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

PART 4 – 22. MEDICAL CARE – Reviewer Summary

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

Lab results are made available to detainee's post transfer or release. Inactive medical records are retained. Detainees may request an independent health examination by submitting a written request to the FOD. The cost of the exam is at the detainee's expense. The facility provides for the use of psychiatric tele-medicine.

The facility provides timely access to medical, dental and mental health services through appropriately trained and/or licensed medical staff for routine care and chronic and emergency conditions. Medical personnel are on site 24 hours a day, seven days a week. Detainees requesting sick call appointments received appropriate medical care in a timely manner. The facility has two negative airflow/respiratory isolation rooms located in the medical department. Written medical treatment consent is consistently obtained prior to treatment. The medical department has a current Clinical Laboratory Improvement Amendment (CLIA) waiver for limited on-site testing. All needed health care not available on site is provided using community healthcare providers and services. ICE is notified if the medical condition of a detainee already housed in the facility deteriorates and requires a level of medical care beyond the capabilities of this facility.

Interviews with multiple male and female detainees revealed no significant issues were noted with respect to their encounters with medical staff or having knowledge of how to access medical staff for routine care. An inspection of the housing units and common areas revealed average sanitation. A significant amount of graffiti was noted in the two and four man cells. There were no issues or concerns with sanitation or the conditions of confinement. Evaluation of this standard was based on review of policies, lesson plans, training logs, monitoring forms and medical records. Interviews with detention and medical personnel were also completed.

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 - 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 outlines the 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	Per policy, all new detainees are issued, free of charge, clean temperature and size appropriate clothing during admission. The facility is climate controlled.
4.	Each detainee assigned to a special work area shall be clothed in accordance with the requirements of the job and, when appropriate, provided protective clothing and equipment.	Meets Standard	Detainees are provided clothing appropriate for their work areas. Per policy, detainee workers are also permitted additional outer garment exchanges based on job assignment.
5.	Staff shall provide male and female detainees personal hygiene items appropriate for their gender and shall replenish supplies as needed. The distribution of hygiene items shall not be used as reward or punishment.	Meets Standard	The issuance of personal hygiene items is not used as a reward or punishment. The hygiene kits for male and female detainees are appropriate for their gender and are replaced as needed.
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. Detainees sign up for a razor daily on a signup sheet. The sheet is collected by the officer and razors are issued after 6:30 p.m. and must be returned by 10:00 p.m.
7.	Female detainees shall be issued and may retain feminine hygiene items as needed.	Meets Standard	

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 1:12 detainees. 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 1:12 detainees. This is a repeat deficiency. Additionally, there are seven units (E5, 6, 10, F1, 5, 6, and 10) that house four detainees per cell with only one toilet. The facility has requested a waiver from ICE officials, but has not received a final decision.
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 1:12 detainees. 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 1:12 detainees. This is a repeat deficiency. The facility has requested a waiver from ICE officials, but has not received a final decision.

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)
Operable showers that are thermostatically controlled to temperatures between 100 and 120 degrees Fahrenheit, to ensure safety and promote hygienic practices.	Meets Standard	Per observation and review of maintenance temperature logs, operable showers are thermostatically controlled to temperatures between 100 and 110 degrees Fahrenheit.
11. Detainees with disabilities shall be provided the facilities and support needed for self-care and personal hygiene in a reasonably private environment in which the individual can maintain dignity.	Meets Standard	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	Detainees receive enough undergarments (three pairs) to ensure a daily change is available. The issuance of outer garments (two sets) and the laundry exchange schedule ensures that outer garments can be changed, with no more than 72 hours between changes. Sheets (2), towels (1) and wash cloths (1), can be laundered three times a week. Allowances for more frequent changes of outer garments during hot and humid weather would be considered as appropriate.

PART 4 – 23. PERSONAL HYGIENE – Reviewer Summary

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

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

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

Bedding, linens and towels are issued as follows: one mattress, one blanket, two sheets and one towel. Clothing exchanges are on a one-for-one basis. There are no washers or dryers in the detainee housing units. The policy, practice and facility design enable the detainee population to maintain acceptable hygiene practices.

An inspection of the housing units, medical unit, and the facility overall revealed an older structure that is adequately

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

PART 4 – 23. PERSONAL HYGIENE – Reviewer Summary (Use following format for dates: mm/dd/yyyy) maintained and provides a reasonably clean and safe environment. No concerns were noted with the conditions of confinement, as determined by detainee and staff interviews and observation of the detainee population and environmental factors. The evaluation of this standard was based on review of policy; an observation of the detainee population and the housing units; and interviews with detainees and staff. Overall Rating: Meets Standard Reviewer Name (Printed) [b)(6); (b)(7)(C) Completion Date: 6/13/2019 Reviewer Signature (for printed form submission):

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,	Meets Standard	Written policy establishes procedures for the suicide prevention and intervention program. The policy is reviewed and signed by the health services administrator (HSA) and the OIC
	 Evaluation, Treatment, Housing, Monitoring, Communication, Intervention, Notification and reporting, Review, and 		administrator (HSA) and the OIC annually. The program includes all of the items listed in this component.
	Debriefing.		
2.	Every new staff member receives suicide-prevention training. Suicide-prevention training occurs during the employee orientation and annual training.	Meets Standard	Review of training curriculum and training files, and interviews with staff, revealed that every staff member receives suicide prevention training during the employee orientation and annually thereafter.
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	Policy and procedures require the immediate referral to medical personnel of any detainee exhibiting signs and symptoms of increasing depression or suicidal thoughts. Any such detainee is removed from the general population and placed on suicide watch, with an immediate referral to mental health staff.

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 	Meets Standard	All personnel receive annual training on the suicide prevention and intervention program. Review of the training curriculum verified the training includes all of the bulleted items listed in this component.
	 Follow-up monitoring of detainees who have attempted suicide. 		
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	A detainee identified as being at risk is immediately referred to a mental health or medical provider. The detainee is evaluated within 24 hours of the referral, with medical personnel monitoring the detainee in the interim. Review of medical records for ten detainees placed on suicide watch revealed that nine out of ten were evaluated daily by LPNs. All were terminated by a licensed independent practitioner or a licensed mental health practitioner after a suicide risk assessment was completed.

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)
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	Any detainee determined to be at risk for suicide is evaluated by a mental health provider. The evaluation includes all the bulleted items listed in this component and is documented in the medical record.
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	Detainees placed on suicide watch are re-evaluated daily by LPNs or other appropriately trained and qualified health care staff. Evaluations are documented in the detainee's medical record. Prior to returning a previously suicidal detainee to the general population, only a licensed independent practitioner or a licensed mental health practitioner may terminate the suicide watch after a suicide risk assessment is completed.
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	Detainees placed on suicide watch are housed in one of four designated medical holding rooms located in the medical department. Security and medical personnel have approved use of these rooms for suicide watches. The designated suicide watch cells contain no easily accessible structures or smaller items that could be used in a suicide attempt.

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)
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	All detainees placed on suicide watch are issued a suicide-resistant smock and provided a suicide-resistant blanket. This was confirmed by observation of two suicide watches in progress.
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	When a detainee is placed on suicide watch, policy requires one-on-one direct observation, 24 hours a day, with observations documented every fifteen minutes. There were several suicide watches observed during the time of the inspection.
Following a suicide attempt, security staff shall initiate and continue appropriate life-saving measures until relieved by arriving medical personnel.	Meets Standard	Security officers are trained on the provision of life-saving measures and to initiate and continue those measures until relieved by medical personnel. They also have access to "cut down" equipment that can be utilized if a detainee attempts suicide by hanging.
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	In the event of a suicide attempt or a completed suicide, ICE and IHSC officials would be notified. ICE personnel would be responsible for notifying the family and outside authorities. Medical personnel are required to complete an incident report 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 the completion of a mortality review and critical incident debriefing for all affected staff and detainees.

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)

Employee training includes reporting and written documentation procedures.

Detainees receive an initial mental health screening by a qualified health care professional upon arrival as part of the inprocessing procedures within twenty four 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.

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

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

While in ICE custody, detainees are identified as being at risk for suicide at any time through self-referral, daily observation or interaction with medical personnel, security personnel or an ICE agent. At risk detainees referred for an evaluation are 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 in the detainee's medical record.

A detainee discharged from suicide watch is re-assessed by medical personnel consistent with the level of acuity. 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. If the detainee is mentally competent and refuses, ICE counsel is consulted as to appropriate further action such as petitioning the appropriate federal court to intervene against the detainee's refusal for purposes of his or her hospitalization and treatment.

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.

In the event of a suicide attempt, medical personnel arriving on the scene perform the appropriate medical evaluation and intervention. The physician/medical director is notified when referral to the emergency room of the local hospital is required. In the event of a detainee death, the DHS Office of Inspector General is notified within 48 hours and all staff members who encountered the victim prior to the incident submit a statement including their knowledge of the detainee and the incident. Consistent communication is maintained between medical, mental health and correctional 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.

Suicide prevention policy and procedures protect the detainees' health and well-being. All personnel complete initial orientation and annual training on suicide prevention and intervention. Training addresses the recognition, referral and management of potentially suicidal detainees.

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.

There were four ICE detainees on suicide watch during the time of the inspection. Evaluation of the standard was based on observations; review of policies, training records and medical records; and on staff interviews. There were no suicides in this facility within the last twelve months.

Overall Rating: Meets Standard (b)(6); (b)(7)(C)	
Reviewer Name (Printed	Completion Date: 6/13/2019
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	Per policy and practice, when a detainee's medical condition deteriorates to the point that appropriate care cannot be provided within the facility, the detainee will be transferred to an appropriate off-site medical facility. Policy also requires all the notifications listed in this component.
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	Per the ICE agent, medical personnel notify ICE when a detainee is hospitalized. ICE officials make all other required notifications.
3.	When the detainee is at an off-site facility, that facility is expected to assist the detainee in completing an Advance Directive and/or Living Will. All facilities shall use the State Advance Directive form (in which the facility is located) for implementing Living Wills and Advance Directives.	Meets Standard	The facility uses the State of Georgia Advance Directives. When a detainee is at an off-site facility, the staff of that facility will assist the detainee in completing an advance directive and/or living will.
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	Per the HSA, when the terms of the advance directive must be implemented the required notifications would be made.
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	Policy and procedures addressing DNR orders are in accordance with the laws of the state of Georgia.
6.	Health care will continue to be provided consistent with the DNR order.	Meets Standard	Per policy, a detainee with a valid DNR order will receive all therapeutic efforts short of resuscitation.
7.	The detainee's medical file shall include documentation validating the DNR order.	Meets Standard	A DNR order would be documented in the detainee's medical record and include documentation validating the order.

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

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

Standard N/A

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

	Components	Rating	Remarks (1000 Char Max)
8.	The facility shall follow written procedures for notifying attending medical staff of the DNR order.	Meets Standard	Policy establishes procedures for notifying attending medical staff of a DNR order.
9.	The facility has written procedures to address the issues of organ donation by detainees.	Meets Standard	Policy addresses organ donations.
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 requires staff to notify ICE immediately when a detainee dies in custody. ICE will notify consulate officials and next-of-kin.
11.	The facility has a policy and procedure to address the death of a detainee while in transport.	Meets Standard	Policy establishes procedures to address the death of a detainee while in transport.
12.	The body must be transferred to the local coroner or medical examiner in the jurisdiction where the death occurred.	Meets Standard	The body of a deceased detainee will be transported to the medical examiner in the jurisdiction where the death occurred. This transfer/movement would be coordinated with ICE.
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	ICE is responsible for contacting next-of-kin living in the United States to provide notification of the death.
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 agent, the family will be given the opportunity to claim the remains within seven days of 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 is responsible for contacting the consulate in the event the family cannot be located or declines the remains.
16.	The facility administrator shall specify policy and procedures regarding responsibility for proper distribution of the death certificate.	Meets Standard	Policy provides guidance to staff regarding the distribution of death certificates.

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

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

Standard N/A

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

Components	Rating	Remarks (1000 Char Max)
 17. The facility's written procedures shall address, at a minimum: 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 and written procedures address the bulleted items listed in this component.
18. Medical staff shall arrange for the approved autopsy to be performed by the local coroner or medical examiner in accordance with established guidelines and applicable laws.	Meets Standard	Policy establishes procedures for notification of the local coroner's office and the performance of autopsies. These procedures are in accordance with local and state guidelines.

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

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

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

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

Advance directive guidelines include having a living will other than the generic form made available by medical staff and having a private attorney prepare the documents at the detainee's expense. DNR policy complies with the following stipulations: A DNR order is written by the CMA; it protects basic patient rights and complies with state requirements; a decision to withhold resuscitative services is considered only under specified conditions (the detainee has a terminal illness, the detainee has requested and signed the order, the decision is consistent with sound medical practice and is not in any way associated with any measures to hasten death); the medical file includes explicit directions regarding DNR and forms and memoranda regarding diagnosis and prognosis, express wishes of the detainee, immediate family's wishes, consensual decisions and recommendations of medical professionals identified by name and title, mental competency evaluation and informed consent; and the CD or HSA notifies the IHSC medical director and the ICE Office of Chief Counsel of the basic circumstances of any detainee with a DNR order.

The facility turns over the property of a deceased detainee to ICE within one week. ICE gives the property of deceased detainees to the next-of-kin within two weeks, unless it is being held as part of an investigation. ICE may assist the family with transporting the remains to a location in the U.S. If neither family nor consulate claims the remains, ICE schedules an indigent's burial, after contacting the Department of Veterans Affairs to determine burial benefits. The chaplain may advise the OIC about religious considerations in remains disposition. ICE does not authorize cremation or donation of the remains for medical research. The original death certificate is sent to the person who claims the remains and a certified copy is placed

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

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

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

in the A-file.

The facility has written policy and procedures on autopsies that include: the ICE Office of Chief Counsel is consulted, and a written copy of the autopsy is forwarded to the ICE Office of Chief Counsel. While an autopsy decision is pending, no actions are taken that could affect the validity of the results. ICE verifies and accommodates the detainee's religious preference prior to autopsy or embalming. The chaplain was not involved in formulation of the policy and procedures.

Policy and procedures are in place for the completion of advance directives, living wills and DNR orders. This facility does not accept or continue to house severely or terminally ill detainees. It is established practice to notify ICE if the medical condition of a detainee already housed in the facility deteriorates and requires a level of medical care beyond the onsite health care capabilities. The detainee would be transported to an outside medical facility for emergency and/or inpatient medical care as needed, pending transfer or removal by ICE.

There have been no ICE detainee deaths since the last inspection and as a result, the inspector could not fully assess compliance with the standard. Evaluation of this standard was based on a review of the policy, and interviews with medical and ICE personnel.

Overall Rating: Meets Standard	
Reviewer Name (Printed (b)(6); (b)(7)(C)	Completion Date: 6/13/2019
Reviewer Signature (for printed form submission):	

Section V: ACTIVITIES

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	The Detainee Correspondence policy includes procedures regarding detainee correspondence and other mail.
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	The Detainee Correspondence policy includes component requirements. ICE detainees are considered indigent if they have less than \$15.00 in their account.
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	Key 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 warden has authorized mail 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	The Detainee Correspondence policy requires, and documentation confirmed, that special correspondence is opened and inspected for contraband in the presence of the detainee. The detainee signs a log acknowledging receipt of special correspondence 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 Afile. 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 officers 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.	N/A	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)

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

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)

Detainees are permitted to correspond with family, the community, legal representatives, government/consular officials, and the media through an established and accessible mail system. 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 warden. Detainees must pay postage for packages and oversized or overweight mail.

Inspection of the mail is for the purpose of detecting contraband and maintaining security. Reading of the mail must be authorized by the warden. 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 warden, soft contraband is returned to the sender. The warden 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.

Evaluation of this standard was based on review of the Detainee Correspondence policy, Rejected Material Form, priority mail supplies and forms, local handbook, special correspondence log, Detainee Orientation policy, commissary list, and chain of custody worksheet; interviews with detainees, mail room clerks, and housing unit officers; and observation of mail processing,

Overall Rating: Meets Standard (b)(6); (b)(7)(C)	1	
Reviewer Name (Printed)	Completion Date: 6/13/2019	
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:	N/A	
	 To visit a critically ill member of his or her immediate family. 	N/A	
	To attend an immediate-family member's funeral.		
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 N	NON-MEDICAL EMERGENCIES – Reviewer Summary		
(Use following	g format for dates: mm/dd/yyyy)		
Overall Remarks: (Record significant facts, observations	s, other sources used, etc.) (5000 Character Max)		
According to the ICE officer, all trips for non-medical em	nergencies are handled by ICE personnel.		
(b)(c): (b)(7)(c)			
Overall Rating: N/A (b)(6); (b)(7)(C)			
Reviewer Name (Printed)	Completion Date: 6/13/2019		
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	All marriage requests are forwarded to ICE for review and approval. Each request is considered on a case-by-case basis.
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	All marriage requests are forwarded to ICE for review and approval. Each request is considered on a case-by-case basis.
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	ICE personnel notify detainees in a timely manner of a 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	Original copies of documentation regarding the marriage request and consequent marriage are placed in the detainees A-file. Copies are maintained in the local detention 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)

Evaluation of this standard was based on review of policy and documentation, as well as, interviews with facility and ICE personnel. Detainees are informed about the marriage request procedures through the National Detainee Handbook. The facility provides communication assistance to detainees with disabilities and detainees who are limited in their English proficiency (LEP). The facility provides detainees with disabilities with effective communication which includes the provision of auxiliary aids as needed. The facility also provides detainees who are LEP with language assistance including bilingual staff or professional interpretation and translation services. All written materials provided to detainees are translated into Spanish.

The approval or denial of a marriage requests is solely an ICE function and determined by the ICE sub-office. If denied, ICE notifies the detainee in writing of the reasons for the denial within thirty days from the date of request. Detainees may seek legal assistance throughout the marriage application process. Guidelines for denying a detainee's marriage request includes the following: the detainee is not legally eligible to be married; the detainee is not mentally competent as determined by a qualified medical practitioner; the intended spouse has not affirmed, in writing, his/her intent to marry the detainee; the marriage would present a threat to the security or orderly operation of the facility; or there are compelling government interests for denying the request.

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

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

PART 5 – 28. MARRIAGE REQUESTS – Reviewer Summary (Use following format for dates: mm/dd/yyyy) 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 per the following stipulations: the ceremony shall take place inside the facility; all expenses relating to the marriage are paid 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. Nineteen detainees have been approved for marriage since the last inspection. Overall Rating: Meets Standard Reviewer Name (Printed): (b)(6); (b)(7)(C) Completion Date: 6/13/2019

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	Male and female detainees have access to separate outdoor recreation at a reasonable time of day, weather permitting, one hour per day seven days a week. All recreation areas have access to drinking water and toilet facilities. Detainees are provided appropriate clothing for existing weather conditions.
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	In this IGSA facility, a recreation specialist is responsible for the development and oversight of the recreation program. The recreation specialist is supported by two part-time officers who provide management of the recreation program on weekends.
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	Exercise areas for both male and female detainees provide a variety of equipment. All weight training equipment is fixed to the surface. Free weights are not used.
8.	Cardiovascular exercise shall be available to detainees for whom outdoor recreation is unavailable.	N/A	Outdoor recreation is available to 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.	<u>PRIORITY:</u> Dayrooms in general population housing units shall offer board games, television, and other sedentary activities.	Meets Standard	Board games, television, and other sedentary activities are available to detainees in the day rooms of the general housing units. Officers supervise dayroom activities.
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 handball. Limited opportunities for intrahousing competition are provided.
11.	Recreation areas shall be under continuous supervision by staff equipped with radios or other communication devices to maintain contact with the Control Center.	Meets Standard	
12.	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	Outdoor recreation areas for detainees housed in the SMU are not covered to mitigate inclement weather. Additional long sleeve shirts are also provided for cooler weather. Detainees housed in the SMU for administrative reasons are allowed outdoor recreation at least one hour a day seven days a week, weather permitting. Detainees housed in SMU for disciplinary reasons are allowed outdoor recreation at least one hour a day, five days a week, weather permitting. The SMU recreation areas are separate from the general population recreation areas.
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	If a detainee is denied recreation, a written report is forwarded to the warden. This denial is reviewed by supervisory personnel daily. There no instances of a detainee in the SMU being denied recreation.

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	Policy mirrors the requirements of this component. During this inspection period, there have been no recreation denials for detainees housed in the special management unit.
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	Policy mirrors the requirements of this component. During this inspection period, there have been no recreation denials for detainees housed in the special management unit.
16. Denial of recreation privileges for more than 15 days requires the concurrence of the facility administrator and a health care professional.	Meets Standard	Should a detainee be denied recreation privileges for more than fifteen days, the concurrence of the warden and a health care professional would be required.
17. The facility shall notify the ICE/ERO Field Office in writing when a detainee's denied recreation privileges exceeds 15 days.	Meets Standard	Should a detainee be denied recreation privileges for more than fifteen days, the concurrence of the warden and a health care professional would be required and ICE would be notified.

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)

Detainees have access to recreational and exercise programs and activities within the constraints of the safe, secure and orderly operation of the facility. Detainees are provided access to indoor and outdoor recreation with all recreation being under constant staff supervision. Recreational activities are supervised by officers who ensure that the program is operated in an orderly, safe and secure manner. Detainees are not required to forgo basic law library privileges for recreation privileges. Officers search the recreation areas before and after each use to detect altered or damaged equipment, hidden contraband, and security breaches. All recreational issued equipment is checked for damage and general condition by officers. Searches of detainees moving from locked areas are conducted in accordance with the standard.

Based on a review of documents, a review of policy, interviews with officers, and personal observations the facility appears to provide safe and secure recreational activities to the detainees.

 Overall Rating: Meets Standard

 Reviewer Name (Printed): [b)(6); (b)(7)(C)
 Completion Date: 6/13/2019

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	Detainees are provided opportunities to participate in the practices of their religious faith including the observance of holy days, accommodation of special religious diets, and the use of personal religious property. Attendance at religious functions is voluntary. The religious services program is managed by the chaplain.
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 detainee population. The facility strives to provide opportunities for religious services and programming in the most common languages spoken by detainees; currently English and Spanish bible study. Additional accommodations are provided to detainees with special communication needs to allow the detainee access to religious services should they wish to participate.
3.	Facility records shall reflect the limitation or discontinuance of a religious practice along with the reason for such limitation or discontinuance.	Meets Standard	There have been no limitations or discontinuances of religious services/practices at this facility.
4.	<u>PRIORITY:</u> 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 managing and coordinating religious activities including the supervision of all religious activities provided by volunteers and religious groups.
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	Religious programming is held in three different areas of the facility. The courtroom, dining hall, and the housing units.

2021-ICLI-00006 781

PART 5 - 30. RELIGIOUS PRACTICES (Key: AD)

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

	Components	Rating	Remarks (1000 Char Max)
7.	When recruiting citizen volunteers, the chaplain and other staff shall be cognizant of the need for representation from all cultural and socioeconomic parts of the community.	Meets Standard	
8.	Detainees who are members of faiths not represented by clergy may conduct their own services, provided they do not interfere with facility operations.	Meets Standard	Detainees are free to practice their faiths independently if volunteer clergy for the faith cannot be recruited; although detainees cannot exercise control over other detainees in religious services that are not chaperoned.
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 may facilitate arrangements for pastoral visits by clergy or a representative of the detainee's faith.
10.	Detainees may make a request for the introduction of a new component to the Religious Services program (schedule, meeting time and space, religious items and attire) to the chaplain. The chaplain shall ask the detainee to provide additional information to use in deciding whether to include the practice.	Meets Standard	
11.	Each facility shall have written policy and procedures to facilitate detainee observance of important holy days, consistent with maintaining safety, security and orderly operations, and the chaplain shall work with detainees to accommodate proper observances.	Meets Standard	Policy and procedures address the observance of important holy days. The chaplain works with facility personnel and detainees to accommodate proper observances consistent with maintaining safety, security, and orderly operation of the facility.
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 allowed to keep Bibles, Korans, headgear, rosaries, religious text, prayers rugs and other approved religious items in their possession.

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)
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	All reasonable efforts are made to facilitate the observance of important religious holy days that involve special fasts, dietary regulations, worship, or work proscription. Accommodations are made for recognized holy-day observances by providing special meals, honoring fasting requirements, facilitating religious services and allowing activity restrictions
14. The chaplain shall develop the religious fast schedule for the calendar year and provide it to the facility administrator or designee.	Meets Standard	A religious fast schedule has been provided to the warden and FSD.

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 services program, under the direction of the chaplain, provides detainees opportunities to participate in their respective religious faith. At the time of this inspection, seven religious volunteers were providing religious programming to detainees. There were no Catholic volunteers nor Muslim volunteers.

Detainees may lead services among themselves as they wish. The program recognizes holy days and offers special meals specific to those holidays. Per policy, the facility does not disparage the religious beliefs of a detainee nor coerce or harass a detainee to change religious affiliation. ICE does not require a detainee to profess a religious belief. Detainees can designate any or no religious preference during in processing. With a written request to the chaplain, a detainee can request to change his designation at any time, and the change will be affected in a timely fashion. The classification officer is responsible for making the necessary change in the detention file. In the interest of maintaining the safe, secure and orderly operation of the facility and to prevent abuse or disrespect by detainees of religious practices or observances, designated personnel monitor patterns of changes in declarations of the detainee's religious preference. When the facility is determining whether to allow a detainee to participate in specific religious activities, designated personnel refer to the information contained in the initial classification and the detainee's religious designation. Detainees showing "No Preference" can be restricted from participating in those activities deemed appropriate for members only.

The facility provides communication assistance to detainees with disabilities and detainees who are limited in their English proficiency (LEP). The facility provides detainees with disabilities with effective communication which may include the provision of auxiliary aids such as readers, telecommunications devices for deaf persons (TTYs), and interpreters, as needed. The facility provides detainees who are LEP with language assistance including bilingual staff or professional interpretation and translation services.

During the evaluation of this standard the chaplain was interviewed; policy was reviewed; an area where services are held was observed; and a bible study for female detainees was observed.

Overall Rating: Meets Standard		
Reviewer Name (Printed (b)(6); (b)(7)(6	3)	Completion Date: 6/13/2019

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

Reviewer Signature (for printed form submission):

	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	ICE detainee housing units are equipped with at least one operable telephone for every 25 detainees.
2.	<u>PRIORITY:</u> Each facility shall ensure that detainees have access to reasonably priced telephone services. Contracts for such services shall comply with all applicable state and federal regulations and be based on rates and surcharges commensurate with those charged to the general public. Any variations shall reflect actual costs associated with the provision of services in a detention setting.	Meets Standard	Detainee telephone services are provided by Correct Solutions Group. Local calls cost \$0.20 per minute; long distance calls cost \$0.27 per minute; and international calls cost \$1.00 per minute.
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	The Detainee Access to Telephone policy addresses telephone monitoring. Every telephone bank is labeled with a notice of monitoring in English and Spanish. A recorded message advises call participants "that the conversation is monitored". Calls to courts, OIG, CRCL, and other legal calls are not monitored.

	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	According to the Detainee Admission policy, telephone rules, written in English and Spanish, are included in the detainee handbook and are posted in the housing areas. Detainees are provided the handbook at admission. All telephone listings 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 officer will assist a detainee who is having trouble placing a confidential call. Detainee request forms were reviewed asking for this service.
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 were observed 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.

	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	The Detainee Access to Telephone 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	The Detainee Access to Telephone policy addresses emergency telephone messages. 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.

Components	Rating	Remarks (1000 Char Max)
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	
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.		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 officers 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. Compliance officer confirmed 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.	1	Any delay in responding to requests for free or direct legal calls beyond eight facility waking hours would be documented and ICE officials would be notified.
23. <u>LYON AGREEMENT:</u> Detainees are provided private settings for Legal Calls such that calls cannot be overheard by officers, other staff, or other detainees.	1	
24. <u>LYON AGREEMENT:</u> 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	The Detainee Access to Telephone 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.

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

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)

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.

Evaluation of this standard was based on observation of telephone banks, TTY device, Free Legal Service Provider postings, Consulate Contact Information, OIG poster; review of telephone serviceability reports, Daily Security Check forms, the Detainee Access to Telephone policy, Locked Housing Unit Operations policy, detainee handbook; and interviews with ICE officers, detainees, and housing unit officers.

Overall Rating: Meets Standard	
Reviewer Name (Printed(b)(6); (b)(7)(C)	Completion Date: 6/13/2019
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	The Detainee Visiting policy addresses component requirements.
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 5:00 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 document exchange port available in the attorney visitation room.
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	
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 an ICE officer 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)

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

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. The 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.

Evaluation of this standard was based on review of Detainee Visiting policy, Detainee Legal Activities policy, Pro Bono Legal Service provider list, detainee handbook, Front Lobby officer post order; observation of a family visit and observation of a legal visit: and interviews with the visiting room officer, lobby officer, and compliance officer.

Overall Rating: Meets Standard	
Reviewer Name (Printed): (b)(6); (b)(7)(C)	Completion Date: 6/13/2019
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	Detainees participate 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 of the facility.
4.	The facility administrator shall develop site-specific rules for selecting work detail volunteers in a facility procedure that will include a voluntary work program agreement.	Meets Standard	Site specific rules determine the selection process for voluntary work details. Detainee workers are provided an orientation to the rules and responsibilities of their work assignments. Detainee voluntary workers sign a voluntary work program agreement. Documentation is maintained in the detainees' detention file and was reviewed during the inspection.
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	
7.	Detainees who participate in the volunteer work program are required to work according to a fixed schedule.	Meets Standard	Detainees work according to a fixed work schedule and work no more than eight hours per day or forty hours per week.
8.	Detainees shall receive monetary compensation for work completed in accordance with the facility's standard policy.	Meets Standard	Detainees are paid one dollar per day for their participation in the voluntary work program.

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

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

Standard N/A

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

	Components	Rating	Remarks (1000 Char Max)
9.	The facility administrator shall establish procedures for informing detainee volunteers about on-the-job responsibilities and reporting procedures.	Meets Standard	
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	A detainee is provided written justification should they be removed from a work detail. A copy of the document is maintained in the detainees' detention file.
11.	All detention facilities shall comply with all applicable health and safety regulations and standards, to include training.	Meets Standard	
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	
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	Detainee workers are provided an orientation to the rules and responsibilities of their work assignments. Documentation is maintained in the detainees' detention file and was reviewed during the inspection.
14.	The facility shall provide detainees with safety equipment that meets OSHA and other standards associated with the task performed.	Meets Standard	Voluntary detainee workers are provided appropriate safety equipment specific to their job responsibilities.
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)

Detainees are provided the opportunity to work and earn money subject to the number of work opportunities available and within the constraints of safe, secure, and orderly operation of the facility. During the inspection, an average of seventy detainees were participating in the program. Work assignments are in the detainee housing units. Policy mandates the voluntary work program operate in compliance with codes and regulations of all applicable federal, state, or local work safety laws and regulations.

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

PART 5 - 33. VOLUNTARY WORK PROGRAM - Reviewer Summary

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

Detainees receive appropriate training as required prior to starting their assignments. Per policy, as a requirement of the program detainees are required to maintain their immediate living area in a neat and orderly manner. Evaluation of this standard was based on observations; review of policy and documentation of detainee worker training; and interviews with personnel and detainees.

Reasonable accommodations and modifications are made, if possible, to ensure detainees with disabilities have an equal opportunity to participate in the work program.

Overall Rating: Meets Standard	
Reviewer Name (Printed) (b)(6): (b)(7)(C)	Completion Date: 6/13/2019
Reviewer Signature (for printed form submission):	

Section VI: JUSTICE

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

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.	<u>PRIORITY:</u> 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 LaSalle Corrections Southeast Inmate/Detainee Handbook (local supplement) are provided to detainees during admission. Both are available in English and Spanish.
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 supplement 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 acknowledge receipt of the local supplement with their signature. A copy of the acknowledgement is maintained in the detainees 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 use an orientation video. The information in the local supplement is read to detainees who cannot read and a translator service is used to provide the information to detainees who do not understand the languages in which the local supplement is provided.
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 ICE National Detainee Handbook and the local supplement are provided to facility personnel during their orientation training. The information is reviewed during annual refresher training.
6.	The facility administrator shall appoint a committee to review the local supplement annually and recommend changes. While the handbook does not have to be immediately revised and reprinted to incorporate every change, the facility administrator shall establish procedures for immediately communicating such changes to staff and detainees.	Meets Standard	The local supplement is reviewed by a committee annually. The most recent review was completed 5/31/2019. Changes to the local supplement are posted in the housing units and provided to personnel via internal communication.

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.

	materials.			
Components	Rating	Remarks (1000 Char Max)		
 7. The detainee handbook (local supplement) and following issues: Personal Items permitted to be retained detainee. Initial issue of clothes, bedding and personal items. How to access care. 	d by the Meets Stan	The elements of this component are described in the local supplement.		
8. The detainee handbook (local supplement) stat language basic detainee responsibilities.	es in clear Meets Stan	dard		
 The handbook (local supplement) clearly ou methods for classification of detainees, explains and explains the classification appeals process. 		The classification system is clearly outlined in the local supplement.		
The handbook (local supplement) states when examination will be conducted.	a medical Meets Stan	dard		
11. The handbook (local supplement) describes the housing units, dayrooms, In-dorm activities as management units.		dard		
12. The handbook (local supplement) describes offitimes and count procedures, meal times procedures, procedures for medical or religions smoking policy, clothing exchange schedule authorized, clothes washing and drying procedure expected personal hygiene practices.	, feeding ous diets, es and if Meets Stan	The elements of this component are addressed in the local supplement. Washers and dryers are not available on the housing units.		
 The handbook (local supplement) describes to procedures for obtaining disposable razors and that detainees attending court will be affort opportunity to shave first. 	d explains Meets Stan	dard		
The handbook (local supplement) describes bar and hair cutting restrictions.	ber hours Meets Stan	dard		
15. The handbook (local supplement) describes; the policy, debit card procedures, direct and fr locations of telephones; policy when telephone high; and policy and procedures for emergencalls.	rees calls; demand is Meets Stan	The elements of this component dard are addressed in the local supplement.		
16. The handbook (local supplement) addresses programming.	religious Meets Stan	dard		
17. The handbook (local supplement) states to procedures for commissary or vending mach (where available).		Commissary availability and procedures are addressed in the local supplement. Vending machines are not available to detainees.		

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)
18. The handbook (local supplement) describes the detainee voluntary work program.	Meets Standard	
19. The handbook (local supplement) describes the library location and hours of operation and law library procedures and schedules.	Meets Standard	
20. The handbook (local supplement) describes: attorney and regular visitation hours, policies, and procedures, location of the list of pro bono legal organizations; group legal rights presentations schedule and sign up procedures.	Meets Standard	The elements of this component are addressed in the local supplement.
21. The handbook (local supplement) provides local ICE contact information.	Meets Standard	
22. The handbook (local supplement) describes the facility contraband policy.	Meets Standard	
23. The handbook (local supplement) describes the facility visiting hours and schedule and visiting rules and regulations.	Meets Standard	
24. The handbook (local supplement) describes the correspondence policy and procedures.	Meets Standard	
 25. The handbook (local supplement) describes the detainee disciplinary policy and procedures, including: Prohibited acts and severity scale sanctions. Time limits in the Disciplinary Process. Summary of Disciplinary Process. 	Meets Standard	The disciplinary system is described in detail in the local supplement.
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	The grievance process is described in detail in the local supplement, including the informal grievance process. The local supplement also explains that a grievance may be filed in writing or in automated form on the tablets available in the housing units.
27. The handbook (local supplement) describes the medical sick call procedures for general population and segregation.	Meets Standard	
28. The handbook (local supplement) describes the facility recreation policy.	Meets Standard	

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)
29. The handbook (local supplement) describes the detainee dress code for daily living; and work assignments and the meaning of color-coded uniforms.	Meets Standard	This component was rated as Does Not Meet Standard during the last inspection because the handbook did not address the dress code for detainees participating in the voluntary work program. The updated handbook addresses this element of the component.
30. The handbook (local supplement) specifies the rights and responsibilities of all detainees.	Meets Standard	

PART 6 - 34. DETAINEE HANDBOOK - Reviewer Summary

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

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

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 staff misconduct, directly to ICE headquarters or the DHS OIG. The local handbook is free from derogatory or insensitive statements about detainee religion or culture and describes the facility's rules, programs, procedures, and requirements for detainees during their detention. The evaluation was based on reviews of the detainee handbook and facility policies, as well as, interviews with staff members and detainees.

The facility provides communication assistance to detainees with disabilities and detainees who are limited in their English proficiency (LEP). The facility provides detainees with disabilities with effective communication which may include the provision of auxiliary aids such as readers, telecommunications devices for deaf persons (TTYs), and interpreters, as needed. The facility provides detainees who are LEP with language assistance including bilingual staff or professional interpretation and translation services.

Overall Rating: Meets Standard		
Reviewer Name (Printed)(b)(6); (b)(7)(C)	Completion Date: 6/13/2019	
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: Processing, investigating, and responding to grievances, including medical grievances; Convening a grievance committee (or actions of a single designated grievance officer) to review formal complaints; and 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	Policy and procedure address the elements of this component. Detainees are provided information regarding the grievance system via the local 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	Written policy and procedure address the informal and formal grievance system and that detainees will be informed about the system.
3.	The grievance section of the handbook explains all steps in the grievance process.	Meets Standard	The informal and formal grievance procedures are explained in detail in the handbook.
4.	Written procedures provide for the informal resolution of oral grievances.	Meets Standard	

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)
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	Although most grievances, both medical and facility based, are submitted on the kiosk in the housing units, detainees may submit written grievances as well. Medical grievances are submitted directly to medical personnel. Detainees may submit a formal grievance at any time in lieu of using the informal grievance process. Detainees may request and obtain assistance in filing a grievance.
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	Policy defines what constitutes an emergency grievance and provides steps for personnel to follow to ensure a timely response.
7.	All staff will be trained to appropriately respond to emergency grievances in an expeditious matter.	Meets Standard	
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	An automated grievance log is maintained for facility related grievances. The log contains the information required by this component. Policy directs a copy of the grievance disposition be placed in the detainees detention file and provided to the detainee. Medical grievances are maintained in the medical file.
10.	<u>PRIORITY:</u> 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	Any grievance containing allegations of staff misconduct is forwarded to supervisory personnel and ICE. The grievance is addressed through the facilities established grievance investigative 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)
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.		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)

Policies and procedures are in place that protect detainee rights and ensure detainees are treated fairly by providing an avenue to file formal grievances and appeals and to receive timely responses. 362 grievances were filed since the last inspection; 229 were resolved in favor of the detainee.

Written procedures are in place for handling emergency grievances and urgent access to legal counsel and the law library. Translation and interpretation services are available as needed. Formal grievance procedures are communicated to detainees in a language and manner they understand. All materials are translated into Spanish or other languages if significant segments of the detainee population have the need.

The grievance log collects the information required by the standard.

The facility provides communication assistance to detainees with disabilities and detainees who are limited in their English proficiency (LEP). The facility can provide, if necessary, effective communication to detainees with disabilities which may include the provision of auxiliary aids such as readers, telecommunications devices for deaf persons (TTYs), and interpreters via a telephonic language line service. The facility can provide, if necessary, detainees who are LEP with language assistance including bilingual staff or professional interpretation and translation services.

The evaluation of this standard was based on observations; reviews of the grievance policy and grievance log; and interviews with the grievance officer and detainees.

Overall Rating: Meets Standard		
Reviewer Name (Printed (b)(6); (b)(7)(C)	Completion Date: 6/13/2019	
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.			
Thi				
	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.	<u>PRIORITY:</u> Each detainee shall be permitted to use the law library for a minimum of five hours per week and may not be forced to forego his or her minimal recreation time to use the law library, consistent with the security needs of the institution and the detainee.	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	Five computers equipped with the LexisNexis electronic law library are available for detainee use. The computers have word processing capabilities. 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 is updated by ICE officers as required. The most recent update was installed 6/7/2019.	
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 warden 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 the ICE officer.	

	PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL (Key: AJ)			
Thi	This Detention Standard protects detainees' rights by ensuring their access to courts, counsel, and legal materials.			
	Components	Rating	Remarks (1000 Char Max)	
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 warden has certified to the Field Office Director that the facility provides a law library which meets the requirements of this component. According to the warden, ICE provides the computers and printers.	
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		
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 the ICE officer. LexisNexis provides detainees with a Spanish tutorial which instructs them on locating relevant materials. Program officers will assist illiterate and disabled persons in using the law library.	

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)	
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.	
 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	The Detainee Legal Activities 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	The Detainee Legal Activities policy addresses component requirements. Practice was confirmed with documentation review.	
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	Detainee Legal Activities policy addresses component requirements.	

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 officials determine 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. According to the ICE officer, 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.

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

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

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

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; how to access legal materials; how to request materials not included in the library; and how to report missing or damaged material.

Evaluation of this standard was based on review of the Detainee Legal Activities policy, law library flash drive system, and detainee handbook: observation of law library and satellite libraries; interviews with the program director, ICE officers and detainees using the law library; and manipulation of LexisNexis on all of the computers.

Overall Rating: Meets Standard	
Reviewer Name (Printed) (b)(6); (b)(7)(C)	Completion Date: 6/13/2019
(3)(3), (3)(1)(3)	
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	Catholic Charities Atlanta 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	The Group Presentation on Legal Rights policy addresses the component. 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)

Detainees have access to information presented by Catholic Charities Atlanta for the purpose of informing them of U.S. immigration law and procedures. The organization is scheduled at least twice per month to provide group presentations.

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.

Evaluation of this standard was based on review of Group Presentation on Legal Rights policy (ICE specific), copy of visit flyer, emails from stakeholder meeting, informational posters; interviews with program director, ICE officers, detention officers, ICE officers; and observation of housing unit postings

Overall Rating: Meets Standard			
Reviewer Name (Printed (b)(6); (b)(7)(C)	Completion Date: 6/13/2019		
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 maintained in a secure records area with restricted access.
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, local discharge and property release forms are used. 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)

A detention file is created for each newly admitted detainee during the intake process.

The warden 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.

The ICE officer 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.

Evaluation of this standard was based on review of the Inmate/Detainee Records policy, Release and Transfer policy,

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

PART 7 – 38. DETENTION FILES – Reviewer Summary		
(Use follow	wing format for dates: mm/dd/yyyy)	
Management Information Systems policy, detention	file sign-out logbook and intake officer post order; interview with the	
intake supervisor, classification officers, and ICE offic	ers; and observation of file storage room and file cabinets	
Overall Pating: Mosts Standard		
Overall Rating: Meets Standard Reviewer Name (Printed (b)(6); (b)(7)(C)	0 1 1 D 1 C/10/10010	
Reviewer Name (Printed	Completion Date: 6/13/2019	
Reviewer Signature (for printed form submission):		
neviewer signature from printed form submissions.		

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	Contacts with Public, Media, Other Agencies and Non- Governmental Organizations policy addresses component requirements. ICE officials must approve any media contacts with detainees. According to the warden, there have been no tours or interviews 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	Contacts with Public, Media, Other Agencies and Non- Governmental Organizations policy addresses component requirements. ICE officials must approve any media contacts with detainees. According to the warden, there have been no tours or interviews during this inspection period.
3.	Media representatives shall obtain a signed release from the detainee before photographing or recording his or her voice. The original of the form is to be filed in the detainee's A-file with a copy in the facility's Detention File.	Meets Standard	Contacts with Public, Media, Other Agencies and Non- Governmental Organizations policy addresses component requirements. ICE officials must approve any media contacts with detainees. According to the warden, there have been no tours or interviews during this inspection period.
4.	When the alien is the center of a controversy or of a special interest or high profile case, the Field Office Director shall consult with the Headquarters Deputy Assistant Director, Detention Management Division, before deciding whether to allow the interview.	Meets Standard	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. According to the warden, there have been no interviews during this inspection period.

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)
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	Contacts with Public, Media, Other Agencies and Non- Governmental Organizations policy addresses component requirements. ICE must approve any media contacts with detainees. According to the warden, there have been no tours or interviews during this inspection period.

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)

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 warden explains the terms and guidelines of the tour to the visitors.

Evaluation of this standard was based on review of Contacts with Public, Media, Other Agencies and Non-Governmental Organizations policy, as well as, an interview with the warden.

Overall Rating: Meets Standard	
Reviewer Name (Printe (b)(6); (b)(7)(C)	Completion Date: 6/13/2019

Reviewer Signature (for printed form submission):

ciia	that they receive mittal and ongoing remester 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	Orientation and annual training is provided to staff, contractors, and volunteers. Testing is conducted after each training exercise.		
2.	The amount and content of training is consistent with the duties and function of each individual and the degree of direct supervision that individual receives.	Meets Standard			
3.	At least one qualified individual with specialized training for the position coordinates and oversees the staff development and training program. At a minimum, full-time training personnel complete a 40-hour training-for-trainers course.	Meets Standard	The training officer (TO) has completed a trainer of trainer curriculum as well as being certified in use of force, firearm instruction, and chemical agent instruction.		
4.	Training is governed and guided by a training plan that is reviewed and approved annually by the facility administrator.	Meets Standard	The 2019 training plan was reviewed during the inspection.		
5.	Training shall be conducted by trainers certified in the subject matter.	Meets Standard	All trainers are certified in the subject matter they are training.		
6.	Each trainee shall be required to pass a written or practical examination to ensure the subject matter has been mastered.	Meets Standard	Trainees must pass a written and/or practical examination to ensure mastery of the subject matter presented.		
7.	The formal training received by each trainee shall be fully documented in permanent training records.	Meets Standard			

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	Each new employee, contractor, and volunteer is provided training which addresses the elements of this component. Trainees complete a written test or practical examination at the end of each training program to ensure they have an understanding of subject matter.
 Clerical/support employees who have minimal detainee contact receive the facility initial training and training specific to their job duties. 	Meets Standard	

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 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 	Meets Standard	Professional and support personnel, including contractors, are provided training which addresses the elements of this component. Trainees complete a written test or practical examination at the end of each training program to ensure they have an understanding of subject matter.
Communication skills		
Cardiopulmonary resuscitation (CPR)/First aid		
 Counseling techniques 		
Sexual harassment and sexual misconduct awareness		

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		Full-time health care employees are provided forty hours training
Emergency medical procedures	Meets Standard	in which the elements of this
Requirements of special-needs detainees		component are addressed.
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		

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	Meets Standard	Security personnel, including contractors, are provided training which addresses the elements of this component. Trainees complete a written test or practical examination at the end of each training program to ensure they have an understanding of subject matter.
 Situation Response Teams (SRTs) receive: Specialized training before undertaking their assignments. 	N/A	The facility does not utilize a situation response team.
14. Facility management and supervisory staff receive Management and Supervisory training.	Meets Standard	

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	Personnel authorized to use firearms are trained in the use, safety, care and constraints of the firearm prior to assignment to an armed post. These personnel qualify annually with a sidearm and shotgun.
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	Personnel are provided training in the use of chemical agents. The training includes the treatment of individuals exposed to chemical agents.

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 training plan that ensures personnel, contractors and volunteers are provided appropriate orientation, initial training and annual refresher training. The training program is designed to provide appropriate training to new personnel, contractor, and volunteers prior to their entering the facility and having contact with the detainee population. Annual refresher training is provided to enhance and reinforce facility personnel's' understanding of policy and procedure. A review of training files confirmed that an accurate and complete record of formal training is being maintained. Evaluation of this standard was based on a review of the training policy, training records and training curriculums. Interviews with training personnel were also conducted.

Overall Rating: Meets Standard						
Reviewer Name (Printed)(b)(6); (b)(7)(C) Completion Date: 6/13/2019						
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	Escorted Trips policy and Transport Officer post order address component requirements.	
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	The Release and Transfer policy addresses component requirements.	
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 warden and ICE supervisor 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.	Meets Standard	This component was rated Does Not Meet Standard during the previous inspection because "prior to this inspection three transfers had to be postponed due to required medication not being available to accompany the detainee". During this inspection, it was confirmed by policy and observation that the component Meets Standards.
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	The Inmate/Detainee Admission policy requires that within 24 hours of arrival at this facility, the detainee is provided the opportunity to place a free phone call.

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)

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.

Evaluation of this standard was based on review of the Inmate/Detainee Admissions policy, Intake Officer post order, detention files, medical policy, Escorted Trips policy and Transport Officer post order; observation of transfer of twelve detainees, intake area, and medical area; and interviews with the HSA, transportation officer, intake officer and ICE officers.

Overall Rating: Meets Standard				
Reviewer Name (Printed) (b)(6); (b)(7)(C)	Completion Date: 6/13/2019			
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 Status					
Check Document:	Run Check	Error(s) Found:	0	Items Not Rated:	0
Errors:					
Itama Nat Patad					
Items Not Rated:					

Run Indicator:

ICE Uniform Corrective Action Plan



ICE HQ USE ONLY: (DO NOT EDIT*)

	OI EDII)					
Review Date: 6/13/2019 DETLOC: IRWINGA		Review Pu	Review Purpose: Annual			
Complete and Return to ICE	19 Review Tv	Review Type:				
	complete and recard to real right and rown and					
		PBNDS_20	PBNDS_2008_G324_O72_LYON			
Facility Corrective Action Pla	n Assigned To: ATL					
	g					
Essilita Nama						
Facility Name						
IRWIN COUNTY DETENTION	CENTER					
Address						
132 COTTON DRIVE						
City: OCILLA		State: GA	Zip Code: 31772			
Country						
County						
IRWIN						
Document Key: 769						
Document Key. 709	Document Key: 769 Form Key (Version): 9					
Document Name (b)(7)(E)						

^{*}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.

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.						
Classif	fication 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.								
Item No.	Component	Deficiency Identified	Corrective Action	Projected Completion Date	Date Completed			
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. (Key: E02)	ICE officers classify detainees using the Risk Classification Assessment (RCA) system prior to the detainee's admission. If a detainee arrives without a classification designation he/she will be separated from the general population until the classification process is completed. A review of detention files revealed that supervisor reviews were not completed on every classification decision.						
E-JC(VTh								
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			

Report produced on Monday, June 24, 2019 Form Key:9

Department of Homeland Security

Immigration and Customs Enforcement: Office of Enforcement and Removal Operations

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.			
	nal Hygiene (Key: W)	acceptable personal hygiene practices through the provision of adequate bathing facili	tios and the issu	wanaa and ayahar	aga of alaan
	ng, bedding, linens, towels, and personal hygiene items.	acceptable personal hygiene practices through the provision of adequate bathing facility	ties and the iss	uance and exchai	ige of clean
Item No.	Component	Deficiency Identified	Corrective Action	Projected Completion Date	Date Completed
4	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 1:12 detainees. 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 1:12 detainees. This is a repeat deficiency. Additionally, there are seven units (E5, 6, 10, F1, 5, 6, and 10) that house four detainees per cell with only one toilet. The facility has requested a waiver from ICE officials, but has not received a final decision.			
5	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 1:12 detainees. 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 1:12 detainees. This is a repeat deficiency. The facility has requested a waiver from ICE officials, but has not received a final decision.			
This D superv	risory observation of living and working conditions.	operations by encouraging and requiring informal direct and written contact among st	aff and detained	es, as well as info	ormal
Item No.	Component	Deficiency Identified	Corrective Action	Projected Completion Date	Date Completed
6	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)	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.			

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Report produced on Monday, June 24, 2019 Form Key:9

Department of Homeland Security

Immigration and Customs Enforcement: Office of Enforcement and Removal Operations

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)	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.		
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 Antionality; •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 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.		

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

Sent: 2 Nov 2018 14:57:37 +0000

To: <u>Gallagher, Sean W</u>

Cc: (b)(6); (b)(7)(C)

Subject: RE: (IRWINGA) Irwin County Detention Center Approved RA Memorandum and

UCAP DUE HQ/DMD/DSCU BY COB: 10/23/2018

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, IRWINGA18 RA MEMO.PDF

Good morning,

The attached UCAP was due to DSCU on 10/23/2018. I do not show it has been received. Can you please provide an update regarding the UCAP.

Thank you,

Craig

(b)(6); (b)(7)(C)
| Section Chief

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)276(b)(6);

E: (b)(6); (b)(7)(C) ice.dhs.gov

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From: (b)(6); (b)(7)(C)

Sent: Wednesday, August 8, 2018 4:18 PM

To: Gallagher, Sean W (b)(6); (b)(7)(C) @ice.dhs.gov>

(b)(6); (b)(7)(C) Dice.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. Due date: 10/23/2018.

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

Detention 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)276-(b)(6);

E:(b)(6); (b)(7)(C) vice.dhs.gov

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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 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 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:



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-



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.

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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.

	(b)(7)(E)			
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- 1	l			



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.

(b)(7)(E)

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.

(b)(7)(E)

Recommended Rating and Justification

The Lead Compliance Inspector recommends that the facility receive a rating of Meets Standards. The facility complies with the ICE Performance Based National Detention Standards (PBNDS) 2008 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:



(b)(6); (b)(7)(C) (b)(6); (b)(7)(C) ICE Officials – AFOD $I_{(b)(6); (b)(7)(C)}$ **SDDO** DSCO (b)(6); (b)(7)(C) Facility Staff - LaSalle Director Robert Eason, Warden Phillip Bickham, Assistant Jail Administrator (b)(6), (b)(7)(C) Major (b)(6), (b)(7)(C) , Captain I (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); 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) ead Compliance Inspector June 14, 2018

Printed Name of LCI

Date

A. Type of Facility Reviewed	d	Estimated Man-c	days Per Year			
☐ ICE Service Processi		325,000	,			
☐ ICE Contract Detent		,				
	tal Service Agreement					
		G. Accreditati	on Certificat	es		
B. Current Inspection		List all State or I	National Accr	editatio	n[s] receiv	ved:
Type of Inspection]				
Field Office HQ Inspec	ction	Check box it	f facility has r	o accre	editation[s]
Date[s] of Facility Review						,
6/12/2018 - 6/14/2018		H. Problems /	Complaints	(Copie	s must be	attached)
		The Facility is up				
C. Previous/Most Recent Fa	cility Review	Court Order			Action Ord	
Date[s] of Last Facility Review		The Facility has				
6/20/2017 - 6/22/2017		☐ Major Litigat			afety Issue	s
Previous Rating		Check if No				
	oes Not Meet Standards					
Z Meets Standards D	ses i tot i i i eet standards	I. Facility His	tory			
D. Name and Location of Fa	cility	Date Built	•			
Name		1991				
Irwin County Detention Center		Date Last Remo	deled or Upgi	aded		
Address (Street and Name)		2009/512 Beds				
132 Cotton Avenue		Date New Const	ruction / Bed	space A	dded	
City, State and Zip Code		2009/512 Beds				
Ocilla, GA 31774		Future Construc	tion Planned			
County		☐ Yes ⊠ No	Date:			
Irwin		Current Bedspace	e Future	Bedsp	ace (# Nev	w Beds only)
Name and Title of Facility Adn	ninistrator	1201	Numb	er:	Date:	-
(Warden/OIC/Superintendent)						
Phillip Bickham, Warden			ity Populatio			
Telephone # (Include Area Cod	le)	Total Facility Int	<u>take</u> for previ	ous 12	months	
229-468(b)(6); (b)(7)(C		8997				
Field Office / Sub-Office (List	Office with oversight	Total ICE Mand	ays for Previo	ous 12 r	nonths	
responsibilities)		278,414				
Atlanta						
Distance from Field Office		K. Classification	on Level (IC			
193 miles			L-		L-2	L-3
		Adult Male	N/.		N/A	N/A
E. ICE Information		Adult Female	N/.	A	N/A	N/A
Name of Inspector (Last Name,	, Title and Duty Station)					
(b)(6); (b)(7)(C) CI/Detainee Rights	SME / Nakamoto Group	L. Facility Ca				
Name of Team Member / Title	/ Duty Location		Rated		rational	Emergency
Medical SME / Nakan		Adult Male	1001		784	1001
Name of Team Member / Title	/ Duty Location	Adult Female	200		200	200
Safety SME / Nakamo N/7/(C) Safety SME / Nakamo Team Member / Title (N/7/(C) Security SME / Nakan	to Group	☐ Facility holds	Juveniles Off	enders :	16 and olde	er as Adults
Name of Team Member / Title	/ Duty Location					
		M. Average Da				
Name of Team Member / Title			IC	_	USMS	Other
(b)(6); (b)(7)(C) edical SME / Nak	amoto Group	Adult Male	55	_	80	22
		Adult Female	20	5	11	3
F. CDF/IGSA Information C						
Contract Number	Date of Contract or IGSA	N. Facility Sta	ffing Level			
20-07-0058	7-9-2007	Security:		Supp	ort:	
Rasic Rates per Man-Day (b)(4)		(b)(4)				
Other Charges: (If None, Indica	ite N/A)					

Significant Incident Summary Worksheet

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

Incidents	Description	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault:	Types (Sexual ² , Physical, etc.)	5p	7p	13p	11p
Offenders on Offenders ¹	With Weapon	0	0	0	0
	Without Weapon	5	7	13	11
Assault:	Types (Sexual Physical, etc.)	2p	1p	2p	0
Detainee on Staff	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	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	0	0
Restraints applied/used	Type (C=Chair, B=Bed, BB=Board, O=Other)	0	0	0	0
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

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

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

Routine transportation of detainees/offenders is not considered "forced"

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

Nects Standards 2. Does Not Meet Standards 3. Repeat Finding 4. Not Applicable 7		DHS/ICE Detention Standards Review Summary Report				
PART 1 SAFETY	1. I	, <u>, , , , , , , , , , , , , , , , , , </u>	1	2	3	4
Emergency Plans						
Environmental Health and Safety	$\overline{}$		\boxtimes			
Transportation (By Land)	$\overline{}$			_		
PART 2 SECURITY	$\overline{}$					
Admission and Release	_	· · · · · · · · · · · · · · · · · · ·				
5 Classification System			\boxtimes			
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 Careation 30 Religious Practices 31 Use of Food Service 32 Part of Units 33 Voluntary Work Program PART 6 JUSTICE 34 Detainee Handbook 35 Grievance System PART 7 ADMINISTRATION & MANAGEMENT 38 Detention Files 39 News Medial Interviews and Tours 40 Staff Training 30 News Medial Interviews and Tours 40 Staff Training 30 News Medial Interviews and Tours 40 Staff Training 30 News Media Interviews and Tours 40 Staff Training 30 News Media Interviews and Tours	5		\boxtimes			
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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 □ </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						
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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 □ □ □ 39 News Media Interviews and Tours □ □ □ 40 Staff Training						
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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 39 News Media Interviews and Tours <td>21</td> <td>Hunger Strikes</td> <td>\boxtimes</td> <td></td> <td></td> <td></td>	21	Hunger Strikes	\boxtimes			
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 39 News Media Interviews an	22	Medical Care	\boxtimes			
24 Suicide Prevention and Intervention □	23	Personal Hygiene	\boxtimes			
PART 5 ACTIVITIES 26	24		\boxtimes			
PART 5 ACTIVITIES 26	25	Terminal Illness, Advance Directives, and Death	\boxtimes			
27 Escorted Trips for Non-Medical Emergencies □ <t< td=""><td>PA</td><td></td><td></td><td></td><td></td><td></td></t<>	PA					
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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 □ □	27	Escorted Trips for Non-Medical Emergencies				\boxtimes
30 Religious Practices	28	Marriage Requests	\boxtimes			
31 Telephone Access	29	Recreation	\boxtimes			
32 Visitation	30	Religious Practices	\boxtimes			
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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	32	Visitation	\boxtimes			
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 □ □	33	Voluntary Work Program	\boxtimes			
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 □ □	PA	RT 6 JUSTICE				
36 Law Libraries and Legal Material	34	Detainee Handbook				
37 Legal Rights Group Presentations □ □ PART 7 ADMINISTRATION & MANAGEMENT 38 Detention Files □ □ 39 News Media Interviews and Tours □ □ 40 Staff Training □ □	35		\boxtimes			
PART 7 ADMINISTRATION & MANAGEMENT 38 Detention Files	36	Law Libraries and Legal Material	\boxtimes			
38 Detention Files □ 39 News Media Interviews and Tours □ 40 Staff Training □	37					
39 News Media Interviews and Tours □ □ □ 40 Staff Training □ □	PA	RT 7 ADMINISTRATION & MANAGEMENT				
40 Staff Training	38	Detention Files				
	39	News Media Interviews and Tours				
41 Transfer of Detainees	40	Staff Training				
	41	Transfer of Detainees	\boxtimes			

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.

Signature

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

Recommended Rating:	Meets Standards
	Does Not Meet Standards

Lead Compliance Inspector: (Print Name)

Inc.

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)

REVIEW TEAM OSE.	(Luits Fermit	teu, ALL FILL	D3 REQUIRED)					
Facility Information	Facility Information							
Facility Name: Irwi	Facility Name: Irwin County Detention Center Review Purpose: Annual							
Facility Type: IGSA	١							
Intergovernmental Service	ce Agreement (IG	SA), ICE Service	Processing Center (S	PC), ICE Cont	tract De	tention Facili	ty (CDF)	
Address:	132 Cotton Ave.							
City: Ocilla				State: GA			Zip: 31774	
County: Irwin								
CEO Name: (b)(6); (b	o)(7)(C)			CEO Title: Warden				
Review Information	on (Use followin	g format for dat	es: mm/dd/yyyy)					
Start Date: 6/12/2		End Date:	6/14/2018	Rev	iew T	уре: Неас	lquarters	
Lead Name: (b)(6); (b)(7)(C)					Le	ad Title: L	CI	
Review Document Issue Summary (See Document Check Section to Review/Update)								
Error(s) Found: 0 Items Not R		Items Not Rat	ed:		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: 072					

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

Table of Contents

INTRODUCTION TO THE G-324A OVER 72 HOUR FACILITY DETENTION INSPECT	
WORKSHEETS	
WHAT IS "PERFORMANCE-BASED"?	4
WORKSHEET OVERVIEW	4
WORKSHEET COMPLETION	
SECTION I: SAFETY	
PART 1 – 1. EMERGENCY PLANS (KEY: A)	
PART 1 – 2. ENVIRONMENTAL HEALTH AND SAFETY (KEY: B)	10
PART 1 – 3. TRANSPORTATION (BY LAND) (KEY: C)	17
SECTION II: SECURITY	20
PART 2 – 4. ADMISSION AND RELEASE (KEY: D)	2
PART 2 – 5. CLASSIFICATION SYSTEM (KEY: E)	24
PART 2 – 6. CONTRABAND (KEY: F)	2
PART 2 – 7. FACILITY SECURITY AND CONTROL (KEY: G)	29
PART 2 - 8. FUNDS AND PERSONAL PROPERTY (KEY: H)	32
PART 2 – 9. HOLD ROOMS IN DETENTION FACILITIES (KEY: I)	37
PART 2 – 10. KEY AND LOCK CONTROL (KEY: J)	40
PART 2 – 11. POPULATION COUNTS (KEY: K)	43
PART 2 – 12. POST ORDERS (KEY: L)	45
PART 2 – 13. SEARCHES OF DETAINEES (KEY: M)	47
PART 2 – 14. SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (Key: N)	49
PART 2 – 15. SPECIAL MANAGEMENT UNITS (KEY: O)	52
PART 2 – 16. STAFF-DETAINEE COMMUNICATION (KEY: P)	60
PART 2 – 17. TOOL CONTROL (KEY: Q)	64
PART 2 – 18. USE OF FORCE AND RESTRAINTS (KEY: R)	6
SECTION III: ORDER	7
PART 3 – 19. DISCIPLINARY SYSTEM (KEY: S)	72
SECTION IV: CARE	75
PART 4 – 20. FOOD SERVICE (KEY: T)	70

PART 4 – 21. HUNGER STRIKES (KEY: U)	85
PART 4 – 22. MEDICAL CARE (KEY: V)	89
PART 4 – 23. PERSONAL HYGIENE (KEY: W)	108
PART 4 – 24. SUICIDE PREVENTION AND INTERVENTION (KEY: X)	112
PART 4 – 25. TERMINAL ILLNESS, ADVANCE DIRECTIVES, AND DEATH (KEY: Y)	117
SECTION V: ACTIVITIES	121
PART 5 – 26. CORRESPONDENCE AND OTHER MAIL (KEY: Z)	122
PART 5 – 27. ESCORTED TRIPS FOR NON-MEDICAL EMERGENCIES (KEY: AA)	125
PART 5 – 28. MARRIAGE REQUESTS (KEY: AB)	126
PART 5 – 29. RECREATION (KEY: AC)	128
PART 5 – 30. RELIGIOUS PRACTICES (KEY: AD)	132
PART 5 – 31. TELEPHONE ACCESS (KEY: AE)	136
PART 5 – 32. VISITATION (KEY: AF)	141
PART 5 – 33. VOLUNTARY WORK PROGRAM (KEY: AG)	144
SECTION VI: JUSTICE	147
PART 6 – 34. DETAINEE HANDBOOK (KEY: AH)	148
PART 6 – 35. GRIEVANCE SYSTEM (KEY: AI)	152
PART 6 – 36. LAW LIBRARIES AND LEGAL MATERIAL (KEY: AJ)	155
PART 6 – 37. LEGAL RIGHTS GROUP PRESENTATIONS (KEY: AK)	159
SECTION VII: ADMINISTRATION & MANAGEMENT	161
PART 7 – 38. DETENTION FILES (KEY: AL)	162
PART 7 – 39. NEWS MEDIA INTERVIEWS AND TOURS (KEY: AM)	164
PART 7 – 40. STAFF TRAINING (KEY: AN)	166
PART 7 - 41. TRANSFER OF DETAINEES (KEY: AO)	172
DOCUMENT CHECK	174

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.

qui	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 preservice 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 preservice 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)

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.

	Commonsata	Dati	Domonika (4000 5)
	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	(b)(7)(E) 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	Meets Standard	Written emergency procedures address each item listed in this
	• Escapes	Wicets Standard	component.
	Bomb Threats		
	Adverse Weather		
	• Internal Searches		
	Facility Evacuation		
	Detainee Transportation System Plan		
	Hostages (Internal)		
	Civil Disturbances		

PART 1 - 1. EMERGENCY PLANS - Reviewer Summary

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

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

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 Stan(b)(6), (b)(7)(C)	
Reviewer Name (Printed): I	Completion Date: 6/14/2018
Reviewer Signature (for printed form submis	sion):

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.

	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.

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 origina 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.
 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 shal 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.

	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.	<u>PRIORITY:</u> The facility has an approved fire prevention, control, and evacuation plan.	Meets Standard	The fire prevention, control and evacuation plan was approved by the Ocilla Fire Department on 6/4/2018.
15.	The plan requires:		
	 Monthly fire inspections. 		
	 Fire protection equipment strategically located throughout the facility. 		The fire plan includes all of the
	 Public posting of emergency plan with accessible building/room floor plans. 	Meets Standard	The fire plan includes all of the requirements of this component.
	 Exit signs and directional arrows. 		
	 An area-specific exit diagram conspicuously posted in the diagrammed area. 		
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.	<u>PRIORITY:</u> The facility administrator shall ensure licensed pest-control professionals perform monthly inspections to identify and eradicate rodents, insects and vermin, including a preventative spraying program for indigenous insects.	Meets Standard	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.

	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.

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

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

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.

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

use their parking areas.

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)
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.

Il officers transporting detainees are required to wear their prescribed uniforms unless other attire is authorized by the OIC. Ifficers 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 (b)(7)(E)
)(7)(E)
rior to any detainee being removed from the facility, G-391 and I-216 forms are completed. All detainee files and other equired documentation accompany the detainee being transferred. The transporting officers schedule their driving time so he detainee arrives at the designated destination on schedule. Before transferring detainees from one facility to another, the ecciving office is informed of the estimated time of departure, the number of detainees being transferred, any special andling cases, and any estimated delays in departure affecting ETAs. Written procedures are in place for transportation efficers to follow when transporting females and in an en-route emergency. Strict procedures are outlined for confirming dentification of detainees boarding a transportation vehicle. When the transport vehicle is in motion, all personnel remain eated, and detainees are not allowed to have access to any personal property, except for normally allowed property to be ept in the detainee's possession.
he transportation officer post orders
nd the transportation policy specify that officers secure the vehicle before leaving it unattended, including removal of the
eys from the ignition(b)(7)(E)
(7)(E) f such a location cannot be located, officers contact local law enforcement for advice or permission to

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

PART 1 – 3. TRANSPORTATION (BY LAND) – Reviewer Summary					
(Use following format for dates: mm/dd/yyyy)					
(b)(7)(E)	(b)(7)(E)				
(b)(7)(E) 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 (b)(6); (b)(7)(C)				
Reviewer Name (Print		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.

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

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

2021-ICLI-00006 864

PART 2 - 6. CONTRABAND (Kev: 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.	<u>PRIORITY:</u> 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	7	
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 onthe-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.	<u>PRIORITY:</u> 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.
 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)		
verall 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; colicy and inspection logs were reviewed; and central control and housing unit operations were observed. All inspections are equired to be documented. Overall sanitation of the facility was acceptable.		
)(7)(E)		
)(7)(E) . 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.		
he facility has written policy and procedure for searching housing units. All cell and area searches are documented in a earch log. Staff conducts irregular searches of utility areas at least once each shift.		
verall Rating: Meets Standard		
eviewer Name (Printed) (b)(6); (b)(7)(C) Completion Date: 6/14/2018		
<u></u>		

Reviewer Signature (for printed form submission):

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")

Oii	ice of sub-office in control of the detainee case. (All Line i	1	
	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 	Meets Standard	Policies and procedures address all of the requirements listed in this component.
2.	 damaged property. 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.

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.

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.

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 conducte (b)(7)(E) h 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 signature (b)(7)(E) ompleting 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.

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

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	n):

PART 2 - 9. HOLD ROOMS IN DETENTION FACILITIES (Key: 1)

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: 1)

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	
 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 preservice 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	This component was rated as Does Not Meet Standard during the last inspection period. One key ring was found to have a single key attached to the key ring using a split key ring. The key chit for this ring did not reflect that a key had been added to the key ring. An inspection of key rings during this inspection found that every key ring and every key on each ring was identified. A sealed ring is used to prevent keys from being removed.
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	(b)(7)(E)

PART 2 - 10. KEY AND LOCK CONTROL - Reviewer Summary

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

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

PART 2 – 10. KEY AND LOCK CONTROL – Reviewer Summary			
(Use fo	llowing format for dates: mm/dd/yyyy)		
Overall Remarks: (Record significant facts, observed)	ations, 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 app the employee's photo for the issuance and accoun			
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.

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

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: Provide official on-duty time for officers to read the applicable Post Orders when assigned to a post, and 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)

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

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 S (b)(6); (b)(7)(C)			
Reviewer Name (Printe	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.	<u>PRIORITY:</u> 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.	<u>PRIORITY:</u> 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 (Printe (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.

COI	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.	<u>PRIORITY:</u> 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.	<u>PRIORITY:</u> When there is an alleged or proven sexual assault, the required notifications to ICE, facility management, and the appropriate law enforcement agency are promptly made.	Meets Standard	Policy 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):			

	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.	<u>PRIORITY:</u> Detainees in SMUs are personally observed at least every 30 minutes in an irregular schedule and more often when warranted.	Meets Standard	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.

	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	

	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.

	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	

	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	

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 Recreation Specialist offers each detainee soft-bound legal books on a rotating basis, provided no detaine more than two books (excluding religious material) cone time.	s, the l, non- ee has 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 materia accordance with the Detention Standard on Law Librard Legal Material. Detainees are permitted to retreasonable amount of personal legal material in the provided it does not create a safety, security as sanitation hazard. Detainee requests for access to legal material in	raries tain a SMU, nd/or 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.
personal property are accommodated as soon as po- and always within 24 hours of a detainee's request.	ssible	
 Any denial of access to the law library is always: Supported by compelling security concerns, For the shortest period required for security, ar Fully documented in the SMU housing logbook. ICE/ERO is notified every time law library access is de 	. 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 general population.	m the Meets Standard	
36. The facility has policy and procedures to ensure deta who must be kept apart never participate in activit the same location at the same time.	I	
37. Detainees in the SMU are offered at least one hor recreation per day, scheduled at a reasonable tim least five days per week. Where cover is not provid mitigate inclement weather, detainees are proweather-appropriate equipment and attire.	ne, at led to 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 would unreasonably endanger safety or security. When a detainee in an SMU is deprived of recreation any usual authorized items or activity), a report of action is forwarded to the facility administrator.	on (or	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.

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	

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.		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)
 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.

эрс	Components	Rating	Remarks (1000 Char Max)
	Components	Kating	, ,
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.	<u>PRIORITY:</u> There is an individual who is responsible for developing a tool control procedure and an inspection system to insure accountability.	Meets Standard	The OIC has designated the compliance officer is responsible for developing tool control procedure and inspection system to ensure accountability.
3.	<u>PRIORITY:</u> Each facility administrator shall develop and implement a written tool control and storage system to include a tool classification system, and there are policies and procedures in place to ensure that all tools are properly marked and readily identifiable.	Meets Standard	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

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

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	Dating	Pomarks (1000 Charatters)
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. 		The use of force policy addresses
	 Uses only as much force as necessary to control the detainee. 	Meets Standard	each issue listed in this component.
	 Uses restraints only when other non-confrontational means, including verbal persuasion, have failed or are impractical. 		
3.	<u>PRIORITY:</u> All officers receive training in self-defense, confrontation avoidance techniques and the use of force to control detainees.	Meets Standard	All security staff receives training in each area listed in this
	Specialized training is given to officers ensuring they are certified in all devices including chemical agents, approved for use.	Meets Standard	component.
4.	<u>PRIORITY:</u> Staff will consult with medical staff prior to a calculated use of force regarding the following:		Policy requires security staff to
	 Use of pepper spray/non-lethal weapons. 		consult with health care
	 Pregnant detainees. 	Meets Standard	providers prior to a calculated
	 Detainees with wounds or cuts. 		use of force regarding items listed in this component.
	 Detainees with special medical or mental health needs. 		iisted iii tiiis 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)
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	
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. <u>In SPCs,</u> 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

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

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 (Printed): (b)(6); (b)(7)(C) Completion Date: 6/14/2018			
Reviewer Name (Printed): 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.	<u>PRIORITY:</u> 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.	<u>PRIORITY:</u> 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			
(b)(6); (b)(7)(C) (ollowing format for dates: mm/dd/yyyy)			
Reviewer Name (Printed)		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

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.

	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.

	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.	<u>PRIORITY:</u> 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.

Sall	sanitary and hygienic food service operation.			
	Components	Rating	Remarks (1000 Char Max)	
	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.	

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.

	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.

	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.
	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.
	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	

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.

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

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

all	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.	<u>PRIORITY:</u> 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.

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

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):	

,,,,,	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.

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 nonminimal 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.

Con	nponents	Rating	Remarks (1000 Char Max)
 designated medical staff All cases to local a within one working and in accordance applicable laws. All cases to the ICE working day. Any movement hospitalizations, removals/deportat 	and/or state health departments day of meeting reporting criteria with established guidelines and HQ Epidemiology Unit within one	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.
Epidemiology Unit all infectious diseases as public to: TB, visit to: TB	nedical staff shall report to the ICE cases of nationally notifiable per the CDC guidelines, including, varicella (herpes zoster [shingles], ant exposures of varicella among	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.
	a plan to ensure the highest degree arding HIV status and medical	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.
	ns are suggestive of HIV infection, determine the medical need for	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.

	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.

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.

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 biannually 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.

	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.

	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.

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.

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.

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).

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 oncall 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.

Components	Rating	Remarks (1000 Char Max)
 41. PRIORITY: Training is provided to all detention care personnel at least annually by a responsibility and includes: Responding to health-related situations with the required responses; Administering first aid and card resuscitation (CPR); Obtaining emergency medical assistance facility plan and its required procedures. Recognizing signs and symptoms of m suicide risk, retardation, and chemical described in the required providing emergency medical care including by ambulance when indicated. 	sible medical dministrator, vithin four (4) emergencies iopulmonary Meets Standard through the ; ental illness, ependency; ocedures for uding, when detainees for cal services,	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 a shall determine the contents, number, loc protocols, and procedures for monthly inspeaid kits.	ation(s), use	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 accompactive instructions and procedures estable administrative health authority. Written remedication given to detainees shall be Detainees may not deliver or administer medication estable.	ished by the ecords of all maintained.	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.

	Components	Rating	Remarks (1000 Char Max)
medica detent the adı The fac given a the off	ication must be delivered at a specific time when all staff is not on duty, it may only be distributed by ion officers who have received proper training by ministrative health authority. cility shall maintain documentation of the training any officer required to distribute medication, and ficer shall have available for reference the training is or other guide or protocol provided by the health ity.	N/A	The facility has 24-hour medical coverage. The correctional officers do not dispense medications.
1	ealth authority shall provide detainees health ion and wellness information.	Meets Standard	Appropriate health education and wellness information is provided by qualified medical personnel.
have a needs.	alth administrative authority for each facility must plan to notify ICE for any detainee with special The written notification must become part of the ee'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.
superv writter and otl be dev dentist the pa	TY: When a detainee requires close medical ision, including chronic and convalescent care, and treatment plan that includes access to health care her personnel regarding care and supervision, shall eloped and approved by the appropriate physician, c, or mental health practitioner, in consultation with tient, with periodic review. The written treatment ill 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.
testing routine compre	TY: Female detainees shall have access to pregnancy and pregnancy management services that include prenatal care, addiction management, ehensive counseling and assistance, nutrition, and rtum 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.
ı	ees shall have access to age- and gender- priate examinations.	Meets Standard	All detainees receive age and gender appropriate examinations including specific health problem and chronic care issues.

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.

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.

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.

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

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

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

119	nygiene 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

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

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 S _{(b)(6), (b)(7)(C)}		
Reviewer Name (Printe Completion Date: 6/14/2018		
Reviewer Signature (for printed form submission):		

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.

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.

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.

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.	1	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.

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

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) (D)(G); (D)(T)(C) Completion Date: 6/14/2018

Reviewer Signature (for printed form submission):

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.

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.
	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.

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.
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.

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	verall Rating: Meets Standard			
Overall Rating: Meets Standard (b)(6); (b)(7)(C) Reviewer Name (Printed)	Completion Date: 6/14/2018			
Reviewer Signature (for printed form submission):				

Section V: ACTIVITIES

2021-ICLI-00006 959

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 Afile. 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)

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

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 (b)(6); (b)(7)(C)			
Reviewer Name (Printed)	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. 	N/A	
	• To attend an immediate-family member's funeral.		
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 T	RIPS FOR NON-MEDICAL EMERGENCIES – Reviewer Summary		
	(Use following format for dates: mm/dd/yyyy)		
Overall Remarks: (Record significant facts, of	bservations, other sources used, etc.) (5000 Character Max)		
All trips for non-medical emergencies are handled by ICE personnel.			
(b)(6); (b)(7)(C)			
Overall Rating: N/A			
Reviewer Name (Printed	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.

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

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.	<u>PRIORITY:</u> 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)

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

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.

ord	orderly operation of the facility, or extraordinary costs associated with a specific practice.			
	Components	Rating	Remarks (1000 Char Max)	
1.	<u>PRIORITY:</u> 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.	<u>PRIORITY:</u> 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)

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

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.	<u>PRIORITY:</u> Each facility shall ensure that detainees have access to reasonably priced telephone services. Contracts for such services shall comply with all applicable state and federal regulations and be based on rates and surcharges commensurate with those charged to the general public. Any variations shall reflect actual costs associated with the provision of services in a detention setting.	Meets Standard	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 shou receive the same privileges that are available to detained in the general population, subject to any safety are security considerations that may exist.	s	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 speci arrangements to permit the detainee to speak to telephone with an immediate family member detained another facility.	y Meets Standard	ICE personnel will arrange these calls.
21. LYON AGREEMENT: When a detainee requests a direct of free Legal Call to an attorney, court, or government agend or demonstrates a compelling need for other direct or free calls, access is granted within 24 hours of the request are ordinarily within 8 facility waking hours. Further delay may be justified by extraordinary circumstances.	y e d 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. <u>LYON AGREEMENT:</u> The facility documents and reports of ICE/ERO any delays in responding to requests for free of direct Legal Calls beyond 8 facility waking hours.	I	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. <u>LYON AGREEMENT:</u> Detainees are provided private settings for Legal Calls such that calls cannot be overhead by officers, other staff, or other detainees.		
24. <u>LYON AGREEMENT:</u> The facility has a system for taking and delivering telephone messages to detainees, including by 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.	d Meets Standard	Policy addresses telephone messages for detainees.
 LYON AGREEMENT: The facility provides translation are interpretation services to detainees who are unable to read written telephone access rules in the language provided. 	0 Meets Standard	
26. LYON AGREEMENT: Detainees in segregation or othe environments with limited physical access to telephone have reasonable and equitable access to telephone during waking hours (i.e., they can request telephone call and receive them in a timely manner).	s 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)

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

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 submiss	sion):	

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. 		

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):	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

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.

IIId	materials.			
	Components	Rating	Remarks (1000 Char Max)	
1.	<u>PRIORITY:</u> 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.	

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.

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

	Components	Rating	Remarks (1000 Char Max)
p lo hi	he handbook (local supplement) describes; the telephone olicy, debit card procedures, direct and frees calls; ocations of telephones; policy when telephone demand is igh; and policy and procedures for emergency phone alls.	Meets Standard	All elements of this component are outlined in the detainee handbook.
	he handbook (local supplement) addresses religious rogramming.	Meets Standard	
р	he handbook (local supplement) states times and rocedures 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.
	he handbook (local supplement) describes the detainee oluntary work program.	Meets Standard	
lo	he handbook (local supplement) describes the library ocation and hours of operation and law library procedures nd schedules.	Meets Standard	The site-specific handbook describes the library and law library procedures, schedules and hours of operation.
re o	he handbook (local supplement) describes: attorney and egular visitation hours, policies, and procedures, location f the list of pro bono legal organizations; group legal ights presentations schedule and sign up procedures.	Meets Standard	
1	he handbook (local supplement) provides local ICE ontact information.	Meets Standard	The detainee handbook includes the local ICE contact information.
1	he handbook (local supplement) describes the facility ontraband policy.	Meets Standard	
vi	he handbook (local supplement) describes the facility isiting hours and schedule and visiting rules and egulations.	Meets Standard	Visiting hours, schedules, and rules and regulations are provided in the handbook.
	he handbook (local supplement) describes the orrespondence policy and procedures.	Meets Standard	The correspondence policy and procedures are outlined in the handbook.
d	he handbook (local supplement) describes the detainee isciplinary policy and procedures, including: Prohibited cts 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.

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: Processing, investigating, and responding to grievances, including medical grievances; Convening a grievance committee (or actions of a single designated grievance officer) to review formal complaints; and 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)			
Thi	s Detention Standard protects detainees' rights by ensuring			
	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)			
Thi	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.	
 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)

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

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; 	Meets Standard	There have been no suspensions in the last twelve months.
	 Deviate materially from approved presentation material, procedures or presenters; or if 		
	• The facility is operating under emergency conditions.		
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.

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

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

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

PART 7 - 39. NEWS MEDIA INTERVIEWS AND TOURS – Reviewer Summary			
(Use fo	llowing 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):			

LIIC	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.	

	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.

Components	Rating	Remarks (1000 Char Max)
Components 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	Rating Meets Standard	All bulleted training components are included in the training for new professional and support staff (including contractors)
 Detainee rules and regulations Key and lock control Rights and responsibilities of detainees 		having daily or regular detainee contact.
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		

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:	Meets Standard	All full-time health care employees receive a minimum of forty hours of training that includes all the items in this component.
 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		

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.
 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 online 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. 	Meets Standard	Facility policy addresses all requirements of this component.
	 The detainee is not permitted to make any phone calls or have contact with any detainee in the general population. 		
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:		Facility medical personnel
	 TB clearance, including PPD and Chest x-ray results, with the test dates; 	Meets Standard	complete a USM 553 Transfer Summary form that includes all
	 Current mental and physical health status, including all significant health issues; 	Wicets Standard	information required by this component. The form accompanies the transferee.
	Current medications, with specific instructions for medications that must be administered en route; and		accompanies the transferee.
	 The name and contact information of the transferring medical official. 		
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:	Meets Standard	The OIC and ICE are notified by medical personnel if a detainee requires medical clearance for a
	Clearance by the medical staff prior to transfer, orMedical escort during transfer.		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.	rovide the transporting officers instructions and, if pplicable, medication(s) for the detainee's care in transit. etainees shall be transferred with, at a minimum, 7 days rorth of prescription medications (TB medications, a 15 ays supply) to ensure continuity of care throughout the ransfer 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	
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	Review Document Issue Summary Ratings check complete.				
Check Document:	Run Check	Error(s) Found:	0	Items Not Rated:	О
Errors:					
No Errors Found					
Items Not Rated:					
All Items Rated					

Run Indicator: 🔀

ICE Uniform Corrective Action Plan



ICE HQ USE ONLY: (DO NOT EDIT*)

TCE IIQ COE OTTETT (DOT				
Review Date: 6/14/2018	DETLOC: IRWINGA	Review Pur	rpose: Annual	
Complete and Return to ICE	HO No Later Than: 9/7/20	18 Review Typ	ne:	
complete and recurs to rez			08 G324 O72 LYON	
		FDNDS_20	08_G324_O/2_L1ON	
Facility Corrective Action Pla	n Assigned To: ATL			
Facility Name				
IRWIN COUNTY DETENTION	CENTER			
Address				
132 COTTON DRIVE				
City: OCILLA		State: GA	Zip Code: 31772	
County			·	
IRWIN				
	F V.	(Vancion). 0		
Document Key: 649	Form Ke	y (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

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.

	ee Handbook (Key: AH)				
		d comprehensive written orientation materials that describe such matters as the			
		nedical care, in English, Spanish, and other languages and that detainees ackn			
Item	Component	Deficiency Identified	Corrective	Projected	Date
No.			Action	Completion Date	Completed
1	The handbook (local supplement) describes the detainee dress code for	This component was rated Does Not Meet Standard during the last		Date	
1	daily living; and work assignments and the meaning of color-coded	inspection because the handbook did not include the dress code for work			
	uniforms. (Key: AH29)	assignments. The current handbook also does not address this issue. This			
	unionis. (Rey. 1412)	is a repeat deficiency. This was corrected during the inspection.			
		is a repeat deficiency. This was corrected during the hispection.			
Enviro	onmental Health and Safety (Key: B)				
	* ` * /	injury and illness by maintaining high facility standards of cleanliness and s	anitation, safe v	work practices, a	nd control of
	ous substances and equipment.	,,,	,		
Item	Component	Deficiency Identified	Corrective	Projected	Date
No.	·	·	Action	Completion	Completed
				Date	
2	The facility has a system for storing, issuing, and maintaining	Policy and procedures establish a system for storing, issuing and			
	inventories of hazardous materials (Key: B03)	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.			
	Service (Key: T)				
	etention Standard ensures that detainees are provided a nutritionally balance	ed diet that is prepared and presented in a sanitary and hygienic food service	_		
Item	Component	Deficiency Identified	Corrective	Projected	Date
No.			Action	Completion	Completed
				Date	

Immigration and Customs Enforcement: Office of Enforcement and Removal Operations

The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date, (Key; T04) 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 overs the safe handling of hazardous material[s] the detaince are likely to encounter in their work. (Key: T05) 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) The observice 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) 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 and the start of each work period. Detaines who exhibit signs of illness, skin disease, diarrhea (daintitied or suspected,) or infected cuts or boils shall be removed from the work assignment and immediately referred to Health Services for determination of dury fitness. (Key: T31) PRIORITY: Staff shall check refrigerator and water temperatures as listed to detail the start of each work period. Detaines who exhibit signs of illness, skin disease, diarrhea (daintited or suspected,) or infected cuts or boils shall be removed from the work assignment and immediately referred to Health Services for determination of dury fitness. (Key: T31) PRIORITY: Staff shall check refrigerator and water temperatures were not always documented consistently on their production logs. This component was rated as Does Not Meet Standard during the last inspection because a review of documentation revealed that food	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.		
During orientation and training session(s), the cook supervisor or equivalent explains and demonstrates: -Safety returns of individual products/ pieces of equipment. -Training covers the safe handling of hazardous material[s] the detained are likely to encounter in their work. (Key: TD5) 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 (210 degrees in food trays) and foods that require refrigeration maintained at 41 F degrees or below. (Key: T10) 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) 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 dury fitness. (Key: T31) 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 all health and safety codes. (Key: T39) 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 are review of documentation was not available to show that the food service is offermination of dury fitness. (Key: T31) PRIORITY: Staff shall check refrigerator and water temperatures daily and record the results. The FSA or GS shall inspect food service are at least weekly, a required by the Standard durin	4		There was no documentation to support that detainee job descriptions		
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)	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	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		
ensure that potentially hazardous foods are cooked at the required safe temperatures, as listed in the Detention Standard on Food service. (Key: T19) 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) 9 PRIORITY: Staff shall check refrigerator and water temperatures daily and record the results. 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 of this department, Training was conducted by the regional food manager during the inspection of the department, at least weekly inspections of this department. Training was conducted by the regional food manager during the inspection of the department, at least weekly inspections of this department. Training was conducted by the regional food manager during the inspection of the department.	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.		
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) 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 of the mext two weeks.	7	ensure that potentially hazardous foods are cooked at the required safe temperatures, as listed in the Detention Standard on Food service. (Key:	however, temperatures were not always documented consistently on		
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 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 ouring 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. Refrigerator and freezer temperatures are still not always checked and recorded as required by the Standard. Refrigerator and freezer tempe	8	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	receive pre-employment physicals. This was corrected during the inspection and physicals for all food service staff were scheduled within		
temperature checks.	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	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		
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.			counceling and when appropriate treating any datains who is an about	tuilea	

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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.			
Modic	al Care (Key: V)				
This D		th care services, including prevention and health education, so that their heal	th care needs a	re met in a timely	and
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.			
_					
This D	nal Hygiene (Key: W) etention Standard ensures that each detainee is able to maintain acceptable page, bedding, linens, towels, and personal hygiene items.	personal hygiene practices through the provision of adequate bathing facilities	es and the issua	nce and exchange	e of clean
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.			

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Specia	al Management Units (Key: O)				
This I	Detention Standard protects detainees, staff, contractors, volunteers, and the	community from harm by segregating certain detainees from the general popularinistrative reasons and a Disciplinary Segregation section for detainees se			
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.			
C4~PF	Detainee Communication (Key: P)				
	requires the posting of Hotline informational posters from the Department of Component	of Homeland Security Office of the Inspector General. Deficiency Identified	Corrective	Projected	Date
No.	Component	Delicities racinalisa	Action	Completion 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.			

Immigration and Customs Enforcement: Office of Enforcement and Removal Operations

	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)	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.			
Trans	fer of Detainees (Key: AO)				
		other are professionally and responsibly managed in regard to notifications, of	etainee records	s safety and secu	rity, and
	tion of detainee funds and personal property.	The state of the s		,, sarety and seed	,,
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):				
,				

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^{*} Field Entry Required

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



MEMORANDUM FOR:

Sean W. Gallagher

Field Office Director

Atlanta Field Office

AUG 0 8 2018

FROM:

Tae D. Johnson (b)(7)

Assistant Director

Custody Management

SUBJECT:

Irwin County Detention Center Annual Review 2018

The Annual Detention Inspection of the Irwin County Detention Center completed on June 14, 2018 in Ocilla, Georgia has been received. A final rating of Meets Standards is assigned.

The Field Office Director must complete the following actions in accordance with the Detention Management Control Program (DMCP):

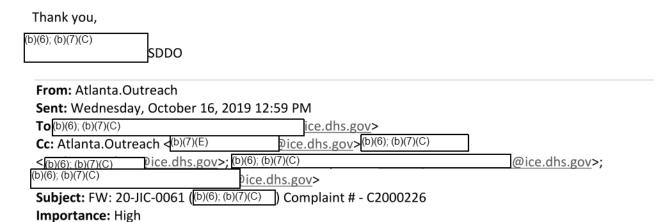
- 1) Notify the facility of the final rating within five (5) business days of receipt of this memorandum. Notification shall include copies of the Form G-324A Detention Facility Review Form, the G-324A Worksheet, LCI Summary Memorandum, and a copy of this memorandum.
- 2) Return the attached Uniform 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 (b)(6); (b)(7)(C) Deputy Assistant Director, Detention Management Division at (202) 732(b)(6);

cc: Official File

From: Sent: To: Cc: Subject:	(b)(6); (b)(7)(C) 16 Oct 2019 17:15:08 +0000 (b)(6); (b)(7)(C) RE: 20-JIC-0061 (b)(6); (b)(7)(C) Complaint # - C2000226
I've copied my	response to HQ below:
Comple	aint One: Alleges she is not receiving proper medical care for her medical conditions.
Nurse Lisinop	nse: On September 6, 2019, an intake screening was completed by the Licensed Practical (LPN). $\frac{(b)(6); (b)(7)(C)}{(b)(6); (b)(7)(C)}$ verbalized a history of hypertension and the following medication: will 20mg daily, HCTZ 25mg daily, and Fenofibrate 160mg daily. The LPN scheduled a l in the chronic care clinic.
chronic prescri	was evaluated by the Nurse Practitioner (NP) for an initial care visit. The NP noted the following: history of hypertension and hyperlipidemia and bed Lisinopril 20 mg daily, Hydrochlorothiazide 25 mg daily, Fenofibrate 160 mg daily and ac diet.
prescri	was assessed by the NP for non-compliance with bed medication. The NP educated $I^{(b)(6); (b)(7)(C)}$ by the importance of medication ance and she verbalized understanding.
uniden	tember 21, 2019, Ms. was assessed during a sick call visit, where she requested tified "medication that she was taking upon arrival". Per the ICDC HSA, $\frac{(b)(6); (b)(7)(C)}{0}$ was d that she is taking the same medication that she was prescribed prior to arrival at ICDC.
On Sep	resumed taking the medication as prescribed.
medica	s not submitted any additional requests regarding ation, continues to take all medication as prescribed, and has not indicated any need for health services.
From: (b)(6); (b)(7)(C) ice.dhs.gov>
Sent: Wednes To: ((b)(6); (b)(7)(C) ((b)(6); (b)(7)(C) ((b)(6); (b)(7)(C)	day, October 16, 2019 1:12 PM © ice.dhs.gov> ce.dhs.gov> ce.dhs.gov> ce.dhs.gov> ce.dhs.gov> ce.dhs.gov> ce.dhs.gov>
Good afternoo	n,
The attorney o	n file for submitted the complaint below. Please s been denied appointments, sick calls or medication. What's the current status of her

appointments and medication? If applicable, is she currently attending appointments on the recommended basis and receiving the medication as prescribed?



Good afternoon,

The below 20-JIC-0061 Complaint # - C2000226 is being forwarded from the Atlanta Outreach mailbox for review and follow-up. <u>EARM must be updated with issue resolution and any actions taken for HQ to close the case</u>. Copy the Atlanta Outreach box with issue resolution or send an email to the Outreach box confirming tasking completion.

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

ATL - DET-Fear Claims 00-49(b)(6);
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*Attorney emails to Atlanta Outreach on 9/6/19 (forwarded on 9/9/19 to Mason/Dubyak) and 9/10/19 (forwarded 9/12/19 to Ferra/Sullivan) are the only emails received for this detainee in the ATL Outreach mailbox.

Thank you,

Atlanta Outreach 180 Ted Turner Drive, SW Atlanta, GA 30303

From: (b)(6); (b)(7)(C)	<u> ۱ice.dhs.gov</u> >				
Sent: Wednesday, October 16, 2019 12:36 PM					
To: Atlanta.Outreach (b)(6); (b)(7)(C)	@ice.dhs.gov>				
Cc: ERO JIC < EROJIC@ice.dhs.gov >					
Subject: FW: 20-JIC-006 (b)(6); (b)(7)(C)	Complaint # - C2000226				
Importance: High	_				

Atlanta Field Office,

The Enforcement and Removal Operations (ERO) Non-Telephonic Reporting (ENTR) team has reviewed the attached JIC case, and determined the incident report warrants further review from the Atlanta Field Office. Please see the synopsis below, along with the original JIC attachment(s) for your reference.

Subject Name ^{(b)(6); (b)(7)(C)}
Subject A#:(b)(6); (b)(7)(C)
Facility Name: (b)(6); (b)(7)(C)
Case Information: The following issues or concerns are alleged. The submision reports: On September
23, 2019, CRCL received email correspondence from attorney Lauren L. Armstrong on behalf of (b)(6);
(b)(6), (b)(7)(C) , an ICE detainee at the Irwin County Detention Center in Ocilla,
Georgia. Ms. Armstrong stated that she learned on September 19, 2019, that (b)(6); (b)(7)(C) was
being denied necessary medication for her medical conditions. Ms. Armstrong did not specify the
medication(s) or conditions. (b)(6); (b)(7)(C) was taken into ICE custody on September 5, 2019 and
has been at the Irwin County Detention Center since then. In part, Ms. Armstrong wrote, [0](6); (0)(7)(C)
$^{(b)(6); (b)(7)(C)}$ ights have been violated while in immigration detention and as a subject of immigration
enforcement which have placed her physical and mental health at risk." Ms. Armstrong provided a
signed G-28 documenting that $\frac{(b)(6);(b)(7)(C)}{(b)(6);(b)(7)(C)}$ authorized her to represent her. Regarding non-
medical allegations, Ms. Armstrong alleged that ICE officers and agents in the Atlanta Field Office have
violated (b)(6); (b)(7)(C) due process rights, such as the right to timely notice of changes in
custody determination and her right to communicate with her attorney. Ms. Armstrong wrote that Ms.
(b)(6); (b)(7)(C) vas taken into custody unexpectedly on September 5, 2019 at a routine ICE check-in
at the ERO Atlanta Field Office. Ms. Armstrong stated, $(b)(6); (b)(7)(C)$ was being informed that she would be taken into
custody, she attempted to call her attorney to discuss. As soon as she was able to get her attorney on
the phone, (b)(6), (b)(7)(C) as ordered to stop using her phone by the ICE officer attending to
her. (b)(6): (b)(7)(C) sked the ICE officer to speak to her attorney. The female officer refused to
tell the attorney who (b)(6); (b)(7)(C) deportation officer is or was. The officer did not provide
any contact information for any person who could provide additional infomation [sic] on why Ms. (b)(6); (b)(7)(C) was being detained. When the attorney asked the female officer to identify herself on
was being actained. When the attorney asked the remaie officer to identify herself of
the phone, the officer hung up on the attorney. (b)(6), (b)(7)(C) was then transported to Irwin
County Detention Center where she has been detained since On Septmeber [sic] 19, 2019, undersigned counsel learned that she was being denied necessary medication for her health conditions,
and had no access to her own phone account funds thus limiting her ability to have critical
communication with her legal representative "Up until this date (b)(6); (b)(7)(C) oes not
appear in the ICE detainee locator online, thus failing to provide information on whetherand where
she continues to be detained. Her attorney must place repeated calls to the detention center itself to
attempt to determine $\frac{(b)(6);(b)(7)(C)}{(b)(6)}$ custody status. "Undersigned counsel has submitted
multiple e-mail requests to the Atlanta Outreach email address for ICE ERO, and to ICE ERO Atlanta
directly. Undersigned counsel has also left various voicemails with the ICE ERO duty line (as instructed)
and with the Immigration contact/option listed on the Irwin County Detention Center phone line. Aside
from a standard referral email, undersigned counsel has not received a single call or email from the
Deportation Officer assigned $td^{(b)(6); (b)(7)(C)}$ ase, despite having a G-28 on file. It was only
after undersigned counsel managed to find a direct phone number for an ICE officer in Atlanta that she
was able to get the name of the ICE officer handling the case. Nevertheless, the officer has not reached
out to undersigned counsel. "Finally, on September 20, 2019, officials at the ICE Field Office erroneously
rejected the I-246 stay of removal application. According to the attending officer at the window, it was
rejected [because] there was handwriting on the cashier's check. This "prohibited" handwriting was Ms.

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

ame and [alien number] that were written on the cashier's check as a memo for the

filing

Purpose for Distribution: Forwarded to the Field office to determine merit of allegations and take action if necessary. Per EARM comments, subject consented for information to be released on ODLS. Per ODLS search, detainee is still not listed. Please annotate in EARM comments that the detainee was seen by medical and her ODLS information is in process.

This case has been reviewed by ERO HQ Detention Deportation Officers, and a response from your office is necessary in order to consider this matter resolved. Please enter a resolution into the EARM Comments section with any actions taken. If for any reason you are unable to enter comments, please send your resolution notes to EROJIC@ice.dhs.gov. The ENTR team is requesting a response time of no later than 10 business days.

Thank you for your assistance.

From: Hotline < Hotline@oig.dhs.gov > Sent: Tuesday, October 8, 2019 4:23 PM

To: CRCLCompliance < CRCLCompliance@HQ.DHS.GOV>

Cc: ERO JIC < EROJIC@ice.dhs.gov>

Subject: 20-JIC-006 Complaint # - C2000226

Dual referral



OFFICE OF INSPECTOR GENERAL

Department of Homeland Security

Washington, DC 20528 / www.oig.dhs.gov

The attached information is furnished for whatever administrative action or inquiry you consider appropriate. Should your office take any administrative or personnel action in response to this information, you are requested to report the final result of that action within 30 business days of its conclusion.

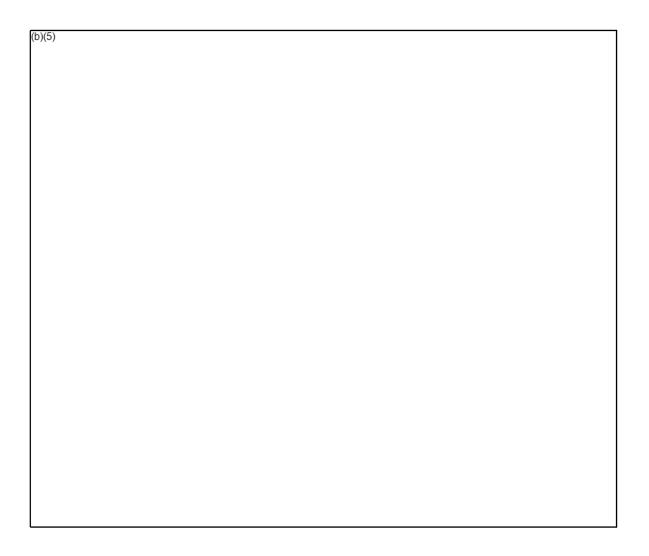
If your review of this matter discloses evidence of previously unreported criminal misconduct that is reportable under Management Directive 0810.1, you are required to notify this office of that information before any additional investigative steps are taken.

From: Sent: To: Subject:	(b)(6); (b)(7)(C) 16 Sep 2020 14:02:46 +0000 (b)(6); (b)(7)(C) RE: Allegations at ICDC
	This email originated from outside of DHS. DO NOT click links or open attachments unless you recognize st the sender. Contact ICE SOC SPAM with questions or concerns.
Perfect, th	nank you!
Sent: We	@ice.dhs.gov> cdnesday, September 16, 2020 10:02 AM (b)(7)(C)
It was rele	eased to the media as well so you are able to share it.
Atlanta Fi DHS/ICE/I	taff Field Office Director eld Office
To: $9(b)(6)$	dnesday, September 16, 2020 9:55 AM
	This email originated from outside of DHS. DO NOT click links or open attachments unless you recognize st the sender. Contact ICE SOC SPAM with questions or concerns.
	y helpful, thank you for forwarding. Are we allowed to share the below information or is it ur knowledge?
Sent from	my iPad
On Sep 15	5, 2020, at 7:03 PM, (b)(6); (b)(7)(C)
Go	od evening(b)(6); (b)(7)(C)
	anted to ensure that you have received the below statement that was released by our this evening.
Lac	lies and gentlemen – statement from $(b)(6)$; $(b)(7)(C)$ IHSC Medical Director:

(b)(5)	
Regards,	
(b)(6); (b)(7)(C)	
Chief of Staff	
Assistant Field Office Director	
DHS/ICE/ERO 180 Ted Turner Drive SW	
Atlanta, GA 30303	
Office: 404-893(b)(6);	
France Callings (b)(6): (b)(7)(C)	
From: Sullivan, Kristen (b)(6); (b)(7)(C) :e.dhs.gov>	
Date: Tuesday. Sep 15, 2020, 1:46 PM To (b)(6); (b)(7)(C) @mail.house.gov(b)(6); (b)(7)(C) ail.house.gov>	
Cc: (b)(6); (b)(7)(C) Dice.dhs.gov>	
Subject: Allegations at ICDC	
(b)(6); (b)(7)(C	
Good afternoon, (D)(7)(C	

It was nice to telephonically meet you today. Please see the below ICE statement regarding the recent allegations at ICDC.

As I have now taken over the Congressional Liaison duties for ERO Atlanta, please let me know if I can be of any future assistance.



Regards,

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

Chief of Staff
Assistant Field Office Director
Atlanta Field Office
DHS/ICE/ERO

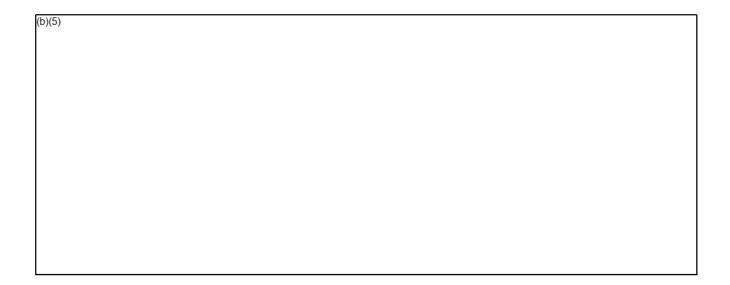
Office: 404-893-(b)(6);

	(b)(6); (b)(7)(C)					
From:						
Sent:	16 Sep 2020 15:48:32 +0000					
To:	Consulmex Atlanta					
	(b)(6); (b)(7)(C)					
Cc: (b)(6); (b)(7)(C)	V-IV-IV V-IV					
Subject:	RE: ATL03110/2020 Whistleblower complaint ICDC					
Good morning, Consul	General Diaz,					
	nd understands your concerns regarding the recent allegations at Irwin County ease see the below statement from $(b)(6);(b)(7)(C)$ ICE Health Service Corps					
Medical Director.						
(b)(5)						
yesterday and they we	telephone hotlines, all hotline numbers for the Mexican consulate were tested ere all working properly in all the dorms.					
Regards, (b)(6); (b)(7)(C)						

Chief of Staff Assistant Field Office Director Atlanta Field Office DHS/ICE/ERO

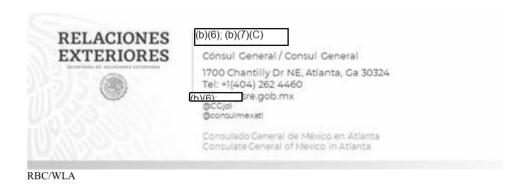
Office: 404-893(b)(6);

F rom: Consulmex Atlanta < <u>cc</u>	
Date: Tuesday, Sep 15, 2020,	
(b)(6); (b)(7)(C)	pice.dhs.gov>
c (b)(6); (b)(7)(C)	@ice.dhs.gov>, (b)(6); (b)(7)(C) @ice.dhs.gov>,
b)(6); (b)(7)(C)	ce.dhs.gov (b)(6); wincdc.com
(b)(6); <u>wincac.com</u> >	
Subject: ATL03110/2020 W	histleblower complaint ICDC
CALITION: This amail ariginates	d from outside of DHS. DO NOT click links or open attachments unless you recognize
	ct ICE SOC SPAM with questions or concerns.
ma, or crast the senden contact	William questions of solitoring
PEI ACION	ES EXTERIORES MÉXICO
RELACION	ES EXTERIORES MÉXICO
	a shamele
ATL03110/2020	
Subject: Whistleblower	complaint ICDC
2020, Año	de Leona Vicario, Benemérita Madre de la Patria"
	Atlanta, Georgia, September 15 th 2020
	Manua, Georgia, September 13 2020
6); (b)(7)(C)	
Atlanta Field Office	
Department of Homeland	d Security
•	
U.S. Immigration and Cu	ustoms Enforcement
Enforcement and Remov	al Operations
o)(6); (b)(7)(C)	
5)	
''	



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

Sincerely,



(b)(6); (b)(7)(C) From: Sent: 21 Sep 2020 15:44:49 +0000 To: (b)(6); (b)(7)(C) Cc: RE: (b)(6); (b)(7)(C) Subject: Attachments: ES HOU(b)(6); (b)(7)(C) Congressional ATL edits.docx Good morning(b)(6); Please see the attached ES with the updated information from IHSC regarding the medical procedures conducted while she was in ATL. Regards, (b)(6); (b)(7)(C) Chief of Staff Assistant Field Office Director Atlanta Field Office DHS/ICE/ERO Office: 404-893(b)(7)(0 From: ((b)(6); (b)(7)(C) ice.dhs.gov> Sent: Friday, September 18, 2020 4:13 PM To (b)(6); (b)(7)(C) ₽ice.dhs.gov Cc: (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) @ice.dhs.gov> Subject: FW (b)(6); (b)(7)(C) Good afternoon, DAD Williams requested that Domestic Operations forward this ES to your office to provide additional information. Please include medical information from her time spent in ATL, and reach out to ERO Houston for any questions or concerns. Due to the high-profile nature of this case, please provide your response sooner or by 10 AM/EDT on Monday, September 21, 2020. *****Note: I will be covering your AOR until further notice. Regards, (b)(6); (b)(7)(C) ERO Domestic Operations 500 12th St, SW, Washington, DC 20536 Mobile: 915-726-(b)(6) Desk: 202-732

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public or other personnel who do not have a valid "need-to-know" without prior approval of an authorized DHS official. No portion of this report should be furnished to the media, either in written or verbal form.

Law Enforcement Sensitive – For Official Use Only Deliberative

September 21, 2020

	ERO Houston	(b)(6); (b)(7)(C)	
ISSUE:			
(b)(5)			
		_ Deliberative	

Law Enforcement Sensitive - For Official Use Only

ERO Houston -	(b)(6); (b)(7)(C)			
Page 2				

- Deliberative

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)(5)		

— Deliberative — Law Enforcement Sensitive — For Official Use Only ____

ERO Houston - (b)(6); (b)(7)(C)	
ERO Houston - (b)(6); (b)(7)(C) Page 4	
(b)(5)	

Deliberative
Law Enforcement Sensitive – For Official Use Only

(b)(6); (b)(7)(C) From: Sent: 22 Sep 2020 01:38:26 +0000 Sullivan, Kristen (b)(6); (b)(7)(C) To: RE: ERO ATL: ERO TASKER - 20091611 | FW: AD1 with (b)(6); (b)(7)(C) Subject: has been changed All detainees sign a medical consent for treatment upon arrival to the detention center. When detainees are referred offsite for a specialty appointment, the specialist obtains a medical consent form for the specialty treatment being rendered. All detainees retain the right to refuse any medical treatment, despite having signed a medical consent for treatment. As part of the referral process, ICDC sends instructions for translation services, which includes a toll-free number and pin to access an interpreter. From: Sullivan, Kristen (b)(6); (b)(7)(C) ice.dhs.gov> Sent: Monday, September 21, 2020 8:51 PM **To:** (b)(6); (b)(7)(C) ice.dhs.gov>; (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) Ddhs.gov> Subject: FW: ERO ATL: ERO TASKER - 20091611 | FW: AD1 with has been changed (b)(6); (b)(7)(C) Has ICE done anything at ICDC to address the allegations aside from what OIG is doing? (b)(6) (b)(7)(C) Can you assist with answering question number 2? Thanks, Kristen Sullivan Chief of Staff Assistant Field Office Director DHS/ICE/ERO 180 Ted Turner Drive SW Atlanta, GA 30303 Office: 404-893 (b)(6); (b)(6); (b)(7)(C) From: Dice.dhs.gov> Date: Monday, Sep 21, 2020, 6:34 PM (b)(6); (b)(7)(C) To: Sullivan, Kristen (b)(6); (b)(7)(C) ce.dhs.gov> ce.dhs.gov> Cc: Giles, Thomas P (b)(6); (b)(7)(C) Dice.dhs.gov>,(b)(6); (b)(7)(C) Dice.dhs.gov> Dice.dhs.gov> Subject: ERO ATL: ERO TASKER - 20091611 | FW: AD1 with (b)(6); (b)(7)(C) has been changed

Good Evening,

AD1 is meeting with House Appropriations committee chairwoman $I_{(b)(6); (b)(7)(C)}$ CE anticipates the Irwin media story will be a point of discussion. Please address the yellow highlighted comment on the attached.

Please provide your prompt response by 10 AM/EDT, Tuesday, September 22, 2020.

Regards,

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

ERO Domestic Operations

500 12th St, SW, Washington, DC 20536 Mobile: 915-72(b)(6); sk: 202-732(b)(6);

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From: Sent: To: Subject:	(b)(6); (b)(7)(C) 16 Sep 2020 20:09:07 +0000 \(\big(\big)(6); \(\big)(7)(C) \\ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
This form is signed b	her attorney and not the subject.	
(b)(6); (b)(7)(C)		
Chief of Staff		
Assistant Field Office	Director	
Atlanta Field Office DHS/ICE/ERO		
Office: 404-89 (b)(6);	٦	
From: \(\bar{b}(6); \(b)(7)(C)\)	ice.dhs.gov>	
	eptember 16, 2020 3:58 PM	
To: (b)(6); (b)(7)(C)	(b)(6); (b)(7)(C) pice.dhs.gov>	
Subject: FW: from N	PR reporter	
Atlanta Field Office (404) 346-(b)(6): (b)(6); (b)(7)(C) From: (b)(6); (b)(7)(C)	Customs Enforcement GA,NC,SC, Ala) e.dhs.gov ppr.org> eptember 16, 2020 3:43 PM pice.dhs.gov>; (b)(6); (b)(7)(C) pice.dhs.gov> pice.dhs.gov> pice.dhs.gov>	
Subject: RE: from N		
	riginated from outside of DHS. DO NOT click links or open attachments unless you re r. Contact <u>ICE SOC SPAM</u> with questions or concerns.	cognize
(b)(6); (b)(7)(C)		
	n from Pauline's attorney is attached. I look forward to anything further	you
Best, (b)(6); (b)(7)(C)		
NPR (b)(6); (b)(7)(C)	Correspondent(b)(6);	

From: (b)(6); (b)(7)(C)	ce.dhs.gov>		
Sent: Wednesday, September 16, To (b)(6); (b)(7)(C) npr.org>; (b)(6); (b)(7)(E) b)(7)(E) bice.dhs.gov ; √(b)(6); (b)	2020 3:37 PM		
To (b)(6); (b)(7)(C) pnpr.org>; (b))(6); (b)(7)(C)	Dice.dhs.gov>; ICEMedia	
(b)(7)(E) Dice.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)			
(b)(5)			
			}
			ł
(b)(6): (b)(7)(C)			
STATEMENT FROM (b)(6); (b)(7)(C)	Medical Director of the	e ICE Health Service Corps (IHSC):	
STATEMENT FROM	Medical Director of the	e ICE Health Service Corps (IHSC):	
STATEMENT FROM	Medical Director of the	e ICE Health Service Corps (IHSC):	
STATEMENT FROM	Medical Director of the	e ICE Health Service Corps (IHSC):	
STATEMENT FROM	Medical Director of the	e ICE Health Service Corps (IHSC):	
STATEMENT FROM	Medical Director of the	e ICE Health Service Corps (IHSC):	
STATEMENT FROM	Medical Director of the	e ICE Health Service Corps (IHSC):	
STATEMENT FROM	Medical Director of the	e ICE Health Service Corps (IHSC):	
STATEMENT FROM (b)(6); (b)(7)(C) (b)(5)	Medical Director of the	e ICE Health Service Corps (IHSC):	
STATEMENT FROM	Medical Director of the	e ICE Health Service Corps (IHSC):	
STATEMENT FROM	Medical Director of the	e ICE Health Service Corps (IHSC):	
STATEMENT FROM	Medical Director of the	e ICE Health Service Corps (IHSC):	
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STATEMENT FROM	Medical Director of the	e ICE Health Service Corps (IHSC):	
STATEMENT FROM	Medical Director of the	e ICE Health Service Corps (IHSC):	

Thank you. I am working on it, should have it signed shortly.

From: $(b)(6)$; $(b)(7)(C)$ e.dhs.gov>
Sent: Wednesday, September 16, 2020 12:51 PM
To: (b)(6); (b)(7)(C) npr.org>; ICEMedia
(b)(7)(E) <u>lice.dhs.gov</u> >; (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)
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); 1obile
(b)(6); (b)(7)(C) @ice.dhs.gov
<u>Chockano, o v</u>
From: (b)(6); (b)(7)(C)
Sent: Wednesday, Sentember 16, 2020 11:46 AM
To: (b)(6), (b)(7)(C)
<((b)(6); (b)(7)(C) Dice.dhs.gov>; (b)(6); (b)(7)(C) Dice.dhs.gov>
Cc: (b)(6); (b)(7)(C) ce.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 $(b)(6)$;
Sent with BlackBerry Work (www.blackberry.com)

From: Joel Rose < JRose@npr.org>

Date: Wednesday, Sep 16, 2020, 12:41 PM

(b)(6); (b)(7)(C) To: (b)(7)(E) (c)(b)(7)(E) (c)(b)(6); (b)(7)(C) (c)(d)(6); (b)(7)(C)
(b)(6); (b)(7)(C) @ice.dhs.gov>(b)(6); (b)(7)(C) ce.ans.gov>
Cc:(b)(6); (b)(7)(C) Dice.dhs.gov>
Subject: RE: from NPR reporter
CAUTION: This email originated from outside of DHS. DO NOT click links or open attachments unless you recognize and/or trust the sender. Contact <u>ICE SOC SPAM</u> with questions or concerns.
Thanks for the quick reply. Yes, I think there's a good chance of that. How exactly does it work?
From: (b)(6); (b)(7)(C) ce.dhs.gov> Sent: Wednesday, September 16, 2020 12:39 PM To: (b)(6); (b)(7)(C) npr.org>; ICEMedia < (b)(7)(E) ce.dhs.gov>; (b)(6); (b)(7)(C) ce.dhs.gov>; (b)(6); (b)(7)(C) ce.dhs.gov> Cc (b)(6); (b)(7)(C) e.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) pr.org> Date: Wednesday, Sep 16, 2020, 12:36 PM To: ICEMedia (hb\rac{1}{1}\text{To}\text{F}\text{ @ice.dhs.gov}> Cc: (b)(6); (b)(7)(C) @ice.dhs.gov> Subject: from NPR reporter
CAUTION: This email originated from outside of DHS. DO NOT click links or open attachments unless you recognize and/or trust the sender. Contact <u>ICE SOC SPAM</u> with questions or concerns.
CAUTION: This email originated from outside of DHS. DO NOT click links or open attachments unless you recognize and/or trust the sender. Contact <u>ICE SOC SPAM</u> with questions or concerns.
Good afternoon.
l'm working on a story for NPR News about several allegations raised by a lawyer for hologology an immigrant in ICE custody.
was removed from the plane. Is that accurate? Why was she removed from the plane? Why was $\frac{[b)(6); (b)(7)(C)}{[b](6); (b)(7)(C)}$ deportation scheduled for today?

Is the timing connected with her allegations against detainees held at Irwin County Detention Center?

Does ICE have any comment on the allegation that boundary (b)(6); (b)(7)(C) without her consent in 2019?

who has treated (b)(6); (b)(7)(C) performed a salpingectomy on Ms.

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.



From:	(b)(6); (b)(7)(C)		
Sent:	8 May 2019 21:19:19	<u>+0</u> 000	
To:	(b)(6); (b)(7)(C)		
Subject:	RE (b)(6); (b)(7)(C)		Transferred to Baker County last week
·	•		but rather they were drained. She refused the appointment.
From: Sullivan, Kriste Sent: Wednesday, M To (b)(6): (b)(7)(C) Subject: FW (b)(6); (b)(7)	ay 08, 2019 5:14 PM @ice.dhs.gov; (b)(6)		vincdc.com> Baker County last week
<u>((b)(6)</u>			
Did you hear back fro	m Baker?		
(b)(6); (b)(7)(C)			
When was the follow	up scheduled for?		
(b)(6); (b)(7)(C)			
Assistant Field Office DHS/ICE/ERO 180 Ted Turner Drive Atlanta, GA 30303 Office: 404-893-(b)(6):			
From (b)(6); (b)(7)(C)	irwincdc.com>		
Sent: Wednesday, M	•		
To: [/h\/6\: /h\/7\/C\	Pice.dh		
Subject: RE: (b)(6); (b)(7)(C)	Transferred to	Baker County last week
Good afternoon,			
(b)(6); was pulling the	e records and stated that	there was a follow-	up appointment. I do not believe it
was on the medical. F	lave you heard anything	back from the POC a	up appointment. I do not believe it $t_{(b)(7)(C)}^{(b)(6);}$ f we need to get her back
and follow thru on the	e appointment let me kn	ow.	(DR) NOT
Thank you,			
(b)(6); (b)(7)(C)			
From: Sullivan, Kriste	en < (b)(6); (b)(7)(C)	dhs.gov>	
Sent: Tuesday, May 0			

To: irwincdc.com > (b)(6); (b)(7)(C)
To:
Good afternoon,
We will also forward this email to the POC for ICE over the Baker facility.
Thanks,
(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) wincdc.com>
Sent: Tuesday, May 7, 2019 2:48 PM
T (b)(6); (b)(7)(C) <u>Pirwincdc.com</u> >
Cc: Sullivan, Kristen (b)(6): (b)(7)(C)
Subject: FW(b)(6); (b)(7)(C) Transferred to Baker County last week
(b)(6); (b)(7)(C)
Please see the inquiry from SPLC below referencing our (b)(6); (b)(7)(C) said detainee now in the custody of Baker County Detention Center. While she is not currently in our custody I think it is prudent to check and make sure that any alleged lack of care at that facility is not a result of our not having sent appropriate documents. I am copying the AFOD with this to determine if she wants our staff to make any further contacts, or stand down. I am sure she will want to know the specifics regarding the follow up appointment and etc.
Thank you,
(b)(6); (b)(7)(C)
From: (b)(6); (b)(7)(C)
Sent: Tuesday, May 07, 2019 1:30 PM
To: (b)(6); (b)(7)(C) <u>irwincdc.com</u> >
Subject: (b)(6); (b)(7)(C) Transferred to Baker County last week
Dear Warden (b)(6);
I'm very concerned about my client (listed above). She had surgery on or about 4/25 to remove
ovarian cysts. On or about May 1st she was transferred to Baker County Jail in Florida by ICE.
She is not getting all the medication that ICDC was providing her. She believes she was
supposed to have a surgery follow up appointment this week with $\frac{(b)(6)}{(b)(7)(6)}$. Her health seems

to be rapidly declining. She is anemic and is bleeding badly.

If there is anything you or your medical department can do to make sure records and prescriptions have been shared with Baker County or to facilitate her being brought back to ICDC for her follow-up appointment, we would greatly appreciate it.

My best,	
(b)(6); (b)(7)(C)	

Elizabeth Hildebrand Matherne, Esq.

Senior Lead Attorney*

Southeast Immigrant Freedom Initiative

Southern Poverty Law Center P.O. Box 853
Ocilla, Georgia 31774

Direct: 229.326 (b)(6); (b)(7)(C) splcenter.org
"Admitted in Florida and Georgia

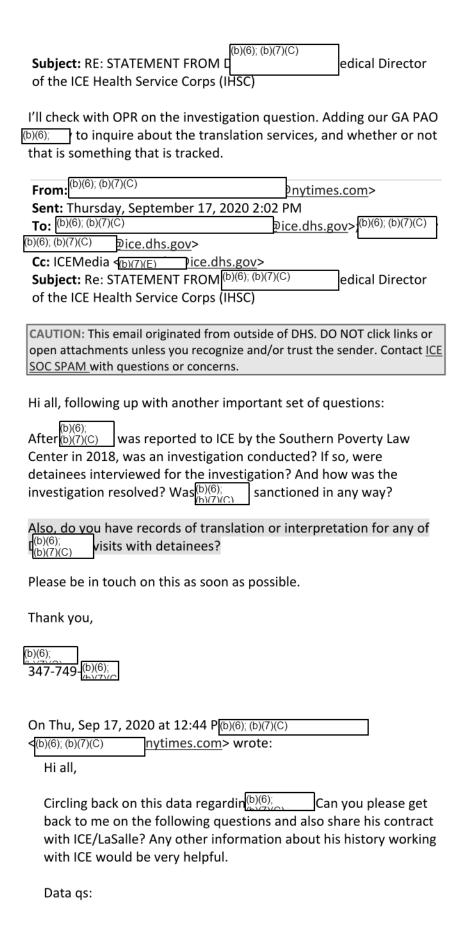
- Martin Luther King, Jr., I Have a Dream, August 28, 1963

[&]quot;...Until justice rolls down like water and righteousness like a mighty stream."

(b)(6); (b)(7)(C) From: Sent: 18 Sep 2020 01:52:22 +0000 (b)(6); (b)(7)(C) To: (b)(6); (b)(7)(C) Subject: **RE: STATEMENT FROM** Medical Director of the ICE Health Service Corps (IHSC) (b)(6); I spoke to IHSC and (b)(7)(C) uses a language line service; however, we do not track his usage. Regards, (b)(6); (b)(7)(C) Chief of Staff Assistant Field Office Director DHS/ICE/ERO 180 Ted Turner Drive SW Atlanta, GA 30303 Office: 404-89 (b)(6); (b)(6); (b)(7)(C) ₽ice.dhs.gov> From: 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) ce.dhs.gov From: (b)(6); (b)(7)(C) ice.dhs.gov> Sent: Thursday, September 17, 2020 2:06 PM n@nytimes.com>;(b)(6); To:(b)(6); (b)(7)(C) ice.dhs.gov>;^{(b)(6); (b)(7)(C)} **J**(b)(6); (b)(7)(C) <(b)(6); (b)(7)(C) s@ice.dhs.gov>,(b)(6), (b)(7)(C) (b)(6); (b)(7)(C) Dice.dhs.gov>

ice.dhs.gov>

Cc: ICEMedia (b)(7)(E)



(b)(6); (b)(7)(C) performed on ICE 1) How many surgeries has 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) @nytimes.com> wrote: Hi all, Circling back with the remaining urgent questions in order of importance: 1) How many surgeries has (b)(6); (b)(7)(C)erformed on ICE detainees in the last five years? And of those, how many were partial or full hysterectomies / partial or full tubal ligations? oday? I can be available any 2) Can I interview 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.

From: (b)(6); (b)(7)(C)

16 Mar 2020 12:22:17 +0000 Sent:

To: (b)(6); (b)(7)(C)

Cc:

Subject: Weekly DSCO Report for ICDC Week Ending 03/13/2020

Weekly Report (Irwin County 03-13-20).pdf Attachments:

Attached is the weekly report from the DSCO at Irwin County Detention Center week ending 3/13/2020.

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

Detention Standards Compliance Officer

Detention Monitoring Unit

Irwin county detention center

132 cotton drive, Ocilla, ga., 31774

816-352-(b)(6); CELL 229-468-c); cext(b)(6) ext^{(b)(6)} office



CUSTODY MANAGEMENT DIVISION DETENTION MONITORING UNIT DETENTION SERVICES MANAGER REPORT

Verified by Regional Supervisor

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

Date: 3/13/2020

To: Detention Monitoring Unit

From: Detention Standards Compliance Officer (b)(6); (b)(7)(C)

Subject: Weekly Report for IRWIN COUNTY DETENTION CENTER

This Week's Activities

1. Compliance Monitoring Issues Noted:

Status: Pending

Standard: Food Service

Component: Other

Note: On March 12, 2020, the DSCO performed a walkthrough of the food service area and during the walkthrough, the DSCO noted that two light fixture covers located in the freezer were broken and in need of replacement The DSCO addressed this concern with facility administration and the Food Service Administrator. The DSCO will continue to monitor.

Status: Resolved

Standard: Staff-Detainee Communication

Component: 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.

Note: On March 11, 2020, the DSCO performed a walkthrough of housing unit Alpha-1. The DSCO noted that there were no detainee request forms readily available for the detainees. The DSCO addressed this concern with facility administration and on-site ICE/ERO staff. Request forms will be made available to the detainees in all housing units. The DSCO will continue to monitor.

Status: Resolved

Standard: Classification System

Component: Other

Note: On March 11, 2020, the DSCO reviewed fifteen detention files for compliance and one of the fifteen files reviewed did not contain the Risk Classification for proper classification of the detainee. The DSCO addressed this concern with facility administration and on-site ERO for correction. The DSCO will continue to monitor.

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Status: Resolved

Standard: Special Management Units

Component: 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.

Note: On March 11, 2020, the DSCO reviewed fifteen detention files for compliance and one of the fifteen files did not contain an Order of Administrative Segregation for the dates of November 18 – 20, 2019, when the detainee was housed in the unit for Protective Custody. The DSCO met with facility administration and Facility Services Administrator to address this concern. The Facility Services Administrator will ensure the Administrative Orders are placed in the detention file once the detainee has been released from the unit. The DSCO will continue to monitor.

Status: Pending

Standard: Food Service

Component: Other

Note: On March 12, 2020, the DSCO performed a walkthrough of the food service area and during the walkthrough, the DSCO noted that the freezer temperature was well above zero degrees (temperature was fifteen degrees). The DSCO addressed this concern with the Food Service Administrator and was informed that freezer temps average around four to five degrees prior to being used for the day and then the temps raise to fifteen to nineteen degrees. Currently facility maintenance is working to correct this issue. The DSCO will continue to monitor.

Status: Resolved

Standard: Staff-Detainee Communication

Component: 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.

Note: On March 10, 2020 the DSCO reviewed fifteen Staff Detainee Requests and one of the fifteen reviewed requests was not responded to in the required 72-hour time limit. The response took six days to get back to the detainee. The DSCO met with on-site ICE/ERO staff to address the concern. The DSCO will continue to monitor.

Status: Resolved

Standard: Detention Files

Component: Other

Note: On March 11, 2020 the DSCO reviewed fifteen detention files for compliance and five of the fifteen reviewed files did not contain any written documentation of a 120-day re-classification. One file was missing documentation of the 60-day reclassification. The DSCO met with facility administration and Facility Services Administrator to address this concern. The standard was reviewed, and the Facility Services Administrator will ensure the re-classification documents are printed and placed in the detention file. The DSCO will continue to monitor.

2. Corrective Plan of Action Update:

3. Detainee Concerns:

Concern: Medical Care Issues

Status: Resolved

Note: One detained claimed they were not receiving their medication. Medication administering was verified with medical staff.

Concern: Case Management Issues

Status: Resolved

Note: Multiple detainees had questions regarding their Immigration cases.

4. Notes from Meetings with Staff:

Note: The facility management, ICE liaison staff and the DSCO continue to have constant and frequent formal/informal meetings concerning the care of the detainees at this facility.

5. Serious Events/Serious Incidents to Report:

Notification Status: Field Office

Violation: No

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Report #: 2020SIR0008169

Standard: Sexual Abuse and Assault Prevention and Intervention

Note: On March 9, 2020, at 1556 hours EST, Irwin County staff informed ERO Atlanta that Catholic Charities Atlanta had informed them that a detainee reported to them that an ICDC Officer, on multiple occasions, exposed himself, made sexual comments and gestures in front of the detainee. ICDC staff escorted the detainee to medical for a pre-segregation clearance and housing pending further investigation. ICDC staff initiated PREA protocols for the detainee involved. On March 9, 2020, at 1621 hours EST, ICDC staff notified the Irwin County, GA Sheriff's Office of the allegation and the case number is currently pending.

6. Significant Facility Observations:

7. NGO/Media/Public Official Contacts:

Contact: NGO

Note: The Southern Poverty Law Center continues with daily presentations to detainees.

8. Segregation Report:

Grand Total	0-14 Days	15-29 Days	30-44 Days	45-59 Days	60-74 Days	75 Over Days	Mental Health Over 15 Days	Total Mental Health
2	1	0	0	0	0	1	0	0

9. Contact and Review Counts:

Classification Files Reviewed: 15

Detainee Contacts: 31

Detainee Communication: 15 **Medical Files Reviewed:** 15

10. On The Spot Corrections Tracker:

Total	% Corrected On The Spot	Total	Corrective
Performance		Corrective	Action Not
Measures		Action Taken	Taken
7	71.4285714285		2

11. Other Notes:

Note Type: Facility Related

Note: Two of the seven listed performance measures are currently being addressed by facility maintenance and are listed as pending corrective action. The DSCO will continue to monitor.

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(b)(6); (b)(7)(C) From:

20 Apr 2020 13:38:19 +0000 Sent:

To: (b)(6); (b)(7)(C)

Cc:

Weekly DSCO Report for ICDC Week Ending 04/17/2020 Subject:

Attachments: Weekly Report (Irwin County 04-17-20).pdf

ALCON, please see attached report and note that, due to telework because of the COVID-19 virus, the facility was not monitored during the week.

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

Detention Standards Compliance Officer Custody Management Unit **Detention Monitoring Unit** Irwin County Detention Center 132 Cotton Drive, Ocilla, GA., 31774

816-352(b)(6); (Cell) 229-468(b)(7)(ext (b)(6)(Office)

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



CUSTODY MANAGEMENT DIVISION **DETENTION MONITORING UNIT** DETENTION SERVICES MANAGER REPORT

Verified by Regional Supervisor (b)(6); (b)(7)(C)

Date: 4/17/2020

To: Detention Monitoring Unit

From: Detention Standards Compliance Officer,

Subject: Weekly Report for IRWIN COUNTY DETENTION CENTER

This Week's Activities

- 1. Compliance Monitoring Issues Noted:
- 2. Corrective Plan of Action Update:
- 3. Detainee Concerns:
- 4. Notes from Meetings with Staff:

Note: The Facility Administration and Command Staff continue with regular meetings to discuss COVID-19 counter measures.

Note: The facility management, ICE liaison staff and the DSCO continue to have constant and frequent formal/informal meetings concerning the care of the detainees at this facility.

- 5. Serious Events/Serious Incidents to Report:
- 6. Significant Facility Observations:
- 7. NGO/Media/Public Official Contacts:
- 8. Segregation Report:

Grand Total	0-14 Days	15-29 Days	30-44 Days	45-59 Days	60-74 Days	75 Over Days	Mental Health Over 15 Days	Total Mental Health
15	9	5	0	0	0	1	0	0

9. Contact and Review Counts:

10. On The Spot Corrections Tracker:

11. Other Notes:

Note Type: Information

Note: The facility is not being monitored this week due to the DSCO teleworking because of the COVID-19 pandemic.

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(b)(6); (b)(7)(C) From:

Sent: 16 Apr 2020 12:48:12 +0000

(b)(6); (b)(7)(C) To:

Cc:

Weekly DSCO Report for ICDC week ending 4/10/2020 Subject:

Weekly Report (Irwin County 04-10-20).pdf Attachments:

ALCON, please see attached report and note that, due to telework because of the COVID-19 virus, the facility was not monitored during the week.

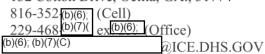
(b)(6); (b)(7)(C)

Detention Standards Compliance Officer

Custody Management Unit **Detention Monitoring Unit**

Irwin County Detention Center

132 Cotton Drive, Ocilla, GA., 31774





CUSTODY MANAGEMENT DIVISION DETENTION MONITORING UNIT DETENTION SERVICES MANAGER REPORT

Verified by Regional Supervisor,

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

Date: 4/10/2020

To: Detention Monitoring Unit

From: Detention Standards Compliance Officer,

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

Subject: Weekly Report for IRWIN COUNTY DETENTION CENTER

This Week's Activities

- 1. Compliance Monitoring Issues Noted:
- 2. Corrective Plan of Action Update:
- 3. Detainee Concerns:

4. Notes from Meetings with Staff:

Note: The Facility Administration and Command Staff continue with regular meetings to discuss COVID-19 counter measures.

Note: The facility management, ICE liaison staff and the DSCO continue to have constant and frequent formal/informal meetings concerning the care of the detainees at this facility.

5. Serious Events/Serious Incidents to Report:

Notification Status: Field Office

Violation: No

Report #: 2020SIR0009315 Standard: Medical Care

Note: On April 9, 2020, at 1127 hours EST, medical staff at the Irwin County Detention Center (ICDC) informed ERO Atlanta that an ICE detainee tested positive for the 2019 Novel Coronavirus (COVID-19). The detainee was tested for COVID 19 after his attorney contacted ICDC stating that the detainee was in frequent contact with an inmate at United States Penitentiary Atlanta (USP Atlanta) who tested positive for COVID-19. The detainee is currently housed in a negative pressure room in the ICDC medical unit. ICDC medical staff are closely monitoring the situation and will notify ERO Atlanta of any changes in the detainee's condition. UPDATE: The detainee is stable and asymptomatic, and April 10, 2020 will be the 14th day the detainee has been isolated in the medical unit.

6. Significant Facility Observations:

7. NGO/Media/Public Official Contacts:

8. Segregation Report:

Grand Total	0-14 Days	15-29 Days	30-44 Days	45-59 Days	60-74 Days	75 Over Days	Mental Health Over 15 Days	Total Mental Health
11	8	2	0	0	0	1	0	0

9. Contact and Review Counts:

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10. On The Spot Corrections Tracker:

11. Other Notes:

Note Type: Information

Note: The facility is not being monitored this week due to the DSCO teleworking because of the COVID-19 virus.

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(b)(6); (b)(7)(C) From:

10 Aug 2020 19:41:16 +0000 (b)(6); (b)(7)(C) Sent:

To:

Cc: Weekly DSCO Report for ICDC, Week Ending 8/7/20 Subject:

Attachments: Weekly Report (Irwin County 08-07-20).pdf

ALCON,

Please see attached report and note that, due to telework because of the COVID-19 virus, the facility was not monitored during the week(s) attached.

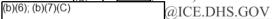
(b)(6); (b)(7)(C)

Detention Standards Compliance Officer Custody Management Division Detention Monitoring Unit- gulf coast region Irwin County Detention Center

132 Cotton Drive, Ocilla, GA., 31774

816-352-4(b)(6);(Cell)

229-468-4(b)(7) ex(b)(6); (Office)





CUSTODY MANAGEMENT DIVISION DETENTION MONITORING UNIT DETENTION SERVICES MANAGER REPORT

Verified by Regional Superviso (b)(6); (b)(7)(C)

Date: 8/7/2020

To: Detention Monitoring Unit

From: Detention Standards Compliance Officer,

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

Subject: Weekly Report for IRWIN COUNTY DETENTION CENTER

This Week's Activities

- 1. Compliance Monitoring Issues Noted:
- 2. Corrective Plan of Action Update:
- 3. Detainee Concerns:

4. Notes from Meetings with Staff:

Note: The Facility Administration and Command Staff continue with regular meetings to discuss COVID-19 counter measures.

Note: The facility management, ICE liaison staff and the DSCO continue to have constant and frequent formal/informal meetings concerning the care of the detainees at this facility.

- 5. Serious Events/Serious Incidents to Report:
- 6. Significant Facility Observations:
- 7. NGO/Media/Public Official Contacts:

8. Segregation Report:

Grand Total	0-14 Days	15-29 Days	30-44 Days	45-59 Days	60-74 Days	75 Over Days	Mental Health Over 15 Days	Total Mental Health
36	27	2	2	3		2		

9. Contact and Review Counts:

10. On The Spot Corrections Tracker:

11. Other Notes:

Note Type: Detainee Related

Note: This facility has changed from PBNDS 2008 to PBNDS 2011, effective June 15, 2020. The Assigned DSCO has not had a chance to address the optimal components, with facility administration, due to teleworking because of the COVID-19 pandemic.

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Note 1	wne.	Inform	nation

Note: The facility is not being monitored this week due to the DSCO teleworking because of the COVID-19 pandemic.

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



JUL 2 3 2019

MEMORANDUM FOR:

Sean W. Gallagher

Field Office Director

Atlanta Field Office

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

FROM:

(b)(7)(C) lep. Jonnson

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 <u>Meets Standard</u> is assigned.

The Field Office Director must complete the following actions in accordance with the Detention Management Control Program (DMCP):

- Notify the facility of the final rating <u>within</u> 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		Estimated Man-d	lays Per Yo	ear		
☐ ICE Service Processing Center		225,000				
☐ ICE Contract Detention Facility						
☐ ICE Intergovernmental Service Agreemen	nt					
		G. Accreditation	on Certific	eates		
B. Current Inspection		List all State or N	National A	ccreditat	ion[s] receiv	ved:
Type of Inspection					[-]	
Field Office HQ Inspection		Check box if	facility ha	s no acc	reditation[s]	1
Date[s] of Facility Review		Z check con h	incline) in	is no acc	· cartation[5]	
06/11/2019 to 06/13/2019		H. Problems /	Complain	ts (Coni	ec must he	attached)
00/11/2017 to 00/13/2017		The Facility is ur				
		Court Order			Action Ord	
C. Previous/Most Recent Facility Review		The Facility has	Significant	_		
Date[s] of Last Facility Review		☐ Major Litigat			Safety Issue	e
06/12/2018 to 06/14/2018		Check if Nor		Liters	saicty issue	3
Previous Rating	. '	CHECK II NOI	ic.			
☐ Meets Standards ☐ Does Not Meet Standard	is	I Facility His				
		I. Facility Hist Date Built	tory			
D. Name and Location of Facility						
Name		1991	dalad as III	L 1		
Irwin County Detention Center		Date Last Remod	defed or U	ograded		
Address (Street and Name)		2009 / 512 Beds	/ D	1	A 11 1	
132 Cotton Drive		Date New Constr		easpace	Added	
City, State and Zip Code		August 2019 / 96				
Ocilla, Georgia 31774		Future Construct		ed		
County		Yes No				
Irwin		Current Bedspac				w Beds only)
Name and Title of Facility Administrator		1201	Nuı	nber: 96	Date: Aug	ust 2019
(Warden/OIC/Superintendent)						
David Paulk, Facility Administrator		J. Total Facili				
Telephone # (Include Area Code)		Total Facility Int	<u>ake</u> for pre	evious 12	months	
229-325(b)(6);		6,032				
Field Office / Sub-Office (List Office with oversight		Total ICE Manda	ays for Pre	vious 12	months	
responsibilities)		296,864				
Atlanta, Georgia						
Distance from Field Office		K. Classification				Fs Only)
192 miles				L-1	L-2	L-3
		Adult Male		N/A	N/A	N/A
E. ICE Information		Adult Female		N/A	N/A	N/A
Name of Inspector (Last Name, Title and Duty Station	n)					
(b)(6), (b)(7)(C) / Detainee Rights/LCI / Nakamoto C	Group	L. Facility Cap				
Name of Team Member / Title / Duty Location			Rated	Op	erational	Emergency
(b)(6); / Jedical SME / Nakamoto Group		Adult Male	1,001		784	1,001
Name of Team Member / Title / Duty Location		Adult Female	200		200	200
(b)(6); (b)(7)(C) / Safety SME / Nakamoto Group		☐ Facility holds	Juveniles (Offender	16 and olde	er as Adults
Name of Team Member / Title / Duty Location						
(b)(6); Security SME / Nakamoto Group		M. Average Da	ily Popula	tion		
(b)(7)(c) Security SME / Nakamoto Group Name of Team Member / Title / Duty Location				ICE	USMS	Other
(b)(6); (b)(7)(C) Medical SME / Nakamoto Group		Adult Male		739	145	37
		Adult Female	$\overline{}$	323	23	4
F. CDF/IGSA Information Only	'					
Contract Number Date of Contract or I	GSA	N. Facility Stat	ffing Leve	l		
IGA 20-07-0058 January1991		Security:			port:	
Basic Rates per Man-Day		(b)(4)		,	1	
(b)(4)		ч				
Other Charges: (If None, Indicate N/A)						
Cart Charges (11 1 tone, maleute 1 (/1)						

Significant Incident Summary Worksheet

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

Incidents	Description	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault:	Types (Sexual ² , Physical, etc.)	10-P	3-P	8-P	6-P
Offenders on Offenders ¹	With Weapon	1	0	0	0
	Without Weapon	9	3	8	6
Assault:	Types (Sexual Physical, etc.)	2-P	1-P	1-P	0
Detainee on Staff	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	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	0	0
Restraints applied/used	Type (C=Chair, B=Bed, BB=Board, O=Other)	0	0	0	0
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

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

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

Routine transportation of detainees/offenders is not considered "forced"

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

	DHS/ICE Detention Standards Review Summary Report						
1. N	Meets Standards 2. Does Not Meet Standards 3.Repeat Finding 4. Not Applicable	1	2	3	4		
	RT 1 SAFETY		_				
1	Emergency Plans	\boxtimes					
2	Environmental Health and Safety	\boxtimes					
3	Transportation (By Land)	\boxtimes					
_	RT 2 SECURITY						
4	Admission and Release	\boxtimes					
5	Classification System	\boxtimes					
6	Contraband						
7	Facility Security and Control	\boxtimes					
8	Funds and Personal Property	\boxtimes					
9	Hold Rooms in Detention Facilities	\boxtimes					
10	Key and Lock Control						
11	Population Counts						
12	Post Orders						
13	Searches of Detainees	\boxtimes					
14	Sexual Abuse and Assault Prevention and Intervention						
15	Special Management Units	\square					
16	Staff-Detainee Communication						
17	Tool Control						
18	Use of Force and Restraints		一	$\overline{}$			
	ART 3 ORDER						
19	Disciplinary System	\square					
	RT 4 CARE						
20	Food Service	\square					
21	Hunger Strikes	\boxtimes					
22	Medical Care	\boxtimes					
	Personal Hygiene	\boxtimes					
24	Suicide Prevention and Intervention						
25		\boxtimes					
	RT 5 ACTIVITIES						
26	Correspondence and Other Mail	\boxtimes					
27	Escorted Trips for Non-Medical Emergencies				\boxtimes		
28	Marriage Requests	\boxtimes					
29	Recreation	\boxtimes					
30	Religious Practices	\boxtimes					
31	Telephone Access	\boxtimes					
32	Visitation	\boxtimes					
33	Voluntary Work Program	\square					
PART 6 JUSTICE							
34	Detainee Handbook	\boxtimes					
35	Grievance System	\boxtimes					
36	Law Libraries and Legal Material	\square					
37	Legal Rights Group Presentations	\boxtimes					
	PART 7 ADMINISTRATION & MANAGEMENT						
38	Detention Files	\boxtimes					
39	News Media Interviews and Tours	\boxtimes					
40	Staff Training	\boxtimes					
41	Transfer of Detainees	\boxtimes					

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,	(b)(6); (b)(7)(C) ty SME, The Nakamoto Group, Inc.				
Recommended Rating:					
☐ Does Not I	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

Form G-324A SIS (Rev. 9/3/08)

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 detained cut her wrists in the facility courtroom. Immediate aid was rendered by corrections and medical staff. The detained was sent to the ER. The wound was dressed and the detained was returned to the facility. The detained 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: (b)(6); (b)(7)(C)

Sent: 2 Nov 2018 14:57:37 +0000

To: <u>Gallagher, Sean W</u>

Cc: (b)(6); (b)(7)(C)

Subject: RE: (IRWINGA) Irwin County Detention Center Approved RA Memorandum and

UCAP DUE HQ/DMD/DSCU BY COB: 10/23/2018

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, IRWINGA18 RA MEMO.PDF

Good morning,

The attached UCAP was due to DSCU on 10/23/2018. I do not show it has been received. Can you please provide an update regarding the UCAP.

Thank you,

Craig

(b)(6); (b)(7)(C)
| Section Chief

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)276(b)(6);

E: (b)(6); (b)(7)(C) ice.dhs.gov

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From: (b)(6); (b)(7)(C)

Sent: Wednesday, August 8, 2018 4:18 PM

To: Gallagher, Sean W (b)(6); (b)(7)(C) @ice.dhs.gov>

(b)(6); (b)(7)(C) Dice.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. Due date: 10/23/2018.

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

Detention 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)276-(b)(6);

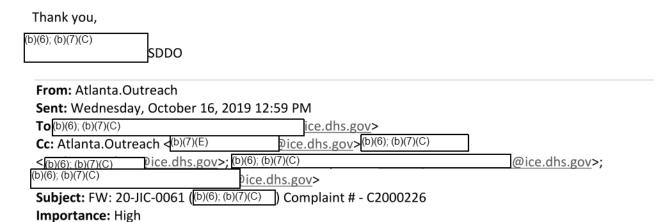
E:(b)(6); (b)(7)(C) vice.dhs.gov

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From: Sent: To: Cc: Subject:	(b)(6); (b)(7)(C) 16 Oct 2019 17:15:08 +0000 (b)(6); (b)(7)(C) RE: 20-JIC-0061 (b)(6); (b)(7)(C) Complaint # - C2000226
I've copied my	response to HQ below:
Comple	aint One: Alleges she is not receiving proper medical care for her medical conditions.
Nurse Lisinop	nse: On September 6, 2019, an intake screening was completed by the Licensed Practical (LPN). $\frac{(b)(6); (b)(7)(C)}{(b)(6); (b)(7)(C)}$ verbalized a history of hypertension and the following medication: will 20mg daily, HCTZ 25mg daily, and Fenofibrate 160mg daily. The LPN scheduled a l in the chronic care clinic.
chronic prescri	was evaluated by the Nurse Practitioner (NP) for an initial care visit. The NP noted the following: history of hypertension and hyperlipidemia and bed Lisinopril 20 mg daily, Hydrochlorothiazide 25 mg daily, Fenofibrate 160 mg daily and ac diet.
prescri	was assessed by the NP for non-compliance with bed medication. The NP educated $I^{(b)(6); (b)(7)(C)}$ by the importance of medication ance and she verbalized understanding.
uniden	tember 21, 2019, Ms. was assessed during a sick call visit, where she requested tified "medication that she was taking upon arrival". Per the ICDC HSA, $\frac{(b)(6); (b)(7)(C)}{0}$ was d that she is taking the same medication that she was prescribed prior to arrival at ICDC.
On Sep	resumed taking the medication as prescribed.
medica	s not submitted any additional requests regarding ation, continues to take all medication as prescribed, and has not indicated any need for health services.
From: (b)(6); (b)(7)(C) ice.dhs.gov>
Sent: Wednes To: ((b)(6); (b)(7)(C) ((b)(6); (b)(7)(C) ((b)(6); (b)(7)(C)	day, October 16, 2019 1:12 PM © ice.dhs.gov> ce.dhs.gov> ce.dhs.gov> ce.dhs.gov> ce.dhs.gov> ce.dhs.gov> ce.dhs.gov> ce.dhs.gov>
Good afternoo	n,
The attorney o	n file for submitted the complaint below. Please s been denied appointments, sick calls or medication. What's the current status of her

appointments and medication? If applicable, is she currently attending appointments on the recommended basis and receiving the medication as prescribed?



Good afternoon,

The below 20-JIC-0061 Complaint # - C2000226 is being forwarded from the Atlanta Outreach mailbox for review and follow-up. <u>EARM must be updated with issue resolution and any actions taken for HQ to close the case</u>. Copy the Atlanta Outreach box with issue resolution or send an email to the Outreach box confirming tasking completion.

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

ATL - DET-Fear Claims 00-49(b)(6);
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*Attorney emails to Atlanta Outreach on 9/6/19 (forwarded on 9/9/19 to Mason/Dubyak) and 9/10/19 (forwarded 9/12/19 to Ferra/Sullivan) are the only emails received for this detainee in the ATL Outreach mailbox.

Thank you,

Atlanta Outreach 180 Ted Turner Drive, SW Atlanta, GA 30303

From: (b)(6); (b)(7)(C)	<u> ۱ice.dhs.gov</u> >			
Sent: Wednesday, October 16, 2019 12:36 PM				
To: Atlanta.Outreach (b)(6); (b)(7)(C)	@ice.dhs.gov>			
Cc: ERO JIC < EROJIC@ice.dhs.gov >				
Subject: FW: 20-JIC-006 (b)(6); (b)(7)(C)	Complaint # - C2000226			
Importance: High	_			

Atlanta Field Office,

The Enforcement and Removal Operations (ERO) Non-Telephonic Reporting (ENTR) team has reviewed the attached JIC case, and determined the incident report warrants further review from the Atlanta Field Office. Please see the synopsis below, along with the original JIC attachment(s) for your reference.

Subject Name ^{(b)(6); (b)(7)(C)}
Subject A#:(b)(6); (b)(7)(C)
Facility Name: (b)(6); (b)(7)(C)
Case Information: The following issues or concerns are alleged. The submision reports: On September
23, 2019, CRCL received email correspondence from attorney Lauren L. Armstrong on behalf of (b)(6);
(b)(6), (b)(7)(C) , an ICE detainee at the Irwin County Detention Center in Ocilla,
Georgia. Ms. Armstrong stated that she learned on September 19, 2019, that (b)(6); (b)(7)(C) was
being denied necessary medication for her medical conditions. Ms. Armstrong did not specify the
medication(s) or conditions. (b)(6); (b)(7)(C) was taken into ICE custody on September 5, 2019 and
has been at the Irwin County Detention Center since then. In part, Ms. Armstrong wrote, (0)(6); (0)(7)(C)
$^{(b)(6); (b)(7)(C)}$ ights have been violated while in immigration detention and as a subject of immigration
enforcement which have placed her physical and mental health at risk." Ms. Armstrong provided a
signed G-28 documenting that $(b)(6)$; $(b)(7)(C)$ authorized her to represent her. Regarding non-
medical allegations, Ms. Armstrong alleged that ICE officers and agents in the Atlanta Field Office have
violated (b)(6); (b)(7)(C) due process rights, such as the right to timely notice of changes in
custody determination and her right to communicate with her attorney. Ms. Armstrong wrote that Ms.
(b)(6); (b)(7)(C) vas taken into custody unexpectedly on September 5, 2019 at a routine ICE check-in
at the ERO Atlanta Field Office. Ms. Armstrong stated, $(b)(6); (b)(7)(C)$ was being informed that she would be taken into
custody, she attempted to call her attorney to discuss. As soon as she was able to get her attorney on
the phone, (b)(6), (b)(7)(C) as ordered to stop using her phone by the ICE officer attending to
her. (b)(6): (b)(7)(C) sked the ICE officer to speak to her attorney. The female officer refused to
tell the attorney who (b)(6); (b)(7)(C) deportation officer is or was. The officer did not provide
any contact information for any person who could provide additional infomation [sic] on why Ms. (b)(6); (b)(7)(C) was being detained. When the attorney asked the female officer to identify herself on
was being actained. When the attorney asked the remaic officer to identify hersen on
the phone, the officer hung up on the attorney. (b)(6), (b)(7)(C) was then transported to Irwin
County Detention Center where she has been detained since On Septmeber [sic] 19, 2019,
undersigned counsel learned that she was being denied necessary medication for her health conditions, and had no access to her own phone account funds thus limiting her ability to have critical
communication with her legal representative "Up until this date, (b)(6); (b)(7)(C) oes not
appear in the ICE detainee locator online, thus failing to provide information on whetherand where
she continues to be detained. Her attorney must place repeated calls to the detention center itself to
attempt to determine (b)(6); (b)(7)(C) custody status. "Undersigned counsel has submitted
multiple e-mail requests to the Atlanta Outreach email address for ICE ERO, and to ICE ERO Atlanta
directly. Undersigned counsel has also left various voicemails with the ICE ERO duty line (as instructed)
and with the Immigration contact/option listed on the Irwin County Detention Center phone line. Aside
from a standard referral email, undersigned counsel has not received a single call or email from the
Deportation Officer assigned $td^{(b)(6); (b)(7)(C)}$ ase, despite having a G-28 on file. It was only
after undersigned counsel managed to find a direct phone number for an ICE officer in Atlanta that she
was able to get the name of the ICE officer handling the case. Nevertheless, the officer has not reached
out to undersigned counsel. "Finally, on September 20, 2019, officials at the ICE Field Office erroneously
rejected the I-246 stay of removal application. According to the attending officer at the window, it was
rejected [because] there was handwriting on the cashier's check. This "prohibited" handwriting was Ms.

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

ame and [alien number] that were written on the cashier's check as a memo for the

filing

Purpose for Distribution: Forwarded to the Field office to determine merit of allegations and take action if necessary. Per EARM comments, subject consented for information to be released on ODLS. Per ODLS search, detainee is still not listed. Please annotate in EARM comments that the detainee was seen by medical and her ODLS information is in process.

This case has been reviewed by ERO HQ Detention Deportation Officers, and a response from your office is necessary in order to consider this matter resolved. Please enter a resolution into the EARM Comments section with any actions taken. If for any reason you are unable to enter comments, please send your resolution notes to EROJIC@ice.dhs.gov. The ENTR team is requesting a response time of no later than 10 business days.

Thank you for your assistance.

From: Hotline < Hotline@oig.dhs.gov>
Sent: Tuesday, October 8, 2019 4:23 PM

To: CRCLCompliance < CRCLCompliance@HQ.DHS.GOV>

Cc: ERO JIC < EROJIC@ice.dhs.gov>

Subject: 20-JIC-006 Complaint # - C2000226

Dual referral



OFFICE OF INSPECTOR GENERAL

Department of Homeland Security

Washington, DC 20528 / www.oig.dhs.gov

The attached information is furnished for whatever administrative action or inquiry you consider appropriate. Should your office take any administrative or personnel action in response to this information, you are requested to report the final result of that action within 30 business days of its conclusion.

If your review of this matter discloses evidence of previously unreported criminal misconduct that is reportable under Management Directive 0810.1, you are required to notify this office of that information before any additional investigative steps are taken.

From: (b)(6); (b)(7)(C)

Sent: 16 Sep 2020 22:32:20 +0000

To: (b)(6); (b)(7)(C)

Subject: FW: IRWIN CO report and Amin claims data

FYSA only-just in case anything comes up while I am out. (b)(6); (b)(7)(C) are in the know also so you have lifelines!

V/R,

(b)(6); (b)(7)(C) MSPH, BSN, RN, CCHP, NASM-CPT, USPHS

CHIEF, HEALTH PLAN MANAGEMENT UNIT

U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT (ICE)

ENFORCEMENT AND REMOVAL OPERATIONS (ERO)

ICE HEALTH SERVICE CORPS (IHSC)

VA FINANCIAL SERVICES CENTER

7600 METROPOLIS DRIVE

AUSTIN, TX 78744

PHONE: 202-680 (b)(6),

EMAIL: (b)(6); (b)(7)(C) @ICE.DHS.GOV Health Plan Management Unit SharePoint Page

MedPAR Login FSC HCPS Login

The Commissioned Corps of the U.S. Public Health Service: "Protecting, promoting and advancing the health and safety of the nation."



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FYSA-this was a quick down and dirty research on my part. I'll let you all have at it. It's a lot to recoup from $\frac{(b)(6)}{(b)(7)(7)}$ if he is in fact submitting false claims.

V/R,

(b)(6); (b)(7)(C) MSPH, BSN, RN, CCHP, NASM-CPT, USPHS

CHIEF, HEALTH PLAN MANAGEMENT UNIT

U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT (ICE)

ENFORCEMENT AND REMOVAL OPERATIONS (ERO)

ICE HEALTH SERVICE CORPS (IHSC)

VA FINANCIAL SERVICES CENTER

7600 METROPOLIS DRIVE

AUSTIN, TX 78744

PHONE: 202-680(b)(6)

EMAIL: (b)(6); (b)(7)(C) vICE.DHS.GOV

Health Plan Management Unit SharePoint Page

MedPAR Login FSC HCPS Login

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From: (b)(6); (b)(7)(C)

Sent: Wednesday, September 16, 2020 17:26

To: S(b)(6); (b)(7)(C) ce.dhs.gov>

Subject: RE: IRWIN CO report and (b)(6); claims data

Good afternoon (b)(6);

The following is as a result of data mining of all claims submitted by (b)(6): My utilization management program (UMP) team are conducting additional research on the claims data, starting with

hysterectomies, for Utilization Review and Fraud Waste and Abuse (some have not been paid yet and/or denied related to no billing information on file at the VA FSC).

Below are highlighted hysterectomies and procedures that are approved referrals by IHSC for the doctors mentioned.

The table below is based on MedPARs approved by IHSC to see outside specialists for care: All procedures/surgeries/GYN/OB (date range 2015-2020). Note that the team is trying to ascertain if they were actually performed through submitted claims by the providers after services rendered. They have identified that (b)(6); did submit claims on the 6 detainees below for hysterectomies performed between 2017-current date.

BLUF (b)(6):
The 6 hysterectomy claims submitted by (b)(7)(C) and charges:
-paid over 20K (some denials-not covered by Medicare guidelines)
-paid over 10K (some denials-some double billed duplicate claims)
-paid over 5K (some denials-based on billing from different address) (allegedly released from
custody prior to surgery-UR to research)
- paid over 5K (some denials-Auth appt date/specialty/request and reason conflict) (allegedly
refused the hysterectomy-UR to research)
paid over 30K (some denials- not covered by Medicare guidelines) (most recent surgery 5/26/20) (pending claims data from VA FSC)

All other claims below by ((b)(6); will be reviewed by the UMP for FWA

		Surgery	Procedures	GYN/OB	All approved MedPARs combined
	Name	Hysterectomy	Laparoscopy/D&C/ Cryocautery Cervix/Biopsy/Rem oval IUD	care/follow-up	
(b)(5); (b)(7)(C)	6	71	448	
		0	1	4	
		2	0	0	
		0	0	28	
			3	264	
		0			

below and attached)				
Totals:	8	75	740	823

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

(b)(6); (b)(7)(C)
MPH, CCHP, FACHE

Assistant Director | ICE Health Service Corps Desk: 202-732 (b)(6); Cell: 202-321-(b)(6);

Executive Assistant: (b)(6), (b)(7)(C)

Desk: 202-732(b)(6): Cell: 202-893(b)(6)

"IHSC: One Team, One Mission...Leading the Way in Immigration Health Care"