law enforcement personnel. Detainees are afforded informed consent, and a medical procedure like a hysterectomy would never be performed against a detainee's will.

All medical professionals certainly have a duty to report any issues of concern through appropriate channels, such as making a report to the Department of Homeland Security Office of Inspector General (OIG); however, it is unfortunate that those involved in this report have chosen to first go to the media with their allegations, without allowing the government to examine or take appropriate action.

Out of respect for the process of matters pending before the OIG, ICE does not comment prematurely on reported allegations, and ICE intends to fully cooperate with any resulting investigation by the OIG.

ON BACKGROUND

Regarding the approval process:

1. Detainee presents with a medical concern and is evaluated at the facility by the provider
2. Detainee is referred to an offsite specialist (OB/GYN in this case)

3. Based on examination findings, surgical procedure (i.e. hysterectomy) is recommended by an OB/GYN specialist
4. Facility submits a MedPAR request (if IGSA) referral request in eCW (if IHSC staffed facility)
5. All surgeries with the exception of ORIF require review/approval of the Regional Clinical Director
6. Global surgical procedure (GSP) codes are confirmed with the provider and, if approved, the MedPAR or referral request is approved.
7. Surgery is scheduled and pending consent of the detainee, the procedure is performed

(b)(6); (b)(7)(C)
Public Affairs Director, Southeastern Region
U.S. Immigration and Customs Enforcement
(504) 329-(b)(6) Mobile
(b)(6); (b)(7)(C)@ice.dhs.gov

From (b)(6); (b)(7)(C) npr.org>
Sent: Wednesday, September 16, 2020 2:00 PM
T (b)(6); (b)(7)(C) e.dhs.gov> (b)(6); (b)(7)(C) ice.dhs.gov>;
ICEMedia (b)(6); (b)(7)(C) e.dhs.gov> (b)(6); (b)(7)(C) ce.dhs.gov>
Cc: (b)(6); (b)(7)(C) ice.dhs.gov>
Subject: RE: from NPR reporter

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I'm still working on the lawyer but I'm starting to doubt she will get back to me in time.

Is there anything you could give us without that privacy form?

From (b)(6); (b)(7)(C)
Sent: Wednesday, September 16, 2020 1:37 PM
To: (b)(6); (b)(7)(C) ice.dhs.gov> (b)(6); (b)(7)(C) @ice.dhs.gov>;
ICEMedia (b)(6); (b)(7)(C) ce.dhs.gov>; V (b)(6); (b)(7)(C) ce.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: from NPR reporter

Thank you. I am working on it, should have it signed shortly.

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Wednesday, September 16, 2020 12:51 PM
To: (b)(6); (b)(7)(C) ice.dhs.gov> (b)(6); (b)(7)(C) pr.org>; ICEMedia
(b)(6); (b)(7)(C) @ice.dhs.gov>; V (b)(6); (b)(7)(C) .dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: from NPR reporter

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

Here is the privacy waiver form in English and Spanish. In addition to being fully completed and signed, the person must either authorize “all information” or specifically the medical information box. Absent that, privacy restrictions preclude us from discussing any person’s medical care.

If it is signed by an attorney, that person must be the person’s attorney of record with ICE – that means the person has a G-28 form on file where the detainee designated this attorney to be their attorney of record. There is obviously a fundamental distinction between being an attorney and being a specific person’s attorney of record.

Let us know if you have any questions.

(b)(6); (b)(7)(C)
Public Affairs Director, Southeastern Region
U.S. Immigration and Customs Enforcement
(504) 329 (b)(6); (b)(7)(C) Mobile
(b)(6); (b)(7)(C) @ice.dhs.gov

Fr (b)(6); (b)(7)(C) ice.dhs.gov>
Sent: Wednesday, September 16, 2020 11:46 AM
To (b)(6); (b)(7)(C) @npr.org>; ICEMedia (b)(6); (b)(7)(C) ice.dhs.gov>; (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) hs.gov>
Cc (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: from NPR reporter

(b)(6); (b)(7)(C) you would have the attorney fill out and sign the waiver. He just needs to be the attorney on record to be able to sign for the detainee. I’m away from my computer. (b)(6); (b)(7)(C) can you please attach a privacy waiver for (b)(6); (b)(7)(C)

Sent with BlackBerry Work
(www.blackberry.com)

From (b)(6); (b)(7)(C) @npr.org>
Date: Wednesday, Sep 16, 2020, 12:41 PM
To (b)(6); (b)(7)(C) t@ice.dhs.gov>, ICEMedia <(b)(6); (b)(7)(C) ice.dhs.gov>, (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C) x@ice.dhs.gov>, (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: from NPR reporter

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Thanks for the quick reply. Yes, I think there’s a good chance of that. How exactly does it work?

Fr (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Wednesday, September 16, 2020 12:39 PM
To: (b)(6); (b)(7)(C) @npr.org>; ICEMedia <(b)(6); @ice.dhs.gov>; (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) ce.dhs.gov>
Cc: (b)(6); (b)(7)(C) e@ice.dhs.gov>
Subject: RE: from NPR reporter

Adding (b)(6); (b)(7)(C) — Are you able to get a privacy waiver signed by the attorney of record?

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C) @npr.org>
Date: Wednesday, Sep 16, 2020, 12:36 PM
To: ICEMedia <(b)(6); (b)(7)(C) e.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: from NPR reporter

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CAUTION: This email originated from outside of DHS. DO NOT click links or open attachments unless you recognize and/or trust the sender. Contact ICE SOC SPAM with questions or concerns.

Good afternoon.

I'm working on a story for NPR News about several allegations raised by a lawyer fo (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C) an immigrant in ICE custody.

(b)(6); (b)(7)(C) awyer says she was set to be deported to Cameroon this morning from Texas but was removed from the plane. Is that accurate?
Why was she removed from the plane?
Why was (b)(6); (b)(7)(C) deportation scheduled for today?
Is the timing connected with her allegations against (b)(6); (b)(7)(C) who has treated detainees held at Irwin County Detention Center?
Does ICE have any comment on the allegation tha (b)(6); (b)(7)(C) erformed a salpingectomy on (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C) without her consent in 2019?

I am requesting a recorded or written response **no later than 4 pm ET today**. The story will air tomorrow on NPR's Morning Edition.

Thank you in advance for your time.

Best,
(b)(6); (b)(7)(C)

NPR (b)(6); (b)(7)(C) (he/him) | Correspondent | (b)(6); (b)(7)(C) @npr.org | 202.513.(b)(6) | mobile 215.285.(b)(6); (b)(7)(C)

DEPARTMENT OF HOMELAND SECURITY
U.S. Immigration and Customs Enforcement

PRIVACY WAIVER AUTHORIZING DISCLOSURE TO A THIRD PARTY

Use this form to authorize the U.S. Department of Homeland Security ("DHS") to disclose information and/or records about you to a third party. Taking this action is entirely voluntary; you are under no obligation to consent to the release of your information to any third party. **Authority:** Privacy Act of 1974 (5 U.S.C. § 552a); DHS Privacy Act Regulations (6 C.F.R. § 5.21(d)).

STEP 1 Provide information about yourself and identify the third party that you intend to receive your information and/or records (the "Recipient").

Your Full Name: (b)(6); (b)(7)(C)	Your Alien Registration Number (if applicable): (b)(6); (b)(7)(C)
Your Current Address: (b)(6); (b)(7)(C)	Date of Birth: (b)(6); (b)(7)(C) Country of Birth: Cameroon
Recipient's Name: (b)(6); (b)(7)(C)	Recipient's Phone Number: 202-513 (b)(6); (b)(7)(C) / 215-285- (b)(6); (b)(7)(C)
Recipient's Mailing Address (required if requesting disclosure by mail):	
Recipient's Organization, if the waiver will apply to it (e.g. news media, congressional office, law firm): NPR	

STEP 2 Specify what information and/or records DHS is authorized to share with the Recipient.

- ☐ Identifying Data (Date of Birth, etc.)
- ☐ Family Data
- ☐ Travel/Border Crossing
- ☒ Immigration Case
- ☒ Detention Information
- ☒ Medical Information
- ☒ Alien File (A-File)
- ☐ Criminal History
- ☐ Criminal Case

AND/OR

☐ The following information/records (describe): _____

OR

☐ ALL information and/or Records Requested by the Recipient

For Aliens Only: If you have applied for or received any of the immigration benefits below, you are legally entitled to confidentiality. (See reverse for more information.) If you want DHS to share information about these benefits with the Recipient, you must waive your confidentiality rights by checking the appropriate boxes below. Waiver of these rights is not required; however, if you do not waive these rights DHS may be unable to disclose to the Recipient some or all of the information you identified above.

I waive my right to confidentiality and authorize disclosure to the Recipient regarding these immigration benefits:

- ☐ Temporary Protected Status (TPS)
- ☐ T Visa (for trafficking victims)
- ☐ U Visa (for victims of certain crimes)
- ☐ Seasonal Agricultural Worker
- ☐ Battered Spouse/Child Seeking Hardship Waiver
- ☐ Violence Against Women Act (VAWA)
- ☐ Asylum (confidentially applies even if petition is denied)

STEP 3 Sign the statement below authorizing DHS to disclose your information and/or records to the Recipient.

I certify under penalty of perjury that the information above is accurate. I authorize DHS, its components, offices, employees, contractors, agents, and assignees, to disclose the information or records specified above to the Recipient. I understand this may include and is not limited to reports, evaluations, and notes of any kind, contained in any record keeping system maintained by or on behalf of DHS; that DHS retains the discretion to decide if particular records or information are within the scope of this Waiver; and that DHS has no control over how the Recipient will use or disseminate my information. I agree to release and hold harmless DHS, its components, offices, employees, contractors, agents, and assignees, from any and all claims of action or damages of any kind arising from, or in any way connected to, the (b)(6); (b)(7)(C) ords pursuant to this Waiver.

Your Signature:	Witness Signature:
Date: 09/16/2020	Witness Name:

*Privacy Waiver is valid for 90 days from date of signature

*Witness may not be the Recipient or employed by Recipient's employer

From: Sullivan, Kristen
Sent: 16 Sep 2020 15:01:17 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: FW: Hysterectomy at Irwin County Detention Center

Good morning (b)(6); (b)(7)(C)

Can you please look in to the below claim for us? Also, I though (b)(6); (b)(7)(C) only did procedures at Irwin County Hospital. The below claim states that her procedure was at Crisp Regional Hospital in Cordele, GA.

Thank you,

Kristen Sullivan
Chief of Staff
Assistant Field Office Director
Atlanta Field Office
DHS/ICE/ERO
Office: 404-89 (b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C) ice.dhs.gov>
Sent: Wednesday, September 16, 2020 10:24 AM
To: Sullivan, Kristen (b)(6); (b)(7)(C) ice.dhs.gov>
Subject: FW: Hysterectomy at Irwin County Detention Center

Here's another claim.

(b)(6); (b)(7)(C)
Public Affairs Officer
U.S. Immigration and Customs Enforcement
Atlanta Field Office (GA,NC,SC, Ala)
(404) 346- (b)(6); (b)(7)(C) e.dhs.gov

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Wednesday, September 16, 2020 9:56 AM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: ICEMedia (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) ice.dhs.gov>
Subject: FW: Hysterectomy at Irwin County Detention Center

Hello-forwarding query! Thank you!

From: (b)(6); (b)(7)(C) @gmail.com>
Sent: Tuesday, September 15, 2020 11:21 PM
To: ICEMedia (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: Hysterectomy at Irwin County Detention Center

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CAUTION: This email originated from outside of DHS. DO NOT click links or open attachments unless you recognize and/or trust the sender. Contact ICE SOC SPAM with questions or concerns.

Hi, my name is (b)(6); (b)(7)(C) and I'm writing a story for the NY Review of Books about a Cameroonian-American detainee named (b)(6); (b)(7)(C) who had a salpingectomy done by (b)(6); (b)(7)(C) at Crisp Regional Hospital in Cordele, Georgia, while in detention at Irwin County Detention Center in August 2019.

(b)(6); (b)(7)(C) and her lawyer both said the salpingectomy was done without her consent and she was lied to by the doctor and by ICE. In his psychiatric assessment commissioned by LaSalle Corrections five days after the procedure (b)(6); (b)(7)(C) wrote that (b)(6); (b)(7)(C) is 'bothered' by the fact that she went into surgery expecting a D&C and ended up having a salpingectomy." A "D&C," or dilation and curettage, is a procedure that removes abnormal tissues from the cervix, while a salpingectomy is the surgical removal of a fallopian tube. Do you have any comment about this? Why was a salpingectomy procedure done on (b)(6); (b)(7)(C)

Thanks,

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

--

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

From: Sullivan, Kristen
Sent: 21 Sep 2020 18:30:58 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: FW: Irwin County Detention Center - Whistleblower/OIG Complaint
Attachments: 9-14-20 OIG-Complaint.pdf

Good afternoon (b)(6); (b)(7)(C)

Please see the attached OIG report.

Regards,

Kristen Sullivan
Chief of Staff
Assistant Field Office Director
Atlanta Field Office
DHS/ICE/ERO
Office: 404-893 (b)(6); (b)(7)(C)

From: G (b)(6); (b)(7)(C) ce.dhs.gov>
Sent: Monday, September 21, 2020 2:25 PM
To: Sullivan, Kristen (b)(6); (b)(7)(C) .dhs.gov>
Subject: FW: Irwin County Detention Center - Whistleblower/OIG Complaint

(b)(6); (b)(7)(C)
ICE ERO

From: (b)(6); (b)(7)(C) ice.dhs.gov>
Date: Monday, Sep 21, 2020, 1:46 PM
To: (b)(6); (b)(7)(C) ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) ice.dhs.gov>
Subject: FW: Irwin County Detention Center - Whistleblower/OIG Complaint

Hi (b)(6); (b)(7)(

Do you have a copy of the OIG complaint you can forward? As you can see from the email chain below. The 2 attorneys from OPLA HQ who are assigned this have reached out. Also you can expect a preservation notice soon.

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

(b)(6); (b)(7)(C)
Deputy Chief Counsel
Office of the Principal Legal Advisor, Atlanta
U.S. Immigration and Customs Enforcement
U.S. Department of Homeland Security
180 Ted Turner Drive, SW, Su(b)(6);
Atlanta, GA 30303
p: 404-893(b)(6);
c: 703-200(b)(7)(C)

https://eserviceregistration.ice.gov/

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From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, September 21, 2020 1:40 PM
To (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: RE: Irwin County Detention Center - Whistleblower/OIG Complaint

(b)(6); (b)(7)(C); (b)(5)

Best,
(b)(6);

(b)(6); (b)(7)(C)
Associate Legal Advisor
District Court Litigation Division
Office of the Principal Legal Advisor
U.S. Immigration and Customs Enforcement
U.S. Department of Homeland Security
Email: (b)(6); (b)(7)(C) dhs.gov

U.S. Immigration and Customs Enforcement

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From: (b)(6); (b)(7)(C) ice.dhs.gov>
Sent: Monday, September 21, 2020 11:07 AM
To: (b)(6); (b)(7)(C) .dhs.gov>; (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C) ce.dhs.gov>
Subject: RE: Irwin County Detention Center - Whistleblower/OIG Complaint

(b)(6); (b)(7)(C); (b)(5)

(b)(6); (b)(7)(C)
Deputy Chief Counsel
Office of the Principal Legal Advisor, Atlanta
U.S. Immigration and Customs Enforcement
U.S. Department of Homeland Security
180 Ted Turner Drive, SW, Suite (b)(6);
Atlanta, GA 30303
p: 404-893- (b)(6); (b)(7)(C)
c: 703-200-3

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From: [redacted]ice.dhs.gov>
Sent: Monday, September 21, 2020 10:30 AM
To: [redacted]@ice.dhs.gov>; [redacted]@ice.dhs.gov>
Subject: Irwin County Detention Center - Whistleblower/OIG Complaint

[redacted]

[redacted]

Kind regards,

[redacted]

[redacted]
Associate Legal Advisor
District Court Litigation Division
Office of the Principal Legal Advisor
U.S. Immigration and Customs Enforcement
U.S. Department of Homeland Security
Email: [redacted]@ice.dhs.gov

U.S. Immigration and Customs Enforcement

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Institute for the Elimination of Poverty & Genocide

September 14, 2020

VIA ELECTRONIC MAIL

Joseph V. Cuffari
Inspector General
Office of the Inspector General
Department of Homeland Security
Washington, DC 20528

Cameron Quinn
Officer for Civil Rights and Civil Liberties
Department of Homeland Security
245 Murray Lane, SW
Washington, DC 20528

Thomas P. Giles
Acting Director of Atlanta ICE Field Office
U.S. Immigration and Customs Enforcement Atlanta Field Office
180 Ted Turner Dr. SW Suite 522
Atlanta, GA, 30303

David Paulk
Warden of the Irwin County Detention Center
132 Cotton Drive
Ocilla, GA, 31774

Re: Lack of Medical Care, Unsafe Work Practices, and Absence of Adequate Protection Against COVID-19 for Detained Immigrants and Employees Alike at the Irwin County Detention Center

Dear Mr. Cuffari, Ms. Quinn, Mr. Giles and Mr. Paulk:

Project South, Georgia Detention Watch, Georgia Latino Alliance for Human Rights, and South Georgia Immigrant Support Network file this complaint on behalf of detained immigrants at the Irwin County Detention Center (ICDC) operated by the private prison company, LaSalle Corrections; and Ms. Dawn Wooten, a licensed practical nurse employed by ICDC, who is a protected whistleblower and is

represented by the Government Accountability Project and Project South. This complaint and Ms. Wooten's accompanying Declaration (which is incorporated by reference) document recent accounts of jarring medical neglect at ICDC including refusal to test detained immigrants for COVID-19 who have been exposed to the virus and are symptomatic, shredding of medical requests submitted by detained immigrants, and fabricating medical records. In addition, this complaint raises red flags regarding the rate at which hysterectomies are performed on immigrant women under ICE custody at ICDC. This complaint also documents hazardous and reckless actions taken by ICDC management such as allowing employees to work while they are symptomatic awaiting COVID-19 test results and hiding information from employees and detained immigrants about who has tested positive for COVID-19. In addition, this complaint documents ICDC's disregard for public health guidelines set by the Centers for Disease Control and Prevention by maintaining unsanitary conditions and continuously allowing transfers of detained immigrants, even those who have tested positive for COVID-19, and punishing immigrants with solitary confinement when they speak out against these injustices.

These life-threatening concerns require immediate attention and correction before more employees and detained immigrants at ICDC become sick with COVID-19 or other illnesses due to lack of medical care and proper COVID-19 policies. This complaint comes about a few months after another ICE Immigration Detention Center, Richwood Correctional Center, also operated by LaSalle Corrections, was reported to be using similar tactics including requiring employees who may be COVID-19 positive to work, concealing who has tested positive for COVID-19, mixing COVID-19 exposed individuals with those who are not, and more.[1] We therefore urge you to conduct a prompt and thorough investigation into these practices at ICDC as well as all other LaSalle operated facilities as these complaints suggest a more systemic problem.

I) Background and Legal Standards

For years, detained immigrants at ICDC have reported human rights abuses including lack of medical and mental health care, due process violations, unsanitary living conditions and more as reported in Project South's 2017 report titled "Imprisoned Justice."[2]

In particular, detained immigrants have reported not being able to see a medical professional for several weeks despite submitting multiple sick call requests, not receiving life dependent medication consistently, and not receiving proper medical care once they are able to see a medical professional.

1 https://whistleblower.org/press-release/for-immediate-release-whistleblowers-from-richwood-correctional-center-in-louisiana-report-unsafe-practices-that-promote-the-spread-of-COVID-19COVID-19-in-ice-detention/; https://whistleblower.org/wp-content/uploads/2020/07/071020-letter-to-Congress-from-GovAcctProj-re-whistleblowers-ICE-Detention-COVID-19-FINAL-Submitted.pdf.

2 https://projectsouth.org/wp-content/uploads/2017/06/Imprisoned_Justice_Report-1.pdf.

During an interview with Project South, one detained immigrant said she was not given her breast cancer medication for six weeks.[3] In addition, she requested medical care four times and waited more than two weeks and still did not see a single medical professional.[4] She went on to say: "The medical unit is not helpful at all, even if you are dying."[5] She explained: "For everything, including serious illnesses, they just hand out ibuprofen."[6] Another immigrant reiterated the same problems, saying that he did not receive his HIV medication for three weeks.[7] He made five requests to see a doctor, but still had not seen one in over four weeks. He noted many individuals at Irwin have the same problem. He stated: "That's the major problem here … the medication."[8]

Another detained immigrant explained how he was sick and in pain and submitted multiple sick call requests but did not receive timely or proper medical care. He said: "I am very sick. I have been complaining. I don't know if they are really waiting to see me dead because sometimes they already see me on the floor laying crying, and not once, not twice, several times. All those things, sometimes make you hopeless and you know sometimes I feel like dying than to continue…"[9]

Detained immigrants have in fact raised red flags regarding the unsanitary conditions at ICDC as a whole. "This place is not equipped for humans," said one detained immigrant at Irwin.[10] Another immigrant stated: "This is the dirtiest facility I have ever been in: everything is dirty; one shower for more than fifty people; one bathroom for all of us; I don't even know how to give more details because it is all nasty, really nasty; only God is taking care of us here."[11] Another immigrant told Project South: "It's been hell. It's dirty, its nasty, and there is mold."[12] She went onto say: "The food is so bad that people can't keep it down."[13] She explained that the food is often spoiled and often times cockroaches and ants from the unit come into the food.[14] Another immigrant stated: "The meals are disgusting. There

[3] Project South Interview at Irwin Detention Center, October 2019.

[4] *Id.*

[5] *Id.*

[6] *Id.*

[7] *Id.*

[8] *Id.*

[9] Call with Immigrant Detained at the Irwin County Detention Center, April 2020.

[10] Project South Interview at the Irwin County Detention Center, October 2019.

[11] Letter from Immigrant Detained at the Irwin County Detention Center, April 2020.

[12] Project South Interview at the Irwin County Detention Center, October 2019.

[13] *Id.*

[14] *Id.*

are ants in the food."[15] A 2017 Department of Homeland Security Office of Professional Responsibility investigation also found that the medical exam rooms did not meet ICE detention standards. The report found: "In the medical examination rooms, floors and patient examination tables were dirty and dust was observed on horizontal surfaces. Waste containers were overfilled and in need of cleaning."[16]

These and the following accounts indicate that ICDC has violated ICE's Performance-Based National Detention Standards (PBNDS) and CDC COVID-19 guidelines for correctional facility operations, hygiene protocol, and prevention practices. The CDC Interim Guidance on Management of Coronavirus Disease in Correctional and Detention Facilities provides guiding principles for healthcare and non-healthcare administrators of detention facilities to reduce the transmission of COVID-19.[17] CDC hygiene guidelines direct detention centers to provide staff and detained persons with access to cloth face coverings, soap, running water and disposable paper towels, as well as alcohol-based hand-sanitizer.[18] The CDC also has very specific standards regarding Personal Protective Equipment ("PPE"), including "ensur[ing] that sufficient stocks of hygiene supplies, cleaning supplies, PPE, and medical supplies (consistent with the healthcare capabilities of the facility) are on hand and available, and have a plan in place to restock as needed if COVID-19 transmission occurs."[19] Staff and detained immigrants should also be trained to correctly wear and dispose of PPE.[20]

CDC guidance also urges detention centers to "suspend all transfers of incarcerated/detained persons to and from other jurisdictions and facilities…unless necessary for medical evaluation, medical isolation/quarantine, health care, extenuating security concerns, release, or to prevent overcrowding."[21] If a transfer is absolutely necessary, transferees should clear COVID-19 screening *before* the transfer and facilities should ensure that the receiving facility has the capacity to isolate transferred detained immigrants. Temperature checks should be performed immediately after detained immigrants arrive and before they join the general population in a facility.[22] The CDC also recommends that temperature checks be performed once a day for staff when they arrive, twice a day for quarantined detained immigrants, and once a day in housing units where COVID-19 has been identified.[23] If an individual

[15] Project South Interview at the Irwin County Detention Center, October 2019.

[16] https://www.ice.gov/doclib/foia/odo-compliance-inspections/2017IrwinCountyGA.pdf.

[17] https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html.

[18] *Id.*

[19] *Id.*

[20] *Id.*

[21] *Id.*

[22] *Id.*

[23] https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html.

with COVID-19 has been identified in a facility, CDC instructions urge the implementation of regular screenings and temperature checks for fourteen days in housing units that have not yet identified infections.[24]

CDC management and quarantine guidelines recommend that individuals with confirmed or supposed cases of COVID-19 be immediately placed under medical isolation and individually quarantined. Facilities should keep the movement of these individuals outside the medical unit at an absolute minimum by serving meals in isolation, keeping them isolated from all group activities, and assigning isolated individuals a dedicated bathroom if possible. Where such individuals must leave medical isolation, facilities should ensure that clean masks are provided and changed at least daily. However, the CDC recommends that detention centers "coordinate closely with their state, local, tribal, and/or territorial health department…to ensure effective medical isolation and quarantine, necessary medical evaluation and care, and medical transfer if needed."[25]

The guidelines also state that individuals with confirmed COVID-19 should be individually quarantined and advocate against the "cohorting" method unless "there are no other available options."[26] If cohorting is absolutely necessary, the CDC instructs that all individuals be monitored closely, with special mindfulness of detained immigrants who are at increased risk for severe illness from COVID-19. New individuals may not be added to an existing quarantine cohort after the fourteen-day clock has started, and the fourteen-day clock should *restart* if an individual in the cohort tests positive for COVID-19.[27] Regarding management strategies for staff, the CDC clarifies that staff identified as "close contacts" of someone diagnosed with COVID-19 should be tested and self-quarantined for fourteen days.[28]

The CDC also provides recommended hygiene and sanitation practices to limit the introduction and spread of COVID-19 in detainment centers. Regardless of whether COVID-19 cases have been identified, the CDC instructs detainment facilities to implement intensified cleaning and disinfecting procedures to prevent the spread of COVID-19.[29] Recommended procedures include cleaning and disinfecting frequently touched objects, surfaces, and equipment several times per day. Guidelines also

[24] *Id.*

[25] *Id.*

[26] *Id.*

[27] *Id.*

[28] *Id.*

[29] *Id.*

direct facilities to keep adequate supplies and to have plans for rapid restock to support intensified cleaning practices.[30]

ICDC has also violated multiple Performance-Based National Detention Standards (PBNDS) created by ICE outlining basic standards for treatment in ICE custody. PBNDS standard 4.3, which establishes detention standards for medical care, requires facilities to comply with plans implemented by federal, state, or local authorities addressing specific public health issues including communicable disease reporting requirements.[31] This includes CDC COVID-19 management guidelines. Designated medical staff must report all detained immigrants diagnosed with a communicable disease of public health significance to the IHSC Public Health, Safety, and Preparedness Unit.[32] Standard 4.3 also mandates that each facility have a medical procedure ensuring that all sick call requests are received and triaged within twenty-four hours after a detained immigrants submits the request.[33] It adds that housing unit officers should notify medical personnel immediately for urgent healthcare situations. Additionally, CDC COVID-19 guidelines direct facilities to ensure that detained individuals receive medical treatment at the first sign of COVID-19 symptoms and to implement the CDC's Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease in Healthcare Settings as fully as possible within the correctional or detention context.[34]

To prevent the introduction and spread of communicable diseases, ICE PBNDS standards—even before the COVID-19 pandemic—require that all horizontal surfaces be disinfected and damp-dusted daily with an approved germicidal solution.[35] Furnitures, fixtures, and floors should also be cleaned on a daily basis, and windows and window curtains should be cleaned and laundered regularly. Floors should be mopped using a clean mop head and a hospital disinfectant-detergent solution.[36] Cubicle curtains should also be cleaned following treatment of an infectious patient.

Regarding food service, ICE's national detention standards institute cleaning, extermination, and storage requirements to prevent food contamination and pests. PBNDS standard 4.1 requires that food preparation areas be free of pest infestations, that all incoming food shipments be inspected for contamination and pest infestation, and that food be stored so that it is protected from insects, unclean

[30] https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html.

[31] 2011 Operations Manual ICE Performance-Based National Detention Standards at 261–62, https://www.ice.gov/doclib/detention-standards/2011/pbnds2011r2016.pdf.

[32] *Id.* at 263.

[33] *Id.* at 271.

[34] https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html.

[35] 2011 Operations Manual ICE Performance-Based National Detention Standards at 30.

[36] *Id.* at 30–31.

surfaces, leakage, and other sources of contamination.[37] Sanitary guidelines must be observed during preparation and service, with hot foods maintained at a temperature of at least 140 degrees, and refrigerated foods maintained at a temperature of forty-one degrees or below.[38]

II) Accounts from Detained Immigrants at ICDC and Ms. Wooten

1) Lack of Protection Against COVID-19 for Detained Immigrants

Unfortunately, the pattern of lack of medical care and unsanitary conditions at ICDC has only worsened in light of COVID-19. Detained immigrants have reported not being able to be socially distant, not having proper PPE, and being afraid of dying in the facility.[39] In April, after the pandemic hit, detained immigrants created a powerful video[40] where they plead to ICE and the public to release them in light of the horrid conditions. One woman said: "We're very afraid of being incarcerated here and dying here. We are daughters, we are mothers, we are wives, we need freedom. Please help us." Another woman stated: "We are exposed to the virus. They don't give us anything to cover ourselves so that we can protect ourselves." The women went on to talk about the lack of medical care and COVID-19 prevention procedures in place, including how "officers come and go without protective measures." As a result of this video going public, Irwin punished the immigrants by putting them on lockdown, limiting access to phones, taking away their ability to video chat with loved ones for several days, and subjecting them to solitary confinement. While weeks later, detained immigrants received a cloth or paper mask, they have yet to receive a new one to this day.

Immigrants detained at ICDC told Project South that they are afraid for their lives inside the facility. One immigrant told Project South: "I don't want to die here. Please release me, let me be with my family… A lot of people are afraid."[41] While the facility has signs about social distancing, immigrants reported that it is impossible to actually practice that inside the facility. One immigrant said: "There is no social distancing. We're in an open dorm room. Our beds are nothing but three feet apart. We don't understand how we're supposed to do that…our living space is so small; there's no way we could do that. Our toilets are about four feet apart with a little wall separating them…we breathe the

[37] 2011 Operations Manual ICE Performance-Based National Detention Standards at 236, 244, 248, https://www.ice.gov/doclib/detention-standards/2011/pbnds2011r2016.pdf.

[38] *Id.* at 233.

[39] https://www.typeinvestigations.org/investigation/2020/04/09/i-cant-do-anything-doctor-detained-by-ice-waits-for-coronavirus-outbreak-to-hit/.

[40] https://www.youtube.com/watch?v=aQt6QbkWsLI&feature=youtu.be.

[41] Project South Interview with Detained Immigrant, Summer 2020.

same air, we sneeze, we cough next to each other."[42] Another immigrant said: "There is no way to protect [against COVID-19] at all here in the facility…There is no way to keep social distancing. There is no way at all because we are all together. We share everything together. There is no way at all we can feel protected here in the facility."[43] Immigrants also reported not being able to receive a new mask and having to wait several days in order to receive cleaning supplies to sanitize their pods. Some detained immigrants reported that they did not have soap to clean their cells, so instead had to use the soap they bought from commissary to sanitize their cells.[44] Other detained immigrants stated when they do receive cleaning materials and ask for a refill, every officer has the same answer: "We're short on staff, we can't get anybody to fill it up."

Multiple immigrants have reported on the issues of short-staffing at ICDC. One immigrant stated that some officers are afraid to go into certain pods due to the risk of being infected with of COVID-19.[45] Another immigrant reported that officers have had to pick up extra shifts and also work in the kitchen, which is done usually by detained immigrants, because many units are quarantining due to COVID-19.[46] Because of this, individuals reported that meals have been increasingly worse and have often been delayed.[47]

Immigrants also reported short-staffing in the medical unit, which has caused extra delays in receiving medical care. One immigrant recalled a weekend when a nurse did not show up for the daily pill call to give medication to the immigrants in her pod.[48] As a result of the skipped pill call, a diabetic immigrant who was insulin dependent became very ill and had to be taken for medical evaluation.[49]

[42] Project South Interview with Detained Immigrant, Summer 2020.

[43] *Id.*

[44] GLAHR Interview with Detained Immigrant, Summer 2020.

[45] Project South Interview with Detained Immigrant, Summer 2020.

[46] *Id.*

[47] *Id.*

[48] *Id.*

[49] *Id.*

2) ICDC Allows Transfers of Individuals in and out of the Facility

A) ICDC continues to transfer immigrants in and out of the facility against CDC guidelines and the advice of ICDC's medical director.

In addition to the lack of social distancing and proper protection against COVID-19, the facility has continued to allow transfers of individuals in and out of the facility against CDC guidelines for correctional and detention facilities.[50] Dawn Wooten, who used to be a full-time employee at Irwin until July 2020, explained that Dr. Howard McMahan**,** the Medical Director of ICDC, pleaded with ICDC Warden David Paulk in March when the facility had its first COVID-19 case to stop all transfers of individuals in and out the facility, but the Warden did not listen. Ms. Wooten explained that Warden Paulk is allowing transfers of individuals into the facility who already have COVID-19. She also stated that ICDC is transferring immigrants out of the facility who either are COVID-19 positive or who have been tested but not yet received their results. On one occasion, Ms. Wooten stated that ICDC knowingly allowed the deportation of one immigrant who tested positive for COVID-19 to Mexico, and transferred another COVID-19 positive immigrant from ICDC to the Stewart Detention Center in Lumpkin, Georgia. Ms. Wooten explained: "If I say no, this person doesn't need to be transferred, they're positive, he [Warden Paulk] transfers them anyway."

An ICDC correctional officer also shared concerns regarding the transfers of individuals. One detained immigrant told Project South that an officer warned immigrants back when the pandemic first started by saying: "If we have lawyers, we need to complain to our lawyers because there are people who are coming from outside and they are bringing them straight to the facility…the officer told us in secret that we need to call our lawyers because this is our health, this is our lives."[51]

B) ICDC does not properly quarantine new individuals arriving at the facility.

Ms. Wooten also raised red flags regarding the procedures in place when new individuals arrive at the facility. She explained that when new individuals come into the facility, they should be housed in the medical unit where there are negative pressure rooms in order to contain the virus. However, ICDC houses new individuals in the general population units. In addition, she explained that ICDC does not properly implement the cohorting quarantine method as recommended by the CDC. The CDC defines cohorting as "the practice of isolating multiple individuals with laboratory-confirmed COVID-19 together or quarantining close contacts of an infected person together as a group due to a limited number

[50] https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html.

[51] Project South Interview with Detained Immigrant, Summer 2020.

of individual cells."[52] However, the CDC warns that "cohorting individuals with suspected COVID-19 is not recommended due to high risk of transmission from infected to uninfected individuals."[53]

At ICDC, Ms. Wooten and detained immigrants reported that entire dorm units of individuals go into cohorting for fourteen days after one individual is suspected or confirmed to have COVID-19. Ms. Wooten explained that the cohorting system is further problematic because ICDC mixes new transfers with individuals who have been quarantining already. For example, she said if an entire unit is cohorting for fourteen days, ICDC will put a new individual in a room with an individual who had already been quarantining for a number of days. Ms. Wooten explained that because ICDC put a new individual in the room, the fourteen-day clock should have restarted, but ICDC does not restart the clock. Instead, it allows the newly transferred individual to continue on the same quarantine timeline as the rest of the unit. That means that if the new individual does have COVID-19, and only had to quarantine for the remaining days the unit was quarantining, the new individual could expose the rest of the unit to COVID-19 since the individual never completed fourteen days of quarantining.

Detained immigrants have long decried this policy of allowing new transfers into their pods. When immigrants advocate for themselves and refuse to share a room with a new transfer due to concerns about COVID-19, they are punished. One immigrant told Project South that men had been complaining and advocating to not let new transfers come into their pod, but when they do so, they are thrown in solitary confinement.[54] He explained that after weeks of complaining, the captain at ICDC promised the men that they would not transfer new men into their pod. However, that promise was immediately broken when an officer brought a new man into their pod. When the man was told he had to share his cell with the newly transferred immigrant who just arrived at ICDC, he told the officer that he didn't feel comfortable due to COVID-19 and that the captain promised them they would not have to anymore.[55] However, the officer responded: "I don't care what the captain said; I do what I want to do," and proceeded to force the immigrant to share his cell with the new transfer.[56] One detained immigrant reported that when men continue to advocate against having to share a cell with a newly transferred individual, the officers will often put the men in solitary confinement for up to two weeks for refusing their orders.[57]

[52] https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html.

[53] *Id.*

[54] Project South Interview with Detained Immigrant, Summer 2020.

[55] *Id.*

[56] *Id.*

[57] *Id.*

Similarly, in the women's unit, one immigrant noted that ICDC was "trying to put them [new transfers] in quarantine away from us but yet you're putting us all together."[58] She explained that there is often internal confusion and miscommunication in intake forms and between the guards at ICDC so that officers don't know where to put new transfers. Another woman reiterated this sentiment, saying that officers "don't even know what they're doing" in regard to where they put new transfers.[59] She also noted: "This has been happening. New girls get here and they're put in a cell with a girl that's been here for about 24 or 48 hours." In one instance, she saw an officer put a new transfer with a person who had been there for a week. The officer told the woman that "this isn't her house, she's not paying bills, she doesn't have a say of who goes in the cell with her or not." The woman noted "It sounds like a horror story, but it's true."[60]

In other cases, new transfers who arrive in the women's unit are given rooms by themselves in the general unit. However, detained immigrants still share the same concerns because they are forced to share the same phones, tables, microwaves, etc. as everyone else and therefore could unknowingly spread the virus.[61]

3) Lack of COVID-19 Testing and Reporting

In August, ICE reported that a total of forty-one detained immigrants at ICDC tested positive for COVID-19.[62] However, Ms. Wooten stated that the actual number of those infected is much higher. She explained that this is because ICDC has not been actively testing detained immigrants and has not been "reporting all these cases that are positive" to ICE or the State Department.

A) Detained women who were exposed to the virus and also had pre-existing conditions were refused COVID-19 testing for over a month.

Men and women detained at ICDC also overwhelmingly reported not being tested for COVID-19 from March until August 18, where only those in ICE custody in the facility were given the option to be tested, but the same did not apply to those incarcerated at ICDC outside of ICE custody.[63] One woman in Unit C reported that 100 women slept in the unit where women "coughed, had fever and other discomforts, but officers did not listen to them when they reported their health problems," and that they

[58] Project South Interview with Detained Immigrant, Summer 2020.

[59] *Id.*

[60] *Id.*

[61] *Id.*

[62] https://www.ice.gov/coronavirus.

[63] Project South Interview with Detained Immigrant, Summer 2020.

were never tested for COVID-19.[64] After demanding that the sick women be taken to the medical unit, she reported that the women were finally taken but were brought back within an hour and just given pain killers.[65]

Similarly, women in Unit G-2 complained to the medical unit and ICE for over a month between July and August to get tested for COVID-19 after three women in their unit tested positive, but were not given any response and were not tested until August 18.[66]

The women in Unit G-2 explained that two women were not feeling well and had typical symptoms of COVID-19 including: fatigue, headaches, body pain, loss of smell and taste.[67] The women in the unit asked the pill call nurse to get their temperature checked, but the nurse refused saying that they had to put in a sick call request.[68] One of the sick women put in sick call requests three times over the span of a week and half before being taken to medical. The other sick woman waited over two weeks while putting in four or five requests to see medical. After the fifth request, the women in the unit gave up on any prospect of getting tested for COVID-19 or receiving proper medical attention. One woman explained: "We lost hope after they weren't being looked at, so we all knew it was up to us to take of ourselves."[69]

When the two women eventually did go to medical, they had their temperatures checked and were simply brought back to the general unit without being tested for COVID-19. One detained immigrant noted that when she visited the medical unit for a different reason, the nurse complained to her saying she didn't understand "why the detainees need to get tested for COVID-19."[70]

When the two women were brought back to the unit, they continued to interact with the rest of the women in the unit, even though they very likely were COVID-19 positive but had not been tested by ICDC.[71] One of the two women became so sick that she could not move out of bed.[72] When the immigrants in her unit asked the officer if they could give the food tray to the sick woman in bed, the

64 GLAHR Interview with Detained Immigrant, Summer 2020.

65 Project South Interview with Detained Immigrant, Summer 2020.

66 *Id.*

67 *Id.*

68 *Id.*

69 *Id.*

70 *Id.*

71 *Id.*

72 *Id.*

officer refused and told them in a demeaning way that the woman still had to get up and get the tray herself.[73] It wasn't until both of these women became even more ill that they were transferred to Unit E-4, the quarantine unit, and were subsequently tested for COVID-19. Shortly after, a third woman in the same unit also had a similar experience where she had typical COVID-19 symptoms such as headaches and loss of taste and smell, but she was told by a nurse that she just had allergies and was not tested for COVID-19.[74]

Despite this exposure to COVID-19 and the fact that several women had pre-existing conditions like diabetes and hypertension, ICDC refused to test the women for COVID-19 even when the women submitted multiple requests to get tested.[75] The women explained that they put in multiple requests to medical as well as requests to ICE for about a month.[76] At the request of the women in unit G-2, on August 4, Project South submitted a complaint to ICE and the Office of Civil Rights and Civil Liberties requesting that they test the women in G-2 due to this exposure.[77] On August 5, ICE Assistant Field Office Director Patrick Musante responded claiming that:

> ICDC is currently following the Interim Considerations for SARS-CoV-2 Testing in Correctional and Detention Facilities, which can be found at https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/testing.html. Any person housed in ICDC that is presenting symptoms, and feels sick, can fill out a sick-call request and then be seen by the ICDC medical staff for evaluation and treatment as appropriate.

When Project South followed up with immigrants in Unit G-2, they responded that they still had not been seen by medical or tested for COVID-19 despite ICE's response.[78] Project South followed up with ICE asking "what the protocol is for the medical unit to administer a COVID-19 test to a detained immigrant at ICDC (i.e. are there symptoms or temperature they must have)? Can your office provide details about how many individuals have been tested in Unit G-2 in the last month…" ICE declined to answer those questions.

After Project South's follow up advocacy with an officer at the Office of Civil Rights and Civil Liberties, ICDC tested immigrants inside the facility on August 18. However, ICDC did not test the

[73] Project South Interview with Detained Immigrant, Summer 2020.

[74] *Id.*

[75] *Id.*

[76] *Id.*

[77] https://projectsouth.org/wp-content/uploads/2020/08/8.04.2020-Denial-of-COVID-19-Testing-at-Irwin-Letter-to-ICE.pdf.

[78] Project South Interview with Detained Immigrant, Summer 2020.

other incarcerated population. ICDC also continued to bring new transfers into the pods where individuals had already been tested for COVID-19 and were awaiting their results—thereby mixing individuals who were tested with individuals who were not tested in one pod.

B) *Detained men with COVID-19 symptoms were also refused COVID-19 testing despite multiple requests to be tested.*

Similar to the women, detained men had been advocating for months to get tested for COVID-19. One immigrant told Project South:

> Many of us have been sick in the unit or have some type of symptom… for a very long time we started complaining…We were complaining to the captain and fighting for a long time because we needed at least to be tested…There is no way at all for us to be safe here…the guidelines say social distancing, here we cannot keep the social distancing…we share everything together.[79]

He shared that the men in the unit had been advocating verbally to the nurses at ICDC and the captain to get tested for COVID-19 since the pandemic started. He explained they didn't do a written request since the facility often does not respond to written requests.

Certain men even went on hunger strikes in protest in order to be released or at the very least receive better protections against COVID-19 and be tested. One immigrant said: "People went on serious hunger strikes for it."[80] He shared that an immigrant from Burkina Faso went on hunger strike about a month ago for three weeks and reportedly lost a lot of weight.[81] Often times when individuals go on hunger strike, ICDC shuts off their water source. Ms. Wooten confirmed that it was common practice for ICDC to shut off the water for those on hunger strike. Ms. Wooten stated that because of this policy, one detained immigrant was "drinking out of the toilet. It's what he had left."

In this case, after the men went on hunger strike, nothing had changed; ICE and ICDC did not implement any further protections against COVID-19 or test the immigrants for COVID-19 as they requested. The immigrant told Project South: "After they went on hunger strike, there was no change. There was nothing at all—so people gave up."[82]

[79] Project South Interview with Detained Immigrant, Summer 2020.

[80] *Id.*

[81] *Id.*

[82] *Id.*

C) Medical Staff at ICDC downplay the need for COVID-19 testing and actively don't use COVID-19 testing machines at the facility.

Ms. Wooten's account confirms the accounts of detained immigrants regarding their experiences with the medical unit at ICDC. Ms. Wooten shared that detained women in Unit C complained about having a fever and sore throat during the pandemic. However, the HSA did not test them for COVID-19, downplaying the immigrants' symptoms and stating that "all they want is attention…Everybody wants to be tested for COVID-19." Ms. Wooten stated that even if a detained immigrant had COVID-19 symptoms like a fever, the nurse would do nothing but put them on an over-the-counter cold medication for seven days without testing them for COVID-19.

In addition, Ms. Wooten explained that the medical unit not only downplayed the need to test immigrants for COVID-19, it also declined to utilize two rapid-testing COVID-19 machines that ICE had purchased for $14,000 each. Ms. Wooten reported that no medical staff had been trained to use them even in August and that she saw the machine being used only once since it arrived at the facility in June. Instead, the machines were locked away in the supervisor's office. The ICDC's Director of Nursing (DON) refused to put the machines out into use claiming that she did not want the employees testing each other.

4) General Lack of Medical Care

A) ICDC nurse shreds medical request forms from detained immigrants.

Ms. Wooten also expressed significant concern regarding the lack of medical care for detained immigrants at Irwin. According to Ms. Wooten, it was common practice for the sick call nurse to shred medical request forms from detained immigrants who were requesting to go to the medical unit. She also stated that the sick call nurse sometimes fabricated records such as vital signs without ever seeing the individual requesting medical help.

At ICDC, in order to make a sick call request, detained immigrants can fill out a blue form and put it in a box on the wall in their unit that is picked up by a nurse at night. Detained immigrants can also fill out an electronic request on the Telmate tablet in their unit. Ms. Wooten stated that Irwin staff have encouraged detained immigrants to fill out the handwritten request claiming that ICDC will get to the complaint quicker. However, when detained immigrants do fill out the blue handwritten request, the nurse in charge of reviewing these documents shreds the forms without even looking at them or will complete an easy request and shred a difficult request. Ms. Wooten stated that she has seen the sick call nurse shred an entire box worth of forms without looking at them.

Ms. Wooten recalls one time when a woman had put in twelve sick call requests in the span of two weeks because she had an infection from a laparoscopy procedure and was "oozing out of her belly button." Oftentimes detained immigrants fill out multiple requests to show the severity of the issue. When Ms. Wooten confronted the nurse who should have attended to this woman, the nurse claimed that she saw the woman the prior week. Ms. Wooten stated that she knew the requests must have been shredded because it was not possible for the nurse to have seen the woman the prior week. Ms. Wooten explained that if the nurse truly had seen the woman the prior week, the nurse would have seen that the woman was oozing green pus out of her belly button and required antibiotics immediately.

Ms. Wooten also explained that if someone puts in a request for shampoo and another request about having COVID-19 symptoms, the nurse would shred the request regarding COVID-19 symptoms and would only attend to the easier request by giving the detained immigrant shampoo. When the detained immigrant asks about the request regarding COVID-19, the nurse would lie and say that she never received it. Then, when the immigrant put in another complaint about COVID-19, the nurse would decline to see that person stating that she had seen them the other day. When Ms. Wooten would tell the nurse that the immigrant may still not be feeling well, the nurse would just say: "Oh I already saw him yesterday…they just want some attention."

Due to these type of practices by the ICDC medical staff, many detained immigrants have reported long wait times before being seen by a medical professional at ICDC, if they are seen at all. One detained immigrant reported that it takes anywhere from a few days to several weeks for medical to respond and "sometimes they don't call at all."[83] Another detained immigrant noted that women in her unit gave up after submitting several requests to see medical because no one responded to their requests.[84] One detained immigrant stated that he resorted to making verbal complaints to nurses and ICDC staff instead of written requests because "sometimes it goes in the request and they don't respond at all, so sometimes it's better to talk personally face to face."[85]

B) ICDC nurse fabricates medical records when detained immigrants submit an electronic medical request form.

When detained immigrants submit a medical request on the electronic/computer tablet, Ms. Wooten stated that the sick call nurse will not see the individual, but will fabricate vital signs indicating that the nurse saw the patient and will prescribe medicine. Ms. Wooten explained that if a detained immigrant submitted a request because he had a fever and runny nose, and wanted to be tested for

[83] Project South Interview with Detained Immigrant, Summer 2020.

[84] *Id.*

[85] Project South Interview with Detained Immigrant, Summer 2020.

COVID-19, the nurse will put in vital signs for the individual and prescribe cold medication on the tablet for the individual without ever talking to them or seeing them. One detained immigrant told Project South that he put in a request to see medical through the tablet because he was in pain. However, instead of coming to see him or taking him to the medical unit, the nurse responded through the tablet disregarding his statement about pain, and instead stating that he needs to take his medication and that he had been refusing his medication.[86] However, the detained immigrant explained to Project South that when he asked the pill call nurse if he had any medication prescribed to him, the nurse said he did not.[87] Then, when he made a another request to see the medical unit on the tablet, the nurse continued to refuse to see him claiming he refused his medication. The detained immigrant stated that he waited all week for a response back or a call, but no one ever responded or saw him. "When I put in a request [on tablet] they don't call me, they just respond on it [the tablet]. They say no, you have to take your medication. Why they don't want to see me, I'm in pain. They don't even call, we put in a request, it takes two to three weeks, they just respond on the tablet," he explained.[88]

Ms. Wooten further explained that detained immigrants are being told different things constantly regarding whether they should submit a written or electronic request. When detained immigrants submit a written request, they are told the nurses did not receive them and to submit an electronic one instead. "They're wishy washy with them and they play that game with them until they're literally going to kill somebody out there...If they send it in paper, the girl shreds them….If they put them in the computer system, she answers them, falsifies the vital signs and never sees them," said Ms. Wooten. When Ms. Wooten tried to tell the Health Services Administrator (HSA) about these issues, the HSA refused to hold the nurse accountable, saying that one day, she'll get caught.

C) Detained immigrants receive poor treatment by certain medical staff at ICDC.

In addition to not responding to sick call requests, Ms. Wooten raises red flags regarding the way in which Latino detained immigrants are treated by the medical staff. "Hispanics are treated the worst in the facility. I mean literally. They can't speak English. Even though they [ICDC] have the language line there, if they're trying to get understanding of their health it's like take these pills and get the hell on…[Hispanics] hurt and suffer through it." Ms. Wooten says that when medical staff actually take the time to use the language line like she did, they'll find that these immigrants often have underlying conditions such as tumors, histories of cancer, diabetes, mental health issues, and more. Detained immigrants have also reported that several ICDC staff have disrespected them for not speaking English. In a letter, detained immigrants stated: "[W]e also wish to report the harsh treatment that we receive by

86 *Id.*

87 *Id.*

88 *Id.*

some guards, some yell at us, or have a bad work attitude…We also ask for respect for those that do not speak English because they make fun of them and there is no respect."

Multiple other immigrants have also noted that the medical staff don't believe them or yell at them when they report pain. One detained immigrant stated: "The last two days I didn't sleep, but I don't fill any medical requests anymore because if I go there, they're going to isolate me, they are maybe going to give me nothing, or they are going to blame me, to yell at me saying I'm trying to exaggerate; so whenever I'm in pain, I'm in my room, I sleep, I pray to God, and cry…that's the only way I'm trying to survive."[89] The immigrant also stated that when he goes to the medical unit, "sometimes they don't even let you talk. You are complaining with pain, but they saw you are OK."[90] Another detained immigrant noted that when a detained immigrant tells the nurse what they are feeling, she will argue about "what you have and what you feel." [91] This detained immigrant went on to say: "Nurse X needs some help in terms of how to treat us. She's very rude. She probably thinks she's better than us."[92]

D) Detained immigrants and ICDC nurses report high rates of hysterectomies done to immigrant women.

Several immigrant women have reported to Project South their concerns about how many women have received a hysterectomy while detained at ICDC. One woman told Project South in 2019 that Irwin sends many women to see a particular gynecologist outside the facility but that some women did not trust him.[93] She also stated that "a lot of women here go through a hysterectomy" at ICDC.[94] More recently, a detained immigrant told Project South that she talked to five different women detained at ICDC between October and December 2019 who had a hysterectomy done.[95] When she talked to them about the surgery, the women "reacted confused when explaining why they had one done."[96] The woman told Project South that it was as though the women were "trying to tell themselves it's going to

[89] Project South Interview with Detained Immigrant, Summer 2020.

[90] *Id.*

[91] *Id.*

[92] *Id.*

[93] Project South Interview at the Irwin County Detention Center, October 2019.

[94] *Id.*

[95] Project South Interview with Detained Immigrant, Summer 2020.

[96] *Id.*

be OK." She further said: "When I met all these women who had had surgeries, I thought this was like an experimental concentration camp. It was like they're experimenting with our bodies."[97]

Ms. Wooten also expressed concern regarding the high numbers of detained immigrant women at ICDC receiving hysterectomies. She stated that while some women have heavy menstruation or other severe issues that would require hysterectomy, "everybody's uterus cannot be that bad." Ms. Wooten explained:

> Everybody he sees has a hysterectomy—just about everybody. He's even taken out the wrong ovary on a young lady [detained immigrant woman]. She was supposed to get her left ovary removed because it had a cyst on the left ovary; he took out the right one. She was upset. She had to go back to take out the left and she wound up with a total hysterectomy. She still wanted children—so she has to go back home now and tell her husband that she can't bear kids… she said she was not all the way out under anesthesia and heard him [doctor] tell the nurse that he took the wrong ovary.

Ms. Wooten also stated that detained women expressed to her that they didn't fully understand why they had to get a hysterectomy. She said: "I've had several inmates tell me that they've been to see the doctor and they've had hysterectomies and they don't know why they went or why they're going." And if the immigrants do understand what they're getting done, "some of them a lot of times won't even go, they say they'll wait to get back to their country to go to the doctor."

The rate at which the hysterectomies have occurred have been a red flag for Ms. Wooten and other nurses at ICDC. Ms. Wooten explained:

> We've questioned among ourselves like goodness he's taking everybody's stuff out…That's his specialty, he's the uterus collector. I know that's ugly…is he collecting these things or something...Everybody he sees, he's taking all their uteruses out or he's taken their tubes out. What in the world.

Intertwined with the issue of the reported high rates of hysterectomies is the issue of proper informed consent. Regarding the hysterectomies, Ms. Wooten explained: "These immigrant women, I don't think they really, totally, all the way understand this is what's going to happen depending on who explains it to them." Ms. Wooten stated that the sick call nurse tries to communicate with the

[97] *Id.*

detained immigrants and speak Spanish to detained immigrants by simply googling Spanish or by asking another detained immigrant to help interpret rather than using the language line as medical staff are supposed to.

One detained immigrant reported to Project South that staff at ICDC and the doctor's office did not properly explain to her what procedure she was going to have done.[98] She reported feeling scared and frustrated, saying it "felt like they were trying to mess with my body." When she asked what was being done to her body, she was given three different responses by three different individuals. She was originally told by the doctor that she had an ovarian cyst and was going to have a small twenty-minute procedure done drilling three small holes in her stomach to drain the cyst. The officer who was transporting her to the hospital told her that she was receiving a hysterectomy to have her womb removed. When the hospital refused to operate on her because her COVID-19 test came back positive for antibodies, she was transferred back to ICDC where the ICDC nurse said that the procedure she was going to have done entailed dilating her vagina and scraping tissue off. The nurse first told the detained immigrant she was going to get this procedure done because she had heavy bleeding, but then told her it was because she had a thick womb. The woman quickly responded that she never had heavy bleeding in her life and was never told by the doctor that she had a thick womb. Instead she stated that the doctor had described an entirely different procedure that did not involve scraping her vagina. She stated: "I tried to explain to her that something isn't right; that procedure isn't for me." The nurse responded by getting angry and agitated and began yelling at her. She told Project South that seeing the nurse's nervous and angry response confirmed "that something was not right."

E) Detained immigrants are subjected to unsanitary conditions in the medical and quarantine units.

Detained immigrants and Ms. Wooten commented on the unsanitary conditions of the medical unit and quarantine unit in Unit E-4. Ms. Wooten reported that the patient exam tables could be dirty depending on the nurse. While nurses are supposed to wipe down the patient exam table and pull paper between patients as well as clean the floors, that does not always happen. Ms. Wooten reports that the medical area can be cluttered and unorganized. In addition, Ms. Wooten expressed concern over the quarantine units, stating that "the dorms down there are very nasty." She explained that while an employee sprays bleach in the showers, "nobody is getting in there scrubbing the showers." Ms. Wooten also stated that she knew that the Lysol being used to disinfect units was "watered down" and was not "fully concentrated."

Detained immigrants echoed this sentiment. One detained immigrant stated that ICDC's medical unit is "the worst one…it's really, really dirty." He also stated the medical unit sometimes smells and

[98] Project South Interview with Detained Immigrant, Summer 2020.

that "they don't clean." In a letter, another immigrant described the medical unit as being "dirty and with animals like ants and insects with only one bed, toilet and sink[.T]o be able to do her daily personal cleaning she had to wait for a guard to take her to the showers when they wanted and at whatever time they wanted."

In addition to the medical unit, others reported that the quarantine unit in Unit E-4 is also dirty. In a letter, detained women described the conditions at Unit E-4 as conveyed by a fellow detained woman:

> She was locked up in lockdown cells in E4 where the treatment was absolutely terrible. She was locked up with no right to commissary, no right to communicate with her family for many days, she had no right to use the microwave to prepare her food for two days. The rest of the time she was there, she was only allowed to go out for 15 minutes in the morning and 15 minutes in the afternoon, depending on the guard who was there because there were days where she was not permitted to leave at all. During the day, she asked the guards for water and was denied many times, during her isolation in the cell she never had cleaning products to keep the space clean, the shower water was extremely hot and this prevented her from correctly completing her personal cleaning. She only received personal hygiene products once (four small bar soaps, four tubes of toothpastes, four bottles of body wash, and two toothbrushes) that were not enough for the whole period of time that she was isolated. The treatment by the guards is humiliating and since she doesn't speak English they make fun of her. She came out after 22 days of psychological, physical, and emotional torture.

Another detained immigrant noted that while the quarantine unit looked clean from the outside, she realized that it was dirty. "The day room was disgustingly dirty. There were breadcrumbs on top of breadcrumbs…The tables were dirty, the walls…the handle for the microwave was dirty…everything was dirty," she reported. In addition, her individual cell was also not clean. She told Project South: "I had to clean the mat with shampoo because they didn't give me any chemicals. I had to clean the bunk metal with my shampoo as well." In one instance, she recalls that one woman in Unit E-4 asked for cleaning products in order to clean the unit herself but didn't get any all weekend. Instead, this woman used her socks as a mop and cleaned the floors for several days. The detained immigrant stated: "I couldn't believe what I was seeing…if it wasn't for my faith in God, I think I would have gone insane and just break down and probably gone as far as hurting myself. There are a lot of people here who end up in medical trying to kill themselves because of how crazy it is. If it wasn't for God, I probably would

have ended up in the infirmary for suicide. It was just crazy. I can't believe this is the quarantine unit, the cohort unit; the floors are disgusting and nobody cares."

5) Unsafe Working and Living Conditions

A) ICDC employees are instructed to work if they exhibit COVID-19 symptoms, are awaiting a COVID-19 test result, or have had a positive COVID-19 test result.

Employees and detained immigrants have both raised serious concerns regarding ICDC's COVID-19 policies. According to Ms. Wooten, ICDC employees are expected to come into work even if they have COVID-19 symptoms and are awaiting test results. The HSA instructed medical staff to come into work while they were waiting to be tested, waiting for their test results, and even if they tested positive, stating that "we can work symptomatic and work positive as long as we had a mask on." Ms. Wooten explained that when employees arrive to work, they must fill out a screening document that asks them if they have any COVID-19 symptoms. The document expressly states:

> If there are any 'yes' answers to any questions above and/or if the temperature is equal to or greater than 100.4 degrees Fahrenheit, medical staff will be notified and the individual will not be allowed access to the facility and will be advised to seek medical attention.

However, Ms. Wooten stated that even when employees document that they do have symptoms, they are still made to work. For example, Ms. Wooten filled out the form on June 22, 2020 where she answered "yes" to having symptoms of COVID-19. On the screening document, Ms. Wooten checked off that she has muscle or body aches, headaches, and diarrhea; all three are symptomatic of COVID-19. Despite answering "yes," Ms. Wooten was still cleared to work that day. Ms. Wooten explained that several officers know of other officers who came into work symptomatic while waiting for their COVID-19 test results and later found out that they tested positive for COVID-19. Ms. Wooten recalls at least thirteen officers who tested positive for COVID-19.

In addition, the form asked for documentation of the employee's temperature. However, the thermometer at the front desk is "defective." Ms. Wooten stated that when she took her temperature on the thermometer, it sometimes read 89.6; other times it would read 90.4, so she knew it wasn't accurate. While she recorded the faulty temperatures on the form, Ms. Wooten noted that not all of the forms were placed in her medical file as they should have been. "They're not consistently in there — every day I work, it's supposed to be filed in my medical file," she explained.

B) ICDC employees and detained immigrants report lack of proper PPE.

Employees and detained immigrants alike have only received one mask since the beginning of the pandemic. Detained immigrants have stated that they have not received a new mask since they first received one many months ago.[99] Similarly, Ms. Wooten recalls requesting an N-95 mask several times since her mask broke, but she never received a new one. When she requested it, the supervisor told her the records show she already had one and therefore did not give her a new one. Instead, Ms. Wooten had to purchase her own mask in order to protect herself. In addition, Ms. Wooten stated that only upper level supervisors have N-95 masks. When she gave a mask to a correctional officer, her supervisor became angry and told Ms. Wooten that "it was not our responsibility to give officers [a mask.]"

Ms. Wooten recalls one time when upper level nurses brought a detained immigrant who presumably had COVID-19 into the shared office and removed his mask without informing Ms. Wooten. While the upper level nurses had N-95 masks on, Ms. Wooten did not have one and therefore had to walk out of the room to protect herself as an individual who is immunocompromised with diagnosed sickle cell anemia. Though Ms. Wooten has told her supervisors several times that she is immunocompromised, they have not provided her with any extra protections or a new N-95 mask even after she requested to get one multiple times. Ms. Wooten explained: "If I get sick with what I have, I won't make it. I don't have anybody else to raise my children." Instead, Ms. Wooten stated that there was no sympathy at all for her situation. The HSA stated: "life goes on," implying that that if she were to get sick or die, she would simply be replaced.

Similar to detained immigrants, ICDC staff report not being able to follow social distancing protocol within the office. Ms. Wooten explained: "It was on the wall, social distancing, but it was not actually carried out…It's hard to social distance; there's eight of us in the room…there's four computers…there's no way that as small as it [the office] was, we could be six feet apart."

Ms. Wooten also reported not having proper sanitization material in the medical unit. She reported that when medical staff requested and finally received sprays and sanitizers in May or June, the HSA took all of them and locked them in her office while leaving out only one bottle of the spray and sanitizer because she did not want the medical staff just "pass[ing] them out." Ms. Wooten explained that this resulted in employees not being able to properly sanitize their workspace. She stated: "You find yourself limited to what you spray and what you don't spray…we didn't have the resources to properly sanitize."

C) ICDC refuses to tell employees and detained immigrants who has COVID-19.

Detained immigrants and employees have also complained about ICDC's secrecy and lies regarding COVID-19. Neither the employees nor the detained immigrants know who has tested positive

[99] Project South Interview with Detained Immigrant, Summer 2020.

for COVID-19. For example, Ms. Wooten explained that management at ICDC does not tell officers which detained immigrant or employee has COVID-19. She stated that when she tried to warn officers who are about to be in contact with a detained individual with COVID-19 so that they use proper precautions, she was reprimanded by management and told that warning other staff about cases was not her job. However, Ms. Wooten explained that it is their moral responsibility to tell the officers since the officers are the ones who are interacting with detained immigrants, transporting them and providing food to them, and therefore they are most at risk of contracting the virus.

Similarly, detained immigrants are anxious because they are not being told the truth about who has COVID-19 in the facility.[100] One immigrant stated: "We like to be informed. Just being informed helps things out…If we have someone to inform us about something, tell us about something that is going on, everything will be smooth…but getting people to give you information is impossible."[101] Another detained immigrant stated that since the pandemic started, "we've never been told…the facility never even confirm any positive cases; but from the people outside [I know] twenty cases at Irwin. The truth that we hear from them [ICDC] is different than the reality we see…we see other units in quarantine which means something is wrong, but nobody ever come and tell us what is going on…we are powerless, we can't do anything."[102]

One immigrant also noted that it seemed as though officers also did not know which immigrant had COVID-19. She explained that she was transferred to Unit E-4, the quarantine unit, for having COVID-19 antibodies and was awaiting her results for the most recent COVID-19 test. While she was in Unit E, an officer tried to put a new individual in the cell with her. When she refused and told the officer she shouldn't put the new person in her cell because she tested positive for COVID-19 antibodies and was awaiting her results for COVID-19, the officer reacted in shock exclaiming "you're positive for COVID-19?" The immigrant noted that the officers did not even know that she and others had tested positive for COVID-19 or had COVID-19 antibodies.

Not only does ICDC not share information about who has COVID-19; detained immigrants and employees reported instances where ICDC purposefully failed to disclose the truth about individuals who tested positive for COVID-19. Ms. Wooten has stated that the HSA and other upper lever nurses have withheld information about detained individuals testing positive for COVID-19. Ms. Wooten explained that the sentiment at ICDC is that "what you don't know you don't have to know." Ms. Wooten recalls a time when she had interacted with several detained individuals and asked the HSA if they had tested positive for COVID-19. The HSA responded that they had tested negative for COVID-

[100] Project South Interview with Detained Immigrant, Summer 2020.

[101] *Id.*

[102] *Id.*

19, but in reality, they were suspected of having COVID-19 and were awaiting their test results. Ms. Wooten later discovered that those individuals had in fact tested positive for COVID-19 even though she was assured by the HSA that they were negative.

Similarly, one detained immigrant noted that the men in his unit explicitly asked the captain in June or July how many COVID-19 cases there were in the facility and the captain responded that there were no positive cases in the facility.[103] To the contrary, in May, ICE reported that six detained immigrants had already tested positive for COVID-19.[104]

In May 2020, the previous HSA, Ms. Cole, died from COVID-19. Many detained immigrants and employees believe she was exposed to the virus at the facility. Ms. Wooten stated that Ms. Cole explicitly told her and another colleague that she contracted COVID-19 from ICDC explaining that she only went to work and home without going anywhere else. However, when Ms. Cole died, the new HSA, told staff that Ms. Cole contracted COVID-19 from a family barbeque and attributed Ms. Cole getting COVID-19 and dying to Ms. Cole's old age and other underlying conditions.

Ms. Wooten explained that she believes ICDC is hiding information about COVID-19 in order to keep things quiet. She stated that everyone in the facility is scared at this point, so management does not want to tell officers and detained immigrants the truth because they are afraid of an uproar. Instead, the secrecy has created a "silent pandemic" where even if officers get COVID-19 from the facility, the officers won't be able to blame ICDC because no one knows how prevalent COVID-19 is inside ICDC due to not testing detained immigrants and not sharing who has the virus. Therefore, ICDC can put the blame on officers who test positive for COVID-19 by saying they contracted it from the grocery store or other places. Ms. Wooten explained that she believes that this strategy keeps "the publicity from coming to the facility."

D) ICDC retaliates against employees for adhering to protocol and public health guidelines.

When employees do speak out against violations occurring at ICDC, they are reprimanded. Ms. Wooten has witnessed other employees be reprimanded for doing "what's right," and she has been reprimanded and retaliated against, herself. She witnessed one captain be fired for refusing to let things slide and for following the CDC and PBNDS rules strictly. She gave the example of how this captain always placed detained immigrants strictly according to their ICE classification[105]; however, this was

[103] Project South Interview with Detained Immigrant, Summer 2020.

[104] https://www.ice.gov/coronavirus.

[105] ICE categorizes detained immigrants as "being low, medium or high custody" and "house[s] them accordingly." 2011 Operations Manual ICE Performance-Based National Detention Standards at 62-66, https://www.ice.gov/doclib/detention-standards/2011/pbnds2011r2016.pdf.

not common practice at the facility. Ms. Wooten believes that the captain was fired because he challenged the norm and because Warden Paulk "didn't like anybody to tell him no. You are not to tell him no."

Ms. Wooten herself faced retaliatory reprimand and demotion in July when she was suddenly demoted from being a "full-time" nurse (with regularly scheduled shifts) to an "as-needed" nurse (without regularly scheduled shifts), all without a proper explanation or adequate justification. In June, Ms. Wooten displayed symptoms of COVID-19 including muscle ache, fatigue, and shortness of breath and took a COVID-19 test. Ms. Wooten's doctor instructed Ms. Wooten not to return to work while she was symptomatic. Ms. Wooten submitted her doctor's notes to her supervisor. Despite this, she was required to work June 23 and June 25. However, she let her supervisor know that she would be quarantining until her COVID-19 results came back on June 29. While Ms. Wooten was quarantining at her home, she received a call from ICDC's HR staff telling her she had to call in sick each day she quarantined. Ms. Wooten then spoke with her supervisor who assured her that ICDC was aware she was quarantining and that she would not have to call out sick for following the doctor's orders, so she did not call out sick. When Ms. Wooten returned to work after her COVID-19 test result came back negative, she was summoned to see Deputy Warden Albright. He formally reprimanded Ms. Wooten for not calling out sick on the days she quarantined. The formal reprimand included testimony from her supervisor who falsely stated that she instructed Ms. Wooten to call in sick every day she planned to be absent while awaiting test results. A formal memo from Warden Paulk stated that if employees get tested for COVID-19: "[E]mployees are required to call out each day of their absence *unless they have submitted a physician's note* with specific dates of absence." (Emphasis added).

As discussed above, Ms. Wooten had, in fact, submitted two doctor's notes on June 22nd that explicitly stated she was excused from working until she was asymptomatic and until her COVID-19 test results came back. Despite these doctor's notes, she was still reprimanded, in violation of ICDC's own memo. Ms. Wooten later noted that the doctor's notes she submitted to her supervisor were never formally added to her medical records.

When Ms. Wooten talked to Warden Paulk about the reprimand, he expressed anger at her and demoted her effective immediately to "PRN" indicating an as needed basis which significantly reduced the number of hours she worked at the facility. Ms. Wooten believes that she was disciplined not because she missed work, but because she has been asking hard questions about testing detained immigrants for COVID-19 and warning officers when detained immigrants they are in contact with have tested positive for COVID-19. Ms. Wooten explained that she was aware of another employee who also did not call out sick while out, but that employee was never reprimanded. Ms. Wooten explained:

> You put two and two together. I'm asking for these things and I'm speaking for these detainees. I'm a problem. I'm being seen and I'm not supposed to be seen or heard. It makes it look like you're not doing your job… It [ICDC] has driven away so many people who work there whenever they go to speak out and they go to do what's right.

III) Conclusion

Due to the gravity of these violations and the continued negative impact on the health and safety of both detained immigrants and ICDC employees, we ask that you review this complaint in an expedited manner. Thank you in advance for your time and consideration. If you have any questions or require additional information, please contact Azadeh Shahshahani, Legal and Advocacy Director at Project South at azadeh@projectsouth.org or Priyanka Bhatt, Staff Attorney at Project South, at priyanka@projectsouth.org.

Sincerely,

Project South
Georgia Detention Watch
Georgia Latino Alliance for Human Rights
South Georgia Immigrant Support Network

From: Atlanta.Outreach
Sent: 15 Sep 2020 15:20:59 +0000
To: Sullivan, Kristen
Subject: FW: Irwin County Detention Center

This came into the Outreach mailbox last night. I don't know if you already got the same thing or not, so I am forwarding to you. I don't see any other addressees.

(b)(6); (b)(7)(C)
Deportation Officer
Executive Response Unit
DHS/ICE/ERO
(b)(6); (b)(7)(C)
Atlanta, Georgia 30303
(404) 668-(b)(6); (b)(7)(C) Cell)
(404) 893-Desk)

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From: Alissa Lerman <(b)(6); (b)(7)(C) @gmail.com>
Sent: Monday, September 14, 2020 8:41 PM
To: Atlanta.Outreach <Atlanta.Outreach@ice.dhs.gov>
Subject: Irwin County Detention Center

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Acting Director Thomas Giles,

Today, Government Accountability Project and Project South filed a complaint with the Department of Homeland Security Office of Inspector General outlining concerns from client and whistleblower Ms. Dawn Wooten, LPN, about dangerously unhealthy practices at the Irwin County Detention Center.

This complaint highlights jarring accounts from detained immigrants and Ms. Wooten regarding the deliberate lack of medical care, unsafe work practices, and absence of adequate protection against COVID-19 for detained immigrants and employees alike.

The Government Accountability Project and Project South charge ICDC for failure to comply with mandatory CDC rules and guidelines regarding COVID-19 and for promoting — rather than preventing — the spread of COVID-19 among staff, detained immigrants, and the public at large. Ms. Wooten is employed as a nurse at ICDC, where she provides direct care to detained immigrants.

The letter summarizes the detailed disclosures Ms. Wooten made to the DHS Office of Inspector General, concerning ICDC's grossly mismanaged response to the novel coronavirus and the consequent danger to public health and safety.

Ms. Wooten's disclosures about gross mismanagement include:

- Subjecting women to unnecessary hysterectomies without their informed consent.
- Deliberately denying or delaying medical care for detained immigrants both before and during the coronavirus pandemic, including immigrants symptomatic for COVID-19;
- Refusing to test symptomatic detained immigrants for COVID-19;
- Failing to use two rapid-response COVID-19 testing machines;
- Prescribing over-the-counter cold medications to detained immigrants with COVID-19 symptoms instead of proper treatment;
- Failing to isolate detained immigrants who had confirmed or suspected cases of COVID-19;
- Failing to quarantine detained immigrants who had close contact with confirmed COVID-19 cases;
- Failing to maintain hygiene and sanitation standards for medical exam rooms and equipment, which includes often leaving blood on the floor;
- Failing to provide personal protective equipment (PPE) to medical and correctional staff who have close and prolonged contact with detained immigrants with confirmed cases of COVID-19;
- Failing to enforce or encourage CDC social-distancing practices among detained immigrants and staff;
- Reprimanding staff who encouraged others to follow CDC's mandatory social-distancing practices;
- Requiring symptomatic staff to continue to work in the facility and threatening staff with discipline if they refuse to work in dangerous conditions;
- Violating CDC rules concerning the transfer of immigrants with confirmed cases of COVID-19; and
- Systematically undercounting and underreporting COVID-19 cases at ICDC.

The disclosure by Ms. Wooten corroborates similar COVID-19 concerns raised by several of Government Accountability Project's other clients, anonymous employees of LaSalle at the Richwood Correctional Center in Monroe, Louisiana, as well as by Drs. Scott Allen and Josiah "Jody" Rich, nationally recognized experts in detention healthcare. Drs. Allen and Rich serve as medical subject matter experts for the Office of Civil Rights and Civil Liberties within DHS. Drs. Allen and Rich raised the alarm internally to DHS in February 2020 and then to Congress in March 2020, warning about the imminent risk to the health and safety of immigrants, staff, and the public posed by the spread of COVID-19 in the congregate setting of ICE detention. Dr. Allen reiterated those warnings at a Senate Judiciary Hearing, "Examining Best Practices for Incarceration and Detention During COVID-19," on June 2, 2020.

Government Accountability Project Staff Attorney John Whitty commented:

"Ms. Wooten's whistleblowing disclosures reveal not only gross mismanagement from LaSalle leadership, but actions that deliberately put the health of detainees, workers, and the public at risk. It is up to DHS to heed the warnings of employee whistleblowers like Ms. Wooten and take action to enforce protective measures against the rampant spread of COVID-19."

Project South Staff Attorney Priyanka Bhatt commented:

“For years, advocates in Georgia have raised red flags about the human rights violations occurring inside the Irwin County Detention Center. Ms. Wooten’s whistleblowing disclosures confirm what detained immigrants have been reporting for years: gross disregard for health and safety standards, lack of medical care, and unsanitary living conditions at Irwin. We call on DHS to conduct an investigation into the Irwin County Detention Center in order to protect the health and safety of the detained immigrants and the workers there.”

It is in your power to investigate and end human rights abuses at the facility you oversee. Why have you allowed this to happen, and what will you do to stop it?

Sincerely,

Alissa Lerman

From: Sullivan, Kristen
Sent: 18 Sep 2020 15:46:40 +0000
To: Musante, Patrick J
Subject: FW: Latest statement

Statement from IHSC regarding hysterectomies...

Kristen Sullivan
Chief of Staff
Assistant Field Office Director
DHS/ICE/ERO
(b)(6); (b)(7)(C)
Atlanta, GA 30303
Office: 404-893-(b)(6); (b)(7)(C)

From (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) ice.dhs.gov>
Date: Tuesday, Sep 15, 2020, 6:49 PM
To: Sullivan, Kristen <(b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) @ice.dhs.gov>, Giles, Thomas P <(b)(6); (b)(7)(C) @ice.dhs.gov>, M(b)(6); (b)(7)(C) <(b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: Latest statement

STATEMENT FROM DR. (b)(6); (b)(7)(C) Medical Director of the ICE Health Service Corps (IHSC):

The accusations will be fully investigated by an independent office, however, ICE vehemently disputes the implication that detainees are used for experimental medical procedures. ICE's mission is to protect the homeland and to swiftly and quickly remove people from the country; the health, welfare and safety of ICE detainees is one of the agency's highest priorities, any assertion or claim to the contrary is false and intentionally misleading.

All female ICE detainees receive routine, age-appropriate gynecological and obstetrical health care, consistent with recognized community guidelines for women's health services. According to U.S. Immigration and Enforcement (ICE) data, since 2018, only two individuals at Irwin County Detention Center were referred to certified, credentialed medical professionals at gynecological and obstetrical health care facilities for hysterectomies in compliance with National Commission on Correctional Health Care (NCCHC) standards. Based on their evaluations, these specialists recommended hysterectomies. These recommendations were reviewed by the facility clinical authority and approved.

To be clear, medical care decisions concerning detainees are made by medical personnel, not by law enforcement personnel. Detainees are afforded informed consent, and a medical procedure like a hysterectomy would never be performed against a detainee's will.

All medical professionals certainly have a duty to report any issues of concern through appropriate channels, such as making a report to the Department of Homeland Security Office of Inspector General (OIG); however, it is unfortunate that those involved in this report have chosen to first go to the media with their allegations, without allowing the government to examine or take appropriate action.

Out of respect for the process of matters pending before the OIG, ICE does not comment prematurely on reported allegations, and ICE intends to fully cooperate with any resulting investigation by the OIG.

ON BACKGROUND

Regarding the approval process:

1. Detainee presents with a medical concern and is evaluated at the facility by the provider
2. Detainee is referred to an offsite specialist (OB/GYN in this case)
3. Based on examination findings, surgical procedure (i.e. hysterectomy) is recommended by an OB/GYN specialist
4. Facility submits a MedPAR request (if IGSA) referral request in eCW (if IHSC staffed facility)
5. All surgeries with the exception of ORIF require review/approval of the Regional Clinical Director
6. Global surgical procedure (GSP) codes are confirmed with the provider and, if approved, the MedPAR or referral request is approved.
7. Surgery is scheduled and pending consent of the detainee, the procedure is performed

Lindsay Williams
Public Affairs Officer
U.S. Immigration and Customs Enforcement
Atlanta Field Office (GA,NC,SC, Ala)
(404) 346 (b)(6)
(b)(6); (b)(7)(C) @ice.dhs.gov

From: Williams, Lindsay
Sent: 14 Sep 2020 20:01:56 +0000
To: Sullivan, Kristen
Subject: FW: Question about whistleblower complaint
Attachments: 9-14-20 OIG-Complaint.pdf

Just when you thought it was a quiet day…

(b)(5)

Lindsay Williams
Public Affairs Officer
U.S. Immigration and Customs Enforcement
Atlanta Field Office (GA,NC,SC, Ala)
(404) 346-(b)(6); (b)(7)(
Lindsay.Williams@ice.dhs.gov

From: Bennett, Danielle (b)(6); (b)(7)(C)
Sent: Monday, September 14, 2020 3:50 PM
To: Williams, Lindsay <(b)(6); (b)(7)(C)
Cc: Cox, Bryan D <(b)(6); (b)(7)(C)>; Cutrell, Carissa F <(b)(6); (b)(7)(C)>
Subject: FW: Question about whistleblower complaint

Hi Lindsay – Not sure if you're tracking this but apparently this group (to include a nurse who works at Irwin) has submitted this complaint to the OIG.

Can you check with your folks and see if there's anything we can give Mica in terms of what she's asking for? I can check w IHSC up here if need be as well.

Thanks,
Dani

From: Rosenberg, Mica (Reuters) <(b)(6); (b)(7)(C)@thomsonreuters.com>
Sent: Monday, September 14, 2020 3:16 PM
To: Bennett, Danielle <(b)(6); (b)(7)(C)@ice.dhs.gov>; ICEMedia <ICEMedia@ice.dhs.gov>
Subject: RE: Question about whistleblower complaint

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Thanks Dani,
It would be great if you could respond to the following questions:
In the complaint detained immigrants and nurses reported high rates of hysterectomies on immigrant women.

--can you provide the number of hysterectomies performed on detainees in 2019 and 2020 at Irwin detention facility and how that compares to previous years (obviously only numbers, with no identifying information so as not to raise privacy concerns)
--The complaint also alleges that a particular gynecologist outside the facility has been given referrals. Is there a particular provider who has been used at that facility for these types or procedures?
Thank you for your help
Best,
Mica

From: Bennett, Danielle <(b)(6); (b)(7)(C)
Sent: Monday, September 14, 2020 3:07 PM
To: Rosenberg, Mica (Reuters) <(b)(6); (b)(7)(C)>; ICEMedia <ICEMedia@ice.dhs.gov>
Subject: RE: Question about whistleblower complaint

Thanks Mica – I don't think it would be appropriate for us to comment on a complaint sent to the OIG. Do you have a question we can answer?

Dani

From: Rosenberg, Mica (Reuters) <(b)(6); (b)(7)(C)
Sent: Monday, September 14, 2020 2:50 PM
To: ICEMedia <ICEMedia@ice.dhs.gov>
Subject: RE: Question about whistleblower complaint

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Apologies about the double email!
Here is a PDF of the complaint from that link

From: Bennett, Danielle <(b)(6); (b)(7)(C)
Sent: Monday, September 14, 2020 2:45 PM
To: Rosenberg, Mica (Reuters) <(b)(6); (b)(7)(C)>; ICEMedia <ICEMedia@ice.dhs.gov>
Cc: Grant, April M <(b)(6); (b)(7)(C)>; Houtmann, Mary G <(b)(6); (b)(7)(C)>
Subject: RE: Question about whistleblower complaint

Hi Mica – we're all on ICE Media so you don't need to copy us. Just means we get your email twice. I can't seem to open this link. Is it working on your end? Dani

From: Rosenberg, Mica (Reuters) <(b)(6); (b)(7)(C)
Sent: Monday, September 14, 2020 2:43 PM
To: ICEMedia <ICEMedia@ice.dhs.gov>
Cc: Bennett, Danielle <(b)(6); (b)(7)(C); Grant, April M <(b)(6); (b)(7)(C)
Houtmann, Mary G <(b)(6); (b)(7)(C)>
Subject: Question about whistleblower complaint

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Hi there April and ICE media team,
We had seen this whistleblower complaint that was sent to the Inspector General's office and were hoping to get ICE's response to it but most specifically to the claims in the section about hysterectomies.
https://www.scribd.com/document/476013004/OIG-Complaint#from_embed?campaign=VigLink&ad_group=xxc1xx&source=hp_affiliate&medium=affiliate
Please let me know if you can get back to us on this and we appreciate your help!
All the best,
Mica

.....

Mica Rosenberg
Reuters News
National Immigration Reporter
www.reuters.com

3 Times Square, 18th Floor
New York, NY 10036
office: (b)(6); (b)(7)(C)
cell/signal/whatsapp/telegram: (b)(6); (b)(7)(C)
email: (b)(6); (b)(7)(C)@thomsonreuters.com
www.linkedin.com/in/micarosenberg/

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From: (b)(6); (b)(7)(C)
Sent: 17 Sep 2020 21:25:30 +0000
To: (b)(6); (b)(7)(C)
Subject: FW: STATEMENT FROM (b)(6); (b)(7)(C), Medical Director of the ICE Health Service Corps (IHSC)

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

Do you know what translation service (b)(6); (b)(7)(C) uses? We/ICDC wouldn't track this, correct?

Thanks,

Kristen Sullivan
Chief of Staff
Assistant Field Office Director
Atlanta Field Office
DHS/ICE/ERO
Office: 404-893-(b)(6);

From: (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Thursday, September 17, 2020 2:09 PM
To: Sullivan, Kristen (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: FW: STATEMENT FROM (b)(6); (b)(7)(C) Medical Director of the ICE Health Service Corps (IHSC)

HI Kristen,

Any idea if this information exists?

(b)(6); (b)(7)(C)
Public Affairs Officer
U.S. Immigration and Customs Enforcement
Atlanta Field Office (GA,NC,SC, Ala)
(404) 346-(b)(6);
(b)(6); (b)(7)(C)@ice.dhs.gov

From: (b)(6); (b)(7)(C)ice.dhs.gov>
Sent: Thursday, September 17, 2020 2:06 PM
To: (b)(6); (b)(7)(C)@nytimes.com>; (b)(6); (b)(7)(C)@ice.dhs.gov>; (b)(6); (b)(7)(C)@ice.dhs.gov>; (b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: ICEMedia <(b)(6);@ice.dhs.gov>
Subject: RE: STATEMENT FROM (b)(6); (b)(7)(C), Medical Director of the ICE Health Service Corps (IHSC)

I'll check with OPR on the investigation question. Adding our (b)(6); (b)(7)(C) to inquire about the translation services, and whether or not that is something that is tracked.

From: (b)(6); (b)(7)(C) @nytimes.com>
Sent: Thursday, September 17, 2020 2:02 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) e.dhs.gov>
Cc: ICEMedia <(b)(6); (b)(7)(C) dhs.gov>
Subject: Re: STATEMENT FROM (b)(6); (b)(7)(C) Medical Director of the ICE Health Service Corps (IHSC)

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Hi all, following up with another important set of questions:

Afte(b)(6); (b)(7)(C) as reported to ICE by the Southern Poverty Law Center in 2018, was an investigation conducted? If so, were detainees interviewed for the investigation? And how was the investigation resolved? Was (b)(6); (b)(7)(C) sanctioned in any way?

Also, do you have records of translation or interpretation for any o(b)(6); (b)(7)(C) visits with detainees?

Please be in touch on this as soon as possible.

Thank you,

(b)(6); (b)(7)(C)
347-74(b)(6);

On Thu, Sep 17, 2020 at 12:44 PM (b)(6); (b)(7)(C) @nytimes.com> wrote:

> Hi all,
>
> Circling back on this data regardin(b)(6); (b)(7)(C) an you please get back to me on the following questions and also share his contract with ICE/LaSalle? Any other information about his history working with ICE would be very helpful.
>
> Data qs:
> 1) How many surgeries has (b)(6); (b)(7)(C) performed on ICE detainees in the last five years? And of those, how many were partial or full hysterectomies / partial or full tubal ligations?
>
> Please be in touch soonest.
>
> Many thanks,
>
> (b)(6); (b)(7)(C)
>
> On Wed, Sep 16, 2020 at 10:43 AM (b)(6); (b)(7)(C) ytimes.com> wrote:
>
> > Hi all,
> >
> > Circling back with the remaining urgent questions in order of importance:

1) How many surgeries ha (b)(6); (b)(7)(C) formed on ICE detainees in the last five years? And of those, how many were partial or full hysterectomies / partial or full tubal ligations?

2) Can I interview (b)(6); (b)(7)(C) day? I can be available any time.

3) As for pulling a national average -- I think it would still be helpful to know the average number of hysterectomies performed annually at IHSC facilities so that we could compare it to Irwin. We could make clear that the average doesn't include all ICE facilities, but it would give us a sense of what is typical in ICE facilities generally.

Please let me know ASAP.

Thank you.
(b)(6);
(b)(7)(C)

From: Sullivan, Kristen
Sent: 18 Sep 2020 21:23:36 +0000
To: (b)(6); (b)(7)(C)
Subject: FW: Time Sensitive: Re: Medical Documentation Review/Irwin County Detention Center
Attachments: (b)(6); (b)(7)(C) ongressional.docx, (b)(6); (b)(7)(C) hospital records.pdf, (b)(6); (b)(7)(C) pdf
Importance: High

FYSA

Kristen Sullivan
Chief of Staff
Assistant Field Office Director
Atlanta Field Office
DHS/ICE/ERO
Office: 404-89 (b)(6); (b)(7)(C)

From: Sullivan, Kristen
Sent: Friday, September 18, 2020 5:23 PM
To: IHSC Taskings (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) g@ice.dhs.gov>; (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: Time Sensitive: Re: Medical Documentation Review/Irwin County Detention Center
Importance: High

Good afternoon,

ERO Atlanta has been tasked by ERO HQ with providing medical information pertaining to the below detainee while she was detained at Irwin County Detention Center in Ocilla, GA. ERO Atlanta's response is due by 10am on Monday, September 21. Would IHSC be able to provide a summary of the procedures performed on (b)(6); (b)(7)(C) for inclusion in the attached Executive Summary? The medical documentation is attached.

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

Thank you for any assistance you can provide with this case as it has garnered significant congressional and media attention.

Regards,
Kristen Sullivan
Chief of Staff
Assistant Field Office Director
Atlanta Field Office
DHS/ICE/ERO
Office: 404-893 (b)(6); (b)(7)(C)

From: Sullivan, Kristen
Sent: 21 Aug 2019 22:29:38 +0000
To: (b)(6); (b)(7)(C)@irwincdc.com'
Cc: (b)(6); (b)(7)(C)
Subject: ICE HQ Facility Inspection Notice: Detention inspection report for the IRWIN COUNTY DETENTION CENTER
Attachments: RA Memo Irwin County Detention Center.pdf, IRWINGA19- IrwinCoGA SIS 6-13-2019.pdf, IRWINGA19 - G324A_PBNDS_2008_O72_Lyon_6-13-2019.pdf, IRWINGA19- IrwinCoGA CoverLTR 6-13-2019.pdf

Good evening, Warden Paulk,
The annual detention inspection report for the IRWIN COUNTY DETENTION CENTER completed on 6/13/2019 in OCILLA, Georgia has been received. A final rating of Meets Standard has been assigned. Attached, please find a signed copy of the Reviewing Authority Memorandum, Cover Letter, and Significant Incident Summary Worksheet, G-324A Inspection Sheet.
Below are the two deficiencies that need to be addressed by ICDC. The others will be addressed by ICE as they were ICE deficiencies.
Please respond to below by Friday, September 13, 2019.

Admission and Release (Key: D)					
This Detention Standard protects the community, detainees, staff, volunteers, and contractors by ensuring secure and orderly operations when detainees are admitted to or released from a facility.					
Item No.	Component	Deficiency Identified	Corrective Action	Projected Completion Date	Date Completed
1	The facility shall issue to each newly admitted detainee a copy of the ICE National Detainee Handbook and local supplement that fully describes all policies, procedures, and rules in effect at the facility. (Key: D10)	The National Detainee Handbook and local handbook describe policies, procedures, and rules. According to the admission officer, both handbooks are issued to each detainee upon admission. However, there is no documentation to confirm that each ICE detainee received a National Detainee Handbook. Detainees sign an Initial Intake Orientation sheet verifying receipt of the local supplement.			

Food Service (Key: T)								
This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.								
Item No.	Component	Deficiency Identified	Corrective Action	Projected Completion Date	Date Completed			
3	The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date. (Key: T04)				This component was rated as Does Not Meet Standard during the last inspection because documentation to support the annual review of detainee job descriptions was not available. Documentation of the annual review of detainee job descriptions was still not available for this inspection. This is a repeat deficiency. This deficiency was corrected during the inspection.			

Thank you,
Kristen Sullivan
Assistant Field Office Director
DHS/ICE/ERO
180 Ted Turner Drive SW
Atlanta, GA 30303

Office: 404-893-(b)(6);

Office of Enforcement and Removal Operations

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

U.S. Immigration and Customs Enforcement

JUL 2 3 2019

MEMORANDUM FOR: Sean W. Gallagher
Field Office Director
Atlanta Field Office

FROM: (b)(6); (b)(7)(C) e D. Johnson
ssistant Director
ustody Management

SUBJECT: Irwin County Detention Center Annual Review 2019

The Annual Detention Inspection of the Irwin County Detention Center completed on June 13, 2019 in Ocilla, Georgia, has been received. A final rating of **Meets Standard** is assigned.

The Field Office Director must complete the following actions in accordance with the Detention Management Control Program (DMCP):

1) Notify the facility of the final rating **within** five (5) business days of receipt of this memorandum. Notification shall include copies of the Form G-324A Detention Facility Review Form, the G-324A Worksheet, LCI Summary Memorandum, and a copy of this memorandum.

2) Return the attached Uniform Corrective Action Plan (UCAP) within fifty-five (55) business days to the Headquarters Detention Standards Compliance Unit.

Should you or your staff have any questions regarding this matter, please contact Jay M. Brooks, Deputy Assistant Director, Detention Management Division at (202) 732-3249.

cc: Official File

A. Type of Facility Reviewed

- ☐ **ICE Service Processing Center**
- ☐ **ICE Contract Detention Facility**
- ☒ **ICE Intergovernmental Service Agreement**

B. Current Inspection

Type of Inspection ☐ Field Office ☒ HQ Inspection
Date[s] of Facility Review 06/11/2019 to 06/13/2019

C. Previous/Most Recent Facility Review

Date[s] of Last Facility Review 06/12/2018 to 06/14/2018
Previous Rating ☒ Meets Standards ☐ Does Not Meet Standards

D. Name and Location of Facility

Name Irwin County Detention Center
Address (Street and Name) 132 Cotton Drive
City, State and Zip Code Ocilla, Georgia 31774
County Irwin
Name and Title of Facility Administrator (Warden/OIC/Superintendent) David Paulk, Facility Administrator
Telephone # (Include Area Code) 229-325-(b)(6);
Field Office / Sub-Office (List Office with oversight responsibilities) Atlanta, Georgia
Distance from Field Office 192 miles

E. ICE Information

Name of Inspector (Last Name, Title and Duty Station) (b)(6); (b)(7)(C) / Detainee Rights/LCI / Nakamoto Group
Name of Team Member / Title / Duty Location (b)(6); Medical SME / Nakamoto Group
Name of Team Member / Title / Duty Location (b)(6); (b)(7)(C) / Safety SME / Nakamoto Group
Name of Team Member / Title / Duty Location (b)(6); (b)(7)(C) Security SME / Nakamoto Group
Name of Team Member / Title / Duty Location (b)(6); (b)(7)(C) Medical SME / Nakamoto Group

F. CDF/IGSA Information Only

Contract Number IGA 20-07-0058	Date of Contract or IGSA January1991
Basic Rates per Man-Day (b)(4)	
Other Charges: (If None, Indicate N/A) N/A; ; ;	

Estimated Man-days Per Year 225,000

G. Accreditation Certificates

List all State or National Accreditation[s] received:
☒ Check box if facility has no accreditation[s]

H. Problems / Complaints (Copies must be attached)

The Facility is under Court Order or Class Action Finding ☐ Court Order ☐ Class Action Order
The Facility has Significant Litigation Pending ☐ Major Litigation ☐ Life/Safety Issues
☒ Check if None.

I. Facility History

Date Built 1991	
Date Last Remodeled or Upgraded 2009 / 512 Beds	
Date New Construction / Bedspace Added August 2019 / 96	
Future Construction Planned ☒ Yes ☐ No Date:	
Current Bedspace 1201	Future Bedspace (# New Beds only) Number: 96 Date: August 2019

J. Total Facility Population

Total Facility Intake for previous 12 months 6,032
Total ICE Mandays for Previous 12 months 296,864

K. Classification Level (ICE SPCs and CDFs Only)

	L-1	L-2	L-3
Adult Male	N/A	N/A	N/A
Adult Female	N/A	N/A	N/A

L. Facility Capacity

	Rated	Operational	Emergency
Adult Male	1,001	784	1,001
Adult Female	200	200	200

☐ **Facility holds Juveniles Offenders 16 and older as Adults**

M. Average Daily Population

	ICE	USMS	Other
Adult Male	739	145	37
Adult Female	323	23	4

N. Facility Staffing Level

Security:	Support:
(b)(4)	

Significant Incident Summary Worksheet

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

Incidents	***Description***	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault: Offenders on Offenders[1]	Types (Sexual[2], Physical, etc.)	10-P	3-P	8-P	6-P
	With Weapon	1	0	0	0
	Without Weapon	9	3	8	6
Assault: Detainee on Staff	Types (Sexual Physical, etc.)	2-P	1-P	1-P	0
	With Weapon	0	0	0	0
	Without Weapon	2	1	1	0
Number of Forced Moves, incl. Forced Cell moves[3]		8	0	3	3
Disturbances[4]		0	0	0	0
Number of Times Chemical Agents Used		1	0	1	1
Number of Times Special Reaction Team Deployed/Used		0	0	0	0
# Times Four/Five Point Restraints applied/used	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	0	0
	Type (C=Chair, B=Bed, BB=Board, O=Other)	0	0	0	0
Number of Times Canines Used in Facility		0	0	0	0
Offender / Detainee Medical Referrals as a result of injuries sustained.		0	0	0	0
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	80	60	158	64
	# Resolved in favor of Offender/Detainee	60	46	71	52
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	0	0	0	0
	Number	0	0	0	0
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	305	255	196	276
	# Psychiatric Cases referred for Outside Care	3	4	3	2

[1] Any attempted physical contact or physical contact that involves two or more offenders

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

[3] Routine transportation of detainees/offenders is not considered "forced"

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

DHS/ICE Detention Standards Review Summary Report						
1. Meets Standards 2. Does Not Meet Standards 3.Repeat Finding 4. Not Applicable		1	2	3	4
PART 1 SAFETY					
1	Emergency Plans	☒	☐	☐	
2	Environmental Health and Safety	☒	☐	☐	
3	Transportation (By Land)	☒	☐	☐	☐
PART 2 SECURITY					
4	Admission and Release	☒	☐	☐	
5	Classification System	☒	☐	☐	
6	Contraband	☒	☐	☐	
7	Facility Security and Control	☒	☐	☐	
8	Funds and Personal Property	☒	☐	☐	☐
9	Hold Rooms in Detention Facilities	☒	☐	☐	
10	Key and Lock Control	☒	☐	☐	
11	Population Counts	☒	☐	☐	
12	Post Orders	☒	☐	☐	
13	Searches of Detainees	☒	☐	☐	
14	Sexual Abuse and Assault Prevention and Intervention	☒	☐	☐	
15	Special Management Units	☒	☐	☐	
16	Staff-Detainee Communication	☒	☐	☐	
17	Tool Control	☒	☐	☐	
18	Use of Force and Restraints	☒	☐	☐	
PART 3 ORDER					
19	Disciplinary System	☒	☐	☐	
PART 4 CARE					
20	Food Service	☒	☐	☐	
21	Hunger Strikes	☒	☐	☐	
22	Medical Care	☒	☐	☐	
23	Personal Hygiene	☒	☐	☐	
24	Suicide Prevention and Intervention	☒	☐	☐	
25	Terminal Illness, Advance Directives, and Death	☒	☐	☐	
PART 5 ACTIVITIES					
26	Correspondence and Other Mail	☒	☐	☐	
27	Escorted Trips for Non-Medical Emergencies	☐	☐	☐	☒
28	Marriage Requests	☒	☐	☐	☐
29	Recreation	☒	☐	☐	
30	Religious Practices	☒	☐	☐	
31	Telephone Access	☒	☐	☐	
32	Visitation	☒	☐	☐	
33	Voluntary Work Program	☒	☐	☐	☐
PART 6 JUSTICE					
34	Detainee Handbook	☒	☐	☐	
35	Grievance System	☒	☐	☐	
36	Law Libraries and Legal Material	☒	☐	☐	
37	Legal Rights Group Presentations	☒	☐	☐	
PART 7 ADMINISTRATION & MANAGEMENT					
38	Detention Files	☒	☐	☐	
39	News Media Interviews and Tours	☒	☐	☐	
40	Staff Training	☒	☐	☐	
41	Transfer of Detainees	☒	☐	☐	

LCI Review Assurance Statement

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

Lead Compliance Inspector: (Print Name)	(b)(6); (b)(7)(C)
L (b)(6); (b)(7)(C)	*Signature*
Title & Duty Location	Date
Lead Compliance Inspector, The Nakamoto Group, Inc.	06/13/2019

Team Members

Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
(b)(6); (b)(7)(C) ecurity SME, The Nakamoto Group, Inc.	(b)(6); (b)(7)(C) , Medical SME, The Nakamoto Group, Inc.
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
(b)(6); (b)(7)(C) Medical SME, The Nakamoto Group, Inc.	(b)(6); (b)(7)(C) ty SME, The Nakamoto Group, Inc.

Recommended Rating: ☒ **Meets Standards**
☐ **Does Not Meet Standards**

Comments: The information provided on the Significant Incident Summary Worksheet include ICE detainee information. There were fifteen SAAPI allegations involving ICE detainees during the inspection period. Five allegations of inappropriate touching involving female detainee on female detainee were unsubstantiated. Four allegations of inappropriate touching and one of sexual harassment involving male on male detainees were unsubstantiated. One allegation occurred at a previous facility and continues to be under investigation. All other allegations were found to be unsubstantiated. There was one allegation involving staff. During December 2018, several officers expressed suspicion that a former female officer had an inappropriate sexual relationship with a male detainee. A thorough investigation by the Sheriff's office found the allegations to be substantiated. On 05/21/2019 a warrant was issued for the former officer. On 08/21/2018 a male detainee alleged that he had been sexually assaulted (anal penetration) by an unknown assailant shortly after arrival at the facility. A SANE examination was done. Results are pending. On 07/9/2018 a male detainee alleged that he had been sexually assaulted while in the custody of the South Carolina Department of Corrections. This information was forwarded to the South Carolina Department of Corrections. On 03/28/2019 a male detainee claimed he was confused and "didn't know where he was". He was taken to the medical department where he told the nurse that he had been raped by ten to fifteen individuals in his dorm. This allegation is pending laboratory analysis. Timely and appropriate responses, evaluation, treatment, and notification to ICE officers regarding all SAAPI allegations were within the guidelines of the standard.

During this inspection period, there were sixteen uses of force involving ICE detainees. Of those instances, one involved a calculated use of force for refusing to obey directives. Review of the video and reports indicated that force was applied within the guidelines of the standard. There were fifteen immediate uses of force. Two incidents included detainee assaults on staff; with one involving the use of Oleoresin Capsicum (OC)/pepper spray. The second incident required use of physical force to apply restraints. The remainder of the immediate uses of force involved detainees refusing to obey directives, two of which involved the use of pepper spray. All reports

indicated that force was applied within guidelines of the standard. The medical evaluations were timely. There were no injuries to staff or detainees. The facility does not use Tasers and canines are not allowed in the facility. There have been no deaths or escapes.

There were two serious suicide attempts during the inspection period. A 23-year old female detainee cut her wrists in the facility courtroom. Immediate aid was rendered by corrections and medical staff. The detainee was sent to the ER. The wound was dressed and the detainee was returned to the facility. The detainee was placed on suicide watch and no further incidents were reported.

A 20-year old female detainee was found sitting on her bunk bleeding profusely from deep cuts in her left antecubital fossa. Immediate aid was rendered and the detainee was transported to the ER via ambulance. The detainee's wound was sutured and she returned to the facility. She was placed on suicide watch and no further incidents were reported.

From: HQ-DSCU-Taskings
Sent: 23 Jul 2019 20:30:24 +0000
To: Sullivan, Kristen; (b)(6); (b)(7)(C)
Cc: Sterling, George A; (b)(6); (b)(7)(C) Q-DSCU-Taskings; (b)(6); (b)(7)(C)
Subject: ICE HQ Facility Inspection Notice: Detention inspection report for the IRWIN COUNTY DETENTION CENTER completed on 6/13/2019 in OCILLA, Georgia Due to HQ: 10/7/2019
Attachments: RA Memo Irwin County Detention Center.pdf, IRWINGA19- IrwinCoGA CoverLTR 6-13-2019.pdf, IRWINGA19- IrwinCoGA SIS 6-13-2019.pdf, IRWINGA19 - G324A_PBNDS_2008_O72_Lyon_6-13-2019.pdf, IRWINGA_06_13_2019_Annual_UCAP_KEY_769.doc

Greetings ATL,

The annual detention inspection report for the IRWIN COUNTY DETENTION CENTER completed on 6/13/2019 in OCILLA, Georgia has been received. A final rating of Meets Standard has been assigned. Attached, please find a signed copy of the Reviewing Authority Memorandum, Cover Letter, Significant Incident Summary Worksheet, G-324A Inspection Sheet, and Uniform Correction Action Plan (UCAP).

Using the attached UCAP, please record all corrective actions taken, to include projected completion dates. Note: each corrective action must be accompanied by validating documentation. Failure to provide this information will result in the rejection of your UCAP.

Upon completion, please have an Assistant Field Office Director or higher sign and certify the UCAP is complete and accurate. Due date: 10/7/2019.

Please do not hesitate contacting Detention and Deportation Officer (b)(6); (b)(7)(C) any time should you have any questions.

Thank you,

v/r
Detention Standards Compliance Unit (DSCU)
Custody Management Division
Enforcement and Removal Operations

Office of Enforcement and Removal Operations

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

U.S. Immigration and Customs Enforcement

JUL 2 3 2019

MEMORANDUM FOR: Sean W. Gallagher
Field Office Director
[redacted]

FROM: [redacted]
Assistant Director
Custody Management

SUBJECT: Irwin County Detention Center Annual Review 2019

The Annual Detention Inspection of the Irwin County Detention Center completed on June 13, 2019 in Ocilla, Georgia, has been received. A final rating of **Meets Standard** is assigned.

The Field Office Director must complete the following actions in accordance with the Detention Management Control Program (DMCP):

1) Notify the facility of the final rating **within** five (5) business days of receipt of this memorandum. Notification shall include copies of the Form G-324A Detention Facility Review Form, the G-324A Worksheet, LCI Summary Memorandum, and a copy of this memorandum.

2) Return the attached Uniform Corrective Action Plan (UCAP) within fifty-five (55) business days to the Headquarters Detention Standards Compliance Unit.

Should you or your staff have any questions regarding this matter, please contact [redacted], Deputy Assistant Director, Detention Management Division at (202) 73[redacted].

cc: Official File

The Nakamoto Group, Inc.

June 13, 2019

TO: Tae D. Johnson
Assistant Director for Detention Management

FROM: (b)(6); (b)(7)(C)
Lead Compliance Inspector
The Nakamoto Group, Inc.

SUBJECT: **Annual Detention Inspection of the Irwin County Detention Center**

The Nakamoto Group, Inc. performed an annual inspection for compliance with the ICE Performance-Based National Detention Standards (PBNDS 2008) of the Irwin County Detention Center in Ocilla, Georgia, during the period of June 11-13, 2019. This is an IGSA facility.

The inspection was performed under the guidance o (b)(6); (b)(7)(C) Lead Compliance Inspector. Team Members were:

Subject Matter Field	Team Member
Detainee Rights	(b)(6); (b)(7)(C)
Security	
Medical Care	
Medical Care	
Safety	

Type of Inspection

This is a scheduled annual inspection, which is performed to determine overall compliance with the ICE PBNDS 2008 for Over 72 hour facilities. The facility received a previous rating of Meets Standards during the June 2018 inspection.

Inspection Summary

The Irwin County Detention Center is currently accredited by:

- The American Correctional Association (ACA) - No
- The National Commission on Correctional Health Care (NCCHC) - No
- The Joint Commission (TJC) - No
- Prison Rape Elimination Act (PREA) - No

Standards Compliance

The following information is a summary of the standards that were reviewed and overall compliance that was determined as a result of the 2018 and 2019 annual inspections:

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2018 Annual Inspection	
Meets Standard	40
Does Not Meet Standard	0
Repeat Deficiency	0
Not Applicable	1

2019 Annual Inspection	
Meets Standard	40
Does Not Meet Standard	0
Repeat Deficiency	0
Not Applicable	1

The inspection team identified eight (8) deficient components in the following five (5) standards:

Admission and Release – 1
Classification - 1
Staff Detainee Communication - 3, all of which are repeat deficiencies
Food Service – 1 repeat deficiency
Personal Hygiene – 2, both of which are repeat deficiencies

Facility Snapshot/Description

The Irwin County Detention Center is a 1,201 bed facility owned and operated by LaSalle Corrections Southeast and governed by the Irwin County Commissioners. The facility houses male and female ICE detainees, U. S. Marshals Service detainees, and Irwin County inmates. On the first day of the inspection, the total population was 980; including 585 male and 271 female ICE detainees. The average length of stay for an ICE detainee was reported to be 37 days.

The single story facility consists of individual cells, multi-bed cells, 32-bed dormitories, and 100-bed dormitories. The 100-bed dormitories are supervised by direct supervision. The housing units provide adequate open space and detainees were observed socializing in the dayrooms, using the tablets, playing board games, and watching television. Detainees were also observed working in the kitchen, receiving barber services, and using the computers in the law library. The entire facility is climate controlled.

The atmosphere was relaxed and detainees were observed interacting with facility staff and other detainees. Detainees approached the inspection team without hesitation. Detainees were interviewed in the law library. Both detainees stated that library services are readily available.

The inspection team visited the housing units several times during the inspection and conducted numerous group and confidential interviews. No detainees expressed any concerns about their safety. Three detainees complained about medical services. The Medical SME reviewed the medical files and interviewed a nurse. All three detainees had been seen by the medical unit staff within the week and had numerous visits with health care staff. The Language Line was used to conduct interviews of LEP detainees. The inspection team conducted no less than 95 detainee interviews; 30 of which were formal interviews. Five detainees complained that they did not "like the food". However, a large percentage of detainees stated that the "food was very good". The Safety SME confirmed that the menu contained a satisfactory variety of ethnic foods, portions met the requirements of the standards, and was served at appropriate temperatures. Most of the detainees requested information regarding their cases. They were advised to submit a request to their assigned ICE officer.

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2021-ICLI-00006 696

Sanitation throughout the facility was observed to be average. Graffiti is prevalent in the cells. This issue was discussed with the administrator. He stated he was aware of the concern and was working on a solution.

The facility does not charge co-pays for medical, mental health or dental care. Health services and food services are provided by LaSalle Corrections Southeast employees.

Areas of Concern/Significant Observations

There were no areas of concern or significant observations.

Recommended Rating and Justification

The Lead Compliance Inspector recommends that the facility receive a rating of Meets Standards. The facility complies with the ICE Performance Based National Detention Standards (PBNDS) 2008 for Over 72 hour facilities. No (0) standards were found Does Not Meet Standards and one (1) standard was Not Applicable (N/A). All remaining forty (40) standards were found to Meet Standards.

LCI Assurance Statement

The findings of compliance and non-compliance are accurately and completely documented on the G-324 Inspection Form and are supported by documentation in the inspection file. An out brief was conducted at the facility and in addition to the entire Nakamoto Group, Inc. Inspection Team, the following were present:

- ICE Officials – SDDO (b)(6); (b)(7)(C)
- Facility Staff – Executive Director (b)(6); (b)(7)(C) Operations Director (b)(6); , Business Operations M (b)(6); (b)(7)(C) , Operations Director (b)(6); (b)(7)(C) Planning Director Brian (b)(6); (telephonically) Regional Warden (b)(6); Facility Administrator I (b)(6); (b)(7)(C) Deputy Warden (b)(6); (b)(7)(C) Major (b)(6); e, Captain (b)(6); (b)(7)(C) h, Compliance Officer (b)(6); (b)(7)(C) A N (b)(6); (b)(7)(C) HSA (b)(6); (b)(7)(C) DON (b)(6); (b)(7)(C) HR (b)(6); (b)(7)(C) Business Manager (b)(6); (b)(7)(C) FSD (b)(6); (b)(7)(C) and Compliance Consultant (b)(6); (b)(7)(C)

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

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

Lead Compliance Inspector — June 13, 2019

Printed Name of LCI — Date

A. Type of Facility Reviewed

- ☐ **ICE Service Processing Center**
- ☐ **ICE Contract Detention Facility**
- ☒ **ICE Intergovernmental Service Agreement**

B. Current Inspection

Type of Inspection ☐ Field Office ☒ HQ Inspection
Date[s] of Facility Review 06/11/2019 to 06/13/2019

C. Previous/Most Recent Facility Review

Date[s] of Last Facility Review 06/12/2018 to 06/14/2018
Previous Rating ☒ Meets Standards ☐ Does Not Meet Standards

D. Name and Location of Facility

Name Irwin County Detention Center
Address (Street and Name) 132 Cotton Drive
City, State and Zip Code Ocilla, Georgia 31774
County Irwin
Name and Title of Facility Administrator (Warden/OIC/Superintendent) (b)(6); (b)(7)(C) Facility Administrator
Telephone # (Include Area Code) 229-325-(b)(6); (b)(7)(
Field Office / Sub-Office (List Office with oversight responsibilities) Atlanta, Georgia
Distance from Field Office 192 miles

E. ICE Information

Name of Inspector (Last Name, Title and Duty Station) (b)(6); (b)(7)(C) Detainee Rights/LCI / Nakamoto Group
Name of Team Member / Title / Duty Location (b)(6); Medical SME / Nakamoto Group
Name of Team Member / Title / Duty Location (b)(6); / Safety SME / Nakamoto Group
Name of Team Member / Title / Duty Location (b)(6); ecurity SME / Nakamoto Group
Name of Team Member / Title / Duty Location (b)(6); (b)(7)(C) Medical SME / Nakamoto Group

F. CDF/IGSA Information Only

Contract Number IGA 20-07-0058	Date of Contract or IGSA January1991
Basic Rates per Man-Day (b)(4)	
Other Charges: (If None, Indicate N/A) N/A; ; ;	

Estimated Man-days Per Year 225,000

G. Accreditation Certificates

List all State or National Accreditation[s] received:
☒ Check box if facility has no accreditation[s]

H. Problems / Complaints (Copies must be attached)

The Facility is under Court Order or Class Action Finding ☐ Court Order ☐ Class Action Order
The Facility has Significant Litigation Pending ☐ Major Litigation ☐ Life/Safety Issues
☒ Check if None.

I. Facility History

Date Built 1991	
Date Last Remodeled or Upgraded 2009 / 512 Beds	
Date New Construction / Bedspace Added August 2019 / 96	
Future Construction Planned ☒ Yes ☐ No Date:	
Current Bedspace 1201	Future Bedspace (# New Beds only) Number: 96 Date: August 2019

J. Total Facility Population

Total Facility Intake for previous 12 months 6,032
Total ICE Mandays for Previous 12 months 296,864

K. Classification Level (ICE SPCs and CDFs Only)

	L-1	L-2	L-3
Adult Male	N/A	N/A	N/A
Adult Female	N/A	N/A	N/A

L. Facility Capacity

	Rated	Operational	Emergency
Adult Male	1,001	784	1,001
Adult Female	200	200	200

☐ **Facility holds Juveniles Offenders 16 and older as Adults**

M. Average Daily Population

	ICE	USMS	Other
Adult Male	739	145	37
Adult Female	323	23	4

N. Facility Staffing Level

Security: (b)(4)	Support:

Significant Incident Summary Worksheet

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

Incidents	***Description***	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault: Offenders on Offenders[1]	Types (Sexual[2], Physical, etc.)	10-P	3-P	8-P	6-P
	With Weapon	1	0	0	0
	Without Weapon	9	3	8	6
Assault: Detainee on Staff	Types (Sexual Physical, etc.)	2-P	1-P	1-P	0
	With Weapon	0	0	0	0
	Without Weapon	2	1	1	0
Number of Forced Moves, incl. Forced Cell moves[3]		8	0	3	3
Disturbances[4]		0	0	0	0
Number of Times Chemical Agents Used		1	0	1	1
Number of Times Special Reaction Team Deployed/Used		0	0	0	0
# Times Four/Five Point Restraints applied/used	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	0	0
	Type (C=Chair, B=Bed, BB=Board, O=Other)	0	0	0	0
Number of Times Canines Used in Facility		0	0	0	0
Offender / Detainee Medical Referrals as a result of injuries sustained.		0	0	0	0
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	80	60	158	64
	# Resolved in favor of Offender/Detainee	60	46	71	52
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	0	0	0	0
	Number	0	0	0	0
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	305	255	196	276
	# Psychiatric Cases referred for Outside Care	3	4	3	2

[1] Any attempted physical contact or physical contact that involves two or more offenders

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

[3] Routine transportation of detainees/offenders is not considered "forced"

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

DHS/ICE Detention Standards Review Summary Report						
1. Meets Standards 2. Does Not Meet Standards 3.Repeat Finding 4. Not Applicable		1	2	3	4
PART 1 SAFETY					
1	Emergency Plans	☒	☐	☐	
2	Environmental Health and Safety	☒	☐	☐	
3	Transportation (By Land)	☒	☐	☐	☐
PART 2 SECURITY					
4	Admission and Release	☒	☐	☐	
5	Classification System	☒	☐	☐	
6	Contraband	☒	☐	☐	
7	Facility Security and Control	☒	☐	☐	
8	Funds and Personal Property	☒	☐	☐	☐
9	Hold Rooms in Detention Facilities	☒	☐	☐	
10	Key and Lock Control	☒	☐	☐	
11	Population Counts	☒	☐	☐	
12	Post Orders	☒	☐	☐	
13	Searches of Detainees	☒	☐	☐	
14	Sexual Abuse and Assault Prevention and Intervention	☒	☐	☐	
15	Special Management Units	☒	☐	☐	
16	Staff-Detainee Communication	☒	☐	☐	
17	Tool Control	☒	☐	☐	
18	Use of Force and Restraints	☒	☐	☐	
PART 3 ORDER					
19	Disciplinary System	☒	☐	☐	
PART 4 CARE					
20	Food Service	☒	☐	☐	
21	Hunger Strikes	☒	☐	☐	
22	Medical Care	☒	☐	☐	
23	Personal Hygiene	☒	☐	☐	
24	Suicide Prevention and Intervention	☒	☐	☐	
25	Terminal Illness, Advance Directives, and Death	☒	☐	☐	
PART 5 ACTIVITIES					
26	Correspondence and Other Mail	☒	☐	☐	
27	Escorted Trips for Non-Medical Emergencies	☐	☐	☐	☒
28	Marriage Requests	☒	☐	☐	☐
29	Recreation	☒	☐	☐	
30	Religious Practices	☒	☐	☐	
31	Telephone Access	☒	☐	☐	
32	Visitation	☒	☐	☐	
33	Voluntary Work Program	☒	☐	☐	☐
PART 6 JUSTICE					
34	Detainee Handbook	☒	☐	☐	
35	Grievance System	☒	☐	☐	
36	Law Libraries and Legal Material	☒	☐	☐	
37	Legal Rights Group Presentations	☒	☐	☐	
PART 7 ADMINISTRATION & MANAGEMENT					
38	Detention Files	☒	☐	☐	
39	News Media Interviews and Tours	☒	☐	☐	
40	Staff Training	☒	☐	☐	
41	Transfer of Detainees	☒	☐	☐	

LCI Review Assurance Statement

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

Lead Compliance Inspector: (Print Name)	Signature
(b)(6); (b)(7)(C)	(b)(6); (b)(7)(C)
Title & Duty Location	**Date**
Lead Compliance Inspector, The Nakamoto Group, Inc.	06/13/2019

Team Members

Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
(b)(6); (b)(7)(C) Security SME, The Nakamoto Group, Inc.	(b)(6); (b)(7)(C), Medical SME, The Nakamoto Group, Inc.
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
(b)(6); (b)(7)(C), Medical SME, The Nakamoto Group, Inc.	(b)(6); (b)(7)(C) Safety SME, The Nakamoto Group, Inc.

Recommended Rating:

☒ **Meets Standards**
☐ **Does Not Meet Standards**

Comments: The information provided on the Significant Incident Summary Worksheet include ICE detainee information. There were fifteen SAAPI allegations involving ICE detainees during the inspection period. Five allegations of inappropriate touching involving female detainee on female detainee were unsubstantiated. Four allegations of inappropriate touching and one of sexual harassment involving male on male detainees were unsubstantiated. One allegation occurred at a previous facility and continues to be under investigation. All other allegations were found to be unsubstantiated. There was one allegation involving staff. During December 2018, several officers expressed suspicion that a former female officer had an inappropriate sexual relationship with a male detainee. A thorough investigation by the Sheriff's office found the allegations to be substantiated. On 05/21/2019 a warrant was issued for the former officer. On 08/21/2018 a male detainee alleged that he had been sexually assaulted (anal penetration) by an unknown assailant shortly after arrival at the facility. A SANE examination was done. Results are pending. On 07/9/2018 a male detainee alleged that he had been sexually assaulted while in the custody of the South Carolina Department of Corrections. This information was forwarded to the South Carolina Department of Corrections. On 03/28/2019 a male detainee claimed he was confused and "didn't know where he was". He was taken to the medical department where he told the nurse that he had been raped by ten to fifteen individuals in his dorm. This allegation is pending laboratory analysis. Timely and appropriate responses, evaluation, treatment, and notification to ICE officers regarding all SAAPI allegations were within the guidelines of the standard.

During this inspection period, there were sixteen uses of force involving ICE detainees. Of those instances, one involved a calculated use of force for refusing to obey directives. Review of the video and reports indicated that force was applied within the guidelines of the standard. There were fifteen immediate uses of force. Two incidents included detainee assaults on staff; with one involving the use of Oleoresin Capsicum (OC)/pepper spray. The second incident required use of physical force to apply restraints. The remainder of the immediate uses of force involved detainees refusing to obey directives, two of which involved the use of pepper spray. All reports

indicated that force was applied within guidelines of the standard. The medical evaluations were timely. There were no injuries to staff or detainees. The facility does not use Tasers and canines are not allowed in the facility. There have been no deaths or escapes.

There were two serious suicide attempts during the inspection period. A 23-year old female detainee cut her wrists in the facility courtroom. Immediate aid was rendered by corrections and medical staff. The detainee was sent to the ER. The wound was dressed and the detainee was returned to the facility. The detainee was placed on suicide watch and no further incidents were reported.

A 20-year old female detainee was found sitting on her bunk bleeding profusely from deep cuts in her left antecubital fossa. Immediate aid was rendered and the detainee was transported to the ER via ambulance. The detainee's wound was sutured and she returned to the facility. She was placed on suicide watch and no further incidents were reported.

PART 2 – 15. SPECIAL MANAGEMENT UNITS (Key: O)		
This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.		
Components	**Rating**	**Remarks** (1000 Char Max)
10. A written order shall be completed and signed by the chair of the IDP (or disciplinary hearing officer) before a detainee is placed into Disciplinary Segregation. A copy of the order shall be given to the detainee within 24 hours, unless delivery would jeopardize the safety, security, or the orderly operation of the facility or the safety of another detainee.	Meets Standard	Policy addresses the items listed in this component.
11. Upon a detainee's release from the SMU, the releasing officer attaches the entire housing unit record to the Administrative Segregation Order or Disciplinary Segregation Order and forwards it to the Supervisor for inclusion in the detainee's detention file.	Meets Standard	
12. PRIORITY: There are implemented written procedures for the regular review of all detainees in Administrative Segregation. A supervisor conducts a review within 72 hours of the detainee's placement in Administrative Segregation to determine whether segregation is still warranted. The review includes an interview with the detainee, and a written record is made of the decision and the justification. If a detainee is segregated for the detainee's protection, but not at the detainee's request, continued detention requires the authorizing signature of the facility administrator or assistant facility administrator. When a detainee has spent seven days in Administrative Segregation, and every week thereafter for the first 60 days and at least every 30 days thereafter, a supervisor conducts a similar review, including an interview with the detainee, and documents the decision and justification.	Meets Standard	Policy, procedures, and practice address each of the requirements listed in this component. Reviews are documented on a local segregation review form.
13. Permanent housing logs are maintained in SMUs to record pertinent information on detainees upon admission to and release from the unit, and in which supervisory staff and other officials record their visits to the unit.	Meets Standard	Permanent logs are maintained in the segregation housing units. A review of the logs found pertinent current information as required in this component.
14. *(SPCs/CDFs) A separate log is maintained in the SMU that all persons visiting the unit must sign and record:* • *The time and date of the visit, and* • *Any unusual activity or behavior of an individual detainee, with a follow-up memorandum sent through the facility administrator to the detainee's file.*	N/A	In this IGSA facility, a separate log is not maintained to record dates, times, and signatures of visitors to the SMU.
15. A Special Management Housing Unit Record is maintained on each detainee in an SMU.	Meets Standard	

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Components	**Rating**	**Remarks** (1000 Char Max)
16. Health care personnel are immediately informed when a detainee is admitted to an SMU to provide assessment and review as indicated by health care protocols.	Meets Standard	Policy requires that health care personnel be immediately notified upon a detainee's placement in the SMU in order to conduct a health care assessment.
17. PRIORITY: A health care provider visits every detainee in an SMU at least once daily, and detainees are provided any medications prescribed for them. Detainees will have access to regularly scheduled sick call regardless of housing assignment. Any action taken is documented in a separate logbook, and the medical visit is recorded on the detainee's SMU Housing Record (Form I-888).	Meets Standard	This component was rated as Does Not Meet Standard during the previous inspection because a review of SMU housing unit records revealed that a health care professional did not visit every detainee in SMU at least once daily. A review of SMU housing unit records for the current inspection period confirmed that a health care professional visits every detainee in the SMU at least once a day.
18. Detainees in SMUs may shave and shower three times weekly and receive other basic services (laundry, hair care, barbering, clothing, bedding, linen) on the same basis as the general population.	Meets Standard	Detainees in SMU receive all of the services listed in this component. Opportunity to shower and shave is offered three times a week.
19. Detainees in Administrative Segregation are provided opportunities to spend time outside their cells (over and above the required recreation periods), for such activities as socializing, watching TV, and playing board games and may be assigned to work details (for example, as orderlies in the SMU).	Meets Standard	This component was rated as Does Not Meet Standard during the previous inspection because detainees were not being offered a choice of outside recreation or spending time outside their cell in the dayroom. A review of housing unit records during this inspection, and speaking with the SMU sergeant, indicated that detainees are offered time in the dayroom for socialization activities in addition to scheduled outside recreation period.

PART 2 – 15. SPECIAL MANAGEMENT UNITS (Key: O)		
This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.		
Components	**Rating**	**Remarks** (1000 Char Max)
20. The shift supervisor sees each segregated detainee daily, including weekends and holidays.	Meets Standard	Procedures require the shift supervisor to visit detainees face to face in SMU each day, including weekends and holidays. A review of SMU logbooks contained signatures of shift supervisors on a daily basis indicating their visits to the SMU.
21. The facility administrator (or designee) visits each SMU daily.	Meets Standard	The shift supervisors visit the SMU daily.
22. Detainees in SMUs are provided three nutritionally adequate meals per day, ordinarily from the general population menu.	Meets Standard	
23. Only for documented medical or mental health reasons are detainees denied such items as clothing, mattress, bedding, linens, or a pillow. If a detainee is so disturbed that he or she is likely to destroy clothing or bedding or create a disturbance risking harm to self or others, the medical department is notified immediately and a regimen of treatment and control instituted by the medical officer.	Meets Standard	In the event a detainee is denied items such as mattress, bedding, lines or pillow due to his/her mental state, health care providers are notified immediately and a treatment plan is determined and instituted.
24. Detainees in an SMU may write and receive letters the same as the general population.	Meets Standard	
25. Detainees in an SMU ordinarily retain visiting privileges.	Meets Standard	
26. Adequate documentation is generated for any restricted or disallowed general visits for a detainee in an SMU who violated visiting rules or whose behavior indicated the detainee would be a threat to the security or good order of the visiting room in the past year.	Meets Standard	Policy states any restriction or denial of visiting for a detainee in SMU be documented and approved by the OIC. There have been no visit restrictions or denials during this inspection period.
27. Under no circumstances is a detainee permitted to participate in general visitation while in restraints.	Meets Standard	
28. *(SPCs/CDFs) Detainees in protective custody and violent and disruptive detainees are not permitted to use the visitation room during normal visitation hours.*	Meets Standard	In this IGSA facility, protective custody and violent and disruptive detainees are not allowed to use visitation room during normal visitation hours. There have been no visit restrictions or denials during this inspection period.

PART 2 – 15. SPECIAL MANAGEMENT UNITS (Key: O)		
This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.		
Components	**Rating**	**Remarks** (1000 Char Max)
29. *(SPCs/CDFs) Violent and disruptive detainees are limited to non-contact visits and, in extreme cases, not permitted to visit.*	Meets Standard	In this IGSA facility, all visits are non-contact. There have been no visit restrictions or denials during this reporting period.
30. Ordinarily, detainees in SMUs are not denied legal visitation.	Meets Standard	
31. Detainees in SMUs are allowed visits by members of the clergy, upon request; unless it is determined a visit presents a risk to safety, security, or orderly operations.	Meets Standard	
32. Detainees in SMUs have access to reading materials, including religious materials. *In SPCs and CDFs, the Recreation Specialist offers each detainee soft-bound, non-legal books on a rotating basis, provided no detainee has more than two books (excluding religious material) at any one time.*	Meets Standard	In this IGSA facility, detainees have access to reading materials, including religious materials.
33. Detainees in SMUs have access to legal materials, in accordance with the Detention Standard on Law Libraries and Legal Material. Detainees are permitted to retain a reasonable amount of personal legal material in the SMU, provided it does not create a safety, security and/or sanitation hazard. Detainee requests for access to legal material in their personal property are accommodated as soon as possible and always within 24 hours of a detainee's request.	Meets Standard	All items listed in this component are addressed in policy. Detainees requesting law library access are escorted individually to the main law library. Legal material request by a detainee from personal property is accommodated as soon as possible and always within 24 hours of the request.
34. Any denial of access to the law library is always: • Supported by compelling security concerns, • For the shortest period required for security, and • Fully documented in the SMU housing logbook. ICE/ERO is notified every time law library access is denied.	Meets Standard	Procedures are in place that address all items listed in this component. In the event a detainee is denied law library access, the ICE/ERO is notified. No detainee has been denied law library access during this inspection period.
35. Recreation for detainees in the SMU is separate from the general population.	Meets Standard	
36. The facility has policy and procedures to ensure detainees who must be kept apart never participate in activities in the same location at the same time.	Meets Standard	
37. Detainees in the SMU are offered at least one hour of recreation per day, scheduled at a reasonable time, at least five days per week. Where cover is not provided to mitigate inclement weather, detainees are provided weather-appropriate equipment and attire.	Meets Standard	Detainees are offered at least one hour of recreation a day, five days per week. Detainees are provided appropriate attire in inclement weather.

PART 2 – 15. SPECIAL MANAGEMENT UNITS (Key: O)		
This Detention Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.		
Components	**Rating**	**Remarks** (1000 Char Max)
38. The recreation privilege is denied or suspended only if it would unreasonably endanger safety or security. When a detainee in an SMU is deprived of recreation (or any usual authorized items or activity), a report of the action is forwarded to the facility administrator.	Meets Standard	Policy states that recreation privileges may be denied or suspended for safety and security concerns. Such action requires a report be submitted to the OIC. The sergeant stated that no recreation privilege denial or suspension has occurred during this inspection period.
39. The case of a detainee denied recreation privileges is reviewed at least once each week, as part of the reviews required for all detainees in SMU status. The reviewer documents whether the detainee continues to pose a threat to self, others, or facility security and, if so, why.	Meets Standard	
40. Denial of recreation privileges for more than 15 days requires the concurrence of the facility administrator and the health authority. The facility notifies ICE/ERO when a detainee is denied recreation privileges for more than 15 days.	Meets Standard	Policy requires the approval of the OIC and health authority for denial of recreation privileges for more than fifteen days. There has been no denial of recreation privileges for more than fifteen days during this inspection period.
41. Ordinarily, detainees in Administrative Segregation have telephone access similar to detainees in the general population, in a manner consistent with the special security and safety requirements of an SMU. Detainees in Disciplinary Segregation may be restricted from using telephones to make general calls as part of the disciplinary process; however, ordinarily, they are permitted to make direct and/or free and legal calls as described in the Detention Standard on Telephone Access, except for compelling and documented reasons of safety, security, and good order.	Meets Standard	Detainees in administrative segregation are allowed the same telephone access as the general population. Detainees in disciplinary segregation are restricted from general telephone use; however, they may place emergency and/or free and legal telephone calls.
42. After seven consecutive days in Administrative Segregation, the detainee may exercise the right to appeal to the facility administrator the conclusions and recommendations of any review conducted.	Meets Standard	
43. If a detainee has been in Administrative Segregation for more than 30 days and objects to this status, the facility administrator reviews the case to determine whether that status should continue, taking into account the views of the detainee. A written record is made of the decision and the justification. A similar review is done every 30 days thereafter.	Meets Standard	

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

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

Components	Rating	Remarks (1000 Char Max)
44. When a detainee has been held in Administrative Segregation for more than 30 days, the facility administrator notifies the Field Office Director.	Meets Standard	
45. A permanent log is maintained in each SMU to record all activities concerning SMU detainees (meals served, recreation, visitors, etc.). *In SPCs and CDFs, the SMU log records the detainee's name, A-number, housing location, date admitted, reasons for admission, tentative release date for detainees in Disciplinary Segregation, the authorizing official, and date released.*	Meets Standard	In this IGSA facility, a permanent SMU logbook and the detainees' segregation housing record is used to document requirements of this component.

PART 2 – 15. SPECIAL MANAGEMENT UNITS – Reviewer Summary

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

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

The special management units protect detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population. In evaluating this standard, the SMU sergeant was interviewed; policy and documentation was reviewed; and the special management unit was toured. At the time of the inspection, five male detainees were assigned to administrative segregation and one assigned to disciplinary segregation. No females were housed in SMU status. The sanitation of the SMU was average.

Individual interviews with five detainees in the SMU indicated, without exception, “that they were treated with respect and in a decent and humane manner by staff".

Written policy and procedures are in place to control and secure the SMU entrances, contraband, tools, and food carts. Permanent housing logs are maintained to record specific data on detainees upon admission to and release from the unit and for supervisory staff to record their visits to the unit.

Detainee in disciplinary segregation have more stringent personal property restrictions and control than those in administrative segregation.

Detainees housed in the SMU have the same law library access as the general population. Translation services or interpretation services are provided to detainees while in the SMU to assist with their understanding of conditions of confinement as well as their rights and responsibilities. Detainees are provided appropriate accommodations and professional assistance such as medical, therapeutic, or mental health treatment for special needs.

A maximum sanction of sixty days is imposed for violations related to a single prohibited incident. After the first thirty days, and each thirty days thereafter, the OIC sends a written justification to the FOD. Written procedures are in place requiring a review of a detainee in disciplinary segregation every seven days. The review includes an interview with the detainee, documentation of the review, and a written copy of the decision and basis for the findings.

Overall Rating: Meets Standard

Reviewer Name (Printed (b)(6); (b)(7)(C) | **Completion Date:** 6/13/2019

PART 2 – 15. SPECIAL MANAGEMENT UNITS – Reviewer Summary *(Use following format for dates: mm/dd/yyyy)*
Reviewer Signature (for printed form submission):

PART 2 – 16. STAFF-DETAINEE COMMUNICATION (Key: P)		
This Detention Standard enhances security, safety, and orderly facility operations by encouraging and requiring informal direct and written contact among staff and detainees, as well as informal supervisory observation of living and working conditions. It also requires the posting of Hotline informational posters from the Department of Homeland Security Office of the Inspector General.		
Components	**Rating**	**Remarks** (1000 Char Max)
1. PRIORITY: ICE/ERO detainees shall have frequent informal access to and interaction with key facility staff members, in a language they can understand. Facility staff shall conduct scheduled visits to address detainees' personal concerns and monitor living conditions.	Meets Standard	The Detainee and Staff Communication policy requires the warden, assistant warden and designated department heads to visit the housing units weekly. Supervisors visit the housing units on each shift and case managers are available in the housing units each week day. Interpretive language line services are available to ensure that detainees may communicate in a language with which they are comfortable.
2. Each facility shall develop a method to document the unannounced visits by ICE/ERO staff.	Meets Standard	ICE officers document unannounced visits in each detainee housing unit logbook with the exception of A and C units. The control center officer records the ICE officer visit in A and C units.
3. *In SPCs, CDFs, and IGSAs with On-Site ICE/ERO Presence: The facility administrator or Supervisory Detention and Deportation Officer (SDDO) shall develop written schedules of weekly visits and ensure they are posted in detainee living and other appropriate areas. Each facility shall have specific procedures for documenting each visit.*	Does Not Meet Standard	In this IGSA facility, this component was rated Does Not Meet Standard during the previous inspection because there was no documentation available to confirm that weekly scheduled visits occurred. Documentation confirmed that the weekly visits did not occur consistently until April through June 2018. During this inspection, records revealed that documentation for weekly visits was not consistently completed. Documentation for special management unit weekly visits was very scanty. This is a repeat deficiency.

PART 2 – 16. STAFF-DETAINEE COMMUNICATION (Key: P)		
This Detention Standard enhances security, safety, and orderly facility operations by encouraging and requiring informal direct and written contact among staff and detainees, as well as informal supervisory observation of living and working conditions. It also requires the posting of Hotline informational posters from the Department of Homeland Security Office of the Inspector General.		
Components	**Rating**	**Remarks** (1000 Char Max)
4. PRIORITY: Detainees may submit written questions, requests, or concerns to ICE/ERO staff, using the detainee request form, a local IGSA form, or a sheet of paper. Each facility administrator shall: • Ensure that adequate supplies of detainee request forms, envelopes, and writing implements are available. • Have written procedures to promptly route and deliver detainee requests to the appropriate ICE/ERO officials by authorized personnel (not detainees) without reading, altering, or delaying. • Ensure that the standard operating procedures accommodate detainees with special assistance needs based on, for example, disability, illiteracy, or limited use of English. • Ensure that each facility provides a secure drop box for ICE detainees to correspond directly with ICE management, and that only ICE personnel have access to the drop box.	Meets Standard	Detainees may submit questions, requests, grievances or concerns to ICE/ERO staff using the ICE detainee request form which is available in the housing units. Detainees place the request forms in secure boxes located in the housing units. Only ICE personnel have the key to retrieve the forms. Adequate supplies of request forms, envelopes and pencils are available in the housing units. Detainees with special assistance needs may request assistance from staff or another detainee.
5. *In SPCs and CDFs and in IGSAs with ICE/ERO on-site presence: The staff member receiving the request shall normally respond in person or in writing as soon as possible and practicable, but no longer than within 72 hours of receipt.*	Does Not Meet Standard	In this IGSA facility, this component was rated Does Not Meet Standard during the previous inspection because the electronic log indicated that staff members receiving the requests did not consistently respond to the requests within 72 hours. ICE officers are on-site. During this inspection, records confirmed written requests were not consistently responded to within 72 hours. A random review of written requests revealed that twenty requests were not dated or signed by the ICE officer. This is a repeat deficiency.
6. In IGSA facilities without ICE/ERO on-site presence, each detainee request shall be forwarded to the ICE/ERO office of jurisdiction within two business days.	N/A	This IGSA facility has onsite ICE presence.

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

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

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

Components	Rating	Remarks (1000 Char Max)
7. All requests to ICE/ERO staff shall be recorded in a logbook (or electronic logbook) specifically designed for that purpose. At a minimum, the log shall record: • Date of receipt; • Detainee's name; • Detainee's A-number; • Detainee's nationality; • Name of the staff member who logged the request; • Date the request, with staff response and action, was returned to the detainee; and • Any other pertinent site-specific information. In IGSAs, the date the request was forwarded to ICE/ERO and the date it was returned shall also be recorded.	Does Not Meet Standard	This component was rated Does Not meet Standard during the previous inspection because the date the request was forwarded to ICE/ERO and the date it was returned was not consistently recorded. During this inspection it was noted that the date of the request, with staff response and action, was not consistently recorded. On many dates, there was no response recorded. This is a repeat deficiency.
8. As required by the ICE/ERO Detention Standard on Detainee Handbook, each facility's handbook (or supplement) shall advise detainees of the procedures to submit written questions, requests, or concerns to ICE/ERO staff, as well as the availability of assistance to prepare such requests.	Meets Standard	
9. The facility administrator shall ensure that OIG Hotline posters are posted at appropriate common areas (recreation areas, dining areas, processing areas, etc.) *to include each housing area in SPC/CDFs.*	Meets Standard	At this IGSA facility, OIG Hotline posters were observed in the housing units, intake area, law library, dining room, and common areas. OIG contact information and procedures are included in the local handbook.

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

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

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

Procedures are in place to allow for formal and informal contact between key facility and ICE personnel and detainees. In addition to scheduled visits, ICE/ERO employees conduct frequent unannounced visits to the facility to informally observe living and working conditions and encourage informal communication among staff and detainees in all areas of the facility. These visits are documented when they occur. Detainees stated that ICE officers visit the housing units and answer their questions.

Evaluation of this standard was based on review of the Detainee and Staff Communications policy, telephone serviceability reports, Facility Liaison Visit Checklists, detainee handbook and detainee written request log; observation of request forms in the housing units, OIG hotline posters, site visit sign in logbooks, ICE drop boxes and Language Line Solutions interpretation services postings; and interviews with ICE officers, ICE supervisor, and compliance officer. A tablet may also be used to correspond with facility staff.

PART 2 – 16. STAFF-DETAINEE COMMUNICATION – Reviewer Summary *(Use following format for dates: mm/dd/yyyy)*	
Overall Rating: Meets Standard	
Reviewer Name (Printe (b)(6); (b)(7)(C)	**Completion Date:** 6/13/2019
Reviewer Signature (for printed form submission):	

PART 2 – 17. TOOL CONTROL (Key: Q)		
This Detention Standard protects detainees, staff, contractors, and volunteers from harm and contributes to orderly facility operations by maintaining control of tools, culinary utensils, and medical and dental instruments, equipment, and supplies.		
Components	**Rating**	**Remarks** (1000 Char Max)
1. The use of tools, keys, medical equipment and culinary equipment is controlled.	Meets Standard	Tool control policy and procedures were reviewed. The use of tools, keys, medical equipment, and culinary equipment is controlled through inventories in each department.
2. PRIORITY: There is an individual who is responsible for developing a tool control procedure and an inspection system to insure accountability.	Meets Standard	The compliance officer is responsible for developing tool control procedure and inspection system to insure accountability.
3. PRIORITY: Each facility administrator shall develop and implement a written tool control and storage system to include a tool classification system, and there are policies and procedures in place to ensure that all tools are properly marked and readily identifiable.	Meets Standard	Policy states that tools are classified, marked, readily identifiable, and properly stored. A review of tools and tools storage areas indicated compliance with this component.
4. The facility has developed and implemented a tool classification system.	Meets Standard	All tools are classified as restricted.
5. Tool inventories are required for: • Facility Maintenance Department • Medical Department • Food Service Department • Electronics Shop • Recreation Department • Armory	Meets Standard	The facility does not have an electronics shop or recreation department. All other areas listed have tool inventories in place.
6. Tool Inventories are conspicuously posted on all tool boards, tool boxes and tool kits.	Meets Standard	
7. *(SPCs/CDFs) The new tools shall be issued only after the Tool Control Officer has marked and inventoried them. Inventories that include any portable power tools shall provide brand name, model, size, description, and inventory control/AMIS number.*	Meets Standard	In this IGSA facility, the maintenance supervisor transports all new tools to the maintenance shop for proper etching prior to placement on and into the tool inventory.
8. The facility administrator shall schedule, and establish procedures for, the quarterly inventorying of all tools.	Meets Standard	Monthly tool audits are conducted by the tool control officer, and a report is submitted to the chief of security. A review of documentation indicated that this practice is being followed.

PART 2 – 17. TOOL CONTROL (Key: Q)		
This Detention Standard protects detainees, staff, contractors, and volunteers from harm and contributes to orderly facility operations by maintaining control of tools, culinary utensils, and medical and dental instruments, equipment, and supplies.		
Components	**Rating**	**Remarks** (1000 Char Max)
9. *(SPCs/CDFs) Tool inventories shall be numbered and posted conspicuously on all corresponding shadow boards, toolboxes, and tool kits. While all posted inventories must be accurate, only the Master Tool Inventory Sheet in the office of the chief of security requires the certifiers' signatures.*	N/A	In this IGSA facility, tool inventories are posted on tool boards and toolboxes. Tool bags did not include inventory sheets for tools that were to be placed in the bag. This was corrected during the inspection. The chief of security maintains the master tool inventory sheets.
10. The facility administrator shall develop and implement procedures governing lost tools.	Meets Standard	
11. *(SPCs/CDFs) When a restricted or non-restricted tool is missing or lost, staff shall notify the chief of security in writing as soon as possible.* *When the tool is a restricted (Class "R") tool, staff shall inform the shift supervisor orally immediately upon discovering the loss. Any detainee(s) who may have had access to the tool shall be held at the work location pending completion of a thorough search.* *The facility administrator shall implement quarterly evaluations of lost/missing tool files.*	Meets Standard	In this IGSA facility, the shift supervisor and chief of security are notified verbally immediately when any tool is discovered missing or lost. Tools are not issued to detainees. Quarterly evaluations are conducted of all lost/missing tool files. No lost/missing tools have been reported during this inspection period.
12. All visitors, including repair and maintenance workers who are not ICE/ERO or facility employees, shall submit to an inspection and inventory of all tools, tool boxes, and equipment that could be used as weapons before entering and leaving the facility. The contractor shall maintain a copy of the tool inventory with them while inside the facility.	Meets Standard	All visitors and outside contractors must submit to an inspection and inventory of all tools and equipment before entering and exiting the facility. A copy of the tool inventory must be retained by the contractor while inside the facility. Documentation of contractor inventory sheets were reviewed.

PART 2-17. TOOL CONTROL – Reviewer Summary

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

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

The control of all tools protects detainees, staff, contractors, and volunteers from harm and contributes to orderly facility operations. In evaluating this standard, the compliance officer and maintenance supervisor were interviewed; policy was reviewed; and tool inventories checked. The tool classification system classifies all tools as restricted. Inventory control and storage of tools in all departments followed facility policy and guidelines.

Staff removes all restricted tools from work areas at the end of each workday for safekeeping in a secure tool room. The amount of acetylene allowed into the facility is limited to a day's supply. At the end of each workday, all acetylene tanks are secured outside the secured perimeter.

The OIC has established written procedures for marking tools, making them identifiable, and a tool-storage system that

PART 2-17. TOOL CONTROL – Reviewer Summary *(Use following format for dates: mm/dd/yyyy)*	
ensures accountability. Commonly used, mounted tools are stored so that a tool's disappearance will not escape attention. Tools not adaptable to shadow boards are kept in a locked tool room. Individual toolboxes used on a daily basis are secured with a hasp and padlocks with an inventory sheet in the box. The compliance officer maintains copies of all such inventory sheets. All new tools are received at a site-specific location according to a procedure approved by the OIC. The new tools are not issued until the tool control officer has marked and inventoried them. Tools such as band saw blades, files, and all restricted tools are immediately placed in secure storage by the tool control officer. Inventory maintenance at each work location is the responsibility of the detail supervisor and department head. The staff member assigned a toolbox is accountable for the control of assigned tools on a daily basis. Any tool permanently removed from service is turned over to the tool control officer for recordkeeping and safe disposal. All broken and worn out tools are surveyed and destroyed in accordance with the written procedures established by the OIC.	
Overall Rating: Meets Standard	
Reviewer Name (Printed): (b)(6); (b)(7)(C)	**Completion Date:** 6/13/2019
Reviewer Signature (for printed form submission):	

PART 2 – 18. USE OF FORCE AND RESTRAINTS (Key: R)		
This Detention Standard authorizes staff to use necessary physical force, after all reasonable efforts to otherwise resolve a situation have failed, and only for protection of self, detainees, or others, for prevention of escape or serious property damage, or to maintain the security and orderly operation of the facility.		
Components	**Rating**	**Remarks** (1000 Char Max)
1. PRIORITY: Staff use physical force only as a last resort after all reasonable efforts to otherwise resolve a situation have failed, and use only the degree of force necessary to gain control of the situation, employing confrontation avoidance techniques and the use-of-force continuum.	Meets Standard	Policy and procedures address each requirement of this component.
2. Staff: • Does not use force as punishment. • Attempts to gain the detainee's voluntary cooperation before resorting to force. • Uses only as much force as necessary to control the detainee. • Uses restraints only when other non-confrontational means, including verbal persuasion, have failed or are impractical.	Meets Standard	The use of force policy addresses each issue listed in this component.
3. PRIORITY: All officers receive training in self-defense, confrontation avoidance techniques and the use of force to control detainees. Specialized training is given to officers ensuring they are certified in all devices including chemical agents, approved for use.	Meets Standard	All security staff receives training in each area listed in this component. Only supervisory staff are authorized to use Oleoresin Capsicum (OC)/pepper spray gas.
4. PRIORITY: Staff will consult with medical staff prior to a calculated use of force regarding the following: • Use of pepper spray/non-lethal weapons. • Pregnant detainees. • Detainees with wounds or cuts. • Detainees with special medical or mental health needs.	Meets Standard	Security staff consult with health care providers prior to a calculated use of force regarding items listed in this component.
5. Special precautions are taken when restraining pregnant detainees. Medical personnel are consulted.	Meets Standard	Medical personnel are consulted prior to restraining a pregnant detainee.
6. Intermediate force weapons, when not in use, are stored in areas where access is limited to authorized personnel and to which detainees have no access.	Meets Standard	
7. When the detainee is in an area that is or can be isolated (e.g., a locked cell, a range), posing no direct threat to the detainee or others, staff must try to resolve the situation without resorting to force.	Meets Standard	
8. The facility subscribes to the prescribed confrontation avoidance procedures. The ranking detention official, health professionals, and others confer before every calculated use of force.	Meets Standard	

PART 2 – 18. USE OF FORCE AND RESTRAINTS (Key: R)		
This Detention Standard authorizes staff to use necessary physical force, after all reasonable efforts to otherwise resolve a situation have failed, and only for protection of self, detainees, or others, for prevention of escape or serious property damage, or to maintain the security and orderly operation of the facility.		
Components	**Rating**	**Remarks** (1000 Char Max)
9. When a detainee must be forcibly moved and/or restrained and there is time for a calculated use of force, staff use the use of force team technique.	Meets Standard	All security staff are trained in the use-of-force team technique during pre-service training and annually thereafter.
10. Staff members are trained in the performance of the use-of-force team technique.	Meets Standard	
11. PRIORITY: All use of force incidents are documented and reviewed. All use of force incidents are properly audio-visually documented and forwarded for review. Use of Force documentation at a minimum, shall include the medical examination through the conclusion of the incident. All calculated uses of force incidents must be audio-visually recorded in its entirety from the beginning of the incident to its conclusion.	Meets Standard	All use-of-force incidents are documented and reviewed by senior staff. Policy addresses all areas listed in this component.
12. Staff shall store and maintain audio-visual recording equipment under the same conditions as “restricted” tools.	Meets Standard	Audiovisual equipment is listed on the equipment inventory and stored in the control center. The video camera was observed during the inspection.
13. Standard procedures associated with using four/five point restraints include: • Soft (nylon/leather) restraints. • Dressing the detainee appropriately for the temperature. • A bed, mattress, and blanket/sheet. • Checking the detainee at least every 15 minutes. • Logging each check. • Repositioning detainee often enough to prevent soreness or stiffness. • Medical evaluation of the restrained detainee twice per eight-hour shift. When qualified medical staff are not immediately available, staff position the detainee "face-up."	N/A	Four/five-point restraints are not used in this facility.
14. In immediate use of force situations, officers contact medical staff once the detainee is under control.	Meets Standard	
15. The shift supervisor monitors the detainee's position/condition every two hours. He/she allows the detainee to use the restroom at these times under safeguards.	N/A	Four/five-point restraints are not used in this facility.
16. All detainee checks are logged.	Meets Standard	

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

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

Components	Rating	Remarks (1000 Char Max)
17. When any detainee is restrained for more than eight hours, the facility administrator shall telephonically notify the Assistant Field Office Director and provide updates every eight hours until the restraints are removed.	N/A	Four/five-point restraints are not used in this facility.
18. It is standard practice to review any use of force and the non-routine application of restraints.	Meets Standard	Non-routine application of restraints is classified by the facility as a use of force. All uses of force are reviewed by senior staff.
19. *In SPCs, the use of force form is used. In other facilities (IGSAs / CDFs) this form or its equivalent is used.*	Meets Standard	This IGSA facility uses a local use of force form.

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

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

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

The use of force is authorized after all reasonable efforts to otherwise resolve a situation have failed and only for the protection of self, detainees, or others; for the prevention of property damage; or to maintain the security and orderly operation of the facility. In evaluating this standard, staff was interviewed and policy and reports were reviewed. During this inspection period, there were sixteen uses of force involving ICE detainees. Of those instances, one involved a calculated use of force for refusing to obey. Review of the video and report indicated that force was applied within the guidelines of the standard. There were fifteen spontaneous uses of force; two for assault on staff with one involving the use of Oleoresin Capsicum (OC)/pepper spray gas; and the other for the use of physical force to apply restraints. The remainder of the spontaneous uses of force involved detainees refusing to obey directives; two of which involved the use of Oleoresin Capsicum (OC)/pepper spray gas. All reports indicated that force was applied within guidelines of the standard. The medical evaluations were timely and no detainees or staff were injured. Tasers and canines are not authorized for use to control detainees.

Staff are trained and required only to use the level of force necessary and reasonable to gain control of a detainee; however, depending on circumstances staff may escalate or de-escalate through the Use-of-Force Continuum. All new officers are trained during their first year of employment and annually thereafter. Acts and techniques such as neck restraints; using batons to apply choke holds; intentional baton strikes to head, groin, solar plexus, kidneys; and striking a detainee for failure to obey an order are prohibited.

Officers are authorized to use immediate use of force when a detainee's behavior constitutes a serious and immediate threat to self, staff, another detainee, property or security and orderly operation of the facility. The supervisor inspects the areas of blood or other body-fluid spillage after a use-of-force incident. Only ICE approved restraint equipment is authorized to restrain detainees and officers use ambulatory restraints where possible. When ambulatory restraints are insufficient to protect and restrain detainees, officers apply progressive restraints. All incidents involving the use of force is documented including chemical agents and intermediate force weapons. Use-of-force incident documentation is maintained by the captain.

Overall Rating: Meets Standard

Reviewer Name (Printed (b)(6); (b)(7)(C) | **Completion Date:** 6/13/2019

Reviewer Signature (for printed form submission):

Section III: ORDER

Disciplinary System

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

2021-ICLI-00006 720

PART 3 – 19. DISCIPLINARY SYSTEM (Key: S)		
This Detention Standard promotes a safe and orderly living environment for detainees by expecting detainees to comply with facility rules and regulations and imposing disciplinary sanctions to control the behavior of those who do not.		
Components	**Rating**	**Remarks** (1000 Char Max)
1. PRIORITY: The facility has a written disciplinary system using progressive levels of reviews and appeals. Written disciplinary policy and procedures shall clearly define detainee rights and responsibilities. The policy, procedures, and rules shall be reviewed at least annually.	Meets Standard	The facility has a written disciplinary policy using progressive levels of reviews and appeals. The disciplinary system includes all areas listed in this component and is reviewed annually.
2. Detainees will receive translation or interpretation services throughout the investigative, disciplinary, and appeal process, including accommodation for the hearing impaired. The facility shall not hold a detainee accountable for his or her conduct if a medical authority finds him or her mentally incompetent.	Meets Standard	The facility has translation services available to detainees throughout the disciplinary process. A detainee determined to be mentally incompetent by a medical authority is not held accountable for his/her actions.
3. PRIORITY: Time in disciplinary segregation or withholding of privileges imposed for disciplinary violations do not generally exceed 60 days per violation. Staff do not impose or allow imposition of the following sanctions: corporal punishment; deprivation of food services (to include use of Nutraloaf or "food loaf"); deprivation of clothing, bedding, or items of personal hygiene; deprivation of correspondence privileges; deprivation of legal access and legal materials; or deprivation of physical exercise, unless such activity creates a documented unsafe condition.	Meets Standard	Policy states time in disciplinary segregation and imposed withholding of privileges for disciplinary violations do not exceed sixty days. All other requirements listed in this component are also addressed in policy.
4. PRIORITY: The facility supplemental handbook issued to each detainee upon admittance, shall provide notice of the facility's rules of conduct and prohibited acts, the sanctions imposed for violations of the rules, the disciplinary severity scale, the disciplinary process and the procedure for appealing disciplinary findings.	Meets Standard	The facility's detainee handbook includes areas listed in this component. Each detainee is issued a handbook and receives an orientation informing the detainee of the facility's rules of conduct.
5. Copies of the rules of conduct, rights, and disciplinary sanctions shall be provided to all detainees and posted in English, Spanish, and/or other languages spoken by significant numbers of detainees, as follows: • Disciplinary Severity Scale • Prohibited Acts • Sanctions	Meets Standard	Items listed in this component are posted in Spanish and English in detainee housing units and are included in the detainee handbook.
6. All facilities shall have graduated scales of offenses and disciplinary consequences as provided in this section.	Meets Standard	

PART 3 – 19. DISCIPLINARY SYSTEM (Key: S)		
This Detention Standard promotes a safe and orderly living environment for detainees by expecting detainees to comply with facility rules and regulations and imposing disciplinary sanctions to control the behavior of those who do not.		
Components	**Rating**	**Remarks** (1000 Char Max)
7. PRIORITY: Incident reports are investigated within 24 hours of the incident by an officer who had no involvement in the incident. Low or moderate infractions are adjudicated by a Unit Disciplinary Committee (UDC). Unresolved cases and cases involving serious charges are forwarded by the UDC to the Institution Disciplinary Panel (IDP) for adjudication.	Meets Standard	Policy addresses areas listed in this component.
8. A staff representative is available if requested for a detainee facing an IDP disciplinary hearing.	Meets Standard	
9. The facility permits hearing postponements or continuances when conditions warrant such a continuance. Reasons are documented.	Meets Standard	Postponement or continuance of a hearing is permitted for extenuating circumstances. Reasons for the delay are documented. No request for postponement has occurred during this inspection period.
10. Written procedures govern the handling of confidential-source information. Procedures include criteria for recognizing "substantial evidence."	Meets Standard	
11. All forms relevant to the incident, investigation, committee/panel reports, etc., are completed and distributed as required.	Meets Standard	All relevant forms are completed and distributed and become part of the permanent record.

PART 3 – 19. DISCIPLINARY SYSTEM – Reviewer Summary

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

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

Compliance with facility rules and regulations and imposing disciplinary sanctions to control the behavior of those who do not promotes a safe and orderly living environment for detainees. In evaluating this standard, the disciplinary hearing officer was interviewed and policy and disciplinary reports were reviewed. The facility has a progressive disciplinary policy. All detainees are made aware of the facility rules and regulations through orientation and posted copies of rules, regulations and sanctions.

The actions of the Institutional Disciplinary Panel (IDP) are reviewed by the OIC who may concur with the findings and sanctions or modify them. Incident records will not be placed or retained in the detainee's file if he/she is found not guilty at any stage of the disciplinary process even if they are retained elsewhere for statistical or historical purposes. Disciplinary action may not be capricious or retaliatory nor based on race, religion, national origin, sex, sexual orientation, disability, or political beliefs.

The shift supervisor reviews all incident reports before going off duty. The investigating officer has supervisory rank. If an officer below supervisory rank conducts the investigation, the report will be submitted to a supervisor for review before being forwarded. Only the disciplinary officer places a detainee in disciplinary segregation. Detainees being held in segregation pending a discipline hearing cannot be held longer than 72 hours, barring an emergency. The entire discipline record is forwarded to the facility administrator, who may (a) concur; (b) terminate the proceedings; or (c) impose more lenient sanctions. Time served in segregation pending the outcome of the proceedings may be credited to the number of days to be spent in the segregation unit after an adverse decision is announced. The disciplinary report and accompanying documents are not placed in the file of a detainee who is found not guilty. The facility retains the material in its own files for institution

PART 3 – 19. DISCIPLINARY SYSTEM – Reviewer Summary *(Use following format for dates: mm/dd/yyyy)*	
statistical or historical purposes. During the evaluation of this standard, discipline personnel were interviewed; policy and the local detainee handbook were reviewed; and disciplinary report packets were examined.	
Overall Rating: Meets Standard	
Reviewer Name (Printed) (b)(6); (b)(7)(C)	**Completion Date:** 6/13/2019
Reviewer Signature (for printed form submission):	

Section IV: CARE

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

PART 4 – 20. FOOD SERVICE (Key: T)		
This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.		
Components	**Rating**	**Remarks** (1000 Char Max)
1. PRIORITY: The food service program shall be under the direct supervision of an experienced food service administrator (FSA) who is responsible for: • Planning, controlling, directing, managing, and evaluating food service; • Managing budget resources; • Establishing standards of sanitation, safety and security; • Developing nutritionally adequate menus and evaluating detainee acceptance of them; • Developing specifications for the procurement of food, equipment, and supplies; and • Establishing a training program that ensures operational efficiency and a high quality food service program.	Meets Standard	The food service program is operated by LaSalle Corrections Southeast personnel. The food service director (FSD) has eleven years' experience in food service, over five years' experience in food service management, and is ServSafe certified. All food service personnel maintain a ServSafe certification. The responsibilities of the FSD mirror the elements of this component.
2. The knife cabinet must be equipped with an approved locking device. Knives must be physically secured to workstations for use outside a secure cutting room. Any detainee using a knife outside a secure area must receive direct staff supervision.	Meets Standard	Knives are not used in this facility. Dough cutters are used in place of knives. The locked kitchen tool and utensil cabinet is maintained in the office area. The key to the cabinet is controlled by food service personnel. The inventory of this equipment is reconciled twice each day. The condition of each kitchen tool and utensil is monitored daily.
3. Special procedures govern the handling of food items that pose a security threat.	Meets Standard	This component was rated as Does Not Meet Standard during the last inspection because special procedures for handling security threat food items were not in place. Sugar was not properly secured and a perpetual inventory was not being maintained. Procedures are now in place for handling food items which pose a security threat and a perpetual inventory of sugar is maintained.

PART 4 – 20. FOOD SERVICE (Key: T)		
This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.		
Components	**Rating**	**Remarks** (1000 Char Max)
4. The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date.	Does Not Meet Standard	This component was rated as Does Not Meet Standard during the last inspection because documentation to support the annual review of detainee job descriptions was not available. Documentation of the annual review of detainee job descriptions was still not available for this inspection. This is a repeat deficiency. This deficiency was corrected during the inspection.
5. During orientation and training session(s), the cook supervisor or equivalent explains and demonstrates: • Safe work practices and methods. • Safety features of individual products/ pieces of equipment. • Training covers the safe handling of hazardous material[s] the detainee are likely to encounter in their work.	Meets Standard	This component was rated as Does Not Meet Standard during the last inspection because there was no documentation that required training was provided to detainee workers. During this inspection, documentation was provided to confirm that component requirements are met.
6. The cook supervisor documents all training.	Meets Standard	Training provided to detainees is documented on sign-in sheets. These documents were reviewed during the inspection.
7. Detainees assigned to the food service department shall have a neat and clean appearance.	Meets Standard	Detainee workers were observed to have a neat and clean appearance.
8. Detainees are served three meals every day, at least two of which are hot meals. No more than 14 hours elapse between the last meal served and the first meal of the following day.	Meets Standard	
9. Meals shall always be prepared, delivered, and served under staff supervision.	Meets Standard	

PART 4 – 20. FOOD SERVICE (Key: T)		
This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.		
Components	**Rating**	**Remarks** (1000 Char Max)
10. PRIORITY: Before and during the display, service and transportation of food, sanitary guidelines are observed, with hot foods maintained at a temperature of at least 140 F degrees (120 degrees in food trays) and foods that require refrigeration maintained at 41 F degrees or below.	Meets Standard	This component was rated as Does Not Meet Standard during the last inspection because food temperatures were not consistently documented. Food temperatures are now consistently documented as confirmed by a review of daily production logs. Sanitary requirements are maintained in the food service program. Hot and cold foods are maintained at appropriate temperatures. During the cooking, serving, and traying process, food temperatures are taken and recorded a minimum of two times. The documentation was reviewed during the inspection.
11. Servers must wear food grade plastic gloves and hair nets whenever there is direct contact with a food or beverage. Serving food without use of utensils is strictly prohibited.	Meets Standard	Servers were observed wearing plastic gloves, hair and beard nets on the serving line. Utensils are used to serve food.
12. Utensils shall be sanitized as often as necessary to prevent cross-contamination and other food-handling hazards during food preparation and service.	Meets Standard	
13. If the facility does not have enough equipment to maintain the minimum or maximum temperature required for food safety, the affected items (for example, salad bar staples such as lettuce, meat, eggs, cheese) must be removed and discarded after two hours at room temperature.	Meets Standard	The facility has the appropriate equipment to maintain proper food temperatures throughout the feeding process. Feeding is completed within the two-hour timeframe.
14. Food shall be delivered from one place to another in covered containers.	Meets Standard	Food is delivered to the housing units and dining hall in insulated trays by officers.
15. If food carts are delivered to housing units by detainees, they must be locked unless they are under constant supervision of staff. All food safety procedures (sanitation, safe-handling, storage, etc.) apply without exception to food in transit.	Meets Standard	Food is delivered to the housing units and dining hall in insulated trays by officers. Food safety and sanitation procedures are followed.

PART 4 – 20. FOOD SERVICE (Key: T)		
This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.		
Components	**Rating**	**Remarks** (1000 Char Max)
16. PRIORITY: A registered dietitian shall conduct a complete nutritional analysis that meets U.S. Recommended Daily Allowances (RDA), at least annually, of every master-cycle menu planned by the FSA. The dietitian must certify menus before they are incorporated into the food service program.	Meets Standard	A registered dietitian completes a nutritional analysis of every menu used in the facility, including sack lunches. These analyses are completed prior to the menu being incorporated into the food service program. A 35-day rotating menu cycle has been approved by the registered dietitian. The most recent review and certification by a certified dietitian was completed 1/17/2019.
17. The FSA has established procedures to ensure that items on the master-cycle menu are prepared and presented according to approved recipes.	Meets Standard	
18. The FSA or designee has the authority to change menu items if necessary, documenting each substitution, along with its justification, with a copy to the FSA. Menu substitutions will be in accordance with dietician approved substitution guidelines.	Meets Standard	Menu substitutions may be made by food service personnel. Each substitution is affected in accordance with dietitian approved guidelines. Notification is provided to the FSD. Documentation of the change to include the justification for the change is maintained by the FSD.
19. Food service staff and detainee workers involved in cooking shall ensure that potentially hazardous foods are cooked at the required safe temperatures, as listed in the Detention Standard on Food service.	Meets Standard	This component was rated as Does Not Meet Standard during the last inspection because temperatures were not consistently recorded on the production logs. A review of the production logs confirmed that temperatures of food items are consistently documented on the production logs.
20. Facilities are required to provide detainees requesting a religious diet a reasonable and equitable opportunity to observe their religious dietary practice by offering a Common Fare Menu. Detainees whose religious beliefs require the adherence to particular religious dietary laws are referred to the Chaplain or FSA.	Meets Standard	Detainees are provided the opportunity to observe religious dietary practices. A common fare/religious diet menu is available. Each religious diet request is reviewed and approved by the chaplain.

PART 4 – 20. FOOD SERVICE (Key: T)		
This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.		
Components	**Rating**	**Remarks** (1000 Char Max)
21. *(SPCs/CDFs) Once a religious diet has been approved, the FSA shall issue, in duplicate, a special-diet identification card.*	Meets Standard	The FSD does not issue special diet identification cards at this IGSA facility. Religious diet trays are color coded and have identification stickers attached to each tray identifying the intended recipient. The FSD maintains a daily updated list of all religious/special diet participants. Recipients of special diet trays are identified on a roster reflecting the detainee's name and identifying number.
22. The common fare menu shall be based on a 14 day cycle. The menus must be certified as exceeding minimum daily nutritional requirements. Hot entrees shall be offered at least three times a week.	Meets Standard	A registered dietitian completes a nutritional analysis of every menu used in the facility; including sack lunches. The common fare is based on a 35-day rotating schedule. Hot entrees are offered daily.
23. The chaplain, in consultation with local religious leaders if necessary, shall develop the ceremonial meal schedule for the following calendar year and provide it to the facility administrator.	Meets Standard	
24. The Common Fare Program shall accommodate detainees abstaining from particular foods or fasting for religious purposes at prescribed times of the year, such as Ramadan, Passover, and Lent.	Meets Standard	The facility recognizes major religious ceremonial observances and accommodates detainees abstaining from particular foods or fasting for religious purposes at those prescribed times of year
25. Detainees with certain conditions – chronic or temporary; medical, dental, and/or psychological – shall be prescribed special diets as appropriate.	Meets Standard	Medical diets are provided to detainees as prescribed by medical personnel.
26. The sanitary standards, including proper temperature maintenance, are required in the food service department also apply to satellite meals, from preparation to actual delivery.	Meets Standard	
27. Food for satellite meals must be prepared and held at the proper temperatures until served. Satellite tray meals must be delivered and served within two hours of food being plated.	Meets Standard	
28. In segregation units, food rations shall not be reduced or changed or otherwise used as a disciplinary tool.	Meets Standard	

PART 4 – 20. FOOD SERVICE (Key: T)		
This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.		
Components	**Rating**	**Remarks** (1000 Char Max)
29. Sack meals shall be provided for detainees being transported from the facility, and detainees arriving or departing between scheduled meal hours, and detainees in the SMU, as provided in the standard. Sack meals shall be of the same nutritional quality as other meals prepared by the food service.	Meets Standard	Sack meals, the same nutritional quality as other meals prepared by food service, are provided to detainees as directed by the standard. These meals are based on the lockdown/sack bag menu which is approved by a registered dietitian.
30. The food service staff instruct detainee volunteers on: • Personal cleanliness and hygiene; • Sanitary techniques for preparing, storing, and serving food, and; • The sanitary operation, care, and maintenance of equipment.	Meets Standard	The FSD stated that training provided to detainee workers addressed the elements of this component.
31. All food service personnel, including staff and detainees, shall receive a pre-employment medical examination. The Cook Foreman or detention staff assigned to food service shall inspect all detainee food service workers on a daily basis at the start of each work period. Detainees who exhibit signs of illness, skin disease, diarrhea (admitted or suspected), or infected cuts or boils shall be removed from the work assignment and immediately referred to Health Services for determination of duty fitness.	Meets Standard	This component was rated as Does Not Meet Standard during the last inspection because documentation was not available to show food service personnel receive pre-employment medical clearances. A review of documentation during this inspection confirmed that food service personnel and detainee workers receive pre-employment medical examinations. The medical department documents the clearance of detainee workers prior to their assuming food service duties. They are inspected daily for fitness to work by food service personnel. Those who exhibit medical problems are returned to the housing unit for referral to medical services.

PART 4 – 20. FOOD SERVICE (Key: T)		
This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.		
Components	**Rating**	**Remarks** (1000 Char Max)
32. The food service department complies with food safety and sanitation requirements as prescribed by the governing health inspection authority, applicable laws and contract provisions.	Meets Standard	Observation of the food service operation indicated that personnel and detainee workers are complying with all food safety and sanitation requirements. The facility was inspected on 1/28/2019 by the Georgia Department of Public Health as a food service establishment. There were no violations noted on the inspection report.
33. All facilities shall meet environmental standards for safety and sanitation.	Meets Standard	
34. The FSA shall develop a schedule for the routine cleaning of equipment consistent with the information obtained from manufacturers or local distributors, the National Sanitation Foundation International (NSF) standards or equivalent standards of other agencies about the operation, cleaning, and care of equipment.	Meets Standard	The cleaning schedule is posted in the food service area. It provides cleaning instructions consistent with food service industry standards.
35. Spray or immersion dishwashers or devices – including automatic dispensers for detergents, wetting agents, and liquid sanitizer – shall be maintained in good repair. Utensils and equipment placed in the machine must be exposed to all cycles.	Meets Standard	
36. Adequate, sanitary, properly equipped, and conveniently located toilet facilities shall be provided for all food service staff and detainee workers.	Meets Standard	Clean, conveniently located toilet facilities are available for detainee use. Food service personnel have access to toilet facilities in the medical department.
37. The FSA is responsible for pest control in the food service department. Air curtains or comparable devices shall be used on outside doors where food is prepared, stored, or served to protect against insects and other rodents.	Meets Standard	Pest control for the food service area is provided monthly or as needed by a certified professional pest control contractor. The food service area has no direct outside doors. The freezers, coolers and storage areas were clean and neat, with no evidence of pest infestation.

PART 4 – 20. FOOD SERVICE (Key: T)		
This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.		
Components	**Rating**	**Remarks** (1000 Char Max)
38. The facility shall implement written procedures requiring administrative, medical, and/or dietary personnel to conduct the weekly inspections of all food service areas, including dining, storage, equipment, and food-preparation areas.	Meets Standard	Daily inspections are conducted by food service personnel. These inspections are documented. The FSM conducts weekly inspections of the food service area including the dining hall. These inspections are also documented. Documentation of both inspections was reviewed during the inspection.
39. PRIORITY: Staff shall check refrigerator and water temperatures daily and record the results. The FSA or designee will verify and document requirements of food and equipment temperatures. The FSA or CS shall inspect food service areas at least weekly. An independent, external inspector shall conduct annual inspections to ensure that the food service facilities and equipment meet governmental health and safety codes.	Meets Standard	This component was rated as Does Not Meet Standard during the last inspection because freezer and refrigerator temperatures were not recorded consistently on a daily basis as required by the standard. A review of documentation and interviews with the FSD indicated temperatures are taken and recorded daily. The FSD inspects the food service area weekly as does the FSM. The facility was inspected on 1/28/2019 by the Georgia Department of Public Health as a food service establishment. There were no violations noted on the inspection report.
40. The FSA shall develop a cleaning schedule for each food service area and post it for easy reference.	Meets Standard	The schedule for routine cleaning is consistent with industry standards. Cleaning schedules were observed posted throughout the food service area.
41. Each FSA shall establish procedures for storing, receiving, and inventorying food.	Meets Standard	
42. Store all products at least six inches from the floor and sufficiently far from walls to facilitate pest-control measures.	Meets Standard	Observation of food storage areas during the inspection confirmed that products are stored in accordance with the requirements listed in this component.

PART 4 – 20. FOOD SERVICE (Key: T)		
This Detention Standard ensures that detainees are provided a nutritionally balanced diet that is prepared and presented in a sanitary and hygienic food service operation.		
Components	**Rating**	**Remarks** (1000 Char Max)
43. Perishables shall be stored at 35-40 F degrees to prevent spoilage and other bacterial action, and maintain frozen foods at or below zero degrees.	Meets Standard	Perishables are stored in temperatures which mirror industry standards preventing spoilage and other bacterial action. Frozen foods are maintained at or below zero degrees Fahrenheit.
44. Inventory levels are established, monitored and periodically adjusted to correct excesses or shortages.	Meets Standard	

PART 4 – 20. FOOD SERVICE – Reviewer Summary

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

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

The food service program provides detainees with nutritious and attractive meals prepared in accordance with industry standards. Detainees interviewed expressed overall satisfaction with minimal concerns. The meals were observed to be prepared, plated, and served within the proper time and temperature requirements. A review of the menus indicated that the ethnic diversity of the facility has been considered when the menus were developed. There is an established meal schedule for detainee food service workers. Detainee workers are provided the same meals as general population and may not prepare special food. The use of tobacco is prohibited. The number of detainee workers assigned to the food service area is based on need and approved by the FSD in conjunction with the OIC.

The FSD is responsible for ensuring that cook supervisors have a working knowledge of all food service posts. Security officers conduct daily shakedowns of detainee workers and the entire food service department. Detainees are not allowed to leave the food service area for accountability reasons. Detainees are counted in the food service area by officers.

Meals are served on the housing units in the new section of the facility. These meals are delivered by detainee kitchen workers under the supervision of officers. Detainees assigned to housing in the older section of the facility eat their meals in the dining room. These meals are delivered to the dining room by detainee kitchen workers under the supervision of officers. Each tray is then issued individually to detainees by their housing officers.

The FSD is responsible for ensuring that menu items are fit for consumption, sanitary guidelines are observed, and food temperatures are maintained within industry standards. Food is prepared with minimal manual contact. All leftovers are labeled to identify the product, preparation date, and time. Sack meals are of the same nutritional value as other meals prepared by food service. The food service area was clean and well lit. Kitchenware and food contact surfaces are washed, rinsed and sanitized after each use and after any interruption of operation. The refuse containers had sufficient capacity for the volume and are collected and removed as required.

Manufacturer's information about the operation, cleaning and care of the equipment is maintained by the FSD. The information was used to develop the cleaning and sanitation procedures of the equipment. All equipment was installed in accordance with the manufacturer's recommendations and approved engineering practices. A sink with three labeled compartments, all with hot and cold water, is utilized for manually washing, rinsing and sanitizing pots, pans, utensils and equipment. Each compartment has the capacity to accommodate items to be cleaned and industry standards are followed. The dishwashing machine includes automatic dispensers and is maintained in good working order, maintaining appropriate temperatures, and water pressure. Plates, cups, utensils and equipment placed in the machine are exposed to all cycles.

General safety guidelines were followed as observed. Light fixtures, vent covers, and similar equipment are attached to the walls and ceilings and in good repair. A fixed fire suppression system is installed in the hoods over ovens, grilles and steam

PART 4 – 20. FOOD SERVICE – Reviewer Summary *(Use following format for dates: mm/dd/yyyy)*	
pots. The system was last serviced by an outside contractor on 4/29/2019. The fire suppression system is equipped with an audible alarm and is connected to the control center's annunciator panel. Hoods are cleaned as required and all equipment is equipped with automatic shut-offs. Adequate restroom facilities are available. It is equipped with hot and cold water, a trash receptacle, soap and towels, and were clean and maintained in good repair. Preparation, serving and storage areas were clean and neat with no evidence of pest infestation. Only those chemicals and hazardous materials required for sanitary maintenance of the food service area, equipment, and utensils are used and properly stored. These materials are securely stored away from food and have individual perpetual inventories. SDS were observed to be readily accessible to all personnel and detainee workers. During evaluation of this standard, documentation was examined; employees and detainees were interviewed; food service areas were inspected; temperatures were checked; and the food preparation process was observed. Requests for religious diets are not denied without reason. The OIC is consulted prior to denying a request for a religious diet or removing a detainee from a religious diet. The mechanism used for determining detainee eligibility for a religious diet does not pose a substantial burden on the detainee. Requests are responded to within ten days of receipt. During the inspection, the food service program was providing 101 detainees with religious diet trays and 71 detainees with medical diet trays.	
Overall Rating: Meets Standard	
Reviewer Name (Printed (b)(6); (b)(7)(C)	**Completion Date:** 6/13/2019
Reviewer Signature (for printed form submission):	

PART 4 – 21. HUNGER STRIKES (Key: U)		
This Detention Standard protects detainees' health and well-being by monitoring, counseling and, when appropriate, treating any detainee who is on a hunger strike.		
Components	**Rating**	**Remarks** (1000 Char Max)
1. All staff receive initial and annual training on recognizing the signs of a hunger striker and on the procedures for referral for medical assessment. Medical staff receive training in hunger-strike evaluation and treatment and remain up-to-date on these techniques.	Meets Standard	Review of training documents confirmed that employees receive initial and annual training in the recognition and referral of hunger-striking detainees to medical personnel. Medical personnel are trained and remain current in hunger strike evaluation and established management protocols.
2. Procedures for identifying and referring to medical staff a detainee suspected or announced to be on a hunger strike shall include obtaining from qualified medical personnel an assessment of whether the detainee's action is reasoned and deliberate or the manifestation of a mental illness.	Meets Standard	Procedures for an immediate response to an identified hunger striker are provided in policy and include a mental health evaluation to determine whether the action is reasoned and deliberate or the manifestation of a mental illness.
3. PRIORITY: Facility immediately reports via the chain of command a hunger strike to ICE/ERO.	Meets Standard	Facility personnel immediately report a hunger striker to ICE via the chain of command.
4. PRIORITY: Staff shall consider any detainee observed to have not eaten for 72 hours to be on a hunger strike, and shall refer him or her to the clinical medical authority for evaluation and management.	Meets Standard	Policy requires the referral of a detainee to medical personnel when the detainee has not eaten for 72 hours.
5. During the initial evaluation of a detainee on a hunger strike, medical staff shall: • Measure and record height and weight; • Measure and record vital signs; • Perform urinalysis; • Conduct psychological/psychiatric evaluation; • Examine general physical condition; and • If clinically indicated, proceed with other necessary studies. Medical staff record the weight and vital signs and repeat other procedures as medically indicated of a hunger-striking detainee at least once every 24 hours. Medical staff shall record all examination results in the detainee's medical file.	Meets Standard	Review of medical records revealed that medical personnel complete and record all the items listed in this component immediately upon notification of a possible hunger strike. Additional tests, examinations and evaluations are conducted as indicated. The detainee's weight, vital signs and other evaluations are recorded every 24 hours for the duration of the hunger strike. All results are documented in the detainee's medical file.
6. All physical and mental examinations, treatments, and other medical procedures require the documented informed consent of the detainee.	Meets Standard	Consent for medical treatment is obtained during intake and becomes a part of the permanent medical record.

PART 4 – 21. HUNGER STRIKES (Key: U)		
This Detention Standard protects detainees' health and well-being by monitoring, counseling and, when appropriate, treating any detainee who is on a hunger strike.		
Components	**Rating**	**Remarks** (1000 Char Max)
7. A signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment. If the detainee will not cooperate by signing, staff shall note this on the "Refusal of Treatment" form. Any detainee refusing medical treatment will be monitored by medical staff to evaluate whether the hunger strike poses a risk to the detainee's life or permanent health.	Meets Standard	Signed refusal of treatment documentation is obtained any time a detainee refuses an evaluation, medication or recommended treatment. If the detainee refuses to sign the form, medical personnel note this on the form. In accordance with policy, medical personnel monitor the detainee to determine whether the hunger strike poses a risk to the detainee's life or permanent health.
8. After the hunger strike, medical staff shall provide appropriate medical and mental health follow-up care. Only the clinical medical authority may order a detainee's release from hunger strike treatment and shall document that order in the detainee's medical record. A notation will be made in the detention file when the detainee has ended the hunger strike.	Meets Standard	This component was rated Does Not Meet Standard during the last inspection because a review of two medical records revealed that the clinical medical authority did not document the discharge from the hunger strike and there was no notation made in the detention file. During this inspection, the medical authority's discharge notes of the detainees on hunger strike were noted in the medical records and a notation was made in the detention files.
9. After consultation with the clinical medical authority, the facility administrator may require staff to measure and record food and water intake and output until terminated by the clinical medical authority. An IHSC Hunger Strike Form or equivalent must be used.	Meets Standard	During a hunger strike, and until terminated by the medical director, medical personnel record food and water intake and output on a progress note.
10. Unless otherwise directed by the medical authority, staff physically deliver three meals per day to the detainee's room, regardless of the detainee's response to a verbally offered meal and document those meal offers.	Meets Standard	Regardless of the detainee's response to verbal offers of a meal, personnel are required to deliver three meals per day to the detainee's cell and complete applicable documentation.
11. Provide an adequate supply of drinking water or other beverages.	Meets Standard	Hunger-striking detainees are provided adequate supplies of drinking water and other beverages.

PART 4 – 21. HUNGER STRIKES (Key: U)		
This Detention Standard protects detainees' health and well-being by monitoring, counseling and, when appropriate, treating any detainee who is on a hunger strike.		
Components	**Rating**	**Remarks** (1000 Char Max)
12. Remove from the detainee's room all food items not authorized by the clinical medical authority.	Meets Standard	All food items are removed from the hunger striker's cell. Hunger striking detainees are not permitted to purchase commissary food items.
13. Before involuntary medical treatment is administered, staff shall make reasonable efforts to educate and encourage him or her to accept treatment voluntarily. Involuntary medical treatment shall be administered in accordance with established guidelines and applicable laws and only after the clinical medical authority determines the detainee's life or health is at risk.	Meets Standard	Staff is instructed to document all patient encounters in the medical record. This includes attempts to persuade the detainee to eat and accept treatment on a voluntary basis. When the clinical medical authority determines the detainee's life or health is at risk, the detainee will be transferred to an outside hospital for the administration of involuntary medical treatment in accordance with established guidelines and applicable laws and with approval from ICE.

PART 4 – 21. HUNGER STRIKES – Reviewer Summary

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

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

During initial referral, medical personnel document the reasons for placing a detainee in a single occupancy observation room. Medical personnel make the decision about appropriate housing placement when food and liquid intake/output is measured.

If a detainee engaging in a hunger strike has been previously diagnosed with a mental condition or is incapable of giving informed consent due to age or illness, appropriate medical/administrative action is taken in the best interest of the detainee. Only qualified medical personnel modify or augment standard treatment protocols. If medically necessary, detainees are transferred to a community hospital or a detention facility appropriately equipped for treatment.

Records are kept of all interactions with the striking detainee, the provision of food, attempted and successfully administered medical treatment, and communications between the HSA, OIC, and ICE. Detainees refusing to accept treatment are counseled by medical staff regarding the medical risks associated with refusal of treatment. When clinical assessment and laboratory results indicate the detainee's weakening condition threatens the life or long-term health of the detainee and the physician recommends involuntary treatment, ICE will be notified to implement transport of the individual to a hospital for appropriate evaluation and treatment.

There were four detainee hunger strikes reported at this facility during the past twelve months. All were monitored and treated appropriately. Evaluation of this standard was based on a review of policy, medical records and training records; and interviews with staff.

Overall Rating: Meets Standard

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

Completion Date: 6/13/2019

PART 4 – 21. HUNGER STRIKES – Reviewer Summary *(Use following format for dates: mm/dd/yyyy)*
Reviewer Signature (for printed form submission):

PART 4 – 22. MEDICAL CARE (Key: V)		
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.		
Components	**Rating**	**Remarks** (1000 Char Max)
1. Every facility shall directly or contractually provide its detainee population: • Initial medical, mental health, and dental screening, • Primary medical and dental care, Emergency care, Specialty health care, • Timely responses, Mental health care, and • Hospitalization as needed within the local community.	Meets Standard	All health care services are provided by LaSalle Corrections Southeast employees and contractors. The facility provides detainees all the items listed in this component either directly or through contract service providers.
2. A designated administrative health authority shall have overall responsibility for health care services pursuant to a written agreement, contract, or job description. The administrative health authority is a physician, health services administrator, or health agency. When the administrative health authority is other than a physician, final clinical judgment shall rest with the facility's designated clinical medical authority. In no event should clinical decisions be made by non-clinicians.	Meets Standard	The health services administrator (HSA) has overall responsibility for health care at this facility per job description. Final clinical judgment rests with the clinical medical authority/physician. Clinical decisions are not made by non-clinicians.
3. PRIORITY: All facilities shall provide a medical staff and sufficient support personnel to meet these Standards. A staffing plan, which is reviewed at least annually by the administrative health authority, identifies the positions needed to perform the required services.	Meets Standard	Staffing is adequate to examine and treat the detainee population. Current staffing includes the HSA, who is also a registered nurse (RN), five RNs, thirteen licensed practical nurses (LPNs), a physician/clinical medical authority, a full-time and three part-time nurse practitioners, two mental health providers, two medical assistants and two medical records staff. A contract psychiatrist is on-site once a week. The facility utilizes a local dentist on an as needed basis with care provided off site. The staffing plan describes the positions and is reviewed annually by the HSA, OIC and physician.

PART 4 – 22. MEDICAL CARE (Key: V)		
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.		
Components	**Rating**	**Remarks** (1000 Char Max)
4. PRIORITY: All health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements. Health care personnel only perform duties for which they are credentialed by training, licensure, certification, job descriptions, and/or written standing or direct orders by personnel authorized by law to give such orders.	Meets Standard	Review of credential files revealed that all are consistent with the requirements listed in this component. Health care personnel only perform duties for which they are credentialed by training, licensure, certification, job descriptions, and/or written standing or direct orders by personnel authorized by law to give such orders.
5. The facility administrator, in collaboration with the clinical medical authority and administrative health authority, negotiates and maintains arrangements with nearby medical facilities or health care providers to provide required health care not available within the facility, as well as identifying custodial officers to transport and remain with detainees for the duration of any off-site treatment or hospital admission.	Meets Standard	The OIC and HSA ensure that services not available at the facility are provided by Tift Regional Medical Center or Irwin County Hospital. The facility has identified officers to transport and remain with detainees during off-site treatment visits and hospital admissions.
6. PRIORITY: Each facility shall have written plans that address the management of infectious and communicable diseases, including prevention, education, identification, surveillance, immunization (when applicable), treatment, follow-up, isolation (when indicated), and reporting to local, state, and federal agencies. Plans shall include: • Coordination with public health authorities; • Ongoing education for staff and detainees; • Control, treatment and prevention strategies; • Protection of individual confidentiality; • Media relations; • Procedures for the identification, surveillance, immunization, follow-up and isolation of patients; • Manage infectious diseases and report them to local and/or state health departments in accordance with established guidelines and applicable laws; and • Management of bio-hazardous waste and decontamination of medical and dental equipment that complies with applicable laws and Detention Standard on Environmental Health and Safety.	Meets Standard	Policy establishes written procedures which address communicable disease management and include all the required items listed in this component.

PART 4 – 22. MEDICAL CARE (Key: V)		
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.		
Components	**Rating**	**Remarks** (1000 Char Max)
7. PRIORITY: All new arrivals shall receive TB screening within 12 hours of intake and using methods in accordance with CDC guidelines for non-minimal risk detention facilities.	Meets Standard	ICE detainees are screened for TB via a chest x-ray, as indicated, during intake and prior to being placed in general population housing. The screening is completed within twelve hours of arrival. A review of ICE detainee medical records confirmed this is established practice.
8. Detainees with symptoms suggestive of TB shall be placed in a functional airborne infection isolation room with negative pressure ventilation and promptly evaluated for TB disease. Suspected and confirmed active TB patients shall be placed in a functional airborne infection isolation room with negative pressure ventilation (on- or off-site) until determined by a qualified provider to be noninfectious in accordance with CDC guidelines for non-minimal risk detention facilities.	Meets Standard	Detainees with symptoms suggestive of TB and those suspected or confirmed to have active TB disease are placed in one of two functional negative pressure isolation rooms located in the medical department until determined by a qualified provider to be noninfectious in accordance with CDC guidelines.
9. For all confirmed and suspected active tuberculosis cases, designated medical staff shall report: • All cases to local and/or state health departments within one working day of meeting reporting criteria and in accordance with established guidelines and applicable laws. • All cases to the ICE HQ Epidemiology Unit within one working day. • Any movement of TB patients, including hospitalizations, facility transfers, releases, or removals/deportations to the local and/or state health department and the ICE HQ Epidemiology Unit.	Meets Standard	Medical staff reports all suspected active cases of TB to the local health department and to the IHSC Public Health, Safety, and Preparedness Unit. Reporting takes place within one working day. Any movement or hospitalization of TB cases is reported to the local health department and ICE authorities.
10. PRIORITY: Designated medical staff shall report to the ICE Epidemiology Unit all cases of nationally notifiable infectious diseases as per the CDC guidelines, including, but not limited to: TB, varicella (herpes zoster [shingles], chicken pox), and recent exposures of varicella among non-immune contacts.	Meets Standard	Policy addresses the management of infectious and communicable diseases. Policy includes procedures for proper reporting to the IHSC Public Health, Safety and Preparedness Unit. The HSA is responsible for this reporting.
11. Facilities must develop a plan to ensure the highest degree of confidentiality regarding HIV status and medical condition.	Meets Standard	Policy includes provisions to maintain confidentiality of all medical conditions, including HIV.

PART 4 – 22. MEDICAL CARE (Key: V)		
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.		
Components	**Rating**	**Remarks** (1000 Char Max)
12. When current symptoms are suggestive of HIV infection, clinical evaluation shall determine the medical need for isolation.	Meets Standard	Detainees who are diagnosed with HIV are only placed in medical isolation when indicated by clinical evaluation.
13. Each facility shall establish a plan to address exposure to blood-borne pathogens, including reporting.	Meets Standard	Written policy establishes procedures addressing exposure to blood-borne pathogens and reporting of the exposure.
14. The facility shall provide each detainee, upon admittance, a copy of the detainee handbook and local supplement, in which procedures for access to health care services are explained; access to health care services, sick call and a medical grievance process shall be included in the orientation curriculum for newly admitted detainees.	Meets Standard	The local handbook, given to each detainee on admission, explains all aspects of medical care access, including those listed in this component. In addition, an Access to Medical Care information sheet is reviewed with the detainee by nursing personnel during intake. A detainee signature is required for acknowledgement of understanding. This was confirmed during observation of an intake screening.
15. PRIORITY: Medical, dental, and mental health interviews, examinations, and procedures shall be conducted in settings that respect detainee's privacy.	Meets Standard	As confirmed by observation, all health related interviews, examinations and treatments are conducted in a private setting.
16. A holding/waiting area shall be located at the entrance to the medical facility that is under the direct supervision of custodial officers. A detainee toilet and drinking fountain shall be accessible from the holding/waiting area.	Meets Standard	There are two waiting areas in the medical department. One is located at the entrance of the medical unit and the second area is separated by a door and is also located within the medical department. A permanent custodial officer post exists for this area and detainees are maintained under the officer's direct supervision. A toilet and drinking water are accessible to detainees.
17. Medical records shall be kept separate from detainee detention records and stored in a securely locked area within the medical unit.	Meets Standard	The facility uses an electronic medical record (EMR). Access is restricted to medical personnel and requires ID and password entry.

PART 4 – 22. MEDICAL CARE (Key: V)		
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.		
Components	**Rating**	**Remarks** (1000 Char Max)
18. If there is a specific area, separate from other housing areas, where detainees are admitted for health observation and care under the supervision and direction of health care personnel, the following minimum standards shall be met: • Clearly defined scope of care services available; • Physician on call or available 24 hours per day; • Health care personnel are on duty 24 hours per day when patients are present; • All patients within sight or sound of a staff member; • Housing record that is a separate and distinct section of the complete medical record; and • Compliance with all established guidelines and applicable laws. Facilities are expected to provide detainees in medical housing access to other services such as telephone, legal access and materials consistent with their medical condition.	N/A	This IGSA facility has six medical observation rooms located within the medical department designated for suicide watches and hunger strike observation. The facility does not provide infirmary care in this area.
19. PRIORITY: Each facility shall have written policy and procedures for the management of pharmaceuticals that include procurement, inventory, prescription, dispensing, and secure storage and disposal of all prescription and nonprescription medicines.	Meets Standard	The facility has policies and procedures in place that comply with the standard. However, a count of DEA scheduled medication revealed that there was a container with four acetaminophen with Codeine tablets and a container with three Hydrocodone/acetaminophen tablets in one medication cart that were not on an inventory. Ten vials of Lorazepam were in another medication cart, but the inventory showed that they had been destroyed. Subsequently, all three of these medications were destroyed and the OIC developed plans to emphasize and re-train staff on inventory procedures.

PART 4 – 22. MEDICAL CARE (Key: V)		
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.		
Components	**Rating**	**Remarks** (1000 Char Max)
20. The facility administrator and administrative health authority shall jointly approve any non-prescription medications that are available to detainees outside of health services and they shall jointly review the list annually.	Meets Standard	The OIC and the HSA have developed and approved a list of non-prescription medications that are available to detainees in the commissary. The OIC and the HSA jointly review the list annually.
21. PRIORITY: Initial medical, dental, and mental health screening shall be done within 12 hours of arrival by a health care provider or a detention officer specially trained to perform this function. The screening shall inquire into the following: • Any past history of serious infectious or communicable illness, and any treatment or symptoms; • Current illness and health problems, including communicable diseases; • Pain assessment; • Current and past medication; • Allergies; • Past surgical procedures; • Symptoms of active TB or previous TB treatment; • Dental problems; • Use of alcohol and other drugs; • Possibility of pregnancy; • Other health programs designated by the responsible clinical medical authority; • Observation of behavior, including state of consciousness, mental status, appearance, conduct, tremor, sweating; • Observation and interview items related to the detainee's potential suicide risk and possible mental disabilities, including mental illness; • History of suicide attempts or current suicidal/homicidal ideation or intent; • Observation of body deformities and other physical abnormalities; • Questions and an assessment regarding past or recent sexual victimization.	Meets Standard	Initial medical, dental and mental health screening is conducted by licensed medical personnel during the intake process and within twelve hours of a detainee's arrival. Review of completed screening forms confirmed the screening addresses each of the bulleted items listed in this component.

PART 4 – 22. MEDICAL CARE (Key: V)		
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.		
Components	**Rating**	**Remarks** (1000 Char Max)
22. If screening is performed by a detention officer, the facility shall maintain documentation of the officer's special training, and the officer shall have available for reference the training syllabus, to include education on patient confidentiality of disclosed information.	N/A	All intake screenings are completed by nursing staff.
23. PRIORITY: If at any time during the screening process there is an indication of need, or request for, mental health services, the health authority must be notified within 24 hours. The clinical medical authority will ensure a full mental health evaluation if indicated.	Meets Standard	Detainees receive a mental health screening as part of the intake health screening conducted by nursing staff. Policy requires referral to and follow-up by mental health personnel when a mental health concern is identified during the screening process. A mental health evaluation will be completed if indicated within 24 hours.
24. All facilities shall have policies and procedures to ensure the initial health screening and assessment is documented.	Meets Standard	Written policy establishes procedures to ensure an initial health screening and assessment are conducted and documented.
25. PRIORITY: Upon completion, the in-processing health screening form shall be forwarded to the facility medical staff for appropriate action. The clinical medical authority shall be responsible for review of all health screening forms within 24 hours or next business day to assess the priority for treatment (for example, Urgent, Today, or Routine).	Meets Standard	Licensed medical personnel conduct the intake medical, dental and mental health screening and are therefore immediately aware of any detainee requiring prompt attention.
26. PRIORITY: Non-English speaking detainees and detainees who are deaf or hard of hearing will be provided interpretation or translation services or other assistance as needed for medical care activities. Language assistance may be provided by another staff member competent in the language or by a professional service, such as a telephone translation service.	Meets Standard	Interpretation services are available for detainees who do not speak English or who are hearing impaired. Telephone translation services are provided when another staff member cannot provide assistance.
27. The clinical medical authority shall establish guidelines for evaluation and treatment of new arrivals who require detoxification.	Meets Standard	Written guidelines have been established for the evaluation and treatment of detainees who require detoxification.

PART 4 – 22. MEDICAL CARE (Key: V)		
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.		
Components	**Rating**	**Remarks** (1000 Char Max)
28. PRIORITY: Each facility's health care provider shall conduct a health appraisal including a physical examination on each detainee within 14 days of the detainee's arrival unless more immediate attention is required due to an acute or identifiable chronic condition, in accordance with the most recent ACA Adult Local Detention Facility standards for Health Appraisals. If there is documentation of one within the previous 90 days, the facility health care provider upon review may determine that a new appraisal is not required.	Meets Standard	Review of detainee medical records revealed that all had physical examinations/assessments performed by an RN within fourteen days of arrival. RNs have documented training of proficiency from the physician.
29. Detainees will be provided same sex chaperones as appropriate or as requested.	Meets Standard	Same sex chaperones are provided when appropriate or requested.
30. PRIORITY: The facility performs mental health intake screening, as well as mental health evaluations based on screening results, medical documentation, or subsequent observations, that include prior history of mental health treatment, medications, drug use, suicidal tendencies, and abuse, observations of current physical and intellectual condition, and recommendations for any appropriate medical or custodial treatment. Detainees are appropriately referred to a mental health provider for diagnosis, treatment, and/or intervention, and transferred to licensed mental health facilities where detainee mental health needs exceed the capabilities of the facility.	Meets Standard	Detainees receive a mental health screening conducted by nursing staff as part of the intake health screening process. The mental health screening and evaluation include the items listed in this component. Policy requires referral to and follow-up by mental health personnel when a mental health concern is identified during the screening process. The mental health provider is available on call for consultation if not on site. A contract psychiatrist is also available. Emergency mental health services, including those provided off-site, are available if needed.

PART 4 – 22. MEDICAL CARE (Key: V)		
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Components	**Rating**	**Remarks** (1000 Char Max)
31. PRIORITY: Any detainee referred for mental health treatment shall receive a comprehensive evaluation by a licensed mental health provider as clinically necessary, but no later than 14 days of the referral. The provider shall develop an overall treatment/management plan that may include transfer to a mental health facility if the detainee's mental illness or developmental disability needs exceed the treatment capability of the facility.	Meets Standard	Policy requires referral to and follow-up by mental health personnel when a mental health concern is identified. A mental health evaluation is completed within fourteen days of the referral. Emergency mental health services are available through the medical department. The physician and mental health provider are on call when not at the facility. Policy establishes procedures for transferring the detainee to outside mental health services for emergency treatment or if a detainee's mental health or developmental disability needs exceed the treatment capabilities of the facility.
32. The clinical medical authority may place in medical isolation a detainee who is at high risk for violent behavior because of a mental health condition. The clinical medical authority must provide for reassessment on a daily basis the need for continued medical isolation for the health and safety of the detainee.	Meets Standard	The clinical medical authority is authorized to place detainees in medical isolation when they are determined to be at high risk for violent behavior due to a mental health condition. Daily reassessments are required. Medical isolation is not used as a punitive measure.
33. PRIORITY: The facility shall have written procedures for restraints for medical or mental health purposes that specify: • The conditions under which restraints may be applied; • The types of restraints to be used; • The proper use, application, and monitoring of restraints; • Requirements for documentation, including efforts to use less restrictive alternatives; and • After-incident review.	N/A	Policy states that detainees are not restrained for medical or mental health purposes. Should a detainee require clinically ordered restraint or seclusion for a medical or mental health condition, the individual will be transferred promptly to the local hospital via 911 for emergency treatment and /or will be transferred to another facility equipped to offer these interventions.

PART 4 – 22. MEDICAL CARE (Key: V)		
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.		
Components	**Rating**	**Remarks** (1000 Char Max)
34. PRIORITY: Involuntary administration of psychotropic medications to detainees shall comply with established guidelines and applicable laws and only pursuant to the specific, written and detailed authorization of a physician. When psychotropic medication is involuntarily administered, it is required that the administrative health authority contact ERO Management, who shall contact respective DHS/ICE Chief Counsel. The authorizing physician shall: • Review the medical record of the detainee and conduct a medical examination; • Specify the reasons for and duration of therapy and whether the detainee has been asked if he or she would consent to such medication; • Specify the medication to be administered, the dosage, and the possible side effects of the medication; • Document that less restrictive intervention options have been exercised without success; • Detail how the medication is to be administered; • Monitor the detainee for adverse reactions and side effects; and • Prepare treatment plans for less restrictive alternatives as soon as possible.	N/A	Policy states that the facility does not use involuntary psychotropic medication. Any detainee requiring the use of involuntary emergency psychotropic medication shall be transported immediately via 911 to the local emergency room for evaluation and treatment.
35. A detainee that is in ICE custody for over a year shall receive health examinations on an annual basis. Detainees shall have access to age and gender appropriate exams annually, including rescreening for tuberculosis.	Meets Standard	ICE detainees who remain in this facility for over a year are offered and provided age and gender appropriate health examinations on an annual basis, including rescreening for tuberculosis. This was confirmed by review of medical records.
36. An initial dental screening exam shall be performed within 14 days of the detainee's arrival. • Emergency dental treatment shall be provided for immediate relief of pain, trauma and acute oral infection. • Routine dental treatment may be provided to detainees in ICE custody for whom dental treatment is inaccessible for prolonged periods because of detention for over six (6) months.	Meets Standard	Review of detainee medical records revealed that all had a dental screening completed by the RN performing the physical examination/assessment within fourteen days of arrival. In accordance with policy, required emergency and routine dental treatment is provided off-site by a contract dentist.

PART 4 – 22. MEDICAL CARE (Key: V)		
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.		
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37. PRIORITY: Each facility shall have a sick call procedure that allows detainees the unrestricted opportunity to freely request health care services (including mental health and dental services) provided by a physician or other qualified medical staff in a clinical setting. This procedure shall include: • Clearly written policies and procedures; • Sick call process will be communicated in writing and verbally to detainees during their orientation; • Regularly scheduled "sick call" times will be established and communicated to detainees; • All facilities must have an established procedure in place to ensure that all sick call requests are received and triaged by appropriate medical personnel within 48 hours after the detainee submits the request. In an urgent situation, the housing unit officer shall notify medical personnel immediately. All detainees, including those in Special Management Units, regardless of classification, shall have access to sick call.	Meets Standard	Policies establish procedures for detainees to have unrestricted access to routine medical, dental and mental health care through a sick call process that addresses all the items listed in this component. Detainees access care by submission of a paper medical request or by signing up on the available tablets. Detainees in the special management unit have the same access to health care as the general population.
38. If the procedure uses a written request slip, they shall be provided in English and the most common languages spoken by the detainee population of that facility. Non-English speaking detainees and detainees who are deaf or hard of hearing will be provided interpretation/translation services as needed or other assistance as needed to complete a request slip.	Meets Standard	Medical request forms, both paper and on the tablets, are available in English and Spanish, the two most common languages spoken in the facility. Interpretation services are provided when required, and assistance in completing request forms is available.

PART 4 – 22. MEDICAL CARE (Key: V)		
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.		
Components	**Rating**	**Remarks** (1000 Char Max)
39. PRIORITY: Each facility shall have a written emergency services plan for the delivery of 24-hour emergency health care. A plan shall be prepared in consultation with the facility's clinical medical authority or the administrative health authority. The plan will include the following: • An on-call physician, dentist, and mental health professional, or designee, that are available 24 hours per day; • A list of telephone numbers for local ambulances and hospital services available to all staff; • An automatic external defibrillator (AED) will be maintained for use at each facility and accessible to staff; • All detention staff shall receive cardio pulmonary resuscitation (CPR, AED) , and emergency first aid training annually; • Security procedures that ensure the immediate transfer of detainees for emergency medical care.	Meets Standard	Health care staff is always onsite. Per review of training files, all staff is trained annually in CPR, first aid and use of an AED. The facility has four AEDs for use by staff. The facility and health services unit have written policies that establish procedures for providing emergency care. The plan addresses all bulleted items listed in this component.
40. Medical personnel shall review the request slips and determine when the detainee will be seen. All facilities shall maintain a permanent record of all sick call requests.	Meets Standard	Medical personnel review all medical request forms and schedule appointments with medical personnel based upon urgency of need. The sick call requests are filed in the detainee's medical record.

PART 4 – 22. MEDICAL CARE (Key: V)		
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Components	**Rating**	**Remarks** (1000 Char Max)
41. PRIORITY: Training is provided to all detention and health care personnel at least annually by a responsible medical authority in cooperation with the facility administrator, and includes: • Responding to health-related situations within four (4) minutes; • Recognizing of signs of potential health emergencies and the required responses; • Administering first aid and cardiopulmonary resuscitation (CPR); • Obtaining emergency medical assistance through the facility plan and its required procedures; • Recognizing signs and symptoms of mental illness, suicide risk, retardation, and chemical dependency; • The facility's established plan and procedures for providing emergency medical care including, when required, the safe and secure transfer of detainees for appropriate hospital or other medical services, including by ambulance when indicated.	Meets Standard	Review of training records confirmed that detention officers and health care employees receive annual training that addresses all the requirements listed in this component.
42. The designated health authority and facility administrator shall determine the contents, number, location(s), use protocols, and procedures for monthly inspections of first aid kits.	Meets Standard	Per policy and practice, the HSA and OIC determine the contents, number, location, use protocols and procedures for monthly inspections of first aid kits. Per observation, first aid kits are located throughout the facility and documentation of monthly inspections was current.
43. Distribution of medication shall be in accordance with specific instructions and procedures established by the administrative health authority. Written records of all medication given to detainees shall be maintained. Detainees may not deliver or administer medications to other detainees.	Meets Standard	All medication is distributed and documented by medical personnel. Documentation is completed at the time of administration on the detainee's electronic medication administration record. Observation of the process and review of documentation in detainee medical records confirmed that medications are administered in a timely manner and in accordance with physician's orders.

PART 4 – 22. MEDICAL CARE (Key: V)		
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44. If medication must be delivered at a specific time when medical staff is not on duty, it may only be distributed by detention officers who have received proper training by the administrative health authority. The facility shall maintain documentation of the training given any officer required to distribute medication, and the officer shall have available for reference the training syllabus or other guide or protocol provided by the health authority.	N/A	Medical personnel are on duty 24 hours a day, seven days a week. Only licensed nursing personnel administer medication.
45. The health authority shall provide detainees health education and wellness information.	Meets Standard	Health and wellness information is available to the detainee in the medical unit and from the health care provider during a medical encounter.
46. The health administrative authority for each facility must have a plan to notify ICE for any detainee with special needs. The written notification must become part of the detainee's health record file.	Meets Standard	The IHSC managed care coordinator is notified via e-mail or telephone. The notification is documented in the detainee's medical record.
47. PRIORITY: When a detainee requires close medical supervision, including chronic and convalescent care, a written treatment plan that includes access to health care and other personnel regarding care and supervision, shall be developed and approved by the appropriate physician, dentist, or mental health practitioner, in consultation with the patient, with periodic review. The written treatment plan will conform to NCCHC and TJC requirements.	Meets Standard	Policy provides written procedures for close medical supervision, including chronic and convalescent care. A written treatment plan is developed, in consultation with the patient, and approved by the appropriate independently licensed health care provider.
48. PRIORITY: Female detainees shall have access to pregnancy testing and pregnancy management services that include routine prenatal care, addiction management, comprehensive counseling and assistance, nutrition, and postpartum follow-up.	Meets Standard	Policy provides for pregnancy testing and pregnancy management services as stipulated in the component. Review of ICE detainee medical records revealed that pregnancy testing is routinely completed on every female detainee during the intake process.
49. Detainees shall have access to age- and gender-appropriate examinations.	Meets Standard	Age and gender appropriate examinations are available.

PART 4 – 22. MEDICAL CARE (Key: V)		
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.		
Components	**Rating**	**Remarks** (1000 Char Max)
50. The facility administrative health authority must ensure that a plan is developed that provides for continuity of medical care in the event of a change in detention placement or status. Upon transfer to another facility or release, the medical provider shall ensure that all relevant medical records and at least 7 days (or, in the case of TB medications, 15 days) supply of medication shall accompany the detainee.	Meets Standard	This component was rated Does Not Meet Standard during the last inspection because the transfer of three detainees had to be postponed due to the proper medication not being available. During this inspection, transfer summaries revealed that summaries are completed. The summaries list current medications and other relevant information and are forwarded for transfer with the detainee. If indicated, a seven-day supply of medication is provided; a fifteen day supply is provided if the detainee is receiving TB medications. This was confirmed by observation of five detainee transfers.
51. PRIORITY: Documented informed consent, consistent with standards of the jurisdiction, is obtained from a detainee before medical treatment is administered. If a detainee refuses consent to treatment, medical staff explain the medical risks if treatment is declined and document their efforts in the detainee's medical record.	Meets Standard	Informed consent is obtained during the intake process. If an invasive procedure is later required, a separate consent form is obtained. The medical risks associated with refusing treatment are documented in the detainee's medical record, with a refusal form signed by the detainee.
52. If a detainee refuses treatment and the clinical medical authority determines that the treatment is necessary, ICE/ERO shall be consulted in determining whether involuntary treatment shall be pursued. Involuntary treatment is a decision made only by medical staff under strict legal restrictions. Prior to any contemplated action involving involuntary medical treatment, DHS/ICE respective Chief Counsel will be consulted.	Meets Standard	ICE will be notified if a detainee refuses necessary treatment. Included in the discussions will be an appropriate plan of action. Involuntary treatment, if indicated, will adhere to ICE protocols.

PART 4 – 22. MEDICAL CARE (Key: V)		
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.		
Components	**Rating**	**Remarks** (1000 Char Max)
53. PRIORITY: The administrative health authority shall maintain a complete health record on each detainee that is: • Organized uniformly in accordance with recognized medical records standards; • Available to all practitioners and used by them for health care documentation; • Properly maintained and safeguarded in a securely locked area within the medical unit separately from other detention records.	Meets Standard	The facility utilizes an EMR system in accordance with recognized medical records standards. Access is restricted to health care personnel and practitioners for the provision of health care and documentation. Medical records are ID and password protected.
54. All medical providers shall protect the privacy of detainees' medical information in accordance with established guidelines and applicable laws. These protections apply, not only to records maintained on paper, but also to electronic records where they are used. Staff training must emphasize the need for confidentiality and procedures must be in place to limit access to health records to only authorized individuals and only when necessary.	Meets Standard	Healthcare personnel are trained in the protection of detainees' medical information in accordance with established guidelines and applicable laws and the need for confidentiality. Medical record access is restricted to health care personnel. Copies of medical records are made only under policy guidelines and no copies are placed in detention files.
55. The administrative health authority shall provide the facility administrator and designated staff information that is necessary: • To preserve the health and safety of the detainee, other detainees, staff, or any other person. • For administrative and detention decisions such as housing, voluntary work assignments, security, and transport. • For management purposes such as audits and inspections.	Meets Standard	The OIC and other designated personnel are provided the information listed in the component through weekly department head meetings or verbally for more urgent needs.
56. Copies of health records shall be released by the administrative health authority directly to a detainee or their designee, at no cost to the detainee, upon receipt by the administrative health authority of a written authorization from the detainee that complies with the Health Insurance Portability and Accountability Act (HIPAA).	Meets Standard	A HIPAA compliant Authorization for Release of Confidential Health Information form must be signed by a detainee before medical information is released. There is no cost to the detainee for this service.

PART 4 – 22. MEDICAL CARE (Key: V)		
This Detention Standard ensures that detainees have access to a continuum of health care services, including prevention and health education, so that their health care needs are met in a timely and efficient manner.		
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57. Detainees who indicate they wish to obtain copies of their medical records shall be provided with the appropriate request form. ICE/ERO, or the facility administrator, shall provide non-English speaking detainees and detainees who are deaf or hard of hearing with interpretation or translation services or other assistance as needed to make the written request and assist in transmitting the request to the facility administrative health authority.	Meets Standard	Per the HSA, a detainee wishing to obtain a copy of his/her medical record will be provided the appropriate request form. Detainees are provided assistance as needed to make and transmit the written request.
58. PRIORITY: Medical staff shall notify the facility administrator in writing, when they determine that a detainee's medical or psychiatric condition requires: • Clearance by the medical staff prior to release or transfer, or • Medical escort during removal, deportation, or transfer.	Meets Standard	Policy includes procedures for medical and/or psychiatric clearances prior to a release or transfer and for medical escorts when needed. The procedures include written notification to the OIC.
59. PRIORITY: The administrative health authority shall be given advance notice prior to the release, transfer, or removal of a detainee, so that medical staff may determine and provide for any medical needs associated with the transfer or release. A summary of the detainee's medical care (transfer summary) shall be marked "CONFIDENTIAL MEDICAL RECORDS" and shall accompany the detainee who is being transferred. A transfer summary must include: • TB clearance, including PPD and Chest x-ray results, with the test dates; • Current mental and physical health status, including all significant health issues; • Current medications, with specific instructions for medications that must be administered en route; and • The name and contract information of the transferring medical facility.	Meets Standard	Per the HSA, the medical department is given advance notice prior to the release, transfer or removal of a detainee. A Medical Summary of a Federal Inmate/Alien in Transit form is completed for each transferred detainee. It includes the items listed in this component and is labeled appropriately.
60. Detainees will not participate in medical, pharmaceutical or cosmetic research while under the care of ICE detention facilities. This does not preclude the use of approved clinical trials that may be warranted for a specific inmate's diagnosis or treatment when recommended and approved by the clinical medical director. Such measures require documented informed consent.	Meets Standard	This facility does not participate in medical, pharmaceutical or cosmetic research. Only pharmaceuticals on the approved formulary are prescribed. This does not preclude the use of approved clinical trials, provided that the procedure and/or treatment have prior approval from the IHSC medical director. Documented informed consent is also required.

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Components	**Rating**	**Remarks** (1000 Char Max)
61. PRIORITY: The administrative health authority shall implement a system of internal review and quality assurance that includes data analysis, a multidisciplinary committee with regular monitoring of health service outcomes, and assessment of ongoing education and training needs.	Meets Standard	The medical unit has a comprehensive quality improvement program. The program includes a multidisciplinary committee and internal audits of systems, clinical outcome studies and process studies. The program also includes assessment of education and training needs.
62. The administrative health authority shall implement an intra-organizational, external peer review program for all independently licensed medical professionals. Reviews are conducted at least every two years.	Meets Standard	There is an external peer review program for all independently licensed medical professionals. Reviews are conducted at least every two years. Review of specific medical personnel files indicated reviews have been completed within the past two years.

PART 4 – 22. MEDICAL CARE – Reviewer Summary

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

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

When TB treatment is indicated, multi-drug, anti-TB therapy is administered using directly observed therapy (DOT). Active TB disease is ruled out before treatment for latent TB infection is initiated. International referrals are coordinated with the IHSC Public Health, Safety, and Preparedness Unit and local/state health departments.

There is a written plan to address the management of hepatitis A, B, and C, and HIV. Detainees may request hepatitis and HIV testing at any time. Medical personnel provide all detainees diagnosed with HIV/AIDS medical care consistent with national recommendations and guidelines. Medical and pharmacy personnel ensure that all FDA medications currently approved for the treatment of HIV/AIDS are accessible per ICE formulary. Detainees with active tuberculosis are evaluated for possible HIV infection. New HIV-positive diagnoses are reported to government bodies according to state and local laws and requirements; the HSA is responsible for ensuring that all applicable state requirements are met.

Detainees experiencing severe intoxication or withdrawal are immediately transferred to Tifton Hospital for treatment. Mental health evaluations and screenings include reason for referral, mental health history, drug/alcohol use history, suicide attempts, current suicidal/homicidal ideation, medications, intellectual functioning, history of abuse, pertinent physical condition, and treatment recommendations.

The emergency medical services plan includes provisions for expedited entrance to and exit from the facility. Non-medical personnel contact medical personnel when questioning the need for emergency care.

Detainees who arrive with prescribed medications or who report being on such medications, are evaluated by a qualified health care professional as soon as possible, but not later than 24 hours after arrival, and provisions are made to secure medically necessary medications. Detainees are not charged for any medical services to include pharmaceuticals provided by medical personnel. Detainee treatment questions are answered by medical personnel. Detainees sign a refusal of treatment when appropriate. The written authorization for release of health information is retained in the electronic medical record.