

February 23, 2018

TO: (b)(6); (b)(7)(C)
Assistant Director for Detention Management

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

SUBJECT: **Annual Detention Inspection of the Butler County Jail**

The Nakamoto Group, Inc. performed an annual inspection for compliance with the ICE National Detention Standards (NDS/SAAPI 2011) of the Butler County Jail in Hamilton, OH during the period of February 21-23, 2018. This is an Over 72 Hour IGSA facility.

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

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

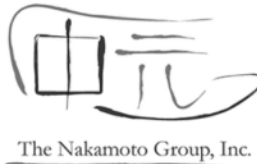
Type of Inspection

This is a scheduled annual inspection, which is performed to determine overall compliance with the ICE NDS for Over 72 hour facilities.

Inspection Summary

The Butler County Jail 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) - Yes



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 NDS compliance annual inspections:

2017 Annual Inspection		2018 Annual Inspection	
Meets Standards	37	Meets Standards	37
Deficient	0	Deficient	0
At-Risk	0	At-Risk	0
Repeat Deficiency	0	Repeat Deficiency	0
Not Applicable	2	Not Applicable	2

The inspection team identified six (6) deficient components in the following five (5) standards:

- Correspondence and Other Mail - 1, which is a repeat deficiency
- Issuance and Exchange of Clothing, Bedding and Towels - 2, which are repeat deficiencies
- Environmental Health and Safety - 1
- Security Inspections – 1
- Staff Detainee Communication - 1

Facility Snapshot/Description

The Butler County Jail is owned and operated by Butler County Sheriff's Office and is located in Hamilton, Ohio. The facility houses U.S. Marshals detainees, BOP inmates and various other county prisoners, as well as male and female ICE detainees of all security levels. The count during the inspection was 959, of which 127 were ICE detainees; 119 males and eight females. The average length of stay for an ICE detainee is twelve days.

The multi-story, direct supervision facility has eight general population housing units, a housing unit for detainees that require separation from the general population, and a four-cell medical unit, all branching from a single hallway. Each of the housing units, except the medical unit, has forty-eight two-person cells situated on lower and upper ranges, and an attached outdoor recreation area. An officer is stationed inside every housing unit, and video cameras are in place in every unit as well. The cameras are monitored in the control center.

Every cell has a television, a sink, and a toilet. Housing units provide adequate open space and detainees spend the majority of their time during waking hours socializing in the dayrooms or engaging in outside recreation. The atmosphere throughout the facility is relaxed. Detainees were responsive to the inspection team. Interactions observed between the facility staff and detainees were calm and professional. There were no obvious indicators of high stress levels. The staff was professional in appearance and conduct. Knowledge of the standards varied from



The Nakamoto Group, Inc.

employee to employee. The setting is that of a typical jail, not lending itself to the concepts of civil detention.

The inspection team interviewed no less than fifty detainees. Eight detainees voiced complaints about cold food and sour milk. The Safety SME checked temperature logs and checked the temperatures of actual meals served during the inspection, with no negative variances. The supply of milk on hand was not approaching expiration dates. The food service staff stated that they had heard no such allegations, and there were no grievances on file with like complaints. During an interview with an inspection team member, one detainee presented with possible mental health issues. The Medical SME reviewed the detainee's medical record. The detainee provided no mental health history upon intake and was not currently on the mental health caseload. Based on the observation of the inspection team, the Health Services Administrator had the detainee assessed by a mental health professional during the inspection. Confidential interviews revealed no concerns, and LEP detainees stated that they have no problem obtaining services. Overall, detainees stated that they feel safe at this facility.

Food service is provided by Aramark. All other services are provided by Butler County.

Area of Concern/Significant Observation

There were no areas of concerns or significant observations.

Recommended Rating and Justification

The Lead Compliance Inspector recommends that the facility receive a rating of Acceptable. The facility complies with the ICE National Detention Standards (NDS). No (0) standards were found Deficient and two (2) standards were Not Applicable (N/A). All remaining thirty-seven (37) standards were found to be in compliance.

LCI Assurance Statement

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

- ICE Officials - (b)(6); (b)(7)(C)
- Facility Staff - (b)(6); (b)(7)(C)

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

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

Lead Compliance Inspector

February 23, 2018

Printed Name of LCI

Date

A. Type of Facility Reviewed

ICE Service Processing Center
 ICE Contract Detention Facility
 ICE Intergovernmental Service Agreement

B. Current Inspection

Type of Inspection
 Field Office HQ Inspection
Date[s] of Facility Review
02/21/2018- 02/23/2018

C. Previous/Most Recent Facility Review

Date[s] of Last Facility Review
01/10/2017- 01/12/2017
Previous Rating
 Superior Good Acceptable Deficient At-Risk

D. Name and Location of Facility

Name
Butler County Jail
Address (Street and Name)
705 Hanover Street
City, State and Zip Code
Hamilton, OH 45011
County
Butler
Name and Title of Chief Executive Officer (Warden/OIC/Supt.)
Dennis Adams, Warden
Telephone # (Include Area Code)
513-785-1154
Field Office / Sub-Office (List Office with oversight responsibilities)
Detroit
Distance from Field Office
250 miles

E. ICE Information

Name of Inspector (Last Name, Title and Duty Station)
(b)(6); [redacted] / LCI/Detainee Rights SME / Nakamoto
Name of Team Member / Title / Duty Location
(b)(6); [redacted] / Medical SME / Nakamoto
Name of Team Member / Title / Duty Location
(b)(6); [redacted] / Safety SME / Nakamoto
Name of Team Member / Title / Duty Location
(b)(6); [redacted] / Security SME / Nakamoto
Name of Team Member / Title / Duty Location
(b)(6); [redacted] / Medical SME / Nakamoto

F. CDF/IGSA Information Only

Contract Number
(b)(6); (b)(7)(C) Date of Contract or IGSA
12-16-03
Basic Rates per man-Day
(b)(4)
Other Charges: (If None, Indicate N/A)
N/A

Estimated Man-days Per Year:
353,526

G. Accreditation Certificates

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

H. Problems / Complaints (Copies must be attached)

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

I. Facility History

Date Built
2002
Date Last Remodeled or Upgraded
January 2018 New booking desk
Date New Construction / Bed space Added
N/A
Future Construction Planned
 Yes No Date:
Current Bed space **848** Future Bed space (# New Beds only)
Number: Date:

J. Total Facility Population

Total Facility Intake for previous 12 months
13,493
Total ICE Man-days for Previous 12 months
46975

K. Classification Level (ICE SPCs and CDFs Only)

	L-1	L-2	L-3
Adult Male			
Adult Female			

L. Facility Capacity

	Rated	Operational	Emergency
Adult Male	720		
Adult Female	128		

Facility holds Juveniles Offenders 16 and older as Adults

M. Average Daily Population

	ICE	USMS	Other
Adult Male	121	170	495
Adult Female	8	14	165

N. Facility Staffing Level

Security: **(b)(7)(E)** Support:

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

Form G-324A SIS (Rev. 7/9/07)

Significant Incident Summary Worksheet

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

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

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

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

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

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

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

Form G-324A SIS (Rev. 7/9/07)

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

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

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

Form G-324A SIS (Rev. 7/9/07)

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)	Signature (b)(6); (b)(7)(C)
Title & Duty Location Lead Compliance Inspector, The Nakamoto Group, Inc.	Date 02/23/2018

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

- Recommended Rating:**
- Superior
 - Good
 - Acceptable
 - Deficient
 - At-Risk

Comments: The Sexual Abuse and Assault Prevention and Intervention standard was inspected during this inspection but is not referenced in the Standards Review Summary Report. The standard was rated as Meets Standard for this inspection. During this inspection period there have been no allegations of sexual abuse or assault involving ICE detainees.

There were no deaths or serious suicide attempts involving ICE detainees in the past twelve months. ICE detainees are not charged a medical co-pay.

There was one immediate physical response to detainee resistance involving one ICE detainee during the inspection period. The detainee assaulted a staff member and was restrained against his will. The force was justified and appropriate, and applied only for the duration necessary. Medical services were engaged as required, and there were no injuries. The after-action review was timely.

The facility authorizes trained officers to carry chemical agents, and may use them on ICE detainees, if necessary. Shift supervisors carry Tasers but they may not be used on ICE detainees. Canines are used for contraband detection and are not used in the presence of ICE detainees.

The numbers on the second page of this form reflect the ICE population only.

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

Form G-324A SIS (Rev. 7/9/07)

Condition of Confinement Inspection Worksheet

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

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



**ICE National Detention Standards
Inspection Worksheet for Over 72 Hour Facilities**

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

Facility Information			
Facility Name: Butler County Jail		Review Purpose: Annual	
Facility Type: IGSA Intergovernmental Service Agreement (IGSA), ICE Service Processing Center (SPC), ICE Contract Detention Facility (CDF)			
Address:	705 Hanover Street		
City: Hamilton	State: OH	Zip Code: 45011	
County:	Butler		
CEO Name: Dennis Adams		CEO Title: Warden	
Review Information (Use following format for dates: mm/dd/yyyy)			
Start Date: 02/21/2018	End Date: 2/23/2018	Review Type: Headquarters	
Lead Name: (b)(6); (b)(7)(C)	Lead Title: LCI		
Review Document Issue Summary (See Document Check Section to Review/Update)			
Error(s) Found:	0	Items Not Rated:	0

ICE HQ USE ONLY: (DO NOT EDIT*)

Form Name: NDS_G324A_O72_LYON	Form Key: 26	Form Date: 5/9/2017
Form Type: NDS	Form Review Type: Annual	Form Over/Under 72 Status: O72

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

Table of Contents

SECTION I

ACCESS TO LEGAL MATERIALS (KEY: A).....	5
ADMISSION AND RELEASE (KEY: B).....	8
CLASSIFICATION SYSTEM (KEY: C)	10
CORRESPONDENCE AND OTHER MAIL (KEY: D)	12
DETAINEE HANDBOOK (KEY: E)	15
FOOD SERVICE (KEY: F)	20
FUNDS AND PERSONAL PROPERTY (KEY: G)	27
DETAINEE GRIEVANCE PROCEDURES (KEY: H)	30
GROUP LEGAL RIGHTS PRESENTATIONS (KEY: I).....	32
ISSUANCE AND EXCHANGE OF CLOTHING, BEDDING, AND TOWELS (KEY: J)	34
MARRIAGE REQUESTS (KEY: K)	36
NON-MEDICAL EMERGENCY ESCORTED TRIPS (KEY: L)	38
RECREATION (KEY: M)	40
RELIGIOUS PRACTICES (KEY: N)	44
DETAINEE TELEPHONE ACCESS (KEY: O)	46
VISITATION (KEY: P).....	50
VOLUNTARY WORK PROGRAM (KEY: Q).....	53

SECTION II

HUNGER STRIKES (KEY: R).....	56
ACCESS TO MEDICAL CARE (KEY: S)	59
SUICIDE PREVENTION AND INTERVENTION (KEY: T).....	67
TERMINAL ILLNESS, ADVANCED DIRECTIVES, AND DEATH (KEY: U)	69

SECTION III

CONTRABAND (KEY: V).....	74
DETENTION FILES (KEY: W).....	76
DISCIPLINARY POLICY (KEY: X)	78
EMERGENCY (CONTINGENCY) PLANS (KEY: Y).....	81
ENVIRONMENTAL HEALTH AND SAFETY (KEY: Z).....	84
HOLD ROOMS IN DETENTION FACILITIES (KEY: AA)	90
KEY AND LOCK CONTROL (SECURITY, ACCOUNTABILITY AND MAINTENANCE) (KEY: AB).....	93
POPULATION COUNTS (KEY: AC)	96
POST ORDERS (KEY: AD)	98
SECURITY INSPECTIONS (KEY: AE)	100
SPECIAL MANAGEMENT UNIT (SMU) (ADMINISTRATIVE SEGREGATION) (KEY: AF)	103
SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION) (KEY: AG)	108
TOOL CONTROL (KEY: AH)	112
TRANSPORTATION (LAND TRANSPORTATION) (KEY: AI).....	115
USE OF FORCE (KEY: AJ).....	119
STAFF DETAINEE COMMUNICATIONS (KEY: AK).....	123
DETAINEE TRANSFER STANDARD (KEY: AL)	125
SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (KEY: AM).....	127

DOCUMENT CHECK

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

Section I

Detainee Service Standards

ACCESS TO LEGAL MATERIALS (Key: A)		
POLICY: FACILITIES HOLDING ICE DETAINEES SHALL PERMIT DETAINEES ACCESS TO A LAW LIBRARY, AND PROVIDE LEGAL MATERIALS, FACILITIES, EQUIPMENT, DOCUMENT COPYING PRIVILEGES, AND THE OPPORTUNITY TO PREPARE LEGAL DOCUMENTS.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. The facility provides a designated law library for detainee use.	Meets Standard	There are two mobile law library carts. Each cart has a computer with the LexisNexis program and a printer.
2. The law library contains all materials listed in the "Access to Legal Materials" Standard, Attachment A. The listing of materials is posted in the law library.	Meets Standard	Detainees have access to all items listed in Attachment A via the LexisNexis electronic law library. The LexisNexis program lists all the required materials.
3. The library contains a sufficient number of chairs, is well lit, and is reasonably isolated from noisy areas.	Meets Standard	There is a multipurpose room in each housing unit that is used as the law library. The rooms are quiet, well lit, and have chairs, a computer stand and a table.
4. The law library is adequately equipped with typewriters and/or computers, and has sufficient supplies for daily use by the detainees.	Meets Standard	There are two computers with printers that ICE detainees may use. The computers have the LexisNexis program and word processing capabilities. Supplies are available from the officer on duty.
5. In addition to the physical law library, detainees have access to the Lexus Nexus electronic law library.	Meets Standard	
6. Where provided, the Lexus Nexus library is updated and is current.	Meets Standard	The electronic LexisNexis law library was updated in February 2018.
7. Outside persons and organizations are permitted to submit published legal material for inclusion in the legal library. Outside published material is forwarded and reviewed by ICE prior to inclusion.	Meets Standard	
8. There is a designated ICE or facility employee who inspects, updates, and maintains/replaces legal materials and equipment on a routine basis.	Meets Standard	A corrections officer performs the duties listed in this component.
9. Detainees are offered a minimum 5 hours per week in the law library. Detainees are not required to forego recreation time in lieu of library usage. Detainees facing a court deadline are given priority use of the law library.	Meets Standard	Detainees may use the law library at any time daily during their out-of-cell hours, up to 6.5 hours per day. Detainees are not required to forego recreation time to use the law library, and detainees with a court deadline are given priority use.

ACCESS TO LEGAL MATERIALS (Key: A)		
POLICY: FACILITIES HOLDING ICE DETAINEES SHALL PERMIT DETAINEES ACCESS TO A LAW LIBRARY, AND PROVIDE LEGAL MATERIALS, FACILITIES, EQUIPMENT, DOCUMENT COPYING PRIVILEGES, AND THE OPPORTUNITY TO PREPARE LEGAL DOCUMENTS.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
10. Detainees may request materials not currently in the law library. Each request is reviewed and, where appropriate, an acquisition request is timely initiated. Requests for copies of court decisions are accommodated within 3 – 5 business days.	Meets Standard	Requests for additional legal materials may be made via detainee request forms, and are accommodated as stipulated in this component.
11. Detainees are permitted to assist other detainees, voluntarily and free of charge, in researching and preparing legal documents, consistent with security.	Meets Standard	Detainees may assist other detainees from their same housing unit with legal work. The assistance must be voluntary and free of charge.
12. Illiterate or non-English-speaking detainees without legal representation receive access to more than just English-language law books after indicating their need for help.	Meets Standard	The LexisNexis program includes a Spanish tutorial.
13. Detainees may retain a reasonable amount of personal legal material in the general population and in the special management unit. Stored legal materials are accessible within 24 hours of a written request.	Meets Standard	
14. Detainees housed in Administrative Detention and Disciplinary Segregation units have the same law library access as the general population, barring security concerns. Detainees denied access to legal materials are documented and reviewed routinely for lifting of sanctions.	Meets Standard	The portable law library carts are utilized for detainees in segregated statuses. Denials would be documented and periodically reviewed.
15. All denials of access to the law library fully documented.	Meets Standard	
16. Facility staff informs ICE Management when a detainee or group of detainees is denied access to the law library or law materials.	Meets Standard	
17. Detainees who seek judicial relief on any matter are not subjected to reprisals, retaliation, or penalties.	Meets Standard	Detainees may seek relief without fear of reprisal or retaliation.

ACCESS TO LEGAL MATERIALS – REVIEWER SUMMARY
(Use following format for dates: mm/dd/yyyy)

ACCESS TO LEGAL MATERIALS – 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 the law library carts during their daily out-of-cell time; well beyond the weekly five hour minimum required by the standard. When outside persons and organizations are permitted to submit legal materials for inclusion in the law library which is in a language other than English, an English translation is provided.

ICE determines acceptance of outside published materials into the law library, whether the request was initiated by a detainee or an outside party. Decisions to accept or deny these materials are based on usefulness of the materials and space limitations, and the submitter is notified if materials are declined. Decisions as to whether or not to allow outside materials are made within forty-five days from the time of submission. The LexisNexis program is updated regularly, and outdated materials on LexisNexis are removed and/or replaced accordingly.

Official detention functions do not interfere with law library access. The unit officers monitor detainees using the law library in order to prevent the damaging, destroying or removal of equipment, materials or supplies.

The inmate services liaison assists detainees requesting a notary public, certified mail, or other such services to pursue a legal matter. The notary service is free to all detainees. The detainee handbooks provide detainees with the rules and procedures governing access to legal services, including legal materials and notary services.

Detainees can obtain photocopies of legal materials, at no charge, when such copies are reasonable and necessary for a legal proceeding involving the detainee. Requests for photocopies of legal material are only denied if the document poses a risk to the security and orderly operation of the facility; copying would constitute a violation of any law or regulation or; the request is clearly abusive or excessive. The assigned officer inspects documents requested for photocopying to ensure they comply with these rules. Staff do not read a document that is clearly related to a legal proceeding involving a detainee.

The local handbook and/or postings in the housing units provide detainees with the rules and procedures governing access to legal materials including: information that a law library is available for detainee use; scheduled hours of access to the law library; the procedure for requesting access to the law library; the procedure for requesting legal reference materials not maintained in the law library; and the procedure for notifying a designated employee that library material is missing or damaged.

The law library is inspected daily by the housing unit officers and the LexisNexis computer is inspected periodically by the assigned officer.

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: 2/23/2018

Reviewer Signature (for printed form submission):

ADMISSION AND RELEASE (Key: B)		
POLICY: ALL DETAINEES WILL BE ADMITTED AND RELEASED IN A MANNER THAT ENSURES THEIR HEALTH, SAFETY, AND WELFARE. THE ADMISSIONS PROCEDURE WILL, AMONG OTHER THINGS INCLUDE: MEDICAL SCREENING; A FILE-BASED ASSESSMENT AND CLASSIFICATION PROCESS; A BODY SEARCH; AND A SEARCH OF PERSONAL BELONGINGS, WHICH WILL BE INVENTORIED, DOCUMENTED, AND SAFEGUARDED AS NECESSARY.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. In-processing includes an orientation of the facility. The orientation includes: Unacceptable activities and behavior, and corresponding sanctions; How to contact ICE; The availability of <i>pro bono</i> legal services, and how to pursue such services; schedule of programs, services, daily activities, including visitation, telephone usage, mail service, religious programs, count procedures, access to and use of the law library and the general library; sick-call procedures, and the detainee handbook.	Meets Standard	Orientation consists of the issuance of the local handbook and the National Detainee Handbook and the viewing of a local orientation video. The video plays constantly in the holding rooms and intake processing area, and is available for viewing on the televisions in each cell. The orientation process covers all the topics listed in this component.
2. Medical screenings are performed by medical staff <u>or</u> persons who have received specialized training for the purpose of conducting an initial health screening.	Meets Standard	Initial intake medical screenings are conducted by trained correctional officers and more detailed medical screenings are conducted by medical staff.
3. Each new arrival is classified according to criminal history and threat levels. Criminal history is provided for each detainee by the ICE field office.	Meets Standard	Criminal histories are provided by ICE. The facility classifies all detainees upon arrival.
4. All new arrivals are searched in accordance with the "Detainee Search" standard. An officer of the same sex as the detainee conducts the search and the search is conducted in an area that affords as much privacy as possible.	Meets Standard	ICE detainees are pat searched upon arrival by an officer of the same gender as the detainee. Detainees also undergo a full body screening.
5. Detainees are stripped searched only when cause has been established and not as routine policy. Non-criminal detainees are not strip-searched but are patted down, unless reasonable suspicion is established.	Meets Standard	Detainees are not stripped searched unless specific cause exists for such action. All detainees are pat searched upon arrival.
6. The "Contraband" standard governs all personal property searches. IGSA/CDFs use or have a similar contraband standard. Staff prepares a complete inventory of each detainee's possessions. The detainee receives a copy.	Meets Standard	
7. Staff completes Form I-387 or similar form for CDFs and IGSA for every lost or missing property claim. Facilities forward all I-387 claims to ICE.	Meets Standard	This IGSA facility uses local forms to report lost or missing property claims. ICE is notified of any such claims.
8. Detainees are issued appropriate and sufficient clothing and bedding for the climatic conditions.	Meets Standard	

ADMISSION AND RELEASE (Key: B)		
POLICY: ALL DETAINEES WILL BE ADMITTED AND RELEASED IN A MANNER THAT ENSURES THEIR HEALTH, SAFETY, AND WELFARE. THE ADMISSIONS PROCEDURE WILL, AMONG OTHER THINGS INCLUDE: MEDICAL SCREENING; A FILE-BASED ASSESSMENT AND CLASSIFICATION PROCESS; A BODY SEARCH; AND A SEARCH OF PERSONAL BELONGINGS, WHICH WILL BE INVENTORIED, DOCUMENTED, AND SAFEGUARDED AS NECESSARY.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
9. The facility provides and replenishes personal hygiene items as needed. Gender-specific items are available. ICE Detainees are not charged for these items.	Meets Standard	Detainees are issued hygiene items upon admission. These items are replaced upon request to the housing unit officer.
10. All releases are properly coordinated with ICE using a Form I-203.	Meets Standard	All detainee releases are coordinated with ICE using I-203 form.
11. Staff completes paperwork/forms for release as required.	Meets Standard	

ADMISSION AND RELEASE – REVIEWER SUMMARY	
<i>(Use following format for dates: mm/dd/yyyy)</i>	
<p>Overall Remarks: <i>(Record significant facts, observations, other sources used, etc.)(5000 Character Max)</i></p> <p>Detainees are processed into and out of this facility in an effective manner that ensures their safety and welfare. The orientation video meets the standards of quality established by ICE and is approved by the ICE field office. The video is broadcast in English and Spanish. A telephonically based language line provides interpretation services when needed.</p> <p>Institutional clothing, including undergarments, is provided to the detainees. Personal clothing or cosmetic appliances, such as hair dryers and curling irons, are not permitted. Feminine hygiene items are provided.</p> <p>This standard was evaluated via a review of post orders, detention files, and the national and local detainee handbooks; a walk-through of the intake area; and interviews with staff.</p>	
Overall Rating: Meets Standard	
Reviewer Name (Printed): (b)(6); (b)(7)(C)	Completion Date: 2/23/2018
Reviewer Signature (for printed form submission):	

CLASSIFICATION SYSTEM (Key: C)		
POLICY: ALL FACILITIES WILL DEVELOP AND IMPLEMENT A SYSTEM ACCORDING TO WHICH ICE DETAINEES ARE CLASSIFIED. THE CLASSIFICATION SYSTEM WILL ENSURE THAT EACH DETAINEE IS PLACED IN THE APPROPRIATE CATEGORY, PHYSICALLY SEPARATED FROM DETAINEES IN OTHER CATEGORIES		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. The facility has a system for classifying detainees. In CDFs and IGSA's, an Objective Classification System or similar is used.	Meets Standard	Detainees arrive having already been classified by ICE, and are then classified using a local system.
2. The facility classification system includes: <ul style="list-style-type: none"> Classifying detainees upon arrival; Separating from the general population those individuals who cannot be classified upon arrival; and The first-line supervisor or designated classification specialist reviewing every classification decision. 	Meets Standard	Detainees are classified upon arrival and are separated from general population until such time as they are classified. The classification officer reviews all classification assignments. Classification decisions are reviewed by a shift sergeant as well.
3. The intake/processing officer reviews work-folders, A-files, etc., to identify and classify each new arrival.	Meets Standard	
4. Staff uses only information that is factual, and reliable to determine classification assignments. Opinions and unsubstantiated/ unconfirmed reports may be filed but are not used to score detainees classifications.	Meets Standard	Factual information, including the ICE Form I-213 and computerized criminal background checks, is used to classify detainees. Opinions and unsubstantiated information is not used in the classification process.
5. Housing assignments are based on classification-level.	Meets Standard	
6. A detainee's classification-level does not affect his/her recreation opportunities. Detainees recreate with persons of similar classification designations.	Meets Standard	Detainees recreate within their housing units. Recreation hours and schedules are the same for all detainees in general population.
7. Detainee work assignments are based upon classification designations.	N/A	ICE detainees do not work at this facility.
8. The classification process includes reassessment/reclassification. At IGSA's, detainees may request reassessment 60 days after arrival.	Meets Standard	This IGSA conducts reassessments every thirty days. A detainee may request a review of his/her classification level at any time after ten days of the initial classification.
9. Procedures exist for a detainee to appeal their classification assignment. Only a designated supervisor or classification specialist has the authority to reduce a classification-level on appeal.	Meets Standard	Procedures exist for a detainee to appeal their classification via request form or the grievance process. The authority to reduce classification levels is not delegated below a supervisor or classification officer.

CLASSIFICATION SYSTEM (Key: C)		
POLICY: ALL FACILITIES WILL DEVELOP AND IMPLEMENT A SYSTEM ACCORDING TO WHICH ICE DETAINEES ARE CLASSIFIED. THE CLASSIFICATION SYSTEM WILL ENSURE THAT EACH DETAINEE IS PLACED IN THE APPROPRIATE CATEGORY, PHYSICALLY SEPARATED FROM DETAINEES IN OTHER CATEGORIES		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
10. Classification appeals are resolved within five business days and detainees are notified of the outcome within 10 business days.	Meets Standard	Appeals are resolved within the time periods specified in this component.
11. Classification designations may be appealed to a higher authority, such as the Warden or equivalent.	Meets Standard	Classification decisions may be appealed to the OIC or designee, or to ICE.
12. The Detainee Handbook or equivalent for IGSA's explains the classification levels, with the conditions and restrictions applicable to each.	Meets Standard	At this IGSA, the handbook describes the classification levels and the conditions and restrictions associated with each.

CLASSIFICATION SYSTEM – REVIEWER SUMMARY	
<i>(Use following format for dates: mm/dd/yyyy)</i>	
<p>Overall Remarks: <i>(Record significant facts, observations, other sources used, etc.)(5000 Character Max)</i></p> <p>Detainees arrive having already been classified by ICE and are then classified using the local objective classification system. ICE detainees are housed with like classification levels. If necessary, the classification levels may be adjusted due to incidents, charges, or other factors that would alter the supervision requirements of a detainee. The booking officers have been trained in the classification and admission process.</p> <p>ICE detainees are assigned different color uniforms that designate their classification level. Maximum custody detainees are always monitored and escorted.</p> <p>Detainees classified as low custody are not housed with high custody detainees. A detainee classified as low custody does not have a felony conviction that includes an act of physical violence and does not have any aggravated felony convictions. A medium custody detainee does not have any recent convictions for any offense listed under the highest section of the severity of offense guideline; and does not include any detainee with a pattern or history of violent assaults, whether convicted or not. High custody detainees are considered a high-risk category and are assigned to appropriate security housing. High custody detainees are always monitored and escorted.</p> <p>Detainees indicated in interviews that they feel safe at this facility.</p> <p>During the evaluation of this standard, policy and the detainee handbook were reviewed, employees were interviewed, housing units were inspected, and classification documents were examined.</p>	
Overall Rating: Meets Standard	
Reviewer Name (Printed) (b)(6); (b)(7)(C)	Completion Date: 2/23/2018
Reviewer Signature (for printed form submission):	

CORRESPONDENCE AND OTHER MAIL (Key: D)		
POLICY: ALL FACILITIES WILL ENSURE THAT DETAINEES SEND AND RECEIVE CORRESPONDENCE IN A TIMELY MANNER, SUBJECT TO LIMITATIONS REQUIRED FOR THE SAFETY, SECURITY, AND ORDERLY OPERATION OF THE FACILITY. OTHER MAIL WILL BE PERMITTED, SUBJECT TO THE SAME LIMITATIONS. EACH FACILITY WILL WIDELY DISTRIBUTE ITS GUIDELINES CONCERNING CORRESPONDENCE AND OTHER MAIL.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. The rules for correspondence and other mail are posted in each housing or common area, or provided to each detainee via a detainee handbook.	Meets Standard	Mail rules and regulations are provided to every detainee via the local handbook and are posted in the housing units.
2. The facility provides key information in languages other than English; In the language(s) spoken by significant numbers of detainees. List any exceptions.	Meets Standard	Key information is provided in English and Spanish, languages spoken by the majority of detainees held at the facility.
3. Incoming mail is distributed to detainees within 24 hours or 1 business day after it is received and inspected.	Meets Standard	Mail is delivered the day it is received.
4. Outgoing mail is delivered to the postal service within one business day of its entering the internal mail system (excluding weekends and holidays).	Meets Standard	Outgoing mail is picked up by the post office every business day.
5. Staff does not open and inspect incoming general correspondence and other mail (including packages and publications) without the detainee present unless documented and authorized in writing by the Warden or equivalent for prevailing security reasons.	Does Not Meet Standard	This component was rated deficient during the last inspection, due to all incoming mail being opened and inspected without the detainee being present. The facility opens and inspects all incoming mail without the detainee present. This is a repeat deficiency.
6. Staff does not read incoming general correspondence without the Warden's prior written approval.	Meets Standard	Incoming general correspondence is inspected for contraband, but not read.
7. Staff does not inspect incoming special Correspondence for physical contraband or to verify the "special" status of enclosures without the detainee present.	Meets Standard	Correspondence that is appropriately marked as Special Correspondence is opened in the presence of the detainee.
8. Staff is prohibited from reading or copying incoming special correspondence.	Meets Standard	Incoming correspondence is not read or copied.
9. Staff is only authorized to inspect outgoing correspondence or other mail without the detainee present when there is reason to believe the item might present a threat to the facility's secure or orderly operation, endanger the recipient or the public, or might facilitate criminal activity.	Meets Standard	Outgoing mail is sealed by the detainee and put into the mail system. Outgoing mailed is not opened or inspected unless there is reason to believe that some threat to the facility or the public exists.
10. Correspondence to a politician or to the media is processed as special correspondence and is not read or copied.	Meets Standard	

CORRESPONDENCE AND OTHER MAIL (Key: D)		
POLICY: ALL FACILITIES WILL ENSURE THAT DETAINEES SEND AND RECEIVE CORRESPONDENCE IN A TIMELY MANNER, SUBJECT TO LIMITATIONS REQUIRED FOR THE SAFETY, SECURITY, AND ORDERLY OPERATION OF THE FACILITY. OTHER MAIL WILL BE PERMITTED, SUBJECT TO THE SAME LIMITATIONS. EACH FACILITY WILL WIDELY DISTRIBUTE ITS GUIDELINES CONCERNING CORRESPONDENCE AND OTHER MAIL.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
11. The official authorizing the rejection of incoming mail sends written notice to the sender and the addressee.	Meets Standard	When mail is rejected, a rejection letter is sent to the detainee and the sender. Rejected mail is either placed in the detainee's property or, if criminal in nature, treated as evidence.
12. The official authorizing censorship or rejection of outgoing mail provides the detainee with signed written notice.	Meets Standard	Detainees receive written notification of any rejection of outgoing mail.
13. Staff maintains a written record of every item removed from detainee mail.	Meets Standard	The officer that removes an item from detainee mail must write a report.
14. The Warden or equivalent monitors staff handling of discovered contraband and its disposition. Records are accurate and up to date.	Meets Standard	
15. The procedure for safeguarding cash removed from a detainee protects the detainee from loss of funds and theft. The amount of cash credited to detainee accounts is accurate. Discrepancies are documented and investigated. Standard procedure includes issuing a receipt to the detainee.	Meets Standard	Cash is safeguarded from loss. If cash is received in the mail, the detainee is notified of the amount of cash in the mail and the cash is placed on the detainee's account. The detainee is provided a receipt. Discrepancies are investigated and resolved.
16. Original identity documents (e.g., passports, birth certificates) are immediately removed and forwarded to ICE staff for placement in A-files.	Meets Standard	
17. Staff provides the detainee a copy of his/her identity document(s) upon request.	Meets Standard	
18. Staff disposes of prohibited items found in detainee mail in accordance with the "Control and Disposition of Contraband" Standard or the similar prevailing policy in IGSA's.	Meets Standard	Contraband is disposed of per the local policy, which is in accordance with the Contraband Standard. Illegal contraband is turned over to the investigative branch of the sheriff's office for investigation and possible prosecution.
19. Every indigent detainee has the opportunity to mail, at government expense, reasonable correspondence about a legal matter, in three one ounce letters per week and packages deemed necessary by ICE.	Meets Standard	Indigent detainees are provided postage to mail three letters per week and a reasonable amount of legal mail.

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities with SAAPI

CORRESPONDENCE AND OTHER MAIL (Key: D)		
<p>POLICY: ALL FACILITIES WILL ENSURE THAT DETAINEES SEND AND RECEIVE CORRESPONDENCE IN A TIMELY MANNER, SUBJECT TO LIMITATIONS REQUIRED FOR THE SAFETY, SECURITY, AND ORDERLY OPERATION OF THE FACILITY. OTHER MAIL WILL BE PERMITTED, SUBJECT TO THE SAME LIMITATIONS. EACH FACILITY WILL WIDELY DISTRIBUTE ITS GUIDELINES CONCERNING CORRESPONDENCE AND OTHER MAIL.</p>		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
20. The facility has a system for detainees to purchase stamps and for mailing all special correspondence and a minimum of 5 pieces of general correspondence per week.	Meets Standard	Detainees may purchase as many stamps and mail as many letters as they desire.
21. The facility provides writing paper, envelopes, and pencils at no cost to ICE detainees.	Meets Standard	

CORRESPONDENCE AND OTHER MAIL – REVIEWER SUMMARY	
<p><i>(Use following format for dates: mm/dd/yyyy)</i></p>	
<p>Overall Remarks: <i>(Record significant facts, observations, other sources used, etc.)(5000 Character Max)</i></p> <p>Detainees may send and receive correspondence and other mail in a timely and safe manner through an established internal mail system, as required by this standard. Mail is delivered and sent on a regular schedule and in a timely manner, and limitations exist only for the purposes of security and order. The local handbook provides guidelines to detainees for receiving and sending mail, which include the mailing address of the facility and instructions on how envelopes are to be addressed. The handbook also covers how to obtain writing implements, paper, and envelopes. The National Detainee Handbook and local handbook also combine to notify detainees of the following: that a detainee may send mail, the procedure for sending mail, and instructions on how outgoing mail must be addressed; that special correspondence may only be opened in the detainee's presence, and may be inspected for contraband, but not read; and the definition of special correspondence. The notification does not clearly state that it is the detainee's responsibility to inform senders of special mail of the labeling requirement nor does it include instructions on the proper labeling for special correspondence. The notifications provide information about packages and a description of mail which may be rejected by the facility and which the detainee will not be permitted to keep in his/her possession. The notification states that identity documents are seized and copies may be requested from ICE. The notification does not state that identity documents may used by ICE as evidence or as otherwise appropriate. The notifications provide the rules for providing indigent and certain other detainees free postage. The notifications provided to detainees do not include information on the procedures for purchasing postage, although postage items are included on the commissary list. Detainees may receive packages containing certain personal items and packages marked as legal mail can be received.</p> <p>The facility has policies addressing the issue of acceptable and non-acceptable mail.</p> <p>Detainees are not permitted to receive compensation or anything of value for correspondence with the news media. A detainee may not act as a reporter or publish under a byline. Representatives of the news media are permitted to initiate correspondence with a detainee. This correspondence is treated as special correspondence only when properly labeled.</p> <p>To evaluate this standard, employees and detainees were interviewed; forms, policy and the local and national detainee handbooks were reviewed; and housing unit postings were inspected.</p>	
<p>Overall Rating: Meets Standard</p>	
<p>Reviewer Name (Printed): (b)(6); (b)(7)(C)</p>	<p>Completion Date: 2/23/2018</p>
<p>Reviewer Signature (for printed form submission):</p>	

DETAINEE HANDBOOK (Key: E)		
<p>POLICY: EVERY OIC WILL DEVELOP A SITE-SPECIFIC DETAINEE HANDBOOK TO SERVE AS AN OVERVIEW OF, AND GUIDE TO, THE DETENTION POLICIES, RULES, AND PROCEDURES IN EFFECT AT THE FACILITY. THE HANDBOOK WILL ALSO DESCRIBE THE SERVICES, PROGRAMS, AND OPPORTUNITIES AVAILABLE THROUGH VARIOUS SOURCES, INCLUDING THE FACILITY, ICE, PRIVATE ORGANIZATIONS, ETC. EVERY DETAINEE WILL RECEIVE A COPY OF THIS HANDBOOK UPON ADMISSION TO THE FACILITY.</p>		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. The detainee handbook is written in English and translated into Spanish, or into the next most-prevalent Language(s).	Meets Standard	Detainees are issued a facility handbook and the ICE National Detainee Handbook. The handbooks are available in English and Spanish. Detainees are required to sign for the handbooks.
2. The handbook is supplemented by the facility orientation video, where one is provided.	Meets Standard	
3. All staff members receive a handbook and training regarding the handbook contents.	Meets Standard	Interviews with staff and the OIC confirms that staff are provided copies of the handbooks.
4. The handbook is revised as necessary and there are procedures in place for immediately communicating any revisions to staff and detainees.	Meets Standard	The handbooks are revised as necessary. Procedures are in place for the immediate communication of changes to staff members and detainees.
5. There an annual review of the handbook by a designated committee or staff member.	Meets Standard	The handbooks are reviewed annually by designated personnel and forwarded to the OIC for approval.
6. The detainee handbook addresses the following issues: <ul style="list-style-type: none"> • Personal Items permitted to be retained by the detainee; and • Initial issue of clothes, bedding and personal hygiene items. 	Meets Standard	The handbooks address the bulleted requirements listed in this component.
7. The detainee handbook states in clear language the basic detainee responsibilities.	Meets Standard	
8. The handbook clearly outlines the methods for classification of detainees, explains each level, and explains the classification appeals process.	Meets Standard	
9. The handbook states when a medical examination will be conducted.	Meets Standard	The handbook states that detainees will receive a medical examination within fourteen days of arrival to the facility.

DETAINEE HANDBOOK (Key: E)		
<p>POLICY: EVERY OIC WILL DEVELOP A SITE-SPECIFIC DETAINEE HANDBOOK TO SERVE AS AN OVERVIEW OF, AND GUIDE TO, THE DETENTION POLICIES, RULES, AND PROCEDURES IN EFFECT AT THE FACILITY. THE HANDBOOK WILL ALSO DESCRIBE THE SERVICES, PROGRAMS, AND OPPORTUNITIES AVAILABLE THROUGH VARIOUS SOURCES, INCLUDING THE FACILITY, ICE, PRIVATE ORGANIZATIONS, ETC. EVERY DETAINEE WILL RECEIVE A COPY OF THIS HANDBOOK UPON ADMISSION TO THE FACILITY.</p>		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
10. The handbook describes the facility, housing units, dayrooms, in-dorm activities, and special housing units.	Meets Standard	This component was rated deficient during the last inspection due to the handbook not describing housing pods, dayrooms and special housing units' activities. This deficiency has been corrected. The handbook describes the housing pods, dayrooms and special housing units.
11. The handbook describes official count times and count procedures; meal times and 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 describes each of the items in this component except count times and feeding procedures. A waiver was issued from ICE/Detention Management Division on 04/16/2014 addressing count times. The facility is not required to state the specific times for counts for security purposes. This is a non-smoking facility.
12. The handbook describe times and procedures for obtaining disposable razors, and allows that detainees attending court will be afforded the opportunity to shave first.	Meets Standard	The handbook outlines the procedure for obtaining and returning disposable razors and informs detainees that they can shave prior to appearing in court.
13. The handbook describes barber hours and hair cutting restrictions.	Meets Standard	This component was rated deficient during the last inspection due to the handbook not describing hair cutting restrictions. This deficiency has been corrected. The handbook describes the barber hours and hair cutting restrictions.
14. The handbook describes the telephone policy; debit card procedures; direct and free calls; locations of telephones; policy when telephone demand is high; and policy and procedures for emergency phone calls.	Meets Standard	The handbooks address all the items listed in this component.
15. The handbook addresses religious programming.	Meets Standard	

DETAINEE HANDBOOK (Key: E)		
POLICY: EVERY OIC WILL DEVELOP A SITE-SPECIFIC DETAINEE HANDBOOK TO SERVE AS AN OVERVIEW OF, AND GUIDE TO, THE DETENTION POLICIES, RULES, AND PROCEDURES IN EFFECT AT THE FACILITY. THE HANDBOOK WILL ALSO DESCRIBE THE SERVICES, PROGRAMS, AND OPPORTUNITIES AVAILABLE THROUGH VARIOUS SOURCES, INCLUDING THE FACILITY, ICE, PRIVATE ORGANIZATIONS, ETC. EVERY DETAINEE WILL RECEIVE A COPY OF THIS HANDBOOK UPON ADMISSION TO THE FACILITY.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
16. The handbook states times and procedures for commissary or vending machine usage, where available.	Meets Standard	This component was rated deficient during the last inspection due to the handbook not addressing commissary procedures. This deficiency has been corrected.
17. The handbook describes the detainee voluntary work program.	Meets Standard	This component was rated deficient during the last inspection due to the handbook not describing the voluntary work program. This deficiency has been corrected. The handbook describes the voluntary work program. ICE detainees are not authorized to participate in the volunteer work program.
18. The handbook describes the library location and hours of operation, and law library procedures and schedules.	Meets Standard	
19. The handbook describes attorney and regular visitation hours, policies, and procedures.	Meets Standard	General public and attorney visiting rules, procedures, hours and restrictions are addressed in the local handbook.
20. The handbook describes the facility contraband policy.	Meets Standard	
21. The handbook describes the facility visiting hours and schedule, and visiting rules and regulations.	Meets Standard	
22. The handbook describes the correspondence policy and procedures.	Meets Standard	
23. The handbook describes the detainee disciplinary policy and procedures, including: <ul style="list-style-type: none"> • Prohibited acts and severity scale sanctions; • Time limits in the Disciplinary Process; and • Summary of the Disciplinary Process. 	Meets Standard	The handbook provides a summary of the policies and procedures within the disciplinary program, including the prohibited acts, severity scale sanctions and the time limits within the process.

DETAINEE HANDBOOK (Key: E)		
<p>POLICY: EVERY OIC WILL DEVELOP A SITE-SPECIFIC DETAINEE HANDBOOK TO SERVE AS AN OVERVIEW OF, AND GUIDE TO, THE DETENTION POLICIES, RULES, AND PROCEDURES IN EFFECT AT THE FACILITY. THE HANDBOOK WILL ALSO DESCRIBE THE SERVICES, PROGRAMS, AND OPPORTUNITIES AVAILABLE THROUGH VARIOUS SOURCES, INCLUDING THE FACILITY, ICE, PRIVATE ORGANIZATIONS, ETC. EVERY DETAINEE WILL RECEIVE A COPY OF THIS HANDBOOK UPON ADMISSION TO THE FACILITY.</p>		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
<p>24. The grievance section of the handbook explains all steps in the grievance process – Including:</p> <ul style="list-style-type: none"> • Informal (if used) and formal grievance procedures; • The appeals process; • In CDF facilities: procedures for filing an appeal of a grievance with ICE. • Staff/detainee availability to help during the grievance process. • Guarantee against staff retaliation for filing/pursuing a grievance. • How to file a complaint about officer misconduct with the Department of Homeland Security. 	Meets Standard	All the bulleted requirements of this component are included in either the local handbook and/or the ICE National Detainee Handbook.
<p>25. The detainee handbook describes the medical sick call procedures for general population and segregation.</p>	Meets Standard	
<p>26. The handbook describes the facility recreation policy including:</p> <ul style="list-style-type: none"> • Outdoor recreation hours. • Indoor recreation hours. 	Meets Standard	This component was rated deficient during the last inspection due to the handbook not describing the policy and hours for outdoor recreation. This deficiency has been corrected. The handbook describes the policy and schedule for indoor recreation and gym recreation, which is considered an outdoor recreation area. The area used for outside recreation/gymnasium is designed to provide for sunshine and exchange of free-flowing outdoor air sufficient to reflect climate conditions.
<p>27. The handbook describes the detainee dress code for daily living; and work assignments.</p>	Meets Standard	The handbook addresses the dress code for daily living. ICE detainees do not participate in the volunteer work program.
<p>28. The handbook specifies the rights and responsibilities of all detainees.</p>	Meets Standard	

<p>DETAINEE HANDBOOK – REVIEWER SUMMARY <i>(Use following format for dates: mm/dd/yyyy)</i></p>

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 provided a copy of the ICE National Detainee Handbook and the local supplement during the intake process. Detainees are required to sign a form acknowledging receipt of the handbooks and the form is placed in the detainee’s file. The site-specific handbook, written in English and Spanish, describes facility rules, programs, procedures and requirements that each detainee must comply with during their detention. The handbooks state that: the facility conducts routine searches of a detainee's person/property and common areas; unscheduled searches of common areas are conducted when deemed necessary; and random searches may be conducted when detainees enter and/or leave a building or area at the facility.

Translation assistance is available for detainees exhibiting literacy or language problems, and to those who request it. The facility provides an orientation to the facility during the intake process. Interviews with staff confirms that procedures in place ensure that if a detainee cannot read, or does not understand the language of the handbook, that the materials will be presented to the detainee in a manner the detainee can understand.

The handbooks address how detainees report allegations of abuse and civil rights violations, along with violations of officer misconduct directly to ICE management or the DHS Office of Inspector General. The facility provides written guidance through policy and training to personnel to ensure that treatment of ICE detainees is consistent with these standards.

Review of handbook content and interviews with staff revealed the handbooks serve as an overview to the services, programs and opportunities available to detainees during their stay and as a guide to detention policies, rules and procedures. The handbook is free from derogatory or insensitive statements about a detainee's religion or culture.

Overall Rating: Meets Standard

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

Completion Date: 2/23/2018

Reviewer Signature (for printed form submission):

FOOD SERVICE (Key: F)		
POLICY: EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITH NUTRITIOUS AND APPETIZING MEALS, PREPARED IN ACCORDANCE WITH THE HIGHEST SANITARY STANDARDS.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. The food service program is under the direct supervision of a professionally trained and certified food service administrator. Responsibilities of cooks and cook foremen are in writing. The Food Service Administrator (FSA) determines the responsibilities of the Food Service Staff.	Meets Standard	The food service program is operated by Aramark Corrections and is under the direction of a trained food service director (FSD), who is ServSafe certified. Staff responsibilities are determined by the FSD and are outlined in written job descriptions. The FSD is responsible for planning, controlling, directing, and evaluating the food service operation.
2. The Cook Supervisor is on duty on days when the FSA is off duty and vice versa.	Meets Standard	An assistant FSD (AFSD) is on duty when the FSD is off duty.
3. The FSA provides food service employees with training that specifically addresses detainee-related issues. <ul style="list-style-type: none"> • In ICE Facilities this includes a review of the ICE "Food Service" standard 	Meets Standard	The FSD and AFSD provide training to lead cooks and cook supervisors relative to their assigned duties and responsibilities. The training includes working in food service within a detention facility. ICE detainees do not participate in the voluntary work program.
4. Knife cabinets close with an approved locking device, and the on-duty cook foreman maintains control of the key that locks the device.	Meets Standard	The knife cabinet closes with an approved locking device. Tools are properly secured with an approved locking device. Food service staff maintain control of the key that locks the device.
5. All knives not in a secure cutting room are physically secured to the workstation and staff directly supervises detainees using knives at these workstations. Staff monitors the condition of knives and dining utensils.	Meets Standard	There is no secure cutting room. Knives are tethered with a cable and lock to the workstations. Non-ICE detainees are supervised by food service personnel. The condition of the knives and utensils is monitored by food service personnel.
6. When necessary, special procedures govern the handling of food items that pose a security threat.	Meets Standard	
7. Operating procedures include daily searches (shakedowns) of detainee work areas.	Meets Standard	

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities with SAAPI

FOOD SERVICE (Key: F)		
POLICY: EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITH NUTRITIOUS AND APPETIZING MEALS, PREPARED IN ACCORDANCE WITH THE HIGHEST SANITARY STANDARDS.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
8. The FSA monitors staff implementation of the facility's population counts procedures. Staff is trained in count procedures.	Meets Standard	During this inspection it was observed that counts are being conducted by officers, who have been trained in count procedures.
9. The detainees assigned to the food service department look neat and clean. Their clothing and grooming comply with the "Food Service" standard.	Meets Standard	Non-ICE detainees working in food service were dressed in clean, neat and appropriate uniforms in accordance with industry standards. ICE detainees do not participate in the voluntary work program.
10. The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date.	Meets Standard	Non-ICE detainee job descriptions are reviewed and updated annually by the FSD. ICE detainees do not participate in the voluntary work program.
11. The Cook Foreman or equivalent instructs newly assigned detainee workers in the rules and procedures of the food service department.	Meets Standard	Non-ICE detainee workers receive training regarding the rules and procedures of the food service department. ICE detainees do not participate in the voluntary work program.
12. During orientation and training session(s), the CS explains and demonstrates: <ul style="list-style-type: none"> • Safe work practices and methods; • Safety features of individual products/pieces of equipment; and • Training covers the safe handling of hazardous material[s] the detainees are likely to encounter in their work. 	Meets Standard	Training provided to the non-ICE detainee workers assigned to food service includes all the bulleted items listed in this component. ICE detainees do not participate in the voluntary work program.
13. The Cook Supervisor documents all training in individual detainee detention files.	Meets Standard	Orientation training given by the FSD instructs detainee workers in each of the items listed in this component. Training is documented and maintained in the detainee's kitchen work file. ICE detainees do not work in food service.
14. Detainees at CDFs are paid in accordance with the "Voluntary Work Program" standard. Detainee workers at IGSA's are subject to local and state rules and regulations regarding detainee pay.	Meets Standard	Non-ICE detainees are paid consistent with local rules and regulations. ICE detainees do not work in this IGSA facility.

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities with SAAP I

FOOD SERVICE (Key: F)		
POLICY: EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITH NUTRITIOUS AND APPETIZING MEALS, PREPARED IN ACCORDANCE WITH THE HIGHEST SANITARY STANDARDS.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
15. Detainees are served at least two hot meals every day. No more than 14 hours elapse between the last meal served and the first meal of the following day.	Meets Standard	Three meals, including at least two hot meals, are served daily, with no more than fourteen hours between the evening meal and following day's breakfast meal.
16. For cafeteria style operations, a transparent "sneeze guard" protects both the serving line and salad bar line.	N/A	Cafeteria style operations are not used at this facility. All detainees are served meals in the housing units via satellite food trays.
17. The facility has a standard 35-day menu cycle. IGSA's use a 35 day or similar system for rotating meals.	Meets Standard	The facility uses a standard twenty-eight-day-cycle menu for rotating meals.
18. The FSA or facility considers the ethnic diversity of the facility's detainee population when developing menu cycles (Provide examples).	Meets Standard	The food service department serves a variety of food, considering the ethnic diversity of the population. Examples include tacos, rice and beans, spaghetti and meatloaf, chicken patties, goulash, stroganoff, tamale pie, Asian fried rice and Spanish rice. Pork products are not used or served at this facility.
19. A registered dietitian conducts a complete nutritional analysis of every master-cycle menu planned.	Meets Standard	All menus have been reviewed and certified annually by a registered dietitian to ensure conformity with U.S. Recommended Daily Allowances (RDA).
20. The FSA has established procedures to ensure that items on the master-cycle menu are prepared and presented according to approved recipes.	Meets Standard	
21. The Cook Foreman has the authority to change menu items if necessary. <ul style="list-style-type: none"> • If yes, documenting each substitution, along with its justification • With copy to FSA 	Meets Standard	A food service supervisor has the authority to change menu items, if needed. Documentation of the menu substitution justification for the change is forwarded to the FSD.
22. All staff and volunteers know and adhere to written "food preparation" procedures.	Meets Standard	

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities with SAAPI

FOOD SERVICE (Key: F)		
POLICY: EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITH NUTRITIOUS AND APPETIZING MEALS, PREPARED IN ACCORDANCE WITH THE HIGHEST SANITARY STANDARDS.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
23. Detainees whose religious beliefs require the adherence to particular religious dietary laws are referred to the Chaplain or FSA.	Meets Standard	Detainees whose religious beliefs require adherence to particular religious dietary laws are referred to the programs supervisor (PS).
24. A common-fare menu available to detainees whose dietary requirements cannot be met on the main line. <ul style="list-style-type: none"> • Changes to the planned common-fare menu can be made at the facility level; • Hot entrees are offered three times a week; • The common-fare menus satisfy nutritional recommended daily allowances (RDAs); • Staff routinely provide hot water for instant beverages and foods; • Common-fare meals are served with: <ul style="list-style-type: none"> • Disposable plates and utensils. • Reusable plates and utensils. • Staff use separate cutting boards, knives, spoons, scoops, etc., to prepare the common-fare diet items. 	Meets Standard	A religious/common-fare program is available to detainees whose religious dietary requirements cannot be met on the regular menu. The common-fare menu/program includes the bulleted items listed in this component.
25. A supervisor at the command level must approve a detainee's removal from the Common-Fare Program.	Meets Standard	
26. The Warden, in conjunction with the chaplain and/or local religious leaders, provides the FSA a schedule of the ceremonial meals for the following calendar year.	Meets Standard	
27. The common-fare program accommodates detainees abstaining from particular foods or fasting for religious purposes at prescribed times of the year. <ul style="list-style-type: none"> • Muslims fasting during Ramadan receive their meals after sundown. • Jews who observe Passover but do not participate in the Common-Fare Program receive the same Kosher-for- Passover meals as those who do participate. • Main-line offerings include one meatless meal (lunch or dinner) on Ash Wednesday and Fridays during Lent. 	Meets Standard	The common fare program is available to accommodate detainees whose religious dietary requirements cannot be met on the main menu. The program includes each of the listed requirements in this component. There were no detainees receiving the common-fare diet during the inspection.
28. The food service program addresses medical diets.	Meets Standard	The food service department provides medical diets as prescribed by the medical department. There were twenty-eight detainees receiving medical diets during the inspection.
29. Satellite-feeding programs follow guidelines for proper sanitation.	Meets Standard	

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities with SAAPI

FOOD SERVICE (Key: F)		
POLICY: EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITH NUTRITIOUS AND APPETIZING MEALS, PREPARED IN ACCORDANCE WITH THE HIGHEST SANITARY STANDARDS.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
30. Hot and cold foods are maintained at the prescribed, "safe" temperature(s) while being served.	Meets Standard	Temperatures of plated foods were checked during the lunch meal on 02/21/2018. All items were found to be within the proper temperature range.
31. All meals are provided in nutritionally adequate portions.	Meets Standard	The menus have been certified to be nutritionally adequate by a registered dietitian. Portion sizes were observed to be provided in accordance with the listed portion sizes approved by the dietitian.
32. Food is not used to punish or reward detainees based upon behavior.	Meets Standard	Policy prohibits nutraloaf being served to ICE detainees.
33. The food service staff instructs detainee volunteers on: <ul style="list-style-type: none"> • Personal cleanliness and hygiene; • Sanitary techniques for preparing, storing, and serving food; and • The sanitary operation, care, and maintenance of equipment. 	Meets Standard	All the bulleted training requirements of this component are provided to the non-ICE detainee food service workers. ICE detainees do not participate in the voluntary work program.
34. Everyone working in the food service department complies with food safety and sanitation requirements.	Meets Standard	This component was rated deficient during the last inspection due to cracked tiles, missing grout in the floor of the kitchen areas, and food debris and dirt build-up on the floors. This deficiency has been corrected. The kitchen floor has been replaced with a new epoxy-floor. Sanitation levels were observed to be maintained at an average level.
35. Standard operating procedures include weekly inspections of all food service areas, including dining and food-preparation areas and equipment. <ul style="list-style-type: none"> • Who conducts the inspections? 	Meets Standard	Daily inspections are conducted by food service personnel. A weekly inspection is conducted by the FSD.
36. Equipment is inspected for compliance with health and safety codes and regulations. <ul style="list-style-type: none"> • When was the most recent inspection? • Which agency conducted the inspection? 	Meets Standard	A review of the Ohio Department of Health inspection of 01/23/2018 and the Ohio Department of Agriculture inspection of 10/05/2017 confirms that the food service department complies with health and safety codes and regulations.

FOOD SERVICE (Key: F)		
POLICY: EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITH NUTRITIOUS AND APPETIZING MEALS, PREPARED IN ACCORDANCE WITH THE HIGHEST SANITARY STANDARDS.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
37. Reports of discrepancies are forwarded to the Warden or designated department head, and corrective action is scheduled and completed.	Meets Standard	
38. Standard procedure includes checking and documenting temperatures of all dishwashing machines after each meal.	Meets Standard	A review of logs documenting the temperatures of the dishwashing machine confirms these checks are completed three times daily. Appropriate temperatures were observed during the inspection.
39. Staff documents the results of every refrigerator/freezer temperature check.	Meets Standard	Staff document refrigerator/freezer temperatures at the beginning of the shift, and after the evening shift. A review of documentation confirms that temperatures recorded are within acceptable ranges.
40. The cleaning schedule for each food service area is conspicuously posted.	Meets Standard	
41. Procedures include inspecting all incoming food shipments for damage, contamination, and pest infestation.	Meets Standard	Food service staff inspects all incoming shipments for damage, contamination and pest infestation. Observation of the storeroom area reveals no evidence of insect, rodent or vermin infestation.
42. Storage areas are locked when not in use.	Meets Standard	
FOOD SERVICE – REVIEWER SUMMARY <i>(Use following format for dates: mm/dd/yyyy)</i>		

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 Aramark Corrections. The food service program is providing detainees with nutritious and attractively presented meals. The meals were observed to be prepared, plated and served within the proper time and temperature requirements.

Non-ICE detainee workers are provided the same meals as the population and may not prepare special food. ICE detainees do not participate in the volunteer work program. The use of tobacco is prohibited. The number of non-ICE detainees assigned to the food service area is based on need and approved by the FSD in conjunction with the OIC. All food service personnel receive a pre-employment medical examination. Daily hygiene checks are conducted at the start of each work period. Non-ICE detainee workers, identified with health issues or concerns, are not permitted to work until cleared by the medical department. A roster of detainees receiving religious or medical diets is provided to the FSD daily. The FSD does not issue special diet identification cards at this IGSA facility.

Sack meals are provided for detainees being transported from the facility and arriving or departing between scheduled meal hours. Sack meal ingredients are consistent with the food service standard. With the OIC's concurrence, the food service lead cook may make temporary, nutritionally equal substitutions for fresh seasonal produce that violate no religious dietary laws.

Sanitation in the food service area was observed to be maintained at an average level. Kitchenware and food contact surfaces are washed, rinsed and sanitized after each use and after any interruption of operation. Garbage and trash is collected and removed as required. The refuse containers have sufficient capacity for the volume.

Manufacturer's information about the operation, cleaning and care of the equipment is maintained by the FSD. The information has been used to develop the cleaning and sanitation procedures for the equipment. All equipment is installed according to manufacturer's recommendations. A sink with three labeled compartments, all with hot and cold water, is utilized for manually washing, rinsing and sanitizing pots, pans, utensils and equipment. Observation of this process reveals proper sanitizing procedures are being followed. The dishwashing machine includes automatic dispensers and is maintained in good working order. Plates, cups, utensils and equipment placed in the machine are exposed to all cycles.

An approved, fixed, fire-suppression system is installed in ventilation hoods over grills and open flame devices. A review of documentation confirms that a qualified contractor inspects the system every six months. The fire-suppression system is audible and is connected to the control room's annunciator panel. All gas fired equipment is equipped with automatic shut-off controls.

During the evaluation of this standard, an interview with the FSD and a review of menus, logs, inspection reports and supporting documentation was conducted. Concerns were expressed in the female housing unit regarding the serving of cold food, sour milk and poor quality of food. Interviews in the male housing units revealed no issues or concerns with the meals. Observation of the preparation of meals and temperature checks indicates that meals are served at the proper temperature. Interviews with the FSD confirmed that should issues arise regarding spoiled or soured milk, that those items would be replaced. Milk cartons were observed to be printed with used by dates ten days past the inspection date. The menus have been analyzed by a registered dietitian and certified to be nutritionally adequate and meet the recommended dietary requirements (RDA). Observation of the food tray makeup operation revealed portion sizes were consistent with the dietitian approved menus.

Overall Rating: Meets Standard

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

Completion Date: 2/23/2018

Reviewer Signature (for printed form submission):

FUNDS AND PERSONAL PROPERTY (Key: G)

POLICY: ALL FACILITIES WILL IMPLEMENT PROCEDURES TO CONTROL AND SAFEGUARD DETAINEES' PERSONAL PROPERTY. PROCEDURES WILL PROVIDE FOR THE SECURE STORAGE OF FUNDS, VALUABLES, BAGGAGE AND OTHER PERSONAL PROPERTY; THE DOCUMENTATION AND RECEIPTING OF SURRENDERED PROPERTY; AND THE INITIAL AND REGULARLY SCHEDULED INVENTORYING OF ALL FUNDS, VALUABLES, AND OTHER PROPERTY.

Standard N/A

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

COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. Detainee funds and valuables are properly separated, stored, and are accessible only by designated supervisor(s).	Meets Standard	Detainee funds and valuables are removed from the detainee, inventoried and stored during the admission process. Only designated personnel have access to the property storage area.
2. Detainees' large valuables are secured in a location accessible to designated supervisor(s) or processing staff only.	Meets Standard	
3. Staff itemizes the baggage and personal property of arriving detainees (including funds and valuables). For IGSA's and CDFs, using a personal property inventory form that meets the ICE standard?	Meets Standard	Intake officers at this IGSA use a local property inventory receipt form to itemize and categorize baggage, personal property, funds and valuables. Inventory forms adhere to the requirements of the standard. Detainees are required to sign the completed inventory form and are provided a copy.
4. Staff forwards an arriving detainee's medication to the medical staff.	Meets Standard	
5. Audits of baggage and non-valuable property occur each quarter and audits are logged and verified.	Meets Standard	Audits of non-valuable property and baggage are conducted and documented on a quarterly basis.
6. Two officers are present during the processing of detainee funds and valuables during in-processing to the facility. Both officers verify funds and valuables.	Meets Standard	Two officers process and verify detainee funds and valuables during the booking process.
7. Staff searches arriving detainees and their personal property for contraband.	Meets Standard	Booking personnel search arriving detainees' personal property during the intake process for contraband.
8. Staff procedures follow written policy for returning forgotten property to detainees.	Meets Standard	
9. Property discrepancies are immediately reported to the CDEO or Chief of Security.	Meets Standard	Detainee property discrepancies are immediately reported, in writing, to the OIC and ICE.
10. Staff follows written procedures when returning property to detainees.	Meets Standard	

FUNDS AND PERSONAL PROPERTY (Key: G)

POLICY: ALL FACILITIES WILL IMPLEMENT PROCEDURES TO CONTROL AND SAFEGUARD DETAINEES' PERSONAL PROPERTY. PROCEDURES WILL PROVIDE FOR THE SECURE STORAGE OF FUNDS, VALUABLES, BAGGAGE AND OTHER PERSONAL PROPERTY; THE DOCUMENTATION AND RECEIPTING OF SURRENDERED PROPERTY; AND THE INITIAL AND REGULARLY SCHEDULED INVENTORYING OF ALL FUNDS, VALUABLES, AND OTHER PROPERTY.

Standard N/A

Click the above button (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. CDF/IGSA facility procedures for handling detainee property claims are similar with the ICE standard.	Meets Standard	All claims of missing or stolen property are documented and investigated by the property room supervisor. Validated cases would result in reimbursement. Policy requires that ICE is notified immediately of all claims and investigation outcomes.
12. The facility attempts to notify an out-processed detainee that he/she left property in the facility: <ul style="list-style-type: none"> • By sending written notice to the detainee's last known address; • Via certified mail; and • The notice state that the detainee has 30 days in which to claim the property, after which it will be considered abandoned. 	Meets Standard	If detainee property is left at the facility, the items are forwarded to ICE for handling in accordance with established protocols.
13. The facility disposes of abandoned property in accordance with written procedures. <ul style="list-style-type: none"> • If a CDF/IGSA facility, written procedure requires the prompt forwarding of abandoned property to ICE. 	Meets Standard	Policy requires that all abandoned property be immediately forwarded to ICE.

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)*

Policy reviews, employee interviews and inspection of the property room revealed that practices are sufficient to ensure that detainee property is safeguarded and controlled under conditions that enhance the security of detainee property. Detainees are permitted to keep in their possession reasonable quantities of personal property, if the items do not pose a threat to the security or good order of the facility. The handbook notifies the detainees of the policies and procedures concerning items they may retain in their possession, rules for storing or mailing unauthorized property, the procedures for claiming property, and the procedures for filing a property claim.

To prevent overcrowding and related storage problems, the facility allows extra property to be sent to a third party of the detainee's choice. If detainee property is shipped, it is inventoried, and a record is maintained. A copy of the record is placed in the detention file.

Identity documents are maintained in the detainee's A-file, which is located at the ICE sub-office. ICE stated that upon written request, detainees are provided with ICE/ERO certified true and correct copies of their identity document(s).

Overall Rating: Meets Standard

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

Completion Date: 2/23/2018

FUNDS AND PERSONAL PROPERTY – REVIEWER SUMMARY

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

Reviewer Signature (for printed form submission):

DETAINEE GRIEVANCE PROCEDURES (Key: H)		
<p>POLICY: EVERY FACILITY WILL DEVELOP AND IMPLEMENT STANDARD OPERATING PROCEDURES (SOPs) FOR ADDRESSING DETAINEE GRIEVANCES IN TIMELY FASHION. EACH STEP IN THE PROCESS WILL OCCUR WITHIN THE PRESCRIBED TIME FRAME. AMONG OTHER THINGS, A GRIEVANCE WILL BE PROCESSED, INVESTIGATED, AND DECIDED (SUBJECT TO APPEAL) IN ACCORDANCE WITH THE SOPs; A GRIEVANCE COMMITTEE WILL CONVENE AS PROVIDED IN THE SOPs. STANDARD PROCEDURE WILL INCLUDE PROVIDING THE DETAINEE WITH A WRITTEN RESPONSE TO ANY FORMAL GRIEVANCE, WHICH WILL INCLUDE THE BASIS FOR THE DECISION. THE FACILITY WILL ALSO ESTABLISH STANDARD PROCEDURES FOR HANDLING EMERGENCY GRIEVANCES. ALL GRIEVANCES WILL RECEIVE SUPERVISORY REVIEW. REPRISAL AGAINST THE FILER OF A GRIEVANCE WILL NOT BE TOLERATED.</p>		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
<p>1. Written procedures provide for the informal resolution of oral grievances (Not mandatory).</p> <ul style="list-style-type: none"> If yes, the detainee has up to five days within which to make his/her concern known to a member of the staff. 	Meets Standard	The handbook and written procedures provide for an informal grievance process. Detainees have five days after the event to make their concern known to staff.
<p>2. Detainees have access to the grievance committee (or equivalent in IGSA), using formal procedures.</p> <ul style="list-style-type: none"> Detainees may seek help from other detainees or facility staff when preparing a grievance. Illiterate, disabled, or non-English-speaking detainees receive special assistance when necessary. 	Meets Standard	Detainees have access to the grievance system using formal procedures. Detainees may seek assistance from other detainees, facility staff, family members, legal representatives or members of non-governmental organizations, when needed. Illiterate, disabled or non-English speaking detainees receive special assistance when necessary.
<p>3. Every member of the staff knows how to identify emergency grievances, including the procedures for expediting them.</p>	Meets Standard	
<p>4. There are documented or substantiated cases of staff harassing, disciplining, penalizing, or otherwise retaliating against a detainee who lodged a complaint:</p> <ul style="list-style-type: none"> If yes, explain. 	Meets Standard	There have been no substantiated or documented cases of staff members harassing detainees who have filed a complaint.
<p>5. Procedures include maintaining a Detainee Grievance Log.</p> <ul style="list-style-type: none"> If not, an alternative acceptable record keeping system is maintained. "Nuisance complaints" are identified in the records. For quality control purposes, staff document nuisance complaints received but not filed. 	Meets Standard	A grievance log is maintained that includes the documentation listed in this component. A copy of the grievance disposition is given to the detainee and another copy is placed in the detainee's detention file. Nuisance complaints are documented when filed.
<p>6. Staff is required to forward any grievance that includes officer misconduct to a higher official or, in a CDF/IGSA facility, to ICE.</p>	Meets Standard	Per policy, grievances that include staff misconduct are handled as emergency grievances and will be forwarded to ICE.

DETAINEE GRIEVANCE PROCEDURES – 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 without fear of reprisal. Responses to grievances can be appealed. Detainees may make requests to staff using the Inmate Services Request Form. If not satisfied with the response from staff on the request form, they may submit a request to receive a grievance form to lodge a formal complaint. Detainee grievance forms are not readily accessible to detainees in the housing units. The facility assists special needs detainees in preparing and pursuing a grievance. Translation assistance is provided upon request or as needed.

Interviews with staff and a review of policy, procedures and handbooks indicated that detainees are provided information regarding how to communicate directly with ERO and how to appeal the decision to the OIC. Interviews with staff confirms that ERO would be notified and provided a copy of all grievances reported by detainees, including staff misconduct allegations. The facility provides one independent appeal that excludes individuals previously involved in the decision-making process for the same grievance. The OIC is the final arbitrator of all grievances in the facility. A copy of the grievance remains in the detainee's detention file. Staff do not harass, discipline, punish, or otherwise retaliate against a detainee lodging a complaint.

The evaluation of this standard is based on review of policy, handbooks and the grievance log; and interviews with the grievance coordinator, facility staff and detainees. There have been thirteen ICE detainee grievances filed during the past twelve months, with none found in favor of the detainee.

Overall Rating: Meets Standard

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

Completion Date: 2/23/2018

Reviewer Signature (for printed form submission):

GROUP LEGAL RIGHTS PRESENTATIONS (Key: I)

Policy: Facilities housing ICE detainees shall permit AUTHORIZE persons to make presentations to groups of detainees for the purpose of informing them of U.S. immigration law and procedures, consistent with the security and orderly operation of each facility. ICE encourages such presentations, which instruct detainees about the immigration system and their rights and options within it.

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. The Field Office is responsive to requests by attorneys and accredited representatives for group presentations.	Meets Standard	The field office has approved Advocates for Basic Legal Equality (ABLE) to conduct group legal rights presentations at this facility.
2. Upon receipt of concurrence by the Field Office Director, the facility or authorized ICE Field Office ensures timely and proper notification to attorneys or accredited representatives.	Meets Standard	
3. The facility follows policy and procedure when rejecting or requesting modifications to objectionable material provided or presented by the attorney or accredited representative.	Meets Standard	
4. Posters announcing presentations appear in common areas at least 48 hours in advance and sign-up sheets are available and accessible.	Meets Standard	Posters and sign-up sheets are placed in the housing units forty-eight hours prior to the presentations.
5. Documentation is submitted and maintained when any detainee is denied permission to attend a presentation and the reason(s) for the denial.	Meets Standard	
6. When the number of detainees allowed to attend a presentation is limited, the facility provides a sufficient number of presentations so that all detainees signed up may attend.	Meets Standard	All requesting detainees may attend one legal rights presentation. ABLE does not want repeat attendees.
7. Detainees in segregation, unable to attend for security reasons, may request separate sessions with presenters. Such requests are documented.	Meets Standard	ABLE can meet with detainees in segregated statuses individually, if they request.
8. Interpreters are admitted when necessary to assist attorneys and other legal representatives.	Meets Standard	
9. Presenters are afforded a minimum of one hour to make the presentation and to conduct a question-and-answer session.	Meets Standard	Presentations are one hour in length and question and answer sessions are permitted.
10. Staff permits presenters to distribute ICE-approved materials.	Meets Standard	ICE-approved materials are distributed as applicable.
11. Presenters are permitted to meet with small groups of detainees to discuss their cases after the group presentation. ICE or authorized detention staff is present but do not monitor conversations with legal providers.	Meets Standard	Presenters are permitted to meet with small groups of detainees after their presentations.

GROUP LEGAL RIGHTS PRESENTATIONS (Key: I)

Policy: Facilities housing ICE detainees shall permit AUTHORIZE persons to make presentations to groups of detainees for the purpose of informing them of U.S. immigration law and procedures, consistent with the security and orderly operation of each facility. ICE encourages such presentations, which instruct detainees about the immigration system and their rights and options within it.

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)
12. Group presenters who have had their privileges suspended are notified in writing by the Field Office Director or designee; and the reasons for suspension are documented. The Headquarters Office for Detention and Removal, Field Operations and Detention management Division, is notified when a group or individual is suspended from making presentations.	Meets Standard	
13. The facility plays ICE-approved videotaped presentations on legal rights at regular opportunities, at the request of outside organizations.	Meets Standard	
14. A copy of the Group Legal Rights Presentation policy, including attachments, is available to detainees upon request	Meets Standard	The group legal rights procedure is posted in the housing units.

GROUP LEGAL RIGHTS PRESENTATIONS – REVIEWER SUMMARY

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

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

Attorneys and legal representatives interested in making a group presentation on legal rights submit a written request to ICE. Legal assistants/paralegals are permitted to conduct a group presentation for legal rights when accompanied by a supervising attorney/legal representative, who validates the supervisory relationship in writing prior to the presentation. ICE notifies the OIC upon approving a group presentation. The OIC contacts the designated party and arranges a mutually acceptable date and time for the presentation. Presentations are scheduled during normal legal visiting hours, excluding weekends and holidays. Presenters’ arrival is required to be timely in order to facilitate processing.

ABLE has been approved to make presentations in the facility. Presentations are scheduled every Wednesday. Presenters do not charge a fee or solicit business during presentations. Presenters may distribute a reasonable amount of pre-approved written materials to detainees and attending staff. Distribution of unapproved materials may result in suspension of presentation privileges. If presenters wish to distribute an amount of materials too voluminous to do so during a presentation, those materials can be made available in the law library upon request.

This standard was evaluated via review of policy and the local handbook, inspection of group presentation procedure posters, and interviews with staff.

Overall Rating: Meets Standard

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

Completion Date: 2/23/2018

Reviewer Signature (for printed form submission):

Issuance and Exchange of Clothing, Bedding, and Towels (Key: J)		
POLICY: ICE REQUIRES THAT ALL FACILITIES HOUSING ICE DETAINEES PROVIDE CLEAN CLOTHING, BEDDING, LINENS AND TOWELS TO EVERY ICE DETAINEE UPON ARRIVAL. FURTHER, FACILITIES SHALL PROVIDE ICE DETAINEES WITH REGULAR EXCHANGES OF CLOTHING, LINENS, AND TOWELS FOR AS LONG AS THEY REMAIN IN DETENTION.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
<p>1. The facility has a policy and procedure for the regular issuance and exchange of clothing, bedding, linens, and towels.</p> <ul style="list-style-type: none"> • The supply of these items exceeds the minimum required for the number of detainees. 	Meets Standard	Policy addresses the regular issuance and exchange of clothing, bedding, linens and towels. Observation of the supply of these items indicated that quantities on-hand exceed the minimum required for the number of detainees housed at this facility.
<p>2. All new detainees are issued clean, temperature-appropriate, presentable clothing during in-processing. Detainees receive:</p> <ul style="list-style-type: none"> • One uniform shirt and one pair of uniform pants, or one jumpsuit; • One pair of socks; • One pair of underwear (Daily change); and • One pair of facility-issued footwear. 	Meets Standard	The standard issue of clothing consists of four uniforms, four pairs of underwear, four t-shirts, four bras (females), four pairs of socks, one jacket and one pair of footwear. The clothing appears clean, temperature appropriate and presentable.
<p>3. Additional clothing is available for changing weather conditions, or as seasonally appropriate.</p>	Meets Standard	
<p>4. New detainees are issued clean bedding, linens, and towels. They receive at a minimum:</p> <ul style="list-style-type: none"> • One mattress; • One blanket; • Two sheets; • One pillowcase; • One towel; and • Additional blankets are issued based on local weather conditions. 	Does Not Meet Standard	This component was rated deficient during the last inspection due to pillows and pillowcases not being issued. All new detainees receive the items and the quantities listed in this component, except pillows and pillowcases. Additional clothing and bedding are provided to address temperature changes or medical needs. This is a repeat finding.
<p>5. Detainees assigned to special work areas are clothed in accordance with the requirements of the job.</p>	Meets Standard	Non-ICE detainees assigned to special work areas are clothed appropriately in accordance with the requirements of the job. ICE detainees do not participate in the voluntary work program.

Issuance and Exchange of Clothing, Bedding, and Towels (Key: J)		
POLICY: ICE REQUIRES THAT ALL FACILITIES HOUSING ICE DETAINEES PROVIDE CLEAN CLOTHING, BEDDING, LINENS AND TOWELS TO EVERY ICE DETAINEE UPON ARRIVAL. FURTHER, FACILITIES SHALL PROVIDE ICE DETAINEES WITH REGULAR EXCHANGES OF CLOTHING, LINENS, AND TOWELS FOR AS LONG AS THEY REMAIN IN DETENTION.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
6. Detainees are provided clean clothing, linen and towels. <ul style="list-style-type: none"> • Socks and undergarments - exchanged daily. • Outer garments - twice weekly. • Sheets - weekly. • Towels - weekly. • Pillowcases - weekly. 	Does Not Meet Standard	This component was rated deficient during the last inspection due to pillows and pillowcases not being issued. The laundry schedule and the amount of clothing, linens and towels issued is adequate to ensure that detainees are provided an exchange of each of the items listed in this component, with the exception pillowcases. Pillowcases are not issued at the facility. This is a repeat finding.
7. Food service detainee volunteer workers are permitted to exchange outer garments daily.	Meets Standard	Non-ICE detainees assigned to food service are permitted to exchange clothing daily. ICE detainees do not participate in the voluntary work program.
8. Volunteer detainee workers are permitted to exchange outer garments more frequently.	Meets Standard	Non-ICE detainee workers may exchange outer garments more frequently when needed. ICE detainees do not participate in the voluntary work program.

Issuance and Exchange of Clothing, Bedding, and Towels – REVIEWER SUMMARY		
<i>(Use following format for dates: mm/dd/yyyy)</i>		
Overall Remarks: <i>(Record significant facts, observations, other sources used, etc.)(5000 Character Max)</i> Detainees are provided with clean clothing, bedding, linens and towels upon admission. Laundry schedules provide for the regular exchange of clothing and bedding. The evaluation of this standard was based on review of policy and procedures, observations of laundry and clothing issue processes, and interviews with staff and detainees.		
Overall Rating: Meets Standard		
Reviewer Name (Printed) (b)(6); (b)(7)(C)	Completion Date: 2/23/2018	
Reviewer Signature (for printed form submission):		

Marriage Requests (Key: K)		
POLICY: ALL DETAINEE MARRIAGE REQUESTS WILL RECEIVE CASE-BY-CASE CONSIDERATION FROM ICE MANAGEMENT.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. The Field Office considers detainee marriage requests on a case-by-case basis.	Meets Standard	Policy requires that when a detainee submits a request to be married, the FOD is notified for approval or denial of the request. The FOD considers all marriage requests on a case-by-case basis.
2. The Field Office Director reviews every marriage request rejected by a Warden/OIC or IGSA. Rejections are documented.	Meets Standard	The FOD makes the decision to approve or deny all marriage requests. Rejections are documented. The OIC is not involved in the marriage process and therefore makes no decisions on marriage requests.
3. It is standard practice to require a written request for permission to marry.	Meets Standard	ICE detainees wishing to marry must submit a written request to be married.
4. The written request includes a signed statement or comparable documentation from the intended spouse, confirming marital intent.	Meets Standard	
5. The Warden/OIC provides a written copy of his/her decision to the detainee and his/her legal representative.	Meets Standard	ICE generates all notifications to the detainee and their legal representatives regarding the approval or denial of the marriage request.
6. When permission is denied, the Warden/OIC states the basis for his/her decision.	Meets Standard	ICE will inform the detainee when permission to marry is denied.
7. The Warden/OIC provides the detainee with a place and time to make wedding arrangements.	Meets Standard	Should ICE approve a marriage request, the wedding ceremony is held in a timely manner at the facility.

Marriage Requests – REVIEWER SUMMARY <i>(Use following format for dates: mm/dd/yyyy)</i>
--

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)*

Interviews with ICE officials indicated that all the requirements within the standard on detainee marriages are performed by ICE. Detainees are informed about the marriage request procedures through the local handbook and the National Detainee Handbook.

Approval or denial of marriage requests is decided by the FOD or designee. 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, the 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.

Upon approval, the detainee, legal representative or other individual acting on the detainee's behalf, makes all the marriage arrangements, including 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 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 is private with no media publicity and only individuals' essential for the marriage ceremony 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 has been one ICE detainee marriage conducted during the past twelve months. Evaluation of this standard included a review of policy and procedures as well as interviews with ICE and facility staff.

Overall Rating: Meets Standard

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

Completion Date: 02/23/2018

Reviewer Signature (for printed form submission):

NON-MEDICAL EMERGENCY ESCORTED TRIPS (Key: L)

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

Standard N/A

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. The Field Office Director considers and approves, on a case-by-case basis, trips to an immediate family member's: <ul style="list-style-type: none"> • Funeral; or • Deathbed 	N/A	
2. The facility recognizes mother, father, brother, sister, spouse, child, step-parent, and foster parent as "immediate family".	N/A	
3. The IGSA facility notifies ICE of all detainee requests for non-medical escorts.	N/A	
4. The detainee’s Deportation Officer reviews the file before forwarding a detainee's request, with recommendation, to the approving official. Each recommendation addresses the individual's suitability for travel; e.g., the kind of supervision required.	N/A	
5. Each escort includes at least two officers.	N/A	
6. Escorting officers report unexpected situations to the originating facility as a matter of procedure, and the ranking supervisor on duty has the authority to issue instructions for completion of the trip.	N/A	
7. Escorting officers have the discretion to increase or decrease minimum restraints in accordance with written procedures and classification level of the detainee.	N/A	
8. Escort officers are precluded from accepting gifts/gratuities from a detainee, or detainee's relative or friend for any reason.	N/A	
9. Escort officers ensure that detainees: <ul style="list-style-type: none"> • Conduct themselves in a manner that does not bring discredit to the ICE; • Do not violate federal, state, or local laws; • Do not purchase, possess, use, consume, or administer narcotics, other drugs, or intoxicants; • Make no unauthorized phone calls; and • Know they are subject to search, urinalysis, breathalyzer, or comparable test upon return. 	N/A	
10. Standard procedure requires the immediate return to the facility of any detainee who violates trip rules.	N/A	

NON-MEDICAL EMERGENCY ESCORTED TRIPS – REVIEWER SUMMARY

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

NON-MEDICAL EMERGENCY ESCORTED TRIPS – REVIEWER SUMMARY <i>(Use following format for dates: mm/dd/yyyy)</i>	
Overall Remarks: <i>(Record significant facts, observations, other sources used, etc.)(5000 Character Max)</i> ICE handles all non-medical emergency escorted trips for ICE detainees.	
Overall Rating: N/A	
Reviewer Name (Printed): (b)(6); (b)(7)(C)	Completion Date: 2/23/2018
Reviewer Signature (for printed form submission):	

RECREATION (Key: M)

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

Standard N/A

Click the above button if outdoor recreation is offered. Items 19-26 will be marked "N/A".

COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. The facility has a recreation program and facility.	Meets Standard	The program provides detainees with day room activities and access to outdoor recreation areas.
2. A recreational specialist (for facilities with more than 350 detainees) tailors the program activities and offerings to the detainee population.	Meets Standard	During the inspection, the daily ICE detainee population count was 127. Housing pod officers are responsible for monitoring and supervising recreational activities.
3. Regular maintenance keeps recreational facilities and equipment in good condition.	Meets Standard	
4. The recreational specialist or trained equivalent supervises detainee recreation workers.	N/A	ICE detainees do not participate in the voluntary work program.
5. The recreational specialist or trainee equivalent oversees recreation programs for special housing units (SHU) and special-needs detainees.	Meets Standard	Officers oversee recreation programs for all ICE detainees. The facility does not place ICE detainees in a special housing unit (SHU). ICE detainees are allowed to serve any administrative or disciplinary segregation status in their assigned housing pod with restrictive privileges. Detainees given this status are allowed one hour of outdoor recreation daily.
6. Dayrooms offer sedentary activities, e.g., board games, cards, television.	Meets Standard	Dayroom activities consist of board games, leisure library, cards and television.
7. Outside activities are restricted to limited-contact sports.	Meets Standard	Activities are limited to cardiovascular exercises that include basketball, soccer and walking.
8. Each detainee has the opportunity to participate in daily recreation.	Meets Standard	

RECREATION (Key: M)

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

Standard N/A

Click the above button if outdoor recreation is offered. Items 19-26 will be marked "N/A".

COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
9. Detainees have access to recreation activities outside the housing units for at least one hour daily, 5 days a week.	Meets Standard	Detainees at this IGSA facility are allowed to participate in daily recreational activities outside the housing pods for at least one hour a day, seven days a week.
10. Staff checks all items for damage and condition when equipment is returned.	Meets Standard	
11. Staff conducts searches of recreation areas before and after use.	Meets Standard	
12. All recreation areas under constant staff supervision.	Meets Standard	
13. Supervising staff is equipped with radios.	Meets Standard	
14. The facility provides detainees in the SHU at least one hour of outdoor recreation time daily, five times per week.	Meets Standard	The facility does not place ICE detainees in the special housing unit (SHU). ICE detainees are allowed to serve any administrative or disciplinary segregation status in their assigned housing pod with restrictive privileges. Detainees given this status are allowed one hour of outdoor recreation daily.
15. Detainees in disciplinary/administrative segregation receive a written explanation when a panel revokes his/her recreation privileges.	Meets Standard	In the event that any recreation privileges are withheld, a written report of the action is given to the detainee.
16. Special programs or religious activities are available to detainees.	Meets Standard	
17. Volunteers are required to sign a waiver of liability before entering a secure portion of the facility where detainees are present.	Meets Standard	Volunteers are required to sign a waiver of liability and must submit to a background check prior to entering the secure portion of the facility.
18. Visitors, relatives or friends are not allowed to serve as volunteers.	Meets Standard	Visitors, relatives and friends of detainees are not permitted to serve as a volunteer.
19. If the facility has no outside recreation, are detainees considered for transfer after six months? <ul style="list-style-type: none"> If yes, written procedures ensure timely review of all eligible detainees. 	N/A	

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities with SAAPI

RECREATION (Key: M)

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

Standard N/A

Click the above button if outdoor recreation is offered. Items 19-26 will be marked "N/A".

COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
20. Case officers make written transfer recommendations about every six-month detainee to the OIC.	N/A	
21. The OIC documents all detainee-transfer decisions, whether yes or no.	N/A	
22. The detainee's written decision for or against an offered transfer documented in his/her A-file.	N/A	
23. Staff notifies the detainee's legal representative of his/her decision to accept/decline a transfer.	N/A	
24. If no recreation is available, the ICE Districts routinely review transfer eligibility for all detainees after 60 days.	N/A	
25. The A-file of every detainee who is held more than 60 days without access to recreation contains either a transfer-waiver signed by the detainee, or the OIC's written determination of the detainee's ineligibility for transfer.	N/A	
26. The detainee's legal representative is notified of the detainee's/OIC's decision.	N/A	

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 are provided access to recreational programs and activities within the constraints of safety and security. The facility offers both indoor and outdoor recreation. Officers search the recreation areas before and after use to detect altered or damaged equipment, hidden contraband, and security breaches. Recreational programs and activities are within the parameters of a safe, secure and orderly operation. Recreational opportunities are provided for those with disabilities and under no circumstances does the facility require a detainee to forgo their law library privileges for recreation.

Recreation is available outside of the housing units. The area used for outside recreation/gymnasium is designed to provide for sunshine and exchange of free-flowing outdoor air sufficient to reflect climate conditions. Individual recreation is provided as necessary for detainees placed on administrative and segregation status in the housing units. Indoor recreation activities include television, cards and board games. Detainees can be denied recreation privileges as part of the disciplinary process.

Detainees are provided adequate space to ensure they can be active during their stay at this facility. The evaluation of this standard is based on review of policy and procedures, observations of detainee recreation areas, and interviews with the recreation specialist and detainees.

Overall Rating: Meets Standard

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

Completion Date: 2/23/2018

Reviewer Signature (for printed form submission):

RELIGIOUS PRACTICES (Key: N)		
POLICY: FACILITIES WILL PROVIDE ICE DETAINEES OF ALL FAITHS WITH REASONABLE AND EQUITABLE OPPORTUNITIES TO PARTICIPATE IN THE PRACTICES OF THEIR FAITH, LIMITED ONLY BY THE CONSTRAINTS OF SAFETY, SECURITY, THE ORDERLY OPERATIONS OF THE FACILITY AND BUDGETARY CONSIDERATIONS.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. Detainees are allowed to engage in religious services.	Meets Standard	
2. Space is available for detainees to conduct religious services.	Meets Standard	The facility does not have a chapel; religious services are conducted in the housing pod multi-purpose room.
3. The facility allows detainees to observe the major “holy days” of their religious faith. <ul style="list-style-type: none"> List any exceptions. 	Meets Standard	Requests to observe a recognized religious holy day are accommodated. No exceptions have occurred.
4. The facility accommodates recognized holy-day observances by: <ul style="list-style-type: none"> Providing special meals, consistent with dietary restrictions; Honoring fasting requirements; Facilitating religious services; and Allowing activity restrictions. 	Meets Standard	Procedures for accommodating recognized holy day observances include all the listed requirements in this component, provided these activities do not threaten the safety, security and orderly operation of the institution.
5. Each detainee is allowed religious items in his/her immediate possession.	Meets Standard	
6. Volunteer’s credentials are checked and verified before allowing participation in detainee programs.	Meets Standard	Background investigations are completed before allowing community religious volunteers to participate in detainee programs. All volunteers are required to provide credentials of their affiliations. If cleared, they must attend a volunteer orientation program and sign a waiver of liability prior to starting their service.
7. Members of faiths not represented by clergy may conduct their own services within security allowances.	Meets Standard	

RELIGIOUS PRACTICES (Key: N)		
POLICY: FACILITIES WILL PROVIDE ICE DETAINEES OF ALL FAITHS WITH REASONABLE AND EQUITABLE OPPORTUNITIES TO PARTICIPATE IN THE PRACTICES OF THEIR FAITH, LIMITED ONLY BY THE CONSTRAINTS OF SAFETY, SECURITY, THE ORDERLY OPERATIONS OF THE FACILITY AND BUDGETARY CONSIDERATIONS.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
8. Detainees in the Special Management Unit are allowed to participate in religious practices unless otherwise documented for the safety and security of the facility.	Meets Standard	The facility does not place ICE detainees in the special management unit (SMU). ICE detainees are permitted to serve administrative or disciplinary segregation status in their assigned housing unit with restrictive privileges. The programs supervisor (PS) facilitates pastoral visits by local religious clergy to ICE detainees who are unable to participate in regular religious practices due to safety/security concerns.

RELIGIOUS PRACTICES – REVIEWER SUMMARY <i>(Use following format for dates: mm/dd/yyyy)</i>		
Overall Remarks: <i>(Record significant facts, observations, other sources used, etc.)(5000 Character Max)</i> ICE detainees are permitted opportunities to voluntarily practice their religious faith through a variety of religious programs and activities, limited only by concerns about safety, security and the orderly operation of the facility. The programs supervisor oversees the religious program at the facility and is assisted by thirty-three local volunteers to coordinate religious activities and services at the facility. Employees do not disparage the religious beliefs of a detainee, nor coerce or harass a detainee to change his/her religious affiliation. Attendance at all religious activities is voluntary and open to all detainees. When necessary for the security or good order of the facility, the OIC can limit attendance at, or discontinue a religious activity. ICE does not require a detainee to profess a religious belief. A detainee can designate any or no religious preference during the intake process. Detainees may request to change their religious designation at any time, and the change is affected in a timely fashion. Detainees can request the introduction of new religious components to the program. The programs supervisor asks the detainee(s) to provide additional data to make an informed decision to include or exclude the practice from the religious services program. Detainees are allowed to participate in group services. During the evaluation of this standard, the programs supervisor and detainees were interviewed, policy was reviewed, and the multi-purpose room was visited. The religious programs available to detainees enhance the quality of life for detainees at this facility.		
Overall Rating: Meets Standard		
Reviewer Name (Printed)	(b)(6); (b)(7)(C)	Completion Date: 2/23/2018
Reviewer Signature (for printed form submission):		

DETAINEE TELEPHONE ACCESS (Key: O)		
POLICY: ALL FACILITIES HOUSING ICE DETAINEES WILL PERMIT DETAINEES' REASONABLE AND EQUITABLE ACCESS TO TELEPHONES.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. Detainees are allowed access to telephones during established facility waking hours.	Meets Standard	Telephones are available in the housing units during facility waking hours.
2. Upon admittance, detainees are made aware of the facility's telephone access policy.	Meets Standard	The telephone access policy is provided to detainees via the local detainee handbook, which is issued to each detainee upon arrival. The information is available in English and Spanish.
3. Access rules are posted in housing units.	Meets Standard	Telephone access rules are posted in the housing units.
4. The facility makes a reasonable effort to provide key information to detainees in languages spoken by any significant portion of the facility's population.	Meets Standard	The detainee handbook and postings are in English and Spanish, the primary languages of detainees housed at this facility.
5. Telephones are provided at a minimum ratio of one telephone per 25 detainees in the facility population.	Meets Standard	Telephones are available at a ratio of at least one telephone for every ten detainees.
6. Telephones are inspected regularly by facility staff to ensure that they are in good working order.	Meets Standard	Unit officers inspect telephones daily and document the results on a checklist.
7. The facility administration promptly reports out-of-order telephones to the facility's telephone service provider.	Meets Standard	A supervisor promptly notifies the telephone provider of a telephone malfunction.
8. The facility administration monitors repair progress and takes appropriate measures to ensure that required repairs are begun and completed timely.	Meets Standard	
9. Detainees are afforded a reasonable degree of privacy for legal phone calls.	Meets Standard	Detainees may submit a request to the shift supervisor or ICE personnel for a phone call in a private room.
10. A procedure exists to assist a detainee who is having trouble placing a confidential call.	Meets Standard	Detainees may submit a request to the shift supervisor or ICE personnel for a confidential call.
11. The facility provides the detainees with the ability to make non-collect (special access) calls.	Meets Standard	Special access telephone numbers are programmed into the telephone system.
12. Special Access calls are at no charge to the detainees.	Meets Standard	The special access numbers are programmed in the detainee telephone system and are free of charge.

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities with SAAPI

DETAINEE TELEPHONE ACCESS (Key: O)		
POLICY: ALL FACILITIES HOUSING ICE DETAINEES WILL PERMIT DETAINEES' REASONABLE AND EQUITABLE ACCESS TO TELEPHONES.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
13. The OIG phone number for reporting abuse is programmed into the detainee phone system and the phone number was checked by the inspector during the review.	Meets Standard	This inspector reached the DHS OIG hotline recording via the speed dial system programmed into the housing unit telephones.
14. In facilities unable to fully meet this requirement initially because of limitations of its telephone service, ICE makes alternate arrangements to provide required access within 24 hours of a request by a detainee.	N/A	Special access telephone numbers are programmed into the telephone system and are free of charge.
15. No restrictions are placed on detainees attempting to contact attorneys and legal service providers who are on the approved "Free Legal Services List".	Meets Standard	
16. Special arrangements are made to allow detainees to speak by telephone with an immediate family member detained in another Facility.	Meets Standard	ICE approves these requests.
17. Any telephone restrictions are documented.	Meets Standard	Telephone restrictions are documented via the disciplinary process.
18. The facility has a system for taking and delivering emergency detainee telephone messages.	Meets Standard	Emergency messages are taken and given to the detainee as soon as possible.
19. Emergency phone call messages are immediately given to detainees.	Meets Standard	Emergency telephone messages will be taken and delivered to detainees as promptly as possible, subject to verification.
20. Detainees are allowed to return emergency phone calls as soon as possible.	Meets Standard	Detainees are permitted to return emergency phone calls, subject to verification, as soon as possible.
21. Detainees in disciplinary segregation are allowed phone calls relating to the detainee's immigration case or other legal matters, including consultation calls.	Meets Standard	The frequency and duration of immigration/legal telephone calls are unrestricted for all detainees.
22. Detainees in disciplinary segregation are allowed phone calls to consular/embassy officials.	Meets Standard	Consular/embassy telephone calls are unrestricted for all ICE detainees.
23. Detainees in disciplinary segregation are allowed phone calls for family emergencies.	Meets Standard	ICE detainees in disciplinary segregation may make phone calls for family emergencies.
24. Detainees in administrative detention and protective custody are afforded the same telephone privileges as those in general population.	Meets Standard	Detainees in administrative segregation and protective custody are afforded the same telephone privileges as those in general population.

DETAINEE TELEPHONE ACCESS (Key: O)		
POLICY: ALL FACILITIES HOUSING ICE DETAINEES WILL PERMIT DETAINEES' REASONABLE AND EQUITABLE ACCESS TO TELEPHONES.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
25. When detainee phone calls are monitored, notification is posted by detainee telephones that phone calls made by the detainees may be monitored. Special Access calls are not monitored.	Meets Standard	Notification of monitoring is posted on the wall near telephones and is noted in the facility handbook. Special access calls are not monitored.
26. 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	When a detainee requests a call of this type, access is granted, ordinarily within eight hours and always within twenty-four hours of the request.
27. LYON AGREEMENT: The facility documents and reports to ICE/ERO any delays in responding to requests for free or direct Legal Calls beyond 8 facility waking hours.	Meets Standard	Delays in responding to requests for free or direct legal calls beyond eight facility waking hours would be reported to ICE.
28. LYON AGREEMENT: Detainees are provided private settings for Legal Calls such that calls cannot be overheard by officers, other staff, or other detainees.	Meets Standard	Legal telephone calls may be placed from a private area upon request.
29. LYON AGREEMENT: The facility has a system for taking and delivering telephone messages to detainees, including but not limited to attorney messages, other messages related to a detainee's legal case, and emergency messages, and ensures the timeliness of such message delivery.	Meets Standard	
30. 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	The facility provides translation and interpretation services to detainees who are unable to read written telephone access rules in the languages provided.
31. 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, or other environments with limited physical access to telephones, have the same access to telephone use as the general population, except for those detainees under disciplinary sanctions that may specifically include certain calls.

DETAINEE TELEPHONE ACCESS – REVIEWER SUMMARY
(Use following format for dates: mm/dd/yyyy)

DETAINEE 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 have access to telephones as required by the standard. The facility has a contract with Combined Public Communications (CPC) to provide detainee phone service. Local and long-distance calls cost \$.16 per minute. International calls start at \$1.00 per minute with no connection fee. These rates are comparable to community telephone call rates.

A review of documentation, employee interviews and the testing of housing unit telephones confirmed that the facility permits detainees to make direct calls, free of charge for indigent detainees, to the local immigration court and the Board of Immigration Appeals; Federal and State courts; to consular officials; to legal service providers; to a government office when needed for their case; in a personal or family emergency; or when the detainee can otherwise demonstrate a compelling need. Detainees must submit a request to facility officers or ICE in order to make unmonitored/confidential telephone calls to their legal representative. Such calls are usually granted within eight waking hours of the request, as stipulated by the standard. There are neither time limits nor frequency restrictions for telephone calls to a legal representative unless necessary to maintain security.

Telephone calls from housing unit telephones may be limited to twenty minutes in duration during high use times in order to allow all detainees an opportunity to use the telephones. Telephone privileges may be suspended entirely during an emergency with the authorization of the OIC, and are only suspended for the time necessary under the circumstances.

Indigent detainees may return emergency telephone calls free of charge.

During the evaluation of this standard policy and the detainee handbook were reviewed; housing unit inspection logs and telephone serviceability worksheets were inspected; call rates were calculated; housing unit telephones were tested; and staff and detainees were interviewed.

Overall Rating: Meets Standard

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

Completion Date: 2/23/2018

Reviewer Signature (for printed form submission):

VISITATION (Key: P)		
POLICY: ICE SHALL PERMIT DETAINEES TO VISIT WITH FAMILY, FRIENDS, LEGAL REPRESENTATIVES, SPECIAL INTEREST GROUPS, AND THE NEWS MEDIA.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. There is a written visitation schedule and hours for general visitation.	Meets Standard	The visitation schedule and hours for general visitation are available in the facility handbook, are posted in the entrance lobby and available on the facility website.
2. The visitation hours tailored to the detainee population and the demand for visitation.	Meets Standard	General visitation is facilitated through video visitation. The visitation hours are tailored to the detainee population.
3. The visitation schedule and rules are available to the public.	Meets Standard	The schedule and rules are available in the facility lobby.
4. The hours for all categories of visitation are posted in the visitation waiting area.	Meets Standard	
5. A written copy of the rules regulating visitation and the hours of visitation is available to visitors.	Meets Standard	Visitation information is posted on the agency website.
6. A general visitation log is maintained.	Meets Standard	A visitation log is maintained for all visits.
7. The detainees are permitted to retain personal property items specified in the standard.	Meets Standard	
8. A visitor dress code is available to the public.	Meets Standard	A visitor dress code is posted in the entrance of the facility.
9. Visitors are searched and identified according to standard requirements.	Meets Standard	Visitors do not enter the secure perimeter of the facility, nor do they have any contact with detainees; therefore, they are not searched. Visitation is conducted via video terminals that are located in a room outside of the secure areas of the facility. Visitors are required to have a valid driver's license or photo identification card in order to visit. The facility does have procedures in place to allow a contact social visit if approved by the OIC and those visitors are searched.
10. The requirement on visitation by minors is complied with.	Meets Standard	
11. 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 are permitted to visit.
12. After that time, on request, ICE considers a transfer, when possible, to a facility that will allow minor visitation. At a minimum, monthly visits are allowed.	N/A	Minors are permitted to visit.

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities with SAAPI

VISITATION (Key: P)		
POLICY: ICE SHALL PERMIT DETAINEES TO VISIT WITH FAMILY, FRIENDS, LEGAL REPRESENTATIVES, SPECIAL INTEREST GROUPS, AND THE NEWS MEDIA.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
13. Detainees in special housing are afforded visitation.	Meets Standard	
14. Legal visitation is available seven (7) days a week, including holidays.	Meets Standard	Legal visitation is available seven days a week, including holidays.
15. On regular business days legal visitation hours are provide for a minimum of eight (8) hours per day, and a minimum of four hours per day on weekends and holidays.	Meets Standard	
16. On regular business days, detainees are given the option of continuing a meeting with a legal representative through a scheduled meal.	Meets Standard	Detainees are permitted to continue a legal visit through a scheduled meal.
17. Private consultation rooms are available for attorney meetings. There is a mechanism for the detainee and his/her representative to exchange documents.	Meets Standard	Legal visits are contact and conducted in private rooms. Documents may be exchanged.
18. There are written procedures governing detainee searches.	Meets Standard	
19. When strip searches are required after every contact visit with a legal representative, the facility provides an option for non-contact visits with legal representatives.	N/A	Strip searches are not required after legal visits.
20. Prior to each visit, legal service providers and assistants are identified per the standard.	Meets Standard	Legal visitors must produce a state bar card.
21. The current list of pro bono legal organizations is posted in the detainee housing areas and other appropriate areas.	Meets Standard	The list of pro bono legal providers is posted in the housing units and issued to every detainee during initial processing at the ICE sub-office.
22. The decision to permit or deny a tour is not delegated below the level of Field Office Director.	Meets Standard	
23. Provisions for NGO visitation, as stated in the Detention Standards, are complied with.	Meets Standard	Any NGO visitation must be approved by ICE. The provisions of the standard are adhered to.
24. Law enforcement officials who request to visit with a detainee are referred to the ICE Field Office for approval.	Meets Standard	Law enforcement officials must have approval from ICE to visit with a detainee.
25. Former detainees or aliens in proceedings, requesting to visit with a detainee, are referred to the OIC or ICE Field Office.	Meets Standard	ICE is notified if any former detainee or alien in proceedings requests to visit.
26. Procedures are in place, consistent with the detention standard, for examinations by independent medical service providers and experts.	Meets Standard	Policy addresses independent medical examinations.

VISITATION – REVIEWER SUMMARY
(Use following format for dates: mm/dd/yyyy)

VISITATION – REVIEWER SUMMARY

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

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

Visitation is managed in such a manner as to permit detainees to maintain ties with family and friends, and facilitate professional contact with legal representatives and others. Social visiting is facilitated via video terminals. The local handbook addresses visiting rules and hours. The visitation schedule is available to the public via telephone. Legal visitors and social visitors are logged on separate logs. Written procedures address incoming property and money for detainees. Visitors may not give money directly to a detainee. Visitation is restricted only through the disciplinary process. Criminal behavior during visits may be referred for prosecution.

Visiting hours may be limited based on space and resources. Detainees may visit other family members who are detained at this facility by special arrangement. Visitation areas are furnished with backless stainless-steel stools; not necessarily comfortable. Visits are conducted in a quiet, orderly and dignified manner. Staff does not accept articles or gifts of any kind for a detainee. Policy provides that any violation of the visitation rules may result in disciplinary action against the detainee, which may entail loss of visitation privileges.

Legal visitors may be accompanied by interpreters. Legal visitors are not required to know the detainee's A-number in order to visit and legal visitors may 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. Form G-28 is not available in the visitor entrance, but is available online. 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 via video or screened visiting rooms 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.

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 the OIC. News media visits occur only with the approval of ICE. All requirements of the standard are adhered to for news media visits and interviews.

Detainees subject to expedited removal may consult whomever they choose, in person or by phone, at any time, during the first forty-eight hours. Consultants might include, but are not limited to: attorneys and other legal representatives; prospective legal representatives; legal assistants; members of non-governmental organizations (NGOs); and friends and family. All consultation visitors are subject to the same identification and security screening procedures as general visitors. If documented security concerns preclude an in-person visit with a particular individual, the OIC will arrange for consultation by telephone. If security reasons also preclude consultation by telephone, the OIC will consult the FOD. Consultation visitation, asylum officer visits, and consular officer visits are managed within the parameters of the standard.

Written notification posted at the entrance states that service animals, but not pets, are permitted into the visiting area.

This standard was evaluated via review of policy and the detainee handbook, inspection of the postings and logs in the entrance lobby, interviews with staff and detainees, and observation of the visiting areas.

Overall Rating: Meets Standard

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

Completion Date: 02/23/2018

Reviewer Signature (for printed form submission):

VOLUNTARY WORK PROGRAM (Key: Q)

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

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. Does the facility have a voluntary work program? • Do ICE detainees participate?	N/A	
2. Detainee housekeeping meets neatness and cleanliness standards.	N/A	
3. Detainees have the opportunity to participate in special details, however, are never allowed to work outside the secure perimeter.	N/A	
4. Written procedures govern selection of detainees for the Voluntary Work Program.	N/A	
5. Where possible, physically and mentally challenged detainees participate in the program.	N/A	
6. The facility complies with work-hour requirements for detainees, not exceeding: • Eight hours a day and Forty hours a week.	N/A	
7. Detainee volunteers generally work according to fixed schedule.	N/A	
8. If a detainee is removed from a work detail, staff places the written justification for the action in the detainee's detention file.	N/A	
9. Staff, in accordance with written procedure, ensures that detainee volunteers understand their responsibilities as workers before they join the work program.	N/A	
10. The voluntary work program meets: • OSHA, NFPA, ACA standards	N/A	
11. Medical staff screen and formally certify detainee food service volunteers. • Before the assignment begins; and • As a matter of written procedure	N/A	
12. Detainees receive safety equipment/ training sufficient for the assignment.	N/A	
13. Proper procedure is followed when an ICE detainee is injured on the job.	N/A	

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)*

ICE detainees do not participate in the voluntary work program at this facility.

Overall Rating: N/A

VOLUNTARY WORK PROGRAM – REVIEWER SUMMARY <i>(Use following format for dates: mm/dd/yyyy)</i>		
Reviewer Name (Printed):	(b)(6); (b)(7)(C)	Completion Date: 2/23/2018
Reviewer Signature (for printed form submission):		

Section II

Health Service Standards

HUNGER STRIKES (Key: R)		
POLICY: ALL FACILITIES WILL FOLLOW STANDARD GUIDELINES FOR THE MEDICAL AND ADMINISTRATIVE MANAGEMENT OF ICE DETAINEES ENGAGING IN HUNGER STRIKES. BY MONITORING OF THE HEALTH AND WELFARE OF THE INDIVIDUAL DETAINEES, FACILITIES WILL STRIVE TO SUSTAIN THEIR LIVES.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. When a detainee has refused food for 72 hours, it is standard practice for staff to refer him/her to the medical department.	Meets Standard	Per policy, when a detainee has refused food for 72 hours, he/she is referred to the medical department.
2. CDFs and IGSAAs immediately report a hunger strike to the ICE.	Meets Standard	At this IGSA facility, a hunger strike is immediately reported to administration who immediately contact ICE.
3. The facility has established procedures to ensure staff respond immediately to a hunger strike.	Meets Standard	Established procedures and training ensure personnel respond immediately to a hunger strike.
4. Policy and procedure require that staff isolate a hunger-striking detainee from other detainees. <ul style="list-style-type: none"> • If yes, in an observation room? 	Meets Standard	Per policy, a hunger striking detainee is placed in an observation cell within the medical department.
5. Medical personnel are authorized to place a detainee in the Special Management Unit or a locked hospital room.	Meets Standard	Medical personnel are authorized to place a detainee in an observation cell located in the medical department.
6. Medical staff records the weight and vital signs of a hunger-striking detainee at least once every 24 hours.	Meets Standard	Per policy and observed in hunger strike medical record documentation, medical personnel record the weight and vital signs of a hunger-striking detainee at least once every 24 hours.
7. The OIC of the facility obtains a hunger striker's consent before medical treatment.	Meets Standard	Per policy and observed in detainee medical records, general informed consent to treatment is obtained from each detainee at the time of admission. Additional procedure specific consents are obtained as needed.
8. A signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment.	Meets Standard	Per policy, a signed refusal of treatment form is required of every detainee who rejects medical evaluation or treatment.

HUNGER STRIKES (Key: R)		
POLICY: ALL FACILITIES WILL FOLLOW STANDARD GUIDELINES FOR THE MEDICAL AND ADMINISTRATIVE MANAGEMENT OF ICE DETAINEES ENGAGING IN HUNGER STRIKES. BY MONITORING OF THE HEALTH AND WELFARE OF THE INDIVIDUAL DETAINEES, FACILITIES WILL STRIVE TO SUSTAIN THEIR LIVES.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
9. During a hunger strike, staff document and provide the hunger-striking detainee three meals a day.	Meets Standard	Per policy and as observed in hunger strike medical documentation, during a hunger strike, personnel document and provide a hunger-striking detainee three meals a day.
10. Staff maintains the hunger striker's supply of drinking water/other beverages.	Meets Standard	Per policy, water to the medical department observation cell is turned-off, and personnel maintain the hunger striker's supply of drinking water and other beverages.
11. During a hunger strike, staff removes all food items from the hunger striker's living area.	Meets Standard	No food items are permitted in the hunger-striker's observation cell other than food provided by personnel.
12. Staff is directed to record the hunger striker's fluid intake and food consumption; Does staff always use Hunger Strike Monitoring Form I-839 or similar IGSA form.	Meets Standard	Personnel record a hunger striker's fluid intake and food consumption on the Hunger Strike Monitoring form I-839.
13. The medical staff has written procedures for treating hunger strikers.	Meets Standard	Medical personnel have written protocols for the basic management of detainees on hunger strike. Management of hunger strikes is individualized based on the detainee's medical history and physical assessment.
14. Staff documents all treatment attempts, including attempts to persuade hunger striker of medical risks.	Meets Standard	Medical personnel are required to document all treatment attempts including attempts to persuade a hunger striker of medical risks. Hunger striking detainees are provided a handout titled, "The Effects of Starvation" and are asked to sign for receipt of the information.

HUNGER STRIKES (Key: R)		
POLICY: ALL FACILITIES WILL FOLLOW STANDARD GUIDELINES FOR THE MEDICAL AND ADMINISTRATIVE MANAGEMENT OF ICE DETAINEES ENGAGING IN HUNGER STRIKES. BY MONITORING OF THE HEALTH AND WELFARE OF THE INDIVIDUAL DETAINEES, FACILITIES WILL STRIVE TO SUSTAIN THEIR LIVES.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
15. Staff has received training in identification of hunger strikes. Medical staff receives early training in hunger-strike evaluation and treatment. Staff remains current in evaluation and treatment techniques.	Meets Standard	A review of training documentation confirmed that all security and other personnel receive hunger-strike training during employee orientation and annually during refresher training. Medical personnel receive additional hunger-strike protocol training.

HUNGER STRIKE – REVIEWER SUMMARY <i>(Use following format for dates: mm/dd/yyyy)</i>	
<p>Overall Remarks: <i>(Record significant facts, observations, other sources used, etc.)(5000 Character Max)</i></p> <p>A detainee suspected or announced to be on a hunger strike is evaluated by medical personnel to determine whether the detainee's action is reasoned and deliberate or the manifestation of a mental illness. If it is determined the detainee is engaging in a hunger strike due to a mental condition, appropriate medical/mental health action is taken.</p> <p>ICE is immediately notified that a detainee is refusing treatment. Prior to administering medical treatment against a detainee's will, reasonable efforts are made to convince the detainee to accept treatment voluntarily. Forced medical treatment is administered pursuant to applicable laws; only after medical personnel determine the detainee's life or permanent health is at risk and only after permission has been granted by ICE.</p> <p>Food and water intake and output is measured and recorded for any detainee participating in a hunger strike.</p> <p>Release from hunger strike evaluation and treatment is only determined by the physician with the order clearly documented in the detainee's medical record.</p> <p>Since the last inspection, there have been two hunger strikes as follows. A 28-year old male detainee was admitted to the facility 6/21/2017. At the time of admission, he provided no mental health history. The detainee declared a hunger strike on 10/19/2017 in protest to being housed in F-pod as a result of having a broken arm and wearing a cast. The detainee signed a refusal of treatment form against medical advice, had the cast removed, was moved out of F-pod and self-terminated the hunger strike on 10/20/2017.</p> <p>A 31-year old male detainee was admitted to the facility 1/2/2017. At the time of admission, he provided no mental health history. The detainee declared a hunger strike on 3/15/2017 in protest to being detained. Following a conversation with the Health Services Administrator, the detainee self-terminated the hunger strike the same day, 3/15/2017.</p> <p>Evaluation of the standard was determined following a review of policy, training records, observations and interviews with medical and security personnel.</p>	
<p>Overall Rating: Meets Standard</p>	
<p>Reviewer Name (Printed) (b)(6); (b)(7)(C)</p>	<p>Completion Date: 2/23/2018</p>
<p>Reviewer Signature (for printed form submission):</p>	

ACCESS TO MEDICAL CARE (Key: S)		
POLICY: EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACCREDITED/ACCREDITATION-WORTHY HEALTH PROGRAM FOR THE GENERAL WELL-BEING OF ICE DETAINEES.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. Facilities operate a health care facility in compliance with state and local laws and guidelines.	Meets Standard	The facility operates pursuant to the Ohio Department of Corrections Jail Standards and is inspected annually. Medical personnel are appropriately licensed, certified and credentialed and perform within the scope of their credentials and pursuant to orders from individuals medically credentialed and licensed to give such orders.
2. The facility's in-processing procedures for arriving detainees include medical screening.	Meets Standard	In-processing procedures for arriving detainees include a medical screening performed by trained security personnel. An additional medical screening is conducted by medical personnel.
3. All detainees have access to and receive medical care.	Meets Standard	All detainees, regardless of custody status, have access to and receive medical care. Sick call is conducted seven days a week.
4. The facility has access to a PHS/DIHS Managed Health Care Coordinator.	Meets Standard	Medical personnel use the computerized medical provider analysis and review (MedPar) system to access the ICE Health Services Corps (IHSC) field case managers. Medical personnel also have telephonic contact with the field office field case manager.

ACCESS TO MEDICAL CARE (Key: S)		
POLICY: EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACCREDITED/ACCREDITATION-WORTHY HEALTH PROGRAM FOR THE GENERAL WELL-BEING OF ICE DETAINEES.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
5. The medical staff is large enough to provide, examine, and treat the facility's detainee population.	Meets Standard	Review of the medical department staffing plan indicated sufficient personnel to provide, examine and treat the detainee population. Full-time personnel include a health services administrator (HSA), two medical supervisors and eight paramedics. Part-time personnel include twelve paramedics, and one RN. Contractual personnel include a physician medical director on site three days every other week for two to three hours at each visit and on-call at all times, and a psychiatrist two days a week for two to three hours at each visit and on call at all times, and a dentist one day a week. Additionally, the physician medical director provides a Physician Assistant to work on site three days a week when the physician is not on site and to be on call at all times.
6. The facility has sufficient space and equipment to afford detainee privacy when receiving health care.	Meets Standard	Observations verified there is sufficient space and equipment to afford detainee privacy when receiving health care.
7. The medical facility has its own restricted-access area. The restricted access area is located within the confines of the secure perimeter.	Meets Standard	The medical department has its own restricted-access area located within the confines of the secure perimeter.
8. The medical facility entrance includes a holding/waiting room.	Meets Standard	The medical department entrance includes a holding/waiting room.
9. The medical facility's holding/waiting room is under the direct supervision of custodial staff.	Meets Standard	The holding/waiting room is under the direct supervision of escorting security personnel.
10. Detainees in the holding/waiting room have access to a drinking fountain.	Meets Standard	Detainees in the holding/waiting room have access to drinking water.

ACCESS TO MEDICAL CARE (Key: S)		
POLICY: EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACCREDITED/ACCREDITATION-WORTHY HEALTH PROGRAM FOR THE GENERAL WELL-BEING OF ICE DETAINEES.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
11. Medical records are kept apart from other files. They are: <ul style="list-style-type: none"> • Secured in a locked area within the medical unit; • With physical access restricted to authorized medical staff; and • Procedurally, no copies made and placed in detainee files. 	Meets Standard	The facility uses an electronic medical record (EMR), Correct Tech, which is username and password protected to medical personnel. Procedurally, copies are not made and placed in detainee files.
12. Pharmaceuticals are stored in a secure area.	Meets Standard	Pharmaceuticals, syringes and needles are stored in a locked room constructed of floor to ceiling concrete walls. The ceiling is a hard ceiling. The entry door is steel with a high security lock. Access to the room is restricted to authorized medical personnel. A random review of controlled medication, sharps and medical tools indicated all perpetual inventories were accurate and being counted at the appropriate intervals.
13. Medical screening includes a Tuberculosis (TB) test. <ul style="list-style-type: none"> • Every arriving detainee receives a TB test during the admission process; • Detainee’s TB-screening does not occur more than one business day after his/her arrival at the facility; and • Detainees not screened are housed separate from the general population. 	Meets Standard	As confirmed in medical record review, detainees receive symptomatic screening for TB during in-processing. Many of the detainees arrive with evidence of recent TB testing. Detainees arriving without evidence of testing receive either a TB skin test or chest x-ray within one business day of arrival. Detainees not screened would be housed separately from the general population. The facility has four negative air respiratory isolation rooms located in the medical department.

ACCESS TO MEDICAL CARE (Key: S)		
POLICY: EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACCREDITED/ACCREDITATION-WORTHY HEALTH PROGRAM FOR THE GENERAL WELL-BEING OF ICE DETAINEES.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
<p>14. All detainees receive a mental-health screening upon arrival. It is conducted:</p> <ul style="list-style-type: none"> • By a health care provider or specially trained officer; and • Before a detainee’s assignment to a housing unit. 	Meets Standard	Per policy and as confirmed in medical record review, trained security personnel conduct a mental health screening on all detainees during in-processing. An additional mental health screening is conducted by medical personnel. Screening occurs before a detainee's assignment to a housing unit.
<p>15. The facility health care provider promptly reviews all I-794s (or equivalent) to identify detainees needing medical attention.</p>	Meets Standard	As confirmed in medical record review, medical personnel review all completed intake screening forms.
<p>16. The health care provider physically examines/assesses arriving detainees within 14 days of admission/arrival at the facility.</p>	Meets Standard	A random review of medical records verified detainees are physically examined/assessed within fourteen-days of admission. The examinations/assessments are performed by the ICE-RN with a review and sign-off by the physician. Review of medical personnel credentialing verified the ICE-RN has been trained by the physician to conduct the examinations/assessments.
<p>17. Detainees in the Special Management Unit have access to health care services.</p>	Meets Standard	Detainees placed in administrative or disciplinary status are housed in cells in living pods designated for this purpose. Detainees in this status have equal access to health care as the general population.
<p>18. Staff provides detainees with health services (sick call) request slips daily, upon request.</p> <ul style="list-style-type: none"> • Request slips are available in languages other than English, including every language spoken by a sizeable number of the facility’s detainee population. • Service-request slips are delivered in a timely fashion to the health care provider. 	Meets Standard	Health services request slips, printed in English and Spanish, are provided to detainees at a minimum daily upon request. Completed requests are collected by medical personnel at least once daily.

ACCESS TO MEDICAL CARE (Key: S)		
POLICY: EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACCREDITED/ACCREDITATION-WORTHY HEALTH PROGRAM FOR THE GENERAL WELL-BEING OF ICE DETAINEES.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
19. The facility has a written plan for the delivery of 24-hour emergency health care when no medical personnel are on duty at the facility, or when immediate outside medical attention is required.	Meets Standard	There is a written plan for the delivery of 24-hour emergency health care when immediate outside medical attention is required. Medical personnel are on-duty at all times.
20. The plan includes an on-call provider.	Meets Standard	Either the physician or physician assistant is on-call at all times. Their telephone numbers are available in the medical department and central control.
21. The plan includes a list of telephone numbers for local ambulance and hospital services.	Meets Standard	Local hospital numbers are maintained in the medical department and central control. The county 911 system is used to obtain ambulance services.
22. The plan includes procedures for facility staff to utilize this emergency health care consistent with security and safety.	Meets Standard	Per policy, emergency health care is provided consistent with facility safety and security.
23. Detention staff is trained to respond to health-related emergencies within a 4-minute response time.	Meets Standard	Training records review verified all security personnel are trained in first aid and certified in CPR and automatic external defibrillator use. Observation of the facility indicated security personnel can respond to any area of the facility within a four-minute response time.
24. Where staff is used to distribute medication, a health care provider properly trains these officers.	N/A	Only medical personnel distribute medication.
25. The medical unit keeps written records of medication that is distributed.	Meets Standard	The facility uses an electronic medical record (EMR) which includes an electronic medication administration record (EMAR), and each dose of medication administered or refused is documented on the EMAR at the time of administration or refusal.

ACCESS TO MEDICAL CARE (Key: S)		
POLICY: EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACCREDITED/ACCREDITATION-WORTHY HEALTH PROGRAM FOR THE GENERAL WELL-BEING OF ICE DETAINEES.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
26. The Form I-819 (or IGSA equivalent) is used to notify the Warden/Facility of a detainee that has special medical needs.	Meets Standard	At this IGSA facility, the computerized jail management system is used to notify the OIC/administration of a detainee that has special medical needs.
27. A signed and dated consent form is obtained from a detainee before medical treatment is administered.	Meets Standard	As verified in medical record review, signed and dated informed consent to treatment is obtained from each detainee at the time of admission. Additional procedure specific consents are obtained as needed.
28. Detainees use the I-813 (or IGSA equivalent) to authorize the release of confidential medical records to outside sources.	Meets Standard	At this IGSA facility, a Release of Medical Records form is used to authorize the release of confidential medical records to outside sources.
29. The facility health care provider is given advance notice prior to the release, transfer, or removal of a detainee.	Meets Standard	Per the HSA, generally, 24-hours advance notice is provided prior to the release, transfer or removal of a detainee.
30. Detainee's medical records or a copy thereof, are available and transferred with the detainee.	Meets Standard	A transfer summary is completed and transferred with each detainee. Copies of medical records are available for transfer with detainees if required for continuity of care.
31. Medical records are placed in a sealed envelope or other container labeled with the detainee's name and A-number and marked "MEDICAL CONFIDENTIAL".	Meets Standard	Medical records are placed in a sealed envelope and labeled with a detainee's name and A-number and marked Medical Confidential.

ACCESS TO MEDICAL CARE – REVIEWER SUMMARY
(Use following format for dates: mm/dd/yyyy)

ACCESS TO 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 facility is inspected annually for compliance with the state of Ohio jail standards. The facility is not accredited by ACA or NCCHC.

Comprehensive health care services, including personnel, medical supplies and equipment, specialty care and hospitalization with community providers are provided by the county. These arrangements include securing appropriate security personnel to transport and remain with a detainee for the duration of any off-site treatment or hospital admission.

Upon admission, detainees are screened to determine their use of or dependence on alcohol, opiates, hypnotics, sedatives, etc., and for their degree of reliance on and potential for withdrawal. The medical director has established guidelines for evaluation and treatment of new arrivals that require detoxification that permit withdrawal with minimal physiological and physical discomfort. Detainees experiencing severe, life-threatening alcohol or drug withdrawal are immediately transferred to a community acute care facility that is qualified in accordance with local state and federal laws to administer withdrawal treatment.

A telephone translation service provides translation assistance to detainees requiring those services. If the initial admission screening indicates the need for emergency treatment, medical personnel is immediately notified.

An initial dental screening is performed within fourteen days of admission by a trained RN. Detainees are afforded emergency dental treatment, which includes those procedures directed toward the immediate relief of pain, trauma and acute oral infection that endangers the health of the detainee. Also included is the repair of prosthetic appliances to prevent detainee suffering. Routine dental treatment is provided to detainees for whom dental treatment is inaccessible for prolonged periods because of detention for over six months.

There are five AEDs available throughout the facility. Medical personnel are responsible to maintain the AEDs in good working order.

The OIC is notified in writing when a detainee has been diagnosed as having a medical or psychiatric condition requiring special attention (e.g. pregnancy, special diet, medical isolation, AIDS, etc.). The diagnosis of HIV infection and/or AIDS is only made by a licensed physician. Medical isolation is only based on the results of a clinical evaluation. HIV positive detainees are hospitalized until any acute treatment deemed necessary is completed. Detainees diagnosed HIV positive and/or AIDS are reported to government bodies according to state and federal requirements. All detainees with active tuberculosis are evaluated for HIV infection.

Standard precautions are used at all times when caring for detainees. Employee or detainee exposure to potentially infectious body fluids, such as through needle sticks or bites, are reported as soon as possible to the physician/medical director. If a detainee refuses to consent to treatment, medical personnel makes reasonable efforts to convince the detainee to voluntarily accept treatment. The medical risks faced if treatment is declined are explained to the detainee. Medical personnel document their treatment efforts and the refusal of treatment in the detainee's medical record. ICE is consulted in determining whether forced treatment will be administered unless the situation is an emergency. In emergency situations, ICE is notified as soon as possible.

Detainees are not used in medical, pharmaceutical or cosmetic experiments or research. This does not preclude an individual detainee from receiving a medical procedure not generally available but determined medically necessary by the primary health care provider and approved by IHSC.

Formal meetings between medical and jail administration are routinely conducted.

The medical department has sufficient resources to provide for the basic medical, dental and mental health needs of the detainee population. There is no medical co-pay for detainees.

Inspection of the medical department and detainee living units reflected clean, well-maintained, well-lighted areas with comfortable environmental temperatures. No life-safety issues were observed. Interviews with detainees indicated no concerns concerning safety, health/mental health/dental services or environmental conditions.

At the time of the inspection, there were 119 males and 8 female ICE detainees in the facility. The average length of stay is twelve days.

Evaluation of the standard was determined following a review of policy, medical records, training records, employee and detainee interviews and observations.

Overall Rating: Meets Standard

ACCESS TO MEDICAL CARE – REVIEWER SUMMARY	
<i>(Use following format for dates: mm/dd/yyyy)</i>	
Reviewer Name (Printed) (b)(6); (b)(7)(C)	Completion Date: 2/23/2018
Reviewer Signature (for printed form submission):	

SUICIDE PREVENTION AND INTERVENTION (Key: T)		
POLICY: ALL DETENTION STAFF WORKING WITH ICE DETAINEES WILL BE TRAINED TO RECOGNIZE SUICIDE-RISK INDICATORS. STAFF WILL HANDLE POTENTIALLY SUICIDAL INDIVIDUALS WITH SENSITIVITY, SUPERVISION, AND REFERRALS. A CLINICALLY SUICIDAL DETAINEE WILL RECEIVE PREVENTIVE SUPERVISION AND TREATMENT.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. Every new staff member receives suicide-prevention training. Suicide-prevention training occurs during the employee orientation program.	Meets Standard	Per policy, all employees receive suicide-prevention training during orientation.
2. Training prepares staff to: <ul style="list-style-type: none"> • Recognize potentially suicidal behavior; • Refer potentially suicidal detainees, following facility procedures; and • Understand and apply suicide-prevention techniques. 	Meets Standard	Curriculum review verified employees are trained in each of the bulleted requirements listed in this component.
3. A health-care provider or specially trained officer screens all detainees for suicide potential as part of the admission process. <ul style="list-style-type: none"> • Screening does not occur later than one working day after the detainee’s arrival. 	Meets Standard	Medical record review confirmed that trained security personnel conduct a mental health screening on all detainees during in-processing. An additional mental health screening is conducted by medical personnel within 24 hours of the detainee's admission.
4. Written procedures cover when and how to refer at-risk detainees to medical staff and procedures are followed.	Meets Standard	Policy addresses when and how to refer at-risk detainees to medical personnel. Medical record review verified policy is followed.
5. The facility has a designated isolation room for evaluation and treatment.	Meets Standard	Female ICE detainees identified as a suicide risk are housed in one of four cells located in the booking department. Male ICE detainees identified as a suicide risk are housed in one of four cells located in housing pod F.
6. The designated isolation room does not contain any structures or smaller items that could be used in a suicide attempt.	Meets Standard	Inspection of the cells verified they do not contain any structures or smaller items that could be used in a suicide attempt.
7. Medical staff has approved the room for this purpose.	Meets Standard	Medical personnel have provided verbal approval for use of the rooms.
8. Staff observes and documents the status of a suicide-watch detainee at least once every 15 minutes.	Meets Standard	Per policy, personnel observe and document the status of a suicide-watch detainee at least once every ten minutes.

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)*

Training for all employees includes the identification of suicide risk factors and the psychological profile of a suicidal detainee.

Security personnel going off-duty inform personnel coming on-duty of any detainee assessed as "at risk" for suicide.

The OIC has the authority to allow a potentially suicidal detainee who presents no imminent danger to life or property to remain in the general population but only under close observation and only upon the written recommendation of the physician. Security personnel are required to check on the safety of the detainee at intervals as ordered by the physician. Precautions are taken with any personal possessions that could aid in a suicide attempt.

If danger to life or property appears imminent, medical personnel have the authority to segregate the detainee from the general population. The detainee would be placed in a special isolation room designed for evaluation and treatment. If approved by medical personnel, the detainee could be placed in the special management unit.

Any detainee diagnosed as suicidal or requiring special housing for suicide risk is immediately reported to ICE.

A detainee is released from suicide watch and returned to general population only upon the written authorization of the physician.

Since the last inspection, there were no ICE detainee suicides or serious suicide attempts. There was one non-ICE female suicide as follows. A 21-year old female was admitted to the facility 1/14/2018. At the time of admission, the only mental health history she provided was having suicidal ideation a year previously. The next day, 1/15/2018, the individual was involved in an altercation and placed in a two-person pre-disciplinary cell pending a hearing. Prior to placement, the individual was evaluated by mental health personnel and determined fit for placement. The next day, 1/16/2018, while the individual's cellmate was away at court, the individual hanged herself in her cell. Resuscitative measures were initiated, and she was transported by ambulance to the local hospital where she was pronounced dead.

Evaluation of the standard was determined following a review of policy, medical records/suicide watch forms, training records, inspection of the suicide watch cells and interviews with medical, security and ICE personnel.

Overall Rating: Meets Standard

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

Completion Date: 2/23/2018

Reviewer Signature (for printed form submission):

TERMINAL ILLNESS, ADVANCED DIRECTIVES, AND DEATH (Key: U)

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

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 offsite medical facility.	Meets Standard	Detainees who are chronically or terminally ill are not placed at this facility. Detainees who develop health care concerns beyond the scope of services available are referred to ICE who generally moves the detainee to a more appropriate facility.
2. The facility or appropriate ICE office promptly notifies the next of kin of the detainee's medical condition, to include: <ul style="list-style-type: none"> • The detainee's location; and • The limitations placed on visiting. 	Meets Standard	Per onsite ICE personnel, the facility would notify ICE personnel when a detainee is housed at an off-site health care facility. ICE would be responsible for notifying the detainee's next of kin regarding his/her location and visitation restrictions.
3. There are guidelines addressing the State Advanced Directive Form for Implementing Living Wills and Advanced Directives. <ul style="list-style-type: none"> • The guidelines include instructions for detainees who wish to have a living will other than the generic form the DIHS provides or who wishes to appoint another to make advance decisions for him or her. 	Meets Standard	There are guidelines addressing the Ohio advance directive form for implementing living wills and advance directives. The guidelines include instructions for detainees who wish to have a living will other than the generic form or who wish to appoint another to make advance decisions for him or her.
4. The guidelines provide the detainee the opportunity to have a private attorney prepare the documents.	Meets Standard	The guidelines reflect that a detainee may have a private attorney assist in the preparation of the documents.
5. There is a policy addressing "Do Not Resuscitate Orders"	Meets Standard	Policy addresses Do Not Resuscitate orders.

TERMINAL ILLNESS, ADVANCED DIRECTIVES, AND DEATH (Key: U)

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

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. Detainees with a "Do Not Resuscitate" order in the medical record receive maximal therapeutic efforts short of resuscitation?	Meets Standard	Policy states that detainees with a validated DNR order in the record would receive maximal therapeutic efforts short of resuscitation.
7. The facility notifies the DIHS Medical Director and Headquarters' Legal Counsel of the name and basic circumstances of any detainee with a "Do Not Resuscitate" order in the medical record. In the case of IGSAs, this notification is made through the local ICE representative.	Meets Standard	Policy requires medical personnel to notify ICE when an ICE detainee has a DNR order in his/her medical record. ICE is responsible to make all other notifications.
8. The facility has written procedures to address the issues of organ donation by detainees.	Meets Standard	Written policy addresses the issue of organ donation by detainees.
9. The facility has written procedures to notify ICE officials, deceased family members and consulates, when a detainee dies while in Service.	Meets Standard	Policy addresses immediate notification to ICE when a detainee dies while in custody. ICE is responsible to make all other required notifications.
10. The facility has a policy and procedure to address the death of a detainee while in transport.	Meets Standard	Policy and procedure address the death of a detainee while in transport.
11. At all ICE locations the detainee's remains disposed of in accordance with the provisions detailed in this standard.	Meets Standard	Per ICE, the detainee's remains would be disposed of in accordance with the standard and local laws.
12. In the event that neither family nor consulate claims the remains, the Field Office schedules an indigent's burial, consistent with local procedures. <ul style="list-style-type: none"> If the detainee's is a U.S. military veteran, is the Department of Veterans Affairs notified? 	Meets Standard	Per ICE, an indigent's burial would be provided if neither the family nor consulate would claim the detainee's remains. Additionally, if the detainee were a U.S. military veteran, the Department of Veterans Affairs would be notified.

TERMINAL ILLNESS, ADVANCED DIRECTIVES, AND DEATH (Key: U)

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

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. An original or certified copy of a detainee's death certificate is placed in the subject's a-file.	Meets Standard	Since the last inspection, there have been no ICE detainee deaths; however, per ICE, a certified copy of the detainee's death certificate would be placed in the detainee specific A-file, and the original would be provided to whomever claims the detainee remains.
14. The facility follows established policy and procedures describing when to contact the local coroner regarding such issues as: <ul style="list-style-type: none"> • Performance of an autopsy; • Who will perform the autopsy; • Obtaining state approved death certificates; and • Local transportation of the body. 	Meets Standard	Policy addresses each of the requirements listed in this component.
15. ICE staff follows established procedures to properly close the case of a deceased detainee.	Meets Standard	Per ICE, established procedures to properly close the case of a deceased detainee would be followed. Since the last inspection, there have been no ICE detainee deaths.

TERMINAL ILLNESS, ADVANCED DIRECTIVES, AND DEATH – REVIEWER SUMMARY

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

TERMINAL ILLNESS, ADVANCED 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)*

A detainee in a community hospital remains under ICE authority. ICE retains the authority to make administrative decisions affecting the detainee (visitors, movement, authorizing/limiting services, etc.). The hospital assumes medical decision-making authority consistent with the contract (treatment regimen, lab tests, x-rays, etc.). Authority over the detainee's treatment, once approved by ICE, is exercised by the hospital's medical personnel who keep ICE informed of major developments.

ICE is notified by telephone or email concerning any detainee who is seriously ill or injured. If a detainee has an advance directive or living will, and it is determined the directive should be implemented, appropriate chain-of-command notifications would be made.

DNR orders are only written by a physician following consultation with the detainee. If a detainee were to implement an advance directive or DNR order, he/she would be referred to ICE for transfer consideration. The detainee's medical record would include documentation validating the DNR order. The outside of the detainee's medical record would be labeled "Do Not Resuscitate".

Written procedure provides for mental health personnel to communicate news of a serious illness or death of a detainee or member of the detainee's family. ICE is responsible for disposition of a deceased detainee's property. Following the death of a detainee and before the initiation of an autopsy or embalming, determination of the detainee's religious affiliation would be made.

Since the last inspection, there have been no ICE detainee deaths, and one non-ICE detainee death as detailed in the remarks section of Suicide Prevention and Intervention.

The facility has policy and procedures in place to properly manage advance directives, a continuum of care, terminal illness and the death of a detainee. The facility does not have the necessary medical resources to accept and care for severely or terminally ill detainees. In such cases, ICE is contacted to transfer the detainee to a more appropriate facility.

Evaluation of the standard was determined following a review of policy, medical records and administrative, medical and ICE personnel interviews.

Overall Rating: Meets Standard

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

Completion Date: 2/23/2018

Reviewer Signature (for printed form submission):

Section III

SECURITY AND CONTROL STANDARDS

CONTRABAND (Key: V)		
POLICY: ALL DETENTION FACILITIES WILL ENSURE THE PROPER HANDLING AND DISPOSAL OF ALL CONTRABAND. DOCUMENTATION OF CONTRABAND DESTRUCTION IS REQUIRED.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. The facility follows a written procedure for handling illegal contraband. Staff inventory, hold, and report it when necessary to the proper authority for action/possible seizure.	Meets Standard	Policy is in place for the handling of illegal contraband which includes the inventorying, holding and reporting to the proper authority for appropriate action. The information is also included in post orders.
2. Contraband that is government property is retained as evidence for potential disciplinary action or criminal prosecution.	Meets Standard	Contraband that is government property is retained as evidence for disciplinary action or possible criminal prosecution.
3. Staff returns property not needed as evidence to the proper authority. Written procedures cover the return of such property.	Meets Standard	Procedures are in place to return property to the proper authority.
4. Altered property is destroyed following documentation and using established procedures.	Meets Standard	Altered property is documented and destroyed per established procedures.
5. Before confiscating religious items, the OIC or designated investigator contacts a religious authority.	Meets Standard	The on-duty shift supervisor contacts a religious authority before confiscating a religious item.
6. Staff follows written procedures when destroying hard contraband that is illegal.	Meets Standard	Written procedures are in place on how hard contraband is to be destroyed.
7. Hard contraband that is illegal (under criminal statutes) may be retained and used for official use, e.g. training purposes. <ul style="list-style-type: none"> • If yes, under specific circumstances and using specified written procedures. Hard contraband is secured when not in use. 	Meets Standard	Contraband that may be evidence in connection with a violation of a criminal statute is confiscated, inventoried as evidence, and turned over to the investigative section of the sheriff's office. If there is no prosecution, the contraband can be returned to the facility to be used as a training aid, per policy.

CONTRABAND – REVIEWER SUMMARY <i>(Use following format for dates: mm/dd/yyyy)</i>

CONTRABAND – 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 interviews with staff, as well as a review of policy, post orders on contraband, and the detainee handbook. Per the lieutenant, there has been no hard contraband confiscated from detainees during this inspection period.

Detainees, via the orientation video, are advised of the rules and procedures governing contraband. The information is also included in the detainee handbook, which they all receive. All medicine brought into the facility by a detainee is forwarded to medical for disposition. Medication found in the possession of a detainee for who it was not prescribed is considered hard contraband and confiscated and forwarded to the medical department. If ownership is in doubt, medical would be contacted to determine if the detainee had been prescribed the medication.

If the contraband property is not illegal under criminal statutes, and does not pose a security threat, the property is disposed of as defined in policy. Contraband that is government property is retained as evidence for possible disciplinary action or criminal prosecution. Destruction of illegal contraband is performed by the Investigation Division of the Sheriff's Department.

The booking supervisor determines when excess property can be shipped to a third party. The facility will dispose of excess property in accordance with policy. Disputed property will be inventoried and stored pending verification of ownership. ICE detainees claiming ownership of disputed property will be provided with a copy of the inventory when confiscated. The facility determines ownership of a disputed item within seven days following receipt of the inventory. The OIC determines when an item will be destroyed. An item of questionable ownership is generally held for thirty days before considering its destruction.

Contraband is searched for, confiscated, documented and disposed of as this standard requires.

Overall Rating: Meets Standard

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

Completion Date: 2/23/2018

Reviewer Signature (for printed form submission):

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities with SAAPI

DETENTION FILES (Key: W)		
POLICY: EVERY FACILITY WILL CREATE A DETENTION FILE FOR EVERY ICE DETAINEE BOOKED INTO THE FACILITY, EXCLUDING ONLY DETAINEES SCHEDULED TO DEPART WITHIN 24 HOURS. THE DETENTION FILE WILL CONTAIN COPIES AND, IN SOME CASES, THE ORIGINAL OF SPECIFIED DOCUMENTS CONCERNING THE DETAINEE'S STAY IN THE FACILITY: CLASSIFICATION SHEET, MEDICAL QUESTIONNAIRE, PROPERTY INVENTORY SHEET, DISCIPLINARY DOCUMENTS, ETC.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. A detention file is created for every new arrival whose stay will exceed 24 hours.	Meets Standard	A detention file is created for each detainee on the day of admission.
2. The detainee detention file contains either originals or copies of documentation and forms generated during the admissions process.	Meets Standard	Files contain originals and copies of documents generated during admission, e.g., property inventories, classification check lists and ICE Form I-203.
3. The detainee's detention file also contains documents generated during the detainee's custody. <ul style="list-style-type: none"> • Special requests • Any G-589s and/or I-77s closed-out during the detainee's stay • Disciplinary forms/Segregation forms • Grievances, complaints, and the disposition(s) of same 	Meets Standard	Detention files contain documents such as those listed in this component.
4. The detention files are located and maintained in a secure area. If not, the cabinets are lockable and distribution of the keys is limited to supervisors.	Meets Standard	Active detention files are securely stored in in the booking area.
5. The detention file remains active during the detainee's stay. When the detainee is released from the facility, staff adds copies of completed release documents, the original closed-out receipts for property and valuables, the original I-385 or equivalent, and other documentation.	Meets Standard	Detention files remain active during a detainee's stay. When a detainee is released, closed out documents, such as signed property return forms, transfer/discharge papers and receipts, are added to the file.
6. The officer closing the detention file makes a notation that the file is complete and ready to be archived.	Meets Standard	The staff member closing the detention file makes a notation that the file is complete and moves the file to the archive section of the records area.
7. Staff makes copies and sends documents from the file when properly requested by supervisory personnel at the receiving facility or office.	Meets Standard	
8. Appropriate staff has access to the detention files, and other departmental requests are accommodated by making a request for the file. Each file is properly logged out and in by a representative of the responsible department.	Meets Standard	Staff has access to detention files on an as needed basis. Files are properly logged out when removed from the immediate file storage area.

DETENTION FILES – REVIEWER SUMMARY
(Use following format for dates: mm/dd/yyyy)

DETENTION FILES – REVIEWER SUMMARY <i>(Use following format for dates: mm/dd/yyyy)</i>		
<p>Overall Remarks: <i>(Record significant facts, observations, other sources used, etc.)(5000 Character Max)</i></p> <p>The intake officer initiates the creation of the detention file during the admissions process. Detention files remain at the facility and are not transferred with the detainee. According to the SDDO, the field office maintains A-files but does not maintain a detention file. The A-file transfers with the detainee when transferring out of the field office.</p> <p>During the evaluation of this standard, detention files, policy, and the detention file sign-out log were reviewed and staff were interviewed.</p>		
<p>Overall Rating: Meets Standard</p>		
<p>Reviewer Name (Printed):</p>	<p>(b)(6); (b)(7)(C)</p>	<p>Completion Date: 2/23/2018</p>
<p>Reviewer Signature (for printed form submission):</p>		

DISCIPLINARY POLICY (Key: X)		
POLICY: ALL FACILITIES HOUSING ICE DETAINEES ARE AUTHORIZED TO IMPOSE DISCIPLINE ON DETAINEES WHOSE BEHAVIOR IS NOT IN COMPLIANCE WITH FACILITY RULES AND REGULATIONS.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. The facility has a written disciplinary system using progressive levels of reviews and appeals.	Meets Standard	Written policy outlines the disciplinary system which includes a progressive level of reviews and appeals.
2. The facility rules state that disciplinary action shall not be capricious or retaliatory.	Meets Standard	Policy states disciplinary action shall not be capricious or retaliatory.
3. Written rules prohibit staff from imposing or permitting the following sanctions: <ul style="list-style-type: none"> • corporal punishment • deviations from normal food service • clothing deprivation • bedding deprivation • denial of personal hygiene items • loss of correspondence privileges • deprivation of physical exercise 	Meets Standard	The items noted in this component are prohibited in the officers' post orders.
4. The rules of conduct, sanctions, and procedures for violations are defined in writing and communicated to all detainees verbally and in writing.	Meets Standard	The rules of conduct, sanctions, and procedures for violations are defined in writing in the detainee handbook and are communicated verbally to all detainees during orientation while in the booking area. The orientation video is also on the facility's television channel accessible to detainees once they are assigned to a housing unit.
5. The following items are conspicuously posted in Spanish and English, and other dominant languages used in the facility: <ul style="list-style-type: none"> • Rights and Responsibilities • Prohibited Acts • Disciplinary Severity Scale • Sanctions 	Meets Standard	The items in this component are available in the housing units in Spanish and English.
6. When minor rule violations or prohibited acts occur, informal resolutions are encouraged.	Meets Standard	Officers are encouraged to resolve minor rule violations. Officers receive training in dealing with issues at an informal level. Informal resolutions are documented electronically.
7. Incident reports and Notice of Charges are promptly forwarded to the designated supervisor.	Meets Standard	Incident reports and notice of charges are forwarded to the disciplinary hearing sergeant before the end of shift.

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities with SAAPI

DISCIPLINARY POLICY (Key: X)		
POLICY: ALL FACILITIES HOUSING ICE DETAINEES ARE AUTHORIZED TO IMPOSE DISCIPLINE ON DETAINEES WHOSE BEHAVIOR IS NOT IN COMPLIANCE WITH FACILITY RULES AND REGULATIONS.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
8. Incident reports are investigated within 24 hours of the incident. The Unit Disciplinary Committee (UDC) or equivalent does not convene before an investigation ends.	Meets Standard	Policy outlines the disciplinary process and expected timeframes.
9. An intermediate disciplinary process is used to adjudicate minor infractions.	Meets Standard	
10. A disciplinary panel (or equivalent in IGSA) adjudicates infractions. The panel: <ul style="list-style-type: none"> • Conducts hearings on all charges and allegations referred by the UDC; • Considers written reports, statements, physical evidence, and oral testimony; • Hears pleadings by detainees and staff representatives; • Bases its findings on the preponderance of evidence; and • Imposes only authorized sanctions 	Meets Standard	At this IGSA facility, a sergeant is designated as the disciplinary hearing officer. The sergeant conducts a hearing and takes into consideration written reports, statements, physical evidence, and oral testimony and bases findings on the preponderance of evidence and imposes only authorized sanctions.
11. A staff representative is available if requested for a detainee facing a disciplinary hearing.	Meets Standard	A staff representative will be made available if the detainee is unable to effectively communicate or if requested by a detainee.
12. The facility permits hearing postponements or continuances when conditions warrant such a continuance. Reasons are documented.	Meets Standard	Policy permits postponements or continuances when warranted; reasons are documented.
13. The duration of punishment set by the OIC, as recommended by the disciplinary panel, does not exceed established sanctions. The maximum time in disciplinary segregation is limited to 60 days for a single offense.	Meets Standard	Policy limits the amount of time a detainee can spend in disciplinary segregation to sixty days for a single offense.
14. Written procedures govern the handling of confidential-informant information. Standards include criteria for recognizing "substantial evidence"	Meets Standard	Per the lieutenant, confidential informants are not utilized.
15. All forms relevant to the incident, investigation, committee/panel reports, etc., are completed and distributed as required.	Meets Standard	All forms relevant to the incident, investigation, committee/panel reports are completed and distributed.

DISCIPLINARY POLICY – REVIEWER SUMMARY
(Use following format for dates: mm/dd/yyyy)

DISCIPLINARY POLICY – REVIEWER SUMMARY

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

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

The evaluation of this standard was based on interviews with security staff. A review of policy, post orders, disciplinary paperwork, and the detainee handbook was also completed. There have been three ICE detainees who received disciplinary sanctions during this inspection period, two were not placed in segregation status, rather they were given limited privilege restrictions. The paperwork was reviewed and was found to be within the guidelines of the standard. One detainee was placed in segregation status and was issued thirty days of full restrictions which consist of commissary, telephone and recreation restriction. The television in the cell was also removed. Legal calls are not affected, and the detainee still receives one hour of recreation daily but is not permitted to recreate with general population detainees. The detainee was transferred from the facility after ten days on restriction. The facility did not produce the paperwork for the time the detainee was in disciplinary segregation status for this inspector to review.

Detainees who have been determined to be incompetent by a medical authority will not be accountable for their actions. Detainees receive translation or interpretation services throughout the investigative, disciplinary, and appeal process, if needed. A sergeant conducts the disciplinary hearing and all appeals are heard by a lieutenant. Time served in segregation status, pending the outcome of the proceedings, may be credited to the number of days to be spent in the segregation status after the infraction is adjudicated. Detainees who have been found not guilty will not have any documentation of the incident placed in their detention file. The facility does maintain documentation in a master file for statistical and historical use.

The detainee handbook informs detainees of the disciplinary process, the prohibited acts and disciplinary severity scale, and the procedure for appealing disciplinary findings. Policy and procedures are in place so detainees who violate the rules of this facility are managed as this standard requires.

Overall Rating: Meets Standard

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

Completion Date: 2/23/2018

Reviewer Signature (for printed form submission):

EMERGENCY (CONTINGENCY) PLANS (Key: Y)		
POLICY ALL FACILITIES HOLDING ICE DETAINEES WILL RESPOND TO EMERGENCIES WITH A PREDETERMINED STANDARDIZED PLAN TO MINIMIZE THE HARMING OF HUMAN LIFE AND THE DESTRUCTION OF PROPERTY. IT IS RECOMMENDED THAT SPCs AND CDFs ENTER INTO AGREEMENT, VIA MEMORANDUM OF UNDERSTANDING (MOU), WITH FEDERAL, LOCAL AND STATE AGENCIES TO ASSIST IN TIMES OF EMERGENCY.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. Policy precludes detainees or detainee groups from exercising control or authority over other detainees.	Meets Standard	Policy prohibits detainees from being given control or authority over other detainees.
2. Detainees are protected from: <ul style="list-style-type: none"> • Personal abuse • Corporal punishment • Personal injury • Disease • Property damage • Harassment from other detainees 	Meets Standard	Written policy clearly states no detainees shall be subjected to any of the items listed in this component.
3. Staff is trained to identify signs of detainee unrest. <ul style="list-style-type: none"> • What type of training and how often? 	Meets Standard	Detainee unrest is covered in pre-service and annual training. Employees are trained to identify signs of unrest and to report unusual behavior to the shift supervisor.
4. Staff effectively disseminates information on facility climate, detainee attitudes, and moods to the Officer In Charge (OIC)	Meets Standard	Staff transmit information, both verbally and in writing, on the facility's climate and detainees' attitudes and moods to their shift supervisor and through the facility's electronic management system.
5. There is a designated person or persons responsible for emergency plans and their implementation. Sufficient time is allotted to the person or group for development and implementation of the plans.	Meets Standard	A lieutenant is responsible for the emergency plans and their implementation. Sufficient time is allotted for the development and implementation of the plans.
6. The plans address the following issues: <ul style="list-style-type: none"> • Confidentiality • Accountability (copies and storage locations) • Annual review procedures and schedule • Revisions 	Meets Standard	The emergency plans address confidentiality and accountability. There is a procedure in place for annual review and revisions.
7. Contingency plans include a comprehensive general section with procedures applicable to most emergency situations.	Meets Standard	
8. The facility has cooperative contingency plans with applicable: <ul style="list-style-type: none"> • Local law enforcement agencies • State agencies • Federal agencies 	Meets Standard	The facility has cooperative contingency plans with other local, state and federal law enforcement agencies.

EMERGENCY (CONTINGENCY) PLANS (Key: Y)		
POLICY ALL FACILITIES HOLDING ICE DETAINEES WILL RESPOND TO EMERGENCIES WITH A PREDETERMINED STANDARDIZED PLAN TO MINIMIZE THE HARMING OF HUMAN LIFE AND THE DESTRUCTION OF PROPERTY. IT IS RECOMMENDED THAT SPCs AND CDFs ENTER INTO AGREEMENT, VIA MEMORANDUM OF UNDERSTANDING (MOU), WITH FEDERAL, LOCAL AND STATE AGENCIES TO ASSIST IN TIMES OF EMERGENCY.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
9. All staff receives copies of Hostage Situation Management policy and procedures.	Meets Standard	All staff receives training on the hostage management policy and procedures during their initial and annual training. It is available for review electronically at all times.
10. Staff is trained to disregard instructions from hostages, regardless of rank. Within 24 hours after release, hostages are screened for medical and psychological effects.	Meets Standard	Staff is trained to disregard instructions from hostages, regardless of rank. This directive is also in the post orders. Hostages are screened for medical and psychological effects immediately upon release.
11. Emergency plans include emergency medical treatment for staff and detainees during and after an incident.	Meets Standard	Emergency medical treatment for staff and detainees is covered in the emergency plans.
12. Food service maintains at least 3 days' worth of emergency meals for staff and detainees.	Meets Standard	Per the food service administrator, food service maintains at least three weeks' worth of meals for staff and detainees in case of an emergency.
13. Written plans identify locations of shut-off valves and switches for all utilities (water, gas, electric).	Meets Standard	Written plans provide for emergency utility control, including plot plans, identifying water and gas shut-off valves, and electricity on-off switches.
14. Written procedures cover: <ul style="list-style-type: none"> • Work/Food Strike • Disturbances • Escapes • Bomb Threats • Adverse Weather • Internal Searches • Facility Evacuation • Detainee Transportation System Plan • Internal Hostages • Civil Disturbances 	Meets Standard	All items in this component are covered in the facility's written emergency plans.

EMERGENCY (CONTINGENCY) PLANS – REVIEWER SUMMARY
(Use following format for dates: mm/dd/yyyy)

EMERGENCY (CONTINGENCY) PLANS – REVIEWER SUMMARY <i>(Use following format for dates: mm/dd/yyyy)</i>	
<p>Overall Remarks: <i>(Record significant facts, observations, other sources used, etc.)(5000 Character Max)</i></p> <p>The evaluation of this standard was based on staff interviews, a review of training documentation, and the emergency plans. The staff training manual includes topics such as facility safety, emergency management, hostages, safety with inmates, etc. Officers are instructed to report signs of unrest including gang activity, sexual misconduct or other complaints to their shift supervisor and complete a report on the facility's computer system.</p> <p>The OIC, in determining when to implement emergency plans, will consider safety, property protection, and if applicable, the safety and welfare of hostages. Input from staff is considered when plans are developed and implemented. All plans include a statement prohibiting unauthorized plan disclosure. Staff reporting procedures, communications equipment/radio location and post emergency procedures is covered in the plans. Each plan is reviewed annually and updated as needed.</p> <p>The fire safety plan has been reviewed and approved by the local fire official on 07/05/2017. A copy of the fire safety plan is on file at the City of Hamilton Fire Department. There have been no incidents during this inspection period that resulted in an emergency plan being implemented. The plans have been created to minimize the harming of human life and the destruction of property as this standard requires.</p>	
Overall Rating: Meets Standard	
Reviewer Name (Printed): (b)(6); (b)(7)(C)	Completion Date: 2/23/2018
Reviewer Signature (for printed form submission):	

ENVIRONMENTAL HEALTH AND SAFETY (Key: Z)		
POLICY: EVERY FACILITY WILL CONTROL FLAMMABLE, TOXIC, AND CAUSTIC MATERIALS THROUGH A HAZARDOUS MATERIALS PROGRAM. THE PROGRAM WILL INCLUDE, AMONG OTHER THINGS, THE IDENTIFICATION AND LABELING OF HAZARDOUS MATERIALS IN ACCORDANCE WITH APPLICABLE STANDARDS (E.G., NATIONAL FIRE PROTECTION ASSOCIATION [NFPA]); IDENTIFICATION OF INCOMPATIBLE MATERIALS, AND SAFE-HANDLING PROCEDURES		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. The facility has a system for storing, issuing, and maintaining inventories of hazardous materials.	Meets Standard	
2. Constant inventories are maintained for all flammable, toxic, and caustic substances used/stored in each section of the facility.	Does Not Meet Standard	Constant inventories were observed not to be maintained for hazardous materials stored in the warehouse. Prior to the conclusion of the inspection, a perpetual inventory system was implemented.
3. The manufacturer’s Material Safety Data Sheet (MSDS) file is up-to-date for every hazardous substance used. <ul style="list-style-type: none"> • The files list all storage areas, and include a plant diagram and legend. • The MSDSs and other information in the files are available to personnel managing the facility’s safety program. 	Meets Standard	The environmental supervisor (ES) and the administrative lieutenant maintain master copies of the Material Safety Data Sheets (MSDS) files. The files are up-to-date with an index listing of all hazardous substances and their location at the facility.
4. All personnel using flammable, toxic, and/or caustic substances follow the prescribed procedures. They: <ul style="list-style-type: none"> • Wear personal protective equipment; and • Report hazards and spills to the designated official. 	Meets Standard	Personal protective equipment is available in areas as required. Interviews with staff indicated any spills would be reported immediately to the fire safety officer.
5. The MSDSs are readily accessible to staff and detainees in work areas.	Meets Standard	
6. Hazardous materials are always issued under proper supervision. <ul style="list-style-type: none"> • Quantities are limited; and • Staff always supervises detainees using these substances. 	Meets Standard	Hazardous materials are diluted prior to being issued to detainees and supervised by staff when in use by detainees.
7. All "flammable" and "combustible" materials (liquid and aerosol) are stored and used according to label recommendations.	Meets Standard	All flammable and combustible materials are stored outside the secure perimeter.
8. Lighting fixtures and electrical equipment installed in storage rooms and other hazardous areas meet National Electrical Code requirements.	Meets Standard	
9. The facility has sufficient ventilation, and provides and ensures clean air exchanges throughout all buildings.	Meets Standard	The facility maintains sufficient ventilation and air exchanges throughout all buildings.
10. Vents return vents, and air conditioning ducts are not blocked or obstructed in cells or anywhere in the facility.	Meets Standard	

ENVIRONMENTAL HEALTH AND SAFETY (Key: Z)		
POLICY: EVERY FACILITY WILL CONTROL FLAMMABLE, TOXIC, AND CAUSTIC MATERIALS THROUGH A HAZARDOUS MATERIALS PROGRAM. THE PROGRAM WILL INCLUDE, AMONG OTHER THINGS, THE IDENTIFICATION AND LABELING OF HAZARDOUS MATERIALS IN ACCORDANCE WITH APPLICABLE STANDARDS (E.G., NATIONAL FIRE PROTECTION ASSOCIATION [NFPA]); IDENTIFICATION OF INCOMPATIBLE MATERIALS, AND SAFE-HANDLING PROCEDURES		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
11. Living units are maintained at appropriate temperatures in accordance with industry standards. (68 to 74 degrees in the winter and 72 to 78 degrees in the summer.)	Meets Standard	The automated heating/air conditioning system is currently programmed to maintain ambient temperatures in the housing units and common areas at 70°F year-round.
12. Shower and sink water temperatures do not exceed the industry standard of 120 degrees.	Meets Standard	Shower and sink water temperature checks in the housing units read between 110°F-115°F.
13. All toxic and caustic materials are stored in their original containers in a secure area.	Meets Standard	
14. Excess flammables, combustibles, and toxic liquids are disposed of properly and in accordance with MSDSs.	Meets Standard	An interview with the maintenance supervisor confirms that all excess flammables, combustibles and toxic liquids are stored outside the secure perimeter and are disposed of in accordance with the SDSs.
15. Staff directly supervise and account for products with methyl alcohol. Staff receives a list of products containing diluted methyl alcohol, e.g., shoe dye. All such products are clearly labeled. "Accountability" includes issuing such products to detainees in the smallest workable quantities.	N/A	The facility does not use products containing methyl alcohol.
16. Every employee and detainee using flammable, toxic, or caustic materials receives advance training in their use, storage, and disposal.	Meets Standard	Employees receive training on hazardous materials, to include their use, storage and disposal. All detainees receive training in the use of hazardous materials.
17. The facility complies with the most current edition of applicable codes, standards, and regulations of the National Fire Protection Association and the Occupational Safety and Health Administration (OSHA).	Meets Standard	The facility is inspected annually by the City of Hamilton Fire Department. The last inspection was completed 07/05/2017.
18. A technically qualified officer conducts the fire and safety inspections.	Meets Standard	The facility has a technically qualified officer conducting fire and safety inspections.
19. The Safety Office (or officer) maintains files of inspection reports.	Meets Standard	

ENVIRONMENTAL HEALTH AND SAFETY (Key: Z)		
POLICY: EVERY FACILITY WILL CONTROL FLAMMABLE, TOXIC, AND CAUSTIC MATERIALS THROUGH A HAZARDOUS MATERIALS PROGRAM. THE PROGRAM WILL INCLUDE, AMONG OTHER THINGS, THE IDENTIFICATION AND LABELING OF HAZARDOUS MATERIALS IN ACCORDANCE WITH APPLICABLE STANDARDS (E.G., NATIONAL FIRE PROTECTION ASSOCIATION [NFPA]); IDENTIFICATION OF INCOMPATIBLE MATERIALS, AND SAFE-HANDLING PROCEDURES		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
20. The facility has an approved fire prevention, control, and evacuation plan.	Meets Standard	The fire prevention, control and evacuation plan has been approved by the City of Hamilton Fire Chief.
21. The plan requires: <ul style="list-style-type: none"> • Monthly fire inspections; • Fire protection equipment strategically located throughout the facility; • Public posting of emergency plans with accessible building/room floor plans; • Exit signs and directional arrows; and • An area-specific exit diagram conspicuously posted in the diagrammed area. 	Meets Standard	A review of policy, procedures and documentation confirms that the fire prevention, control and evacuation plan includes all the elements listed in this component.
22. Fire drills are conducted and documented monthly.	Meets Standard	Fire drills are scheduled so that employees on each shift participate in an annual drill. Detainees were evacuated, except in areas where safety or security could be jeopardized. The evacuations were simulated in areas where the detainees were not evacuated.
23. A sanitation program covers barbering operations.	Meets Standard	
24. The barber shop has the facilities and equipment necessary to meet sanitation requirements.	Meets Standard	The facility does not have a dedicated barbershop. Barbering is conducted in a designated common area in the housing pods. The facility has received a waiver for this component from ICE/ Detention Management Division, dated 07/17/2013, allowing barbering services to be conducted in the housing pod's dayroom common area.
25. The sanitation standards are conspicuously posted in the barbershop.	Meets Standard	
26. Written procedures regulate the handling and disposal of used needles and other sharp objects.	Meets Standard	

ENVIRONMENTAL HEALTH AND SAFETY (Key: Z)		
POLICY: EVERY FACILITY WILL CONTROL FLAMMABLE, TOXIC, AND CAUSTIC MATERIALS THROUGH A HAZARDOUS MATERIALS PROGRAM. THE PROGRAM WILL INCLUDE, AMONG OTHER THINGS, THE IDENTIFICATION AND LABELING OF HAZARDOUS MATERIALS IN ACCORDANCE WITH APPLICABLE STANDARDS (E.G., NATIONAL FIRE PROTECTION ASSOCIATION [NFPA]); IDENTIFICATION OF INCOMPATIBLE MATERIALS, AND SAFE-HANDLING PROCEDURES		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
27. All items representing potential safety or security risks are inventoried and a designated individual checks this inventory weekly.	Meets Standard	Inventories on items representing potential safety and security risks are being conducted weekly by a designated healthcare individual.
28. Standard cleaning practices include: <ul style="list-style-type: none"> Using specified equipment; cleansers; disinfectants and detergents. An established schedule of cleaning and follow-up inspections. 	Meets Standard	The observed cleaning practices incorporate the listed items of this component.
29. The facility follows standard cleaning procedures.	Meets Standard	
30. Spill kits are readily available.	Meets Standard	
31. A licensed medical waste contractor disposes of infectious/bio-hazardous waste.	Meets Standard	Infectious/biohazardous waste is disposed of through a contract with a licensed medical waste contractor. Infectious waste is labeled and placed in red bags that are impermeable and then boxed for biohazardous waste storage. Standard precautions are followed by all personnel when handling untreated infectious waste.
32. Staff is trained to prevent contact with blood and other body fluids and written procedures are followed.	Meets Standard	All employees are trained in standard precautions upon initial hire.
33. Do the methods for handling/disposing of refuse meet all regulatory requirements?	Meets Standard	
34. A licensed/Certified/Trained pest-control professional inspects for rodents, insects, and vermin. <ul style="list-style-type: none"> At least monthly. The pest-control program includes preventative spraying for indigenous insects. 	Meets Standard	Pest control services are provided through a contract with a licensed pest control company. Inspections and preventive spraying occur on a monthly or as-needed basis.
35. Drinking water and wastewater is routinely tested according to a fixed schedule.	Meets Standard	

ENVIRONMENTAL HEALTH AND SAFETY (Key: Z)		
POLICY: EVERY FACILITY WILL CONTROL FLAMMABLE, TOXIC, AND CAUSTIC MATERIALS THROUGH A HAZARDOUS MATERIALS PROGRAM. THE PROGRAM WILL INCLUDE, AMONG OTHER THINGS, THE IDENTIFICATION AND LABELING OF HAZARDOUS MATERIALS IN ACCORDANCE WITH APPLICABLE STANDARDS (E.G., NATIONAL FIRE PROTECTION ASSOCIATION [NFPA]); IDENTIFICATION OF INCOMPATIBLE MATERIALS, AND SAFE-HANDLING PROCEDURES		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
36. Emergency power generators are tested at least every two weeks. <ul style="list-style-type: none"> Other emergency systems and equipment receive testing at least quarterly. Testing is followed-up with timely corrective actions (repairs and replacements). 	Meets Standard	Generators are tested weekly for one hour and also inspected weekly for mechanical readiness. Other emergency systems and equipment are tested quarterly. Preventive maintenance is completed routinely.

ENVIRONMENTAL HEALTH AND SAFETY – REVIEWER SUMMARY
<i>(Use following format for dates: mm/dd/yyyy)</i>
<p>Overall Remarks: <i>(Record significant facts, observations, other sources used, etc.)(5000 Character Max)</i></p> <p>The facility provides a safe environment for detainees and staff through fire prevention practices and the control of hazardous materials. Fire protection equipment is installed throughout the facility and is inspected, tested and maintained in accordance with applicable codes. A review of policy, interviews with employees, and an inspection of the physical plant was conducted. Inspections, maintenance and service records were available for review and confirm that inspections are completed according to schedule. The weekly and monthly fire and safety inspections are documented and coordinated by the environmental supervisor. Any outstanding issues or concerns noted during the inspections are addressed in a timely manner and corrective action is documented.</p> <p>Sound environmental health and safety policies and procedures were observed to be in place during the inspection. General cleaning procedures include isolation cleaning, terminal cleaning, blood and body fluid clean-up and the selection and use of disinfectants. The facility has an exposure-control plan. Items included under this plan/policy are: hypodermic needles and syringes, scalpel blades, glass vials or ampoules containing materials deemed to be infectious, burrs, glass cartridges, and lancets. Should an individual become exposed while handling a potentially contaminated sharp instrument, the individual is counseled regarding baseline testing for HBV and HIV and referred to their health care provider. If the injury involves a person who is a known source of possible infection, that person is also tested as required. The incident is reported as an occupational injury and documented in accordance with applicable regulations and laws. There have been no reported incidents during the past twelve months.</p> <p>The environmental supervisor and maintenance supervisor maintain the master SDS binder. The master file includes a plant diagram and legend showing the location of all hazardous materials storage areas and a comprehensive, up-to-date list of emergency phone numbers. Semi-annual reviews of the master indexes are not conducted. During the inspection it was observed that accurate inventories were not being maintained in the chemical storage area. Inventory was only being done for ordering purposes. Inventory records were not being maintained separately for each substance, with entries for each substance logged on a separate card/form. Prior to the conclusion of the inspection a perpetual inventory system was implemented.</p> <p>All areas of the facility were visited and found to be secure, properly ventilated, well-lit and with sanitation levels being maintained at an above average level. The housing units were observed to be clean and graffiti free. Hot water temperatures were observed to be maintained within industry standards. An inspection of the facility overall reflected a positive environment, with no issues being noted with the conditions of confinement. The evaluation of this standard was based on a review of policy, procedures and documentation, observations and interviews with staff and detainees.</p>
Overall Rating: Meets Standard

ENVIRONMENTAL HEALTH AND SAFETY – REVIEWER SUMMARY		
<i>(Use following format for dates: mm/dd/yyyy)</i>		
Reviewer Name (Printed)	(b)(6); (b)(7)(C)	Completion Date: 2/23/2018
Reviewer Signature (for printed form submission):		

HOLD ROOMS IN DETENTION FACILITIES (Key: AA)		
POLICY: HOLD ROOMS WILL BE USED ONLY FOR TEMPORARY DETENTION OF DETAINEES AWAITING REMOVAL, TRANSFER, EOIR HEARINGS, MEDICAL TREATMENT, INTRA-FACILITY MOVEMENT, OR OTHER PROCESSING INTO OR OUT OF THE FACILITY.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. The hold rooms are situated within the secure perimeter.	Meets Standard	The hold rooms are located within the secure perimeter of the facility.
2. The hold rooms are well ventilated well lighted, and all activating switches are located outside the room.	Meets Standard	Hold rooms are well ventilated and well lit; all activating switches are located outside the rooms.
3. The hold rooms contain sufficient seating for the number of detainees held.	Meets Standard	The hold rooms are sufficient for the number of detainees held.
4. Bunks, cots, beds, or other related make-shift sleeping apparatus are precluded from use inside hold rooms.	Meets Standard	No bunks, cots, beds, or other related make-shift sleeping apparatuses were observed inside the hold rooms utilized for detainees. Several rooms in the intake area did have sleeping apparatus; however, the supervisor stated the rooms are used for medical/suicide watches, not for detainees.
5. The walls and ceilings of the hold rooms are tamper and escape proof.	Meets Standard	The walls and ceilings of the hold rooms are tamper resistant and escape proof.
6. Individuals are not held in hold rooms for more than 12 hours.	Meets Standard	
7. Male and females are segregated from each other.	Meets Standard	The facility has separate hold rooms for males and females.
8. Detainees under the age of 18 are not held with adult detainees.	Meets Standard	This facility does not house detainees under the age of eighteen; however, they would be separated if they did receive a minor.
9. 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	Hygiene items are provided to detainees.

HOLD ROOMS IN DETENTION FACILITIES (Key: AA)		
POLICY: HOLD ROOMS WILL BE USED ONLY FOR TEMPORARY DETENTION OF DETAINEES AWAITING REMOVAL, TRANSFER, EOIR HEARINGS, MEDICAL TREATMENT, INTRA-FACILITY MOVEMENT, OR OTHER PROCESSING INTO OR OUT OF THE FACILITY.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
10. In older facilities, officers are within visual or audible range to allow detainees access to toilet facilities on a regular basis.	Meets Standard	Officers are within visual and audible range of the hold rooms. All hold rooms, except for one, are equipped with a toilet. The large hold room utilized to show the orientation video does not have a toilet. With the officers in close proximity the detainees have easy access to a toilet if needed.
11. All detainees are given a pat down search for weapons or contraband before being placed in the room.	Meets Standard	Detainees are given a pat down search and go through a full body scanner prior to being placed in a hold room.
12. Officers closely supervise the detention hold rooms using direct supervision (Irregular visual monitoring). <ul style="list-style-type: none"> • Hold rooms are irregularly monitored every 15 minutes. • Unusual behavior or complaints are noted. 	Meets Standard	Officers closely supervise the hold rooms and log their observations. Unusual behavior is documented and reported to the supervisor.
13. When the last detainee has been removed from the hold room, it is given a thorough inspection.	Meets Standard	An officer assigned to the booking area is responsible for conducting a thorough inspection of the hold rooms once the last detainee has been removed.
14. There is a written evacuation plan that includes a designated officer to remove detainees from hold rooms in case of fire and/or building evacuation.	Meets Standard	The evacuation plan is included in the facility's emergency plan. The area supervisor is responsible for removing detainees in case of fire and/or building evacuation.
15. An appropriate emergency service is called immediately upon a determination that a medical emergency may exist.	Meets Standard	Medical staff is notified immediately of any medical emergency. An on-call physician is on call after hours. 911 would be called if additional resources were needed.

HOLD ROOMS IN DETENTION FACILITIES – REVIEWER SUMMARY
(Use following format for dates: mm/dd/yyyy)

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)*

The evaluation of this standard was based on an inspection of the hold rooms and the booking area. Interviews with the officers and the supervisor of the area were conducted. The booking documentation maintained in the area, policy and the booking post orders were reviewed. Meals are provided to detainees in accordance to the established feeding times set by the facility for the general population; however, if a detainee is received and has not eaten, a meal would be provided. Pregnant detainees have access to pre-natal trays and snacks.

An officer observes every detainee, checking for obvious mental or physical conditions, prior to placing them in a hold room. All detainees undergo a pat down search by an officer of the same gender; each detainee then goes through the full body scanner before being placed in a hold room. The facility began utilizing the full body scanner in March 2017. A detention log is maintained for every ICE detainee. No officer enters a hold room without another officer being stationed outside the door ready to respond as needed.

The hold rooms utilized for ICE detainees are equipped with stainless steel, combination lavatory/toilet fixtures in accordance with the American with Disabilities Act of 1990, except for one large hold room which is utilized to show the orientation video. Officers are stationed in close proximity and can escort a detainee to the restroom if needed.

In addition to the officers assigned to booking, the area is monitored by the officer in the control center via the camera system.

Overall Rating: Meets Standard

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

Completion Date: 2/23/2018

Reviewer Signature (for printed form submission):

KEY AND LOCK CONTROL (SECURITY, ACCOUNTABILITY AND MAINTENANCE) (Key: AB)		
POLICY IT IS THE POLICY OF THE ICE SERVICE TO MAINTAIN AN EFFICIENT SYSTEM FOR THE USE, ACCOUNTABILITY AND MAINTENANCE OF ALL KEYS AND LOCKS.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. The security officer[s], or equivalent in IGSA's, has attended an approved locksmith training program.	Meets Standard	The maintenance supervisor has attended an approved locksmith training program.
2. The security officer, or equivalent in IGSA's, has responsibly for all administrative duties and responsibilities relating to keys, locks etc.	Meets Standard	A sergeant has the responsibility for all the administrative duties and responsibilities relating to keys and the maintenance supervisor for the locks.
3. The security officer, or equivalent in IGSA's, provides training to employees in key control.	Meets Standard	The sergeant is responsible for providing training to all employees on key control.
4. The security officer, or equivalent in IGSA's, maintains inventories of all keys, locks and locking devices.	Meets Standard	The sergeant maintains inventories of all keys. The maintenance supervisor maintains the inventories for locks and locking devices.
5. The security officer follows a preventive maintenance program and maintains all preventive maintenance documentation.	Meets Standard	A preventative maintenance program, and documentation of such, is maintained by the maintenance department electronically. The facility has a contract with Unique Security to provide preventive maintenance on the locks on a quarterly basis. Documentation of the service was reviewed.
6. Facility policies and procedures address the issue of compromised keys and locks.	Meets Standard	
7. The security officer, or equivalent in IGSA's, develops policy and procedures to ensure safe combinations integrity.	N/A	The facility does not have combination safes per the maintenance supervisor.
8. Only dead bolt or dead lock functions are used in detainee accessible areas.	Meets Standard	
9. Only authorized locks (as specified in the Detention Standard) are used in detainee accessible areas.	Meets Standard	
10. Grand master keying systems are prohibited.	Meets Standard	Policy prohibits a grand master keying system.
11. All worn or discarded keys and locks are cut up and properly disposed of.	Meets Standard	The maintenance supervisor is responsible for the proper disposal of worn or discarded keys and locks.
12. Padlocks and/or chains are prohibited from use on cell doors.	Meets Standard	

KEY AND LOCK CONTROL (SECURITY, ACCOUNTABILITY AND MAINTENANCE) (Key: AB)		
POLICY IT IS THE POLICY OF THE ICE SERVICE TO MAINTAIN AN EFFICIENT SYSTEM FOR THE USE, ACCOUNTABILITY AND MAINTENANCE OF ALL KEYS AND LOCKS.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
13. The entrance/exit door locks to detainee living quarters, or areas with an occupant load of 50 or more people, conform to: <ul style="list-style-type: none"> Occupational Safety and Environmental Health Manual, Ch. 3; National Fire Protection Association Life Safety Code 101. 	Meets Standard	
14. The operational keyboard is sufficient to accommodate all the facility key rings, including keys in use, and is located in a secure area.	Meets Standard	The operational keyboard in the control room is of sufficient size to accommodate all the facility's keys.
15. Procedures are in place to ensure that key rings are: <ul style="list-style-type: none"> Identifiable; The numbers of keys are cited; and Keys cannot be removed. 	Meets Standard	The key rings are secured so keys cannot be removed; the number of keys on the rings is cited on a chit which is secured on the ring.
16. Emergency keys are available for all areas of the facility.	Meets Standard	Emergency keys are in the control center and another set in the sheriff's office dispatch center.
17. The facilities use a key accountability system.	Meets Standard	All keys are accounted for on each shift in the control center. Documentation is maintained electronically.
18. Authorization is necessary to issue any restricted key.	Meets Standard	Restricted keys can be accessed only by those authorized by the shift supervisor.
19. Individual gun lockers are provided. <ul style="list-style-type: none"> They are located in an area that permits constant officer observation. In an area that does not allow detainee or public access. 	Meets Standard	Gun lockers are located in four areas of the facility. The areas are not accessible by detainees or the public. The areas are monitored via the camera system by the officer in the control center.
20. The facility has a key accountability policy and procedures to ensure key accountability. The keys are physically counted daily.	Meets Standard	Policy and post orders are in place for key accountability. Keys are counted once per shift and verified in writing by the shift supervisor.

KEY AND LOCK CONTROL (SECURITY, ACCOUNTABILITY AND MAINTENANCE) (Key: AB)		
<p>POLICY IT IS THE POLICY OF THE ICE SERVICE TO MAINTAIN AN EFFICIENT SYSTEM FOR THE USE, ACCOUNTABILITY AND MAINTENANCE OF ALL KEYS AND LOCKS.</p>		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
<p>21. All staff members are trained and held responsible for adhering to proper procedures for the handling of keys.</p> <ul style="list-style-type: none"> • Issued keys are returned immediately in the event an employee inadvertently carries a key ring home. • When a key or key ring is lost, misplaced, or not accounted for, the shift supervisor is immediately notified. • Detainees are not permitted to handle keys assigned to staff. 	Meets Standard	Staff members receive training on key control. Policy addresses all items in this component.

KEY AND LOCK CONTROL (SECURITY, ACCOUNTABILITY AND MAINTENANCE) – REVIEWER SUMMARY	
<p><i>(Use following format for dates: mm/dd/yyyy)</i></p>	
<p>Overall Remarks: <i>(Record significant facts, observations, other sources used, etc.)(5000 Character Max)</i></p> <p>The evaluation of this standard was based on interviews with the sergeant designated as the key control officer, the maintenance supervisor, and an officer in the control center. A review of training documentation, preventative maintenance documentation and key accountability logs was completed. Observation of key issuance/accountability and individual key rings support proper procedures are being followed.</p> <p>Housing unit officers exchange keys when they relieve each other during shift change. The control center officer calls and confirms they have the proper number of keys during the required daily accounting of all facility keys. The control center officer completes a report of the accounting of all the keys electronically on the facility's computer system.</p> <p>There is a post order for tool and key control. No keys are issued on a twenty-four-hour basis without the OIC's written authorization. The OIC has developed written procedures authorizing the use of restricted keys. Keys and locks are maintained, accounted for and secured as this standard requires.</p>	
<p>Overall Rating: Meets Standard</p>	
<p>Reviewer Name (Printed): (b)(6); (b)(7)(C)</p>	<p>Completion Date: 2/23/2018</p>
<p>Reviewer Signature (for printed form submission):</p>	

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities with SAAP

POPULATION COUNTS (Key: AC)		
POLICY: ALL DETENTION FACILITIES SHALL ENSURE AROUND-THE-CLOCK ACCOUNTABILITY FOR ALL DETAINEES. THIS REQUIRES THAT THEY CONDUCT AT LEAST ONE FORMAL COUNT OF THE DETAINEE POPULATION PER SHIFT, WITH ADDITIONAL FORMAL AND INFORMAL COUNTS CONDUCTED AS NECESSARY.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. Staff conduct a formal count at least once each shift.	Meets Standard	There are three formal counts conducted within a twenty-four-hour period. The facility has two, twelve-hour shifts.
2. Activities cease or are strictly controlled while a formal count is being conducted.	Meets Standard	All activities cease during formal counts.
3. Certain operations cease during formal counts.	Meets Standard	All operations cease during formal counts.
4. All movement ceases for the duration of a formal count.	Meets Standard	All movement of detainees cease during a formal count.
5. Formal counts in all units take place simultaneously.	Meets Standard	Formal counts are conducted simultaneously in the housing units.
6. Detainee participation in counts is prohibited.	Meets Standard	Detainees are prohibited from participating in counts.
7. A face-to-photo count follows each unsuccessful recount.	Meets Standard	A face-to-photo count is conducted after each unsuccessful recount, per policy.
8. Officers positively identify each detainee before counting him/her as present.	Meets Standard	Officers are required to positively identify each detainee before counting him/her as present. Officers utilize detainee's pictures on their wristband to verify identity.
9. Written procedures cover informal and emergency counts. <ul style="list-style-type: none"> They are followed during informal counts and emergencies. 	Meets Standard	
10. The control officer (or other designated position) maintains an out-count record of all detainees temporarily leaving the facility.	Meets Standard	The court docket officer in booking maintains an out-count record of all detainees temporarily leaving the facility.
11. This training is documented in each officer's training folder.	Meets Standard	

POPULATION COUNTS – REVIEWER SUMMARY
(Use following format for dates: mm/dd/yyyy)

POPULATION COUNTS – REVIEWER SUMMARY

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

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

The evaluation of this standard was based on interviews with the shift supervisor, the control center officer and an officer in a housing unit. A review of policy, count documentation, and post orders was conducted. A formal count was observed at 9:30 a.m. on 02/22/2018.

During formal counts, detainees are required to stand at their cell doors and wait for the officer to count them. They are required to be in full uniform, display their wristband, and give the officer their name. Officers verify detainee by their picture on the wristband. During all formal counts no movement or talking is permitted.

All counts are called into the shift supervisor who records, reviews and verifies the count information; count is not cleared until the shift supervisor has verified the submitted information. The master count is maintained in the shift supervisor's office.

Informal counts are conducted at irregular intervals to verify the presence of all detainees. The formal and informal counts ensure around the clock accountability for all detainees.

Overall Rating: Meets Standard

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

Completion Date: 2/23/2018

Reviewer Signature (for printed form submission):

POST ORDERS (Key: AD)		
POLICY: ICE PROVIDES OFFICERS ALL NECESSARY GUIDANCE FOR CARRYING OUT THEIR DUTIES. THIS GUIDANCE INCLUDES THE POST ORDERS ESTABLISHED FOR EVERY POST, WHICH ARE REVIEWED AT LEAST ANNUALLY, AND GIVEN TO EACH OFFICER UPON ASSIGNMENT TO THAT POST.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. Every fixed post has a set of post orders.	Meets Standard	
2. Each set contains the latest inserts (emergency memoranda, etc.) and revisions.	Meets Standard	Post orders are updated and include the latest information and updates. Revisions are available electronically. Staff are notified of changes and are required to review and acknowledge their understanding.
3. One individual or department is responsible for keeping all post-orders current with revisions that take place between reviews.	Meets Standard	A sergeant is responsible for keeping all post-orders current.
4. The IGSA maintains a complete set (central file) of post orders.	Meets Standard	A complete set of post orders is maintained electronically. The system is accessible to all personnel and can be reviewed on the computer at their post.
5. The central file is accessible to all staff.	Meets Standard	All staff has access to the post orders electronically.
6. The OIC or Contract / IGSA equivalent initiates/authorizes all post-order changes.	Meets Standard	The OIC authorizes all post-order changes.
7. The OIC or Contract / IGSA equivalent has signed and dated the last page of every section.	Meets Standard	The OIC signs and dates the post orders.
8. A review/updating/reissuing of post orders occurs regularly and at a minimum, annually.	Meets Standard	Post orders are reviewed annually or as needed. The OIC completed the annual review on 12/31/2017.
9. Procedures keep post orders and logbooks secure from detainees at all times.	Meets Standard	Post orders and logbooks are secured; detainees do not have access.
10. Every armed-post officer qualifies with the post weapon(s) before assuming post duty.	Meets Standard	The only armed post at the facility is transportation. It is the shift supervisors' responsibility to ensure that every officer's qualification is current prior to assigning them to an armed post.
11. Armed-post post orders provide instructions for escape attempts.	Meets Standard	
12. The post orders for housing units track the event schedule.	Meets Standard	The event schedule for the housing units is included in the post order.

POST ORDERS (Key: AD)		
POLICY: ICE PROVIDES OFFICERS ALL NECESSARY GUIDANCE FOR CARRYING OUT THEIR DUTIES. THIS GUIDANCE INCLUDES THE POST ORDERS ESTABLISHED FOR EVERY POST, WHICH ARE REVIEWED AT LEAST ANNUALLY, AND GIVEN TO EACH OFFICER UPON ASSIGNMENT TO THAT POST.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
13. Housing-unit post officers record all detainee activity in a log. The post order includes instructions on maintaining the logbook.	Meets Standard	The housing unit officers maintain an electronic log of all detainee activity. The housing unit post order instructs the officers on how to maintain the log.

POST ORDERS – REVIEWER SUMMARY	
<i>(Use following format for dates: mm/dd/yyyy)</i>	
<p>Overall Remarks: <i>(Record significant facts, observations, other sources used, etc.)(5000 Character Max)</i></p> <p>The evaluation of this standard was based on a review of post orders, policy, and training documents; as well as security staff interviews.</p> <p>Officers are trained during their initial orientation and on-the-job training on all post orders. They also receive annual training on post orders. A signature is required on all training, and acknowledgement of review and understanding on all revisions.</p> <p>Post orders for non-permanent assignments are developed in advance or as soon as possible after the need arises. Written procedures provide official on-duty time for officers to read post orders and ensure that officers read those applicable post orders prior to assuming the post. Officers use the post orders to familiarize themselves with the duties for which they are responsible. Supervisors ensure that officers understand the post orders, whether the assignment is temporary, permanent or due to an emergency.</p> <p>The post orders for posts that control access to the institution clearly state that any staff member who is taken hostage is considered to be under duress and any order issued by them, regardless of their rank or position of authority, is to be disregarded.</p>	
Overall Rating: Meets Standard	
Reviewer Name (Printed): (b)(6); (b)(7)(C)	Completion Date: 2/23/2018
Reviewer Signature (for printed form submission):	

SECURITY INSPECTIONS (Key: AE)		
POLICY: POST ASSIGNMENTS IN THE FACILITY'S HIGH-RISK AREAS, WHERE SPECIAL SECURITY PROCEDURES MUST BE FOLLOWED, WILL BE RESTRICTED TO EXPERIENCED PERSONNEL WITH A THOROUGH GROUNDING IN FACILITY OPERATIONS.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. The facility has a comprehensive security inspection policy. The policy specifies: <ul style="list-style-type: none"> • Posts to be inspected; • Required inspection forms; • Frequency of inspections; • Guidelines for checking security features; and • Procedures for reporting weak spots, inconsistencies, and other areas needing improvement 	Meets Standard	Policy outlines the expectations of inspections and how they are to be documented. All items listed in this component are covered in policy. Post orders outline which posts conduct security inspections throughout the facility. An electronic log is used to report and document the results of the inspections.
2. Every officer is required to conduct a security check of his/her assigned area. The results are documented.	Meets Standard	Per policy and procedure, every officer is required to conduct a security check of their assigned area. In the housing units, the officers use a key to activate an electronic device that records who and when the security checks were made.
3. Documentation of security inspections is kept on file.	Meets Standard	The documentation of the security inspections is kept electronically.
4. Procedures ensure that recurring problems and a failure to take corrective action are reported to the appropriate manager.	Meets Standard	The facility utilizes an electronic system to notify maintenance of a problem. The system records the problem being reported and area where problem is located. The shift supervisor follows up on recurring problems.
5. The front-entrance officer checks the ID of everyone entering or exiting the facility.	Meets Standard	The front entrance officer checks each visitor's ID prior to having them sign in on the logbook.
6. All visits are officially recorded in a visitor logbook or electronically recorded.	Meets Standard	
7. The facility has a secure visitor pass system.	Meets Standard	
8. Every Control Center officer receives specialized training.	Meets Standard	All officers receive extensive training in the control center with an experienced officer.
9. The Control Center is staffed around the clock.	Meets Standard	The control center is staffed at all times with one officer.
10. Policy restricts staff access to the Control Center.	Meets Standard	Access to the control center is restricted by post orders.
11. Detainees are restricted from access to the Control Center.	Meets Standard	No detainee is permitted in the control center.

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities with SAAP I

SECURITY INSPECTIONS (Key: AE)		
POLICY: POST ASSIGNMENTS IN THE FACILITY'S HIGH-RISK AREAS, WHERE SPECIAL SECURITY PROCEDURES MUST BE FOLLOWED, WILL BE RESTRICTED TO EXPERIENCED PERSONNEL WITH A THOROUGH GROUNDING IN FACILITY OPERATIONS.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
12. Communications are centralized in the Control Center.	Meets Standard	All communication is centralized in the control center.
13. Officers monitor all vehicular traffic entering and leaving the facility.	N/A	Vehicles do not enter the secure perimeter of the facility.
14. The facility maintains a log of all incoming and departing vehicles to sensitive areas of the facility. Each entry contains: <ul style="list-style-type: none"> • The driver's name; • Company represented; • Vehicle contents; • Delivery date and time; • Date and time out; • Vehicle license number; and • Name of employee responsible for the vehicle during the visit 	N/A	Vehicles do not enter the secure perimeter of the facility.
15. Officers thoroughly search each vehicle entering and leaving the facility.	N/A	Vehicles do not enter the secure perimeter of the facility.
16. The facility has a written policy and procedures to prevent the introduction of contraband into the facility or any of its components.	Meets Standard	
17. Tools being taken into the secure area of the facility are inventoried before entering and prior to departure.	Meets Standard	Tools are inventoried before entering and prior to departing the secure area of the facility.
18. The SMU entrance has a sally port.	Meets Standard	All housing units have a sally port. The facility utilizes cells in each of the housing units to place detainees in segregation status.
19. Written procedures govern searches of detainee housing units and personal areas.	Meets Standard	
20. Housing area searches occur at irregular times.	Meets Standard	Searches in the housing units are conducted at irregular times.
21. Every search of the SMU and other housing units is documented.	Meets Standard	Documentation of searches is maintained electronically.
22. Storage and supply rooms, walls, light and plumbing fixtures, accesses, and drains, etc., undergo frequent, irregular searches. These searches are documented.	Meets Standard	Searches of all non-housing units are conducted in such a manner that ensures all areas are inspected monthly; all searches are documented electronically.
23. Walls, fences, and exits, including exterior windows, are inspected for defects once each shift.	Meets Standard	All areas noted in this component are inspected once per shift.

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities with SAAPI

SECURITY INSPECTIONS (Key: AE)		
POLICY: POST ASSIGNMENTS IN THE FACILITY'S HIGH-RISK AREAS, WHERE SPECIAL SECURITY PROCEDURES MUST BE FOLLOWED, WILL BE RESTRICTED TO EXPERIENCED PERSONNEL WITH A THOROUGH GROUNDING IN FACILITY OPERATIONS.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
24. Daily procedures include: <ul style="list-style-type: none"> • Perimeter alarm system tests; • Physical checks of the perimeter fence; and • Documenting the results. 	Does Not Meet Standard	There is no perimeter fence alarm system. Documentation is maintained to verify visual checks of the perimeter are completed once an hour, via the camera system, by the control center officer. However, the facility does not conduct physical checks of the perimeter fence daily as this component requires.
25. Visitation areas receive frequent, irregular inspections.	Meets Standard	

SECURITY INSPECTIONS – REVIEWER SUMMARY <i>(Use following format for dates: mm/dd/yyyy)</i>	
Overall Remarks: <i>(Record significant facts, observations, other sources used, etc.)(5000 Character Max)</i>	
<p>The evaluation of this standard was based on interviews with security personnel. A review of logs, policy, post orders and inspection forms was conducted. Observation of the entry processing and the operations in the control center verified compliance to policy and procedures to ensure security is maintained at all times. The entrance into the secure perimeter of the facility has a sally port with electronic interlocking doors to prevent unauthorized entry or exit.</p> <p>In addition to daily security inspections conducted by officers, there are safety and sanitation inspections done monthly. The daily inspections include a check of outlets, window integrity, caulking, intercom, etc. The maintenance supervisor is notified via the electronic maintenance system when a maintenance issue is identified during an inspection. The maintenance supervisor assigns the work and monitors the needed repair. Security issues and quality of life issues are addressed immediately.</p> <p>Outside contractors are brought into the facility through the receiving dock, their tools are inventoried by maintenance and a copy of the inventory is kept with them. The contractor is escorted by a maintenance worker at all times. Before the contractor leaves the facility, all tools are accounted for and verified by the maintenance supervisor.</p> <p>The standard requires the perimeter fence to be physically inspected daily. The facility does not conduct physical inspections but does visually inspect the perimeter via the camera system by the control center officer once an hour.</p> <p>Female detainees interviewed voiced concerns with food service. Their concerns were relayed to the inspector reviewing those standards for follow-up. One female detainee presented with possible mental health issues. The inspector reviewing the medical standards reviewed her file and she was scheduled to be seen by a psychiatrist on 02/22/2018. There were no issues or concerns voiced by male detainees. All detainees were knowledgeable on the phone system and the grievance process. All detainees stated they felt safe at the facility. The overall appearance and sanitation of the facility was above average. There was little to no clutter and no graffiti in the cells inspected in the various housing units.</p>	
Overall Rating: Meets Standard	
Reviewer Name (Printed) (b)(6); (b)(7)(C)	Completion Date: 2/23/2018
Reviewer Signature (for printed form submission):	

SPECIAL MANAGEMENT UNIT (SMU) (Administrative Segregation) (Key: AF)		
POLICY: THE SPECIAL MANAGEMENT UNIT REQUIRED IN EVERY FACILITY ISOLATES CERTAIN DETAINEES FROM THE GENERAL POPULATION. THE SPECIAL MANAGEMENT UNIT WILL CONSIST OF TWO SECTIONS. ONE, ADMINISTRATIVE SEGREGATION, HOUSES DETAINEES ISOLATED FOR THEIR OWN PROTECTION; THE OTHER FOR DETAINEES BEING DISCIPLINED FOR WRONGDOING (SEE THE "SPECIAL MANAGEMENT UNIT [DISCIPLINARY SEGREGATION]" STANDARD).		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
<p>1. The Administrative Segregation unit provides non-punitive protection from the general population and individuals undergoing disciplinary segregation.</p> <ul style="list-style-type: none"> • Detainees are placed in the SMU (administrative) in accordance with written criteria. 	Meets Standard	There is written criteria for a detainee to be placed in administrative segregation status.
<p>2. In exigent circumstances, staff may place a detainee in the SMU (administrative) before a written order has been approved.</p> <ul style="list-style-type: none"> • A copy of the order given to the detainee within 24 hours. 	Meets Standard	Policy permits an employee to place a detainee in segregation status, before a written order is approved, if the situation warrants such action. The detainee receives a copy of the order within twenty-four hours.
<p>3. The OIC (or equivalent) regularly reviews the status of detainees in administrative detention.</p> <ul style="list-style-type: none"> • A supervisory officer conducts a review within 72 hours of the detainee's placement in the SMU (administrative). 	Meets Standard	The disciplinary hearing officer reviews the status of detainees within seventy-two hours of their placement in administrative segregation status. The OIC reviews and can approve, modify or sustain the supervisor's sanctions.
<p>4. A supervisory officer conducts another review after the detainee has spent seven days in administrative segregation, and:</p> <ul style="list-style-type: none"> • Every week thereafter for the first month; and • Every 30 days after the first month. • Does each review include an interview with the detainee? • Is a written record made of the decision and the justification? 	Meets Standard	The disciplinary hearing supervisor reviews a detainee's placement in administrative segregation status after seven days; and all subsequent reviews as required of this component. A written record of all decisions and the justification is made. The disciplinary hearing officer maintains a log of all detainees in administrative segregation status and the dates of past and future reviews. All reviews are maintained electronically.
<p>5. The detainee is given a copy of the decision and justification for each review.</p> <ul style="list-style-type: none"> • The detainee is given an opportunity to appeal the reviewer's decision to someone else in the facility. 	Meets Standard	The detainee will receive a copy of the decision and justification for each review. The detainee has the right to appeal the decision through the grievance process.

SPECIAL MANAGEMENT UNIT (SMU) (Administrative Segregation) (Key: AF)		
POLICY: THE SPECIAL MANAGEMENT UNIT REQUIRED IN EVERY FACILITY ISOLATES CERTAIN DETAINEES FROM THE GENERAL POPULATION. THE SPECIAL MANAGEMENT UNIT WILL CONSIST OF TWO SECTIONS. ONE, ADMINISTRATIVE SEGREGATION, HOUSES DETAINEES ISOLATED FOR THEIR OWN PROTECTION; THE OTHER FOR DETAINEES BEING DISCIPLINED FOR WRONGDOING (SEE THE "SPECIAL MANAGEMENT UNIT [DISCIPLINARY SEGREGATION]" STANDARD).		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
<p>6. The OIC (or equivalent) routinely notifies the Field Office Director (or staff officer in charge of IGSA's) any time a detainee's stay in administrative detention exceeds 30 days.</p> <ul style="list-style-type: none"> • Upon notification that the detainee's administrative segregation has exceeded 60 days, the FD forwards written notice to HQ Field Operations Branch Chief for DRO. 	Meets Standard	The ICE field office is notified telephonically, and receives a facsimile, of the segregation order when a detainee is placed in administrative segregation status. The ICE field office is notified when segregation lasts longer than thirty and sixty days. There were no detainees in administrative segregation status during this inspection period.
<p>7. The OIC (or equivalent) reviews the case of every detainee who objects to administrative segregation after 30 days in the SMU.</p> <ul style="list-style-type: none"> • A written record is made of the decision and the justification. • The detainee receives a copy of this record. 	Meets Standard	The disciplinary hearing supervisor reviews the case of every detainee who has objected to their placement in administrative segregation after thirty days. A written record of the decision and justification is provided to the detainee.
<p>8. The detainee is given the right to appeal to the OIC (or equivalent) the conclusions and recommendations of any review conducted after the detainee have remained in administrative segregation for seven consecutive days.</p>	Meets Standard	The detainee has the right to appeal the decision of the review of his/her continued placement in administrative segregation.
<p>9. Administratively segregated detainees enjoy the same general privileges as detainees in the general population.</p>	Meets Standard	The same general privileges of general population are provided to detainees in administrative segregation status.
<p>10. The SMU is:</p> <ul style="list-style-type: none"> • Well ventilated; • Adequately lighted; • Appropriately heated; and • Maintained in a sanitary condition. 	Meets Standard	The cells utilized for administrative segregation status are located in the housing units. They are well ventilated, adequately lit, heated appropriately and maintained in a sanitary condition.
<p>11. All cells are equipped with beds.</p> <ul style="list-style-type: none"> • Every bed is securely fastened to the floor or wall. 	Meets Standard	All cells are equipped with beds fastened to the wall.

SPECIAL MANAGEMENT UNIT (SMU) (Administrative Segregation) (Key: AF)		
POLICY: THE SPECIAL MANAGEMENT UNIT REQUIRED IN EVERY FACILITY ISOLATES CERTAIN DETAINEES FROM THE GENERAL POPULATION. THE SPECIAL MANAGEMENT UNIT WILL CONSIST OF TWO SECTIONS. ONE, ADMINISTRATIVE SEGREGATION, HOUSES DETAINEES ISOLATED FOR THEIR OWN PROTECTION; THE OTHER FOR DETAINEES BEING DISCIPLINED FOR WRONGDOING (SEE THE "SPECIAL MANAGEMENT UNIT [DISCIPLINARY SEGREGATION]" STANDARD).		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
12. The number of detainees in any cell does not exceed the occupancy limit. <ul style="list-style-type: none"> • When occupancy exceeds recommended capacity, do basic living standards decline? • Do criteria for objectively assessing living standards exist? • If yes, are the criteria included in the written procedures? 	Meets Standard	The cells are double occupancy. This is never exceeded per the lieutenant.
13. The segregated detainees have the same opportunities to exchange/laundry clothing, bedding, and linen as detainees in the general population.	Meets Standard	Bedding and linens are exchanged and laundered the same as general population.
14. Detainees receive three nutritious meals per day, from the general population's menu of the day. <ul style="list-style-type: none"> • Do detainees eat only with disposable utensils? • Is food ever used as punishment? 	Meets Standard	Food is not used as punishment. Detainees in administrative segregation status receive the same meal service as those in general population.
15. Each detainee maintains a normal level of personal hygiene in the SMU. <ul style="list-style-type: none"> • The detainees have the opportunity to shower and shave at least three times a week. • If not, explain. 	Meets Standard	Detainees in administrative segregation status have the opportunity to shower and shave daily.
16. The detainees are provided: <ul style="list-style-type: none"> • Barbering services; • Recreation privileges in accordance with the "Detainee Recreation" standard; • Non-legal reading material; • Religious material; • The same correspondence privileges as detainees in the general population; • Telephone access similar to that of the general population; and • Personal legal material. 	Meets Standard	Detainees in administrative segregation status are provided all services listed in this component unless there is a documented security concern.
17. A health care professional visits every detainee at least three times a week. <ul style="list-style-type: none"> • The shift supervisor visits each detainee daily. • Weekends and holidays. 	Meets Standard	Visits by the shift supervisor and health care professionals are documented in the unit log. Per policy, medical staff makes visual and verbal contact with each detainee in administrative segregation status at least three days a week. The shift supervisor visits each detainee daily, including weekends and holidays.

SPECIAL MANAGEMENT UNIT (SMU) (Administrative Segregation) (Key: AF)		
POLICY: THE SPECIAL MANAGEMENT UNIT REQUIRED IN EVERY FACILITY ISOLATES CERTAIN DETAINEES FROM THE GENERAL POPULATION. THE SPECIAL MANAGEMENT UNIT WILL CONSIST OF TWO SECTIONS. ONE, ADMINISTRATIVE SEGREGATION, HOUSES DETAINEES ISOLATED FOR THEIR OWN PROTECTION; THE OTHER FOR DETAINEES BEING DISCIPLINED FOR WRONGDOING (SEE THE "SPECIAL MANAGEMENT UNIT [DISCIPLINARY SEGREGATION]" STANDARD).		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
18. Procedures comply with the "Visitation" standard. <ul style="list-style-type: none"> The detainee retains visiting privileges; and The visiting room is available during normal visiting hours. 	Meets Standard	Detainees are permitted to have visits during normal visiting hours unless there is a documented threat to security.
19. Visits from clergy are allowed.	Meets Standard	Clergy visitation privileges are the same for detainees in administrative segregation status as those in general population unless there is a documented threat to security.
20. Detainees have the same law-library access as the general population. <ul style="list-style-type: none"> Are they required to use the law library <input checked="" type="checkbox"/> Separately, or <input type="checkbox"/> As a group? Are legal materials brought to them? 	Meets Standard	Detainees in administrative segregation status have the same access to the law library as the general population. The portable law library materials, including LexisNexis, are brought to the unit.
21. The SMU maintains a permanent log of detainee-related activity, e.g., meals served, recreation, visitors etc.	Meets Standard	All detainees' activities in administrative segregation are documented electronically by the unit officer.
22. SPC procedures include completing the SMU Housing Record (I-888) immediately upon a detainee's placement in the SMU. <ul style="list-style-type: none"> Staff completes the form at the end of each shift. CDFs and IGSA facilities use Form I-888 (or local equivalent). 	Meets Standard	This IGSA facility utilizes their own form which is completed immediately upon a detainee's placement in administrative segregation and at the end of each shift.
23. Staff record whether the detainee ate, showered, exercised, and took any applicable medication during every shift. <ul style="list-style-type: none"> Staff logs record all pertinent information, e.g., a medical condition, suicidal/assaultive behavior, etc; The medical officer/health care professional signs each individual's record during each visit; and The housing officer initials the record when all detainee services are completed or at the end of the shift. 	Meets Standard	Officers record all detainee activity listed in this component on their individual housing unit log. Medical staff signs the segregation log each time they visit the detainee. An officer signs the log when all services are completed or by the end of their shift.
24. A new record is created for each week the detainee is in Administrative Segregation. <ul style="list-style-type: none"> The weekly records are retained in the SMU until the detainee's return to the general population. 	Meets Standard	A weekly record is maintained for all detainees in administration segregation status until they return to general population.

SPECIAL MANAGEMENT UNIT (SMU) (Administrative Segregation) – REVIEWER SUMMARY <i>(Use following format for dates: mm/dd/yyyy)</i>	
<p>Overall Remarks: <i>(Record significant facts, observations, other sources used, etc.)(5000 Character Max)</i></p> <p>The evaluation of this standard was based on policy and post order review, staff interviews, and observation of the housing units. If a detainee needs to be placed in administrative segregation status they would be placed in a cell designated for this purpose in the housing unit. A detainee's movement may be restricted, depending on why they were placed in administrative segregation status, to ensure their safety or the safety of others, i.e. the detainee may not be permitted out of their cell but to recreate, shower and shave. The facility has not placed a detainee in administrative segregation during this inspection period; therefore, there were no logs or administrative segregation paperwork to review.</p> <p>Administrative segregation is utilized to provide detainees isolated housing for their own protection, for the protection of others or for other non-disciplinary reasons. Detainees in administrative segregation are provided with the same level of services as those in general population except when documented security threats exist.</p> <p>Observation of the housing units indicates they are well maintained in a safe and sanitary condition.</p>	
<p>Overall Rating: Meets Standard</p>	
<p>Reviewer Name (Printed) (b)(6); (b)(7)(C)</p>	<p>Completion Date: 2/23/2018</p>
<p>Reviewer Signature (for printed form submission):</p>	

SPECIAL MANAGEMENT UNIT (Disciplinary Segregation) (Key: AG)		
POLICY: EACH FACILITY WILL ESTABLISH A SPECIAL MANAGEMENT UNIT IN WHICH TO ISOLATE CERTAIN DETAINEES FROM THE GENERAL POPULATION. THE SPECIAL MANAGEMENT UNIT WILL HAVE TWO SECTIONS, ONE FOR DETAINEES IN ADMINISTRATIVE SEGREGATION; THE OTHER FOR DETAINEES BEING SEGREGATED FOR DISCIPLINARY REASONS.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. Officers placing detainees in disciplinary segregation follow written procedures.	Meets Standard	
2. The sanctions for violations committed during one incident are limited to 60 days.	Meets Standard	Sanctions are limited to sixty days per incident in disciplinary segregation status.
3. A completed Disciplinary Segregation Order accompanies the detainee into the SMU. <ul style="list-style-type: none"> The detainee receives a copy of the order within 24 hours of placement in disciplinary segregation. 	Meets Standard	The detainee receives a copy of the placement order when placed in disciplinary segregation status.
4. Standard procedures include reviewing the cases of individual detainees housed in disciplinary detention at set intervals. <ul style="list-style-type: none"> After each formal review, the detainee receives a written copy of the decision and supporting reasons. 	Meets Standard	When a detainee is placed in disciplinary segregation status, the detainee receives a copy of each status review decision and supporting documentation per policy.
5. The conditions of confinement in the SMU are proportional to the amount of control necessary to protect detainees and staff.	Meets Standard	
6. Detainees in disciplinary segregation have fewer privileges than those housed in administrative segregation.	Meets Standard	Detainees in disciplinary segregation have fewer privileges than those housed in general population. These detainees are subjected to more stringent personal property control, restricted reading material, and limitations imposed on television viewing, commissary privileges, etc.
7. Living conditions in disciplinary SMUs remain the same regardless of behavior. <ul style="list-style-type: none"> If no, does staff prepare written documentation for this action? Does the OIC sign to indicate approval. 	Meets Standard	
8. Every detainee in disciplinary segregation receives the same humane treatment, regardless of offense.	Meets Standard	Every detainee in disciplinary segregation status receives the same humane treatment, regardless of their offense.
9. The quarters used for segregation are: <ul style="list-style-type: none"> Well-ventilated. Adequately lighted. Appropriately heated. Maintained in a sanitary condition. 	Meets Standard	The cells used for disciplinary segregation status are well ventilated, adequately lit, appropriately heated and maintained in a sanitary condition.

SPECIAL MANAGEMENT UNIT (Disciplinary Segregation) (Key: AG)		
POLICY: EACH FACILITY WILL ESTABLISH A SPECIAL MANAGEMENT UNIT IN WHICH TO ISOLATE CERTAIN DETAINEES FROM THE GENERAL POPULATION. THE SPECIAL MANAGEMENT UNIT WILL HAVE TWO SECTIONS, ONE FOR DETAINEES IN ADMINISTRATIVE SEGREGATION; THE OTHER FOR DETAINEES BEING SEGREGATED FOR DISCIPLINARY REASONS.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
10. All cells are equipped with beds that are securely fastened to the floor or wall of the cell.	Meets Standard	All cells are equipped with beds that are securely fastened to the wall.
11. The number of detainees confined to each cell or room is limited to the number for which the space was designate. <ul style="list-style-type: none"> Does the OIC approve excess occupancy on a temporary basis? 	Meets Standard	The lieutenant stated no cells will be occupied above the designed limit. Cells are double occupancy.
12. When a detainee is segregated without clothing, mattress, blanket, or pillow (in a dry cell setting), a justification is made and the decision is reviewed each shift. Items are returned as soon as it is safe.	Meets Standard	Per policy, detainees can be deprived of clothing, mattress, blanket, pillow, etc., for medical or psychiatric reasons only, as determined by the medical officer. A regimen of treatment would be instituted.
13. Detainees in the SMU have the same opportunities to exchange clothing, bedding, etc., as other detainees.	Meets Standard	Detainees in disciplinary segregation status can exchange/laundry items the same as general population.
14. Detainees in the SMU receive three nutritious meals per day, selected from the Food Service's menu of the day. <ul style="list-style-type: none"> Food is not used as punishment. 	Meets Standard	Detainees in disciplinary segregation status receive the same meals as those in general population. Food is not used as punishment.
15. Detainees are allowed to maintain a normal level of personal hygiene, including the opportunity to shower and shave at least three times/week.	Meets Standard	Detainees are permitted to shower and shave daily.
16. Detainees receive, unless documented as a threat to security: <ul style="list-style-type: none"> Barbering services; Recreation privileges; Other-than-legal reading material; Religious material; The same correspondence privileges as other detainees; and Personal legal material. 	Meets Standard	Per policy, unless there is a documented threat to security, detainees in disciplinary segregation status receive each of the items required by this component.
17. When phone access is limited by number or type of calls, the following areas are exempt: <ul style="list-style-type: none"> Calls about the detainee's immigration case or other legal matters; Calls to consular/embassy officials; and Calls during family emergencies (as determined by the OIC/Warden). 	Meets Standard	Detainees in disciplinary segregation status may have calls restricted. Calls relating to the items listed in this component are not impacted by any restrictions imposed.

SPECIAL MANAGEMENT UNIT (Disciplinary Segregation) (Key: AG)		
POLICY: EACH FACILITY WILL ESTABLISH A SPECIAL MANAGEMENT UNIT IN WHICH TO ISOLATE CERTAIN DETAINEES FROM THE GENERAL POPULATION. THE SPECIAL MANAGEMENT UNIT WILL HAVE TWO SECTIONS, ONE FOR DETAINEES IN ADMINISTRATIVE SEGREGATION; THE OTHER FOR DETAINEES BEING SEGREGATED FOR DISCIPLINARY REASONS.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
18. A health care professional visits every detainee at least three times a week. <ul style="list-style-type: none"> • The shift supervisor visits each detainee daily. • Weekends and holidays. 	Meets Standard	A health care professional visits every detainee in disciplinary segregation status each week day per the health service administrator. The shift supervisor visits detainees in segregation status each day, including weekends and holidays.
19. SMU detainees are allowed visitors, in accordance with the "Visitation" standard.	Meets Standard	Visits for detainees in disciplinary segregation status are permitted in accordance with the visitation standard.
20. SMU detainees receive legal visits, as provided in the "Visitation" standard. <ul style="list-style-type: none"> • Legal service providers are notified of security concerns arising before a visit. 	Meets Standard	There are no limitations for detainees to receive visits from their attorneys. Attorneys will be notified prior to a visit if a security concerns exist.
21. Visits from clergy are allowed. <ul style="list-style-type: none"> • The clergy member is given the option of visiting/not visiting the segregated detainee. • Violent/uncooperative detainees are denied access to religious services when safety and security would otherwise be affected. 	Meets Standard	Detainees in disciplinary segregation status are permitted visits by clergy if the detainee's behavior does not pose a threat to others.
22. SMU detainees have law library access. <ul style="list-style-type: none"> • Violent/uncooperative detainees retain access to the law library unless adjudicated a security threat in writing. • Legal material brought to individuals in the SMU on a case-by-case basis. • Staff documents every incident of denied access to the law library. 	Meets Standard	Detainees in disciplinary status have the same access to the law library as the general population. The portable law library materials, including LexisNexis, are brought to the housing unit.
23. All detainee-related activities are documented, e.g. meals served, recreation activities, visitors, etc.	Meets Standard	All detainees' activities in disciplinary status are documented by the unit officer on the electronic log.
24. The SPCs, the Special Management Housing Unit Record (I-888 or equivalent), is prepared as soon as the detainee is placed in the SMU. <ul style="list-style-type: none"> • All I-888s are filled out by the end of each shift. • The CDF/IGSA facility use Form. • I-888 (or equivalent local form). 	Meets Standard	This IGSA facility utilizes their own form which is completed immediately upon a detainee's placement in disciplinary status and at the end of each shift.

SPECIAL MANAGEMENT UNIT (Disciplinary Segregation) (Key: AG)		
POLICY: EACH FACILITY WILL ESTABLISH A SPECIAL MANAGEMENT UNIT IN WHICH TO ISOLATE CERTAIN DETAINEES FROM THE GENERAL POPULATION. THE SPECIAL MANAGEMENT UNIT WILL HAVE TWO SECTIONS, ONE FOR DETAINEES IN ADMINISTRATIVE SEGREGATION; THE OTHER FOR DETAINEES BEING SEGREGATED FOR DISCIPLINARY REASONS.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
25. SMU staff record whether the detainee ate, showered, exercised, took medication, etc. <ul style="list-style-type: none"> • Details about the detainee logged, e.g., a medical condition, suicidal/violent behavior, etc. • The health care official sign individual records after each visit. • The housing officer initials the record when all detainee services are completed or at the end of the shift. • A new record is created weekly for each detainee in the SMU. • The SMU retains these records until the detainee leaves the SMU. 	Meets Standard	When a detainee is placed in disciplinary segregation status, a log is maintained of all the activities noted in this component. The logs are created weekly and retained in the housing unit until the detainee is released from this status.

SPECIAL MANAGEMENT UNIT (Disciplinary Segregation) – REVIEWER SUMMARY	
<i>(Use following format for dates: mm/dd/yyyy)</i>	
Overall Remarks: <i>(Record significant facts, observations, other sources used, etc.)(5000 Character Max)</i> The evaluation of this standard was based on review of policy, post orders, staff interviews and observation of the housing units where detainees are held in disciplinary segregation status. There were no detainees in the disciplinary segregation status at the time of this inspection. There was one detainee placed in disciplinary segregation status during this inspection period. The log documenting all activities and services the detainee received while in this status was not provided by the facility. Disciplinary segregation placement is utilized for detainees who are being segregated from the general population due to disciplinary reasons. Standard living conditions are not modified for detainees in disciplinary segregation for disciplinary reasons. The same living levels of decency and humane treatment for each detainee in disciplinary segregation, regardless of the purpose for which the detainee has been segregated, is maintained except for the television being removed from the cell. When different treatment is required for security concerns presented by an individual detainee, officers prepare written documentation justifying this action. If approved, this document is signed by the OIC. A detainee may be deprived of clothing, mattress, blanket, pillow, etc., for medical reasons or psychiatric reasons only, as determined by a medical authority. 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 and documentation of the review. A written copy of the decision and basis for the findings is provided to the detainee. Observation of the housing units indicate they are well maintained in a safe and sanitary condition.	
Overall Rating: Meets Standard	
Reviewer Name (Printed) (b)(6); (b)(7)(C)	Completion Date: 2/23/2018
Reviewer Signature (for printed form submission):	

TOOL CONTROL (Key: AH)		
POLICY: IT IS THE POLICY OF ALL FACILITIES THAT ALL EMPLOYEES SHALL BE RESPONSIBLE FOR COMPLYING WITH THE TOOL CONTROL POLICY. THE MAINTENANCE SUPERVISOR SHALL MAINTAIN A COMPUTER GENERATED OR TYPEWRITTEN MASTER INVENTORY LIST OF TOOLS AND EQUIPMENT AND THE LOCATION IN WHICH TOOLS ARE STORED. THESE INVENTORIES SHALL BE CURRENT, FILED AND READILY AVAILABLE FOR TOOL INVENTORY AND ACCOUNTABILITY DURING AN AUDIT.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. There is an individual who is responsible for developing a tool control procedure and an inspection system to insure accountability.	Meets Standard	The maintenance supervisor developed the tool control procedures and inspection system to ensure accountability of all tools.
2. Department heads are responsible for implementing this standard in their departments.	Meets Standard	Department heads are responsible for implementing tool control in their departments.
3. Tool inventories are required for the: <ul style="list-style-type: none"> • Maintenance Department; • Medial Department; • Food Service Department; • Electronics Shop; • Recreation Department; and • Armory. 	Meets Standard	The armory is located outside the secure perimeter. The facility does not have an electronics shop or recreation department. The maintenance, medical and food service departments have the required tool inventories.
4. The facility has a policy for the regular inventory of all tools. <ul style="list-style-type: none"> • The policy sets minimum time lines for physical inventory and all necessary documentation. • ICE facilities use AMIS bar code labels when required. 	Meets Standard	
5. The facility has a tool classification system. Tools are classified according to: <ul style="list-style-type: none"> • Restricted (dangerous/hazardous); and • Non-Restricted (non-hazardous). 	Meets Standard	All tools are classified as restricted.
6. Department heads are responsible for implementing tool-control procedures.	Meets Standard	Department heads are responsible for implementing tool-control procedures in their areas.
7. The facility has policies and procedures in place to ensure that all tools are marked and readily identifiable.	Meets Standard	All tools are marked and readily identifiable, per policy.

TOOL CONTROL (Key: AH)		
POLICY: IT IS THE POLICY OF ALL FACILITIES THAT ALL EMPLOYEES SHALL BE RESPONSIBLE FOR COMPLYING WITH THE TOOL CONTROL POLICY. THE MAINTENANCE SUPERVISOR SHALL MAINTAIN A COMPUTER GENERATED OR TYPEWRITTEN MASTER INVENTORY LIST OF TOOLS AND EQUIPMENT AND THE LOCATION IN WHICH TOOLS ARE STORED. THESE INVENTORIES SHALL BE CURRENT, FILED AND READILY AVAILABLE FOR TOOL INVENTORY AND ACCOUNTABILITY DURING AN AUDIT.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
8. The facility has an approved tool storage system. <ul style="list-style-type: none"> • The system ensures that all stored tools are accountable. • Commonly used tools (tools that can be mounted) are stored in such a way that missing tool is readily notice. 	Meets Standard	Shadow boards provide storage for tools that can be mounted. Tools not adaptable to shadow boards are kept in a locked drawer or cabinet. Individual toolboxes, containing tools used daily, must be secured with a locking device. The individual responsible for the toolbox keeps an inventory sheet in it.
9. Each facility has procedures for the issuance of tools to staff and detainees.	Meets Standard	Detainees are not issued tools apart from the kitchen. Procedures for the issuance of tools to employees are in place.
10. The facility has policies and procedures to address the issue of lost tools. The policy and procedures include: <ul style="list-style-type: none"> • Verbal and written notification; • Procedures for detainee access; and • Necessary documentation/review for all incidents of lost tools. 	Meets Standard	Policies and procedures address all the items noted in this component.
11. Broken or worn out tools are surveyed and disposed of in an appropriate and secure manner.	Meets Standard	The maintenance supervisor is responsible for the proper disposal of all broken or worn tools.
12. All private or contract repairs and maintenance workers under contract to ICE, or other visitors, submit an inventory of all tools prior to admittance into or departure from the facility.	Meets Standard	All tools are inventoried prior to admittance and departure from the facility by maintenance.

TOOL CONTROL – REVIEWER SUMMARY
(Use following format for dates: mm/dd/yyyy)

TOOL CONTROL – REVIEWER SUMMARY

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

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

The evaluation of this standard was based on interviews with the maintenance supervisor and a security supervisor. An inspection of the tool storage areas in maintenance, food service and medical was also conducted. A review of post orders and the tool control policy was completed.

Per policy, employees are required to immediately report missing or lost tools to a supervisor who will report the lost tool to the OIC. Tools are not issued to detainees except in food service. Knives used in the kitchen were properly tethered and all other tools were properly secured and inventoried. Medical tools are accounted for on each shift, their inventories were found to be current and accurate.

If an outside contractor is necessary to makes repairs inside the facility they enter through the receiving dock and their tools are inventoried by maintenance staff. The contractor is under direct escort at all times. Prior to leaving the job site all tools are inventoried. Upon arriving in maintenance and prior to departure from the facility the tools are again inventoried to ensure all tools are accounted for.

Per the maintenance supervisor there have been no lost tools at this facility during this inspection period. The facility has policy and procedures in place to maintain and account for tools as this standard requires.

Overall Rating: Meets Standard

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

Completion Date: 2/23/2018

Reviewer Signature (for printed form submission):

TRANSPORTATION (Land Transportation) (Key: AI)

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

Standard 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. Transporting officers comply with applicable local, state, and federal motor vehicle laws and regulations. Records support this finding of compliance.	Meets Standard	The transportation supervisor maintains personnel records supporting compliance with local, state, and federal laws.
2. Every transporting officer required to drive a commercial size bus has a valid Commercial Driver's License (CDL) issued by the state of employment.	Meets Standard	The facility has one vehicle that requires a CDL. Two transport officers have a CDL to operate the vehicle.
3. Supervisors maintain records for each vehicle operator.	Meets Standard	The transportation lieutenant maintains records for every transport officer.
4. Officers use a checklist during every vehicle inspection. <ul style="list-style-type: none"> Officers report deficiencies affecting operability; and Deficiencies are corrected before the vehicle goes back into service. 	Meets Standard	Transportation officers use a checklist during each pre-trip vehicle inspection. Officers report deficiencies affecting operability, and such deficiencies must be corrected prior to the vehicle returning to service.
5. Transporting officers: <ul style="list-style-type: none"> Limit driving time to 10 hours in any 15 hour period; Drive only after eight consecutive off-duty hours; Do not receive transportation assignments after having been on duty, in any capacity, for 15 hours; Drive a 50-hour maximum in a given work week; a 70-hour maximum during eight consecutive days; During emergency conditions (including bad weather), officers may drive as long as necessary and safe to reach a safe area—exceeding the 10-hour limit. 	Meets Standard	
6. Two officers with valid CDLs required in any bus transporting detainees. <ul style="list-style-type: none"> When buses travel in tandem with detainees, there are two qualified officers per vehicle. An unaccompanied driver may transport an empty vehicle. 	Meets Standard	
7. Before the start of each detail, the vehicle is thoroughly searched.	Meets Standard	Vehicles are searched prior to transports.

TRANSPORTATION (Land Transportation) (Key: AI)

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

Standard 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)
8. Positive identification of all detainees being transported is confirmed.	Meets Standard	Detainees are identified by name and face prior to boarding the transport vehicle.
9. All detainees are searched immediately prior to boarding the vehicle by staff controlling the bus or vehicle.	Meets Standard	Detainees are searched prior to transport.
10. The facility ensures that the number of detainees transported does not exceed the vehicles manufacturer's occupancy level.	Meets Standard	
11. Protective vests are provided to all transporting officers.	Meets Standard	Transport officers are provided protective vests and are required to wear them when transporting detainees.
12. The vehicle crew conducts a visual count once all passengers are on board and seated. <ul style="list-style-type: none"> Additional visual counts are made whenever the vehicle makes a scheduled or unscheduled stop. 	Meets Standard	
13. Policies and procedures are in place addressing the use of restraining equipment on transportation vehicles.	Meets Standard	Post orders address the use of restraints for transportation vehicles.
14. Officers ensure that no one contacts the detainees. <ul style="list-style-type: none"> One officer remains in the vehicle at all times when detainees are present. 	Meets Standard	Detainees are never left unattended during transport.
15. Meals are provided during long distance transfers. <ul style="list-style-type: none"> The meals meet the minimum dietary standards, as identified by dieticians utilized by ICE. 	Meets Standard	
16. The vehicle crew inspects all Food Service pickups before accepting delivery (food wrapping, portions, quality, quantity, thermos-transport containers, etc.). <ul style="list-style-type: none"> Before accepting the meals, the vehicle crew raises and resolves questions, concerns, or discrepancies with the Food Service representative; Basins, latrines, and drinking-water containers/dispensers are cleaned and sanitized on a fixed schedule. 	Meets Standard	

TRANSPORTATION (Land Transportation) (Key: AI)

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

Standard 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)
17. Vehicles have: <ul style="list-style-type: none"> • Two-way radios; • Cellular telephones; and • Equipment boxes stocked in accordance with the Use of Force Standard. 	Meets Standard	Vehicles are equipped with two-way radios and mobile phones. Transportation restraints are in accordance with the Use of Force Standard. Restraints are not stored on the transport vehicles, but rather signed out for each transport.
18. The vehicles are clean and sanitary at all times.	Meets Standard	Vehicles are cleaned after each detainee transport.
19. Personal property of a detainee transferring to another facility is: <ul style="list-style-type: none"> • Inventoried; • Inspected; and • Accompanies the detainee. 	Meets Standard	
20. The following contingencies are included in the written procedures for vehicle crews: <ul style="list-style-type: none"> • Attack • Escape • Hostage-taking • Detainee sickness • Detainee death • Vehicle fire • Riot • Traffic accident • Mechanical problems • Natural disasters • Severe weather • Passenger list includes women or minors 	Meets Standard	All contingencies listed in this component are included in policy, with the exception of minors on the transport passenger list. This facility does not transfer juveniles for ICE.

TRANSPORTATION (Land Transportation) – REVIEWER SUMMARY

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

TRANSPORTATION (Land Transportation) – 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 transported in a secure, safe and humane manner under the supervision of trained, qualified personnel.

The transportation lieutenant has overall responsibility for all aspects of vehicle operations. All written materials provided to detainees are translated into Spanish. A certified language interpreter service is available for use by personnel to interpret for detainees speaking any language. Supervisory personnel confirmed that staff interpreters are used when necessary.

Policy requires transport officers to secure a vehicle before leaving it unattended, including removing keys from the ignition immediately upon parking the vehicle. Officers are instructed to avoid parking in a spot where the vehicle may attract undue attention or be vulnerable to vandalism or sabotage. If a parking area with adequate security cannot be located, transport officers are instructed to contact the central control center and local law enforcement agencies for advice or permission to use one of their parking areas.

All officers transporting ICE detainees are required to wear their prescribed uniforms unless other attire is authorized by the OIC. Every transporting officer is issued, and instructed to wear, a protective vest while participating in the transportation of detainees. Officers ensure that when vehicles are equipped with seatbelts, detainees are properly secured before the transport begins.

Any information of an adverse nature shall be clearly indicated on the G-391 (when utilized) and the escorting officers shall be advised to take the necessary precautions.

Detainees are transferred with their funds, valuables and other personal property listed on their property inventory form.

An armed officer is posted whenever detainees enter or exit a vehicle outside a secure area. A complete set of keys for every lock located in or on the vehicle travels with the vehicle at all times, in a secure place known to every transporting officer. An armed officer may not enter the secure area of the vehicle. If he/she must enter that area, the officer shall first leave the weapon(s) with another officer for safekeeping or, if the vehicle is equipped with weapons lockers, in a locker.

Policy requires assigned transportation staff to search a detainee of the opposite sex only in extraordinary circumstances and only when a same gender officer is not available. When transporting detainees of the opposite gender, an assigned transportation staff member calls in the time of departure and odometer reading; and then does so again upon arrival to account for the time.

This standard was evaluated via policy review and staff interviews.

Overall Rating: Meets Standard

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

Completion Date: 2/23/2018

Reviewer Signature (for printed form submission):

USE OF FORCE (Key: AJ)		
<p>POLICY: THE U.S. DEPARTMENT OF HOMELAND SECURITY AUTHORIZES THE USE OF FORCE ONLY AS A LAST ALTERNATIVE AFTER ALL OTHER REASONABLE EFFORTS TO RESOLVE A SITUATION HAVE FAILED. ONLY THAT AMOUNT OF FORCE NECESSARY TO GAIN CONTROL OF THE DETAINEE, TO PROTECT AND ENSURE THE SAFETY OF DETAINEES, STAFF AND OTHERS, TO PREVENT SERIOUS PROPERTY DAMAGE AND TO ENSURE INSTITUTION SECURITY AND GOOD ORDER MAY BE USED. PHYSICAL RESTRAINTS NECESSARY TO GAIN CONTROL OF A DETAINEE WHO APPEARS TO BE DANGEROUS MAY BE EMPLOYED WHEN THE DETAINEE:</p>		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. Written policy authorizes staff to respond in an immediate-use-of-force situation without a supervisor's presence or direction.	Meets Standard	Policy and post orders authorize staff to respond in an immediate use-of-force situation without a supervisor's presence or direction.
2. 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, officers must try to resolve the situation without resorting to force.	Meets Standard	Officers are required to attempt to resolve conflicts without resorting to force if there is no direct threat to the detainee or others.
3. Written policy asserts that calculated rather than immediate use of force is feasible in most cases.	Meets Standard	
4. The facility subscribes to the prescribed Confrontation Avoidance Procedures. <ul style="list-style-type: none"> • Ranking detention official, health professional, and others confer before every calculated use of force. 	Meets Standard	Per policy, confrontation avoidance techniques must be used before the use of force is authorized. The shift supervisor and medical personnel are required to assess the situation and the detainee's history prior to any planned use of force.
5. When a detainee must be forcibly moved and/or restrained, and there is time for a calculated use of force, staff uses the Use-of-Force Team Technique. <ul style="list-style-type: none"> • Under staff supervision. 	Meets Standard	
6. Staff members are trained in the performance of the Use-of-Force Team Technique.	Meets Standard	All officers are trained on the use-of-force team technique. Each shift has a specially trained team that can be called upon to conduct a planned use of force.
7. All use-of-force incidents are documented and reviewed.	Meets Standard	All use of force incidents are documented and reviewed by the shift supervisor, a lieutenant, and the OIC or designee.

USE OF FORCE (Key: AJ)		
<p>POLICY: THE U.S. DEPARTMENT OF HOMELAND SECURITY AUTHORIZES THE USE OF FORCE ONLY AS A LAST ALTERNATIVE AFTER ALL OTHER REASONABLE EFFORTS TO RESOLVE A SITUATION HAVE FAILED. ONLY THAT AMOUNT OF FORCE NECESSARY TO GAIN CONTROL OF THE DETAINEE, TO PROTECT AND ENSURE THE SAFETY OF DETAINEES, STAFF AND OTHERS, TO PREVENT SERIOUS PROPERTY DAMAGE AND TO ENSURE INSTITUTION SECURITY AND GOOD ORDER MAY BE USED. PHYSICAL RESTRAINTS NECESSARY TO GAIN CONTROL OF A DETAINEE WHO APPEARS TO BE DANGEROUS MAY BE EMPLOYED WHEN THE DETAINEE:</p>		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
<p>8. Staff:</p> <ul style="list-style-type: none"> • Do not use force as punishment; • Attempt to gain the detainee's voluntary cooperation before resorting to force; • Use only as much force as necessary to control the detainee; and • Use restraints only when other non-confrontational means, including verbal persuasion, have failed or are impractical. 	Meets Standard	Policy and post orders cover all the items in this component.
<p>9. Medication may only be used for restraint purposes when authorized by the Medical Authority as medically necessary.</p>	Meets Standard	
<p>10. Use-of-Force Team follows written procedures that attempt to prevent injury and exposure to communicable disease(s).</p>	Meets Standard	
<p>11. Standard procedures associated with using four-point restraints include:</p> <ul style="list-style-type: none"> • Soft restraints (e.g., vinyl); • Dressing the detainee appropriately for the temperature; • A bed, mattress, and blanket/sheet; • Checking the detainee at least every 15 minutes; • Logging each check; • Turning the bed-restrained detainee often enough to prevent soreness or stiffness; • Medical evaluation of the restrained detainee twice per eight hour shift; and • When qualified medical staff is not immediately available, staff position the detainee "face-up". 	Meets Standard	The facility utilizes a restraint chair. All the items listed in this component relevant to a restraint chair are covered in policy. There was one detainee restrained during this inspection period.
<p>12. The shift supervisor monitors the detainee's position/condition every two hours.</p> <ul style="list-style-type: none"> • He/she allows the detainee to use the rest room at these times under safeguards. 	Meets Standard	
<p>13. All detainee checks are logged.</p>	Meets Standard	Checks are conducted every ten minutes and are logged.
<p>14. In immediate-use-of-force situations, staff contacts medical staff once the detainee is under control.</p>	Meets Standard	Medical is notified immediately in immediate use-of-force situations, once the detainee is under control.
<p>15. When the OIC authorizes use of non-lethal weapons:</p> <ul style="list-style-type: none"> • Medical staff is consulted before staff use pepper spray/non-lethal weapons. • Medical staff reviews the detainee's medical file before use of a non-lethal weapon is authorized. 	Meets Standard	

USE OF FORCE (Key: AJ)		
<p>POLICY: THE U.S. DEPARTMENT OF HOMELAND SECURITY AUTHORIZES THE USE OF FORCE ONLY AS A LAST ALTERNATIVE AFTER ALL OTHER REASONABLE EFFORTS TO RESOLVE A SITUATION HAVE FAILED. ONLY THAT AMOUNT OF FORCE NECESSARY TO GAIN CONTROL OF THE DETAINEE, TO PROTECT AND ENSURE THE SAFETY OF DETAINEES, STAFF AND OTHERS, TO PREVENT SERIOUS PROPERTY DAMAGE AND TO ENSURE INSTITUTION SECURITY AND GOOD ORDER MAY BE USED. PHYSICAL RESTRAINTS NECESSARY TO GAIN CONTROL OF A DETAINEE WHO APPEARS TO BE DANGEROUS MAY BE EMPLOYED WHEN THE DETAINEE:</p>		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
16. Special precautions are taken when restraining pregnant detainees. <ul style="list-style-type: none"> • Medical personnel are consulted 	Meets Standard	Post orders state that medical staff shall prescribe the precautions required to protect the fetus in pregnant detainees, including the way the pregnant detainee will be restrained.
17. Protective gear is worn when restraining detainees with open cuts or wounds.	Meets Standard	
18. Staff documents every use of force and/or non-routine application of restraints.	Meets Standard	
19. It is standard practice to review any use of force and the non-routine application of restraints.	Meets Standard	All use of force and the non-routine application of restraints are reviewed by the OIC or designee.
20. All officers receive training in self-defense, confrontation-avoidance techniques and the use of force to control detainees. <ul style="list-style-type: none"> • Specialized training is given and Officers are certified in all devices they use. 	Meets Standard	Training is provided to all officers in the areas noted in this component during their initial training and annually thereafter.
21. In SPCs, is the Use of Force form is used? In other facilities (IGSAs / CDFs) is this form or its equivalent used?	Meets Standard	This IGSA facility utilizes a local form for use of force reporting.

USE OF FORCE – REVIEWER SUMMARY
(Use following format for dates: mm/dd/yyyy)

USE OF FORCE – REVIEWER SUMMARY

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

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

The evaluation of this standard was based on interviews with security staff. Policy and post orders authorize staff to use necessary force only after all reasonable efforts to resolve a situation have failed. Only the amount of force necessary to gain control of the detainee may be used.

Shift supervisors inspect areas for blood or other body fluid spillage after an incident. Unless it is determined that the spillage must be preserved as evidence, staff will immediately sanitize the affected areas. Medical staff provides guidance on appropriate cleaning solutions and usage, spill kits are available. An after-action report is completed by the shift supervisor following conclusion of the use of force or application of restraints incident and is then forwarded to a lieutenant for review. Once reviewed it is forwarded to the OIC.

As required by policy, all calculated uses of force are video-taped and the on-duty supervisor and medical staff must be on the scene before the application of any planned use of force. Tasers are carried by supervisors, but policy precludes their use on ICE detainees. Canines are used for searches but never in the presence of ICE detainees. The facility did conduct a facility wide search in November 2017 and utilized four canines from other agencies; all detainees were removed from the areas being searched. Unauthorized less than lethal force devices such as blackjacks and sap gloves are not permitted. Any type of choke or carotid holds is prohibited. Staff who have been trained and certified are permitted to carry OC spray and a baton.

There was one immediate use of force incident involving an ICE detainee during this inspection period which resulted in the detainee being placed in a restraint chair for two hours. A crisis intervention ten-minute checklist was completed. Medical documented their reviews and action. A review of the incident and action taken was completed by a sergeant, lieutenant and captain. The amount of force used was found to be appropriate, no injuries to staff or the detainee were noted. If force becomes necessary, the facility manages, documents and reviews the incidents as this standard requires.

Overall Rating: Meets Standard

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

Completion Date: 2/23/2018

Reviewer Signature (for printed form submission):

STAFF DETAINEE COMMUNICATIONS (Key: AK)		
POLICY: PROCEDURES MUST BE IN PLACE TO ALLOW FOR FORMAL AND INFORMAL CONTACT BETWEEN KEY FACILITY STAFF AND ICE STAFF AND ICE DETAINEE AND TO PERMIT DETAINEES TO MAKE WRITTEN REQUESTS TO ICE STAFF AND RECEIVE AN ANSWER IN AN ACCEPTABLE TIME FRAME.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. The ICE Field Office Director ensures that weekly announced and unannounced visits occur at the IGSA.	Meets Standard	This component was rated as deficient during the previous inspection as there was no documentation of weekly announced and unannounced visits by ICE staff. The ICE officer assigned to this IGSA makes visits to the housing units on a daily basis. ICE case officers visit the housing units two days per week. These visits are documented on the housing unit logs.
2. Detention and Deportation Staff conduct scheduled weekly visits with detainees held in the IGSA.	Meets Standard	This component was rated as deficient during the previous inspection as there was no documentation that detention and deportation staff conducted scheduled weekly visits. ICE case officers visit the housing units two days per week. These visits are documented on the housing unit logs.
3. Scheduled visits are posted in ICE detainee areas.	Meets Standard	The ICE visit schedule is posted in detainee areas.
4. Visiting staff observe and note current climate and conditions of confinement at each IGSA.	Does Not Meet Standard	The facility visiting liaison checklists document observation and notation of climate and conditions of confinement. Facility visiting liaison checklists have not been completed for the entire inspection period.
5. ICE information request Forms are available at the IGSA for use by ICE detainees.	Meets Standard	Detainee request forms are available in the housing units
6. The IGSA treats detainee correspondence to ICE staff as Special Correspondence.	Meets Standard	The facility treats ICE correspondence as special correspondence, in that it is placed in a secure ICE dropbox and not opened by facility staff.
7. ICE staff responds to a detainee request from an IGSA within 72 hours.	Meets Standard	Detainee requests are responded to within seventy-two hours.

STAFF DETAINEE COMMUNICATIONS (Key: AK)		
POLICY: PROCEDURES MUST BE IN PLACE TO ALLOW FOR FORMAL AND INFORMAL CONTACT BETWEEN KEY FACILITY STAFF AND ICE STAFF AND ICE DETAINEE AND TO PERMIT DETAINEES TO MAKE WRITTEN REQUESTS TO ICE STAFF AND RECEIVE AN ANSWER IN AN ACCEPTABLE TIME FRAME.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
8. ICE detainees are notified in writing upon admission to the facility of their right to correspond with ICE staff regarding their case or conditions of confinement.	Meets Standard	The handbook explains how detainees may correspond with ICE.

STAFF DETAINEE COMMUNICATIONS – REVIEWER SUMMARY	
<i>(Use following format for dates: mm/dd/yyyy)</i>	
<p>Overall Remarks: <i>(Record significant facts, observations, other sources used, etc.)(5000 Character Max)</i></p> <p>Detainees have formal and informal access to and interaction with key facility supervisors on a regular basis. ICE officers and facility staff members make announced and unannounced visits to the housing units and activity areas to encourage informal communication with detainees. There is an assigned ICE officer who is in the housing units nearly every day, and ICE case officers visit the housing units two days per week. ICE officers document their visits on the facility visiting liaison checklist and are logged into each housing unit during their visits by the housing unit officer. Facility visiting liaison checklists were only available for portions of the inspection period.</p> <p>The ICE detainee request form log contains the date the request was received, the A-number, the date the request was responded to, the topic and ICE response. The log does not contain the name of the requesting detainee or the ICE officer logging the request, or the nationality of the detainee. Requests are consistently returned to the detainee within seventy-two hours. Formal written requests to ICE are not read, altered, or delayed by facility staff. Detainees can obtain assistance from other detainees or staff in preparing a request form.</p> <p>This standard was evaluated via review of ICE facility visiting liaison checklists, request form logs, housing unit postings and the handbook; interviews with staff and detainees; and tours of the housing units.</p>	
<p>Overall Rating: Meets Standard</p>	
<p>Reviewer Name (Printed): (b)(6); (b)(7)(C)</p>	<p>Completion Date: 2/23/2018</p>
<p>Reviewer Signature (for printed form submission):</p>	

DETAINEE TRANSFER STANDARD (Key: AL)		
<p>POLICY: ICE WILL MAKE ALL NECESSARY NOTIFICATIONS WHEN A DETAINEE IS TRANSFERRED. IF A DETAINEE IS BEING TRANSFERRED VIA THE JUSTICE PRISONER ALIEN TRANSPORTATION SYSTEM (JPATS), ICE WILL ADHERE TO JPATS PROTOCOLS. IN DECIDING WHETHER TO TRANSFER A DETAINEE, ICE WILL TAKE INTO CONSIDERATION WHETHER THE DETAINEE IS REPRESENTED BEFORE THE IMMIGRATION COURT. IN SUCH CASES, THE FIELD OFFICE DIRECTOR WILL CONSIDER THE DETAINEE’S STAGE WITHIN THE REMOVAL PROCESS, WHETHER THE DETAINEE’S ATTORNEY IS LOCATED WITHIN REASONABLE DRIVING DISTANCE OF THE FACILITY, AND WHERE THE IMMIGRATION COURT PROCEEDINGS ARE TAKING PLACE.</p>		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
<p>1. When a detainee is represented by legal counsel or a legal representative, and a G-28 has been filed, the representative of record is notified by the detainee’s Deportation Officer.</p> <ul style="list-style-type: none"> • The notification is recorded in the detainee’s file; and • When the A File is not available, notification is noted within DACS 	Meets Standard	When a G-28 has been filed, the detainee's representative of record is notified of the transfer by ICE staff. The notification is documented electronically and in the detainee's A-file.
<p>2. Notification includes the reason for the transfer and the location of the new facility.</p>	Meets Standard	Transfer notices state the reason for the transfer and the location of the new facility.
<p>3. The deportation officer is allowed discretion regarding the timing of the notification when extenuating circumstances are involved.</p>	Meets Standard	Deportation officers may adjust the timing of the notification when necessary.
<p>4. The attorney and detainee are notified that it is their responsibility to notify family members regarding a transfer.</p>	Meets Standard	Transfer forms note that it is the attorney's and detainee's responsibility to notify family members about a transfer.
<p>5. Facility policy mandates that:</p> <ul style="list-style-type: none"> • Times and transfer plans are never discussed with the detainee prior to transfer; • The detainee is not notified of the transfer until immediately prior to departing the facility; and • The detainee is not permitted to make any phone calls or have contact with any detainee in the general population. 	Meets Standard	Facility policy states that a detainee may have no contact with anyone after notification of transfer. ICE provides the official notification of transfer at another facility. The facility has no prior knowledge of the times and plans of a transfer.
<p>6. The detainee is provided with a completed Detainee Transfer Notification Form.</p>	Meets Standard	Notification forms are given to transferring detainees by ICE staff, at a location remote to this facility.
<p>7. Form G-391 or equivalent authorizing the removal of a detainee from a facility is used.</p>	Meets Standard	
<p>8. For medical transfers:</p> <ul style="list-style-type: none"> • The Detainee Immigration Health Service (or IGSA) (DIHS) Medical Director or designee approves the transfer; • Medical transfers are coordinated through the local ICE office; and • A medical transfer summary is completed and accompanies the detainee. 	Meets Standard	Medical transfers are conducted in accordance with each of the items listed in this component.

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities with SAAPI

DETAINEE TRANSFER STANDARD (Key: AL)		
POLICY: ICE WILL MAKE ALL NECESSARY NOTIFICATIONS WHEN A DETAINEE IS TRANSFERRED. IF A DETAINEE IS BEING TRANSFERRED VIA THE JUSTICE PRISONER ALIEN TRANSPORTATION SYSTEM (JPATS), ICE WILL ADHERE TO JPATS PROTOCOLS. IN DECIDING WHETHER TO TRANSFER A DETAINEE, ICE WILL TAKE INTO CONSIDERATION WHETHER THE DETAINEE IS REPRESENTED BEFORE THE IMMIGRATION COURT. IN SUCH CASES, THE FIELD OFFICE DIRECTOR WILL CONSIDER THE DETAINEE’S STAGE WITHIN THE REMOVAL PROCESS, WHETHER THE DETAINEE’S ATTORNEY IS LOCATED WITHIN REASONABLE DRIVING DISTANCE OF THE FACILITY, AND WHERE THE IMMIGRATION COURT PROCEEDINGS ARE TAKING PLACE.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
9. Detainees in ICE facilities having DIHS staff and medical care are transferred with a completed transfer summary sheet in a sealed envelope with the detainee’s name and A-number, and the envelope is marked Medical Confidential.	N/A	ICE Health Service Corps personnel are not assigned to this facility.
10. For medical transfers, transporting officers receive instructions regarding medical issues.	Meets Standard	
11. Detainee’s funds, valuables, and property are returned and transferred with the detainee to his/her new location.	Meets Standard	Detainee personal property and funds are transferred with the detainee to their new facility.
12. Transfer and documentary procedures outlined in Section C and D are followed.	Meets Standard	
13. Meals are provided when transfers occur during normally schedule meal times.	Meets Standard	Meals are sent with every detainee.
14. An A File or work folder accompanies the detainee when transferred to a different field office or sub-office.	Meets Standard	The A-file accompanies each detainee on the transport.
15. Files are forwarded to the receiving office via overnight mail no later than one business day following the transfer.	Meets Standard	

DETAINEE TRANSFER STANDARD – REVIEWER SUMMARY	
<i>(Use following format for dates: mm/dd/yyyy)</i>	
Overall Remarks: <i>(Record significant facts, observations, other sources used, etc.)(5000 Character Max)</i> Transfers are approved and facilitated with consideration for the safety and security of the facility personnel, detainees and the public. This facility transports ICE detainees to another facility in preparation for transfer out of the field office. As a result, the facility is not involved with the transfer notification process, nor do they have knowledge of the transfer details. Policy and procedures address notifications, detainee records and the protection of detainee funds and property. Notifications, release processing, detainee records and the protection of detainee funds and personal property are managed as per the standard. Detainees are offered a free telephone call upon arrival to this facility. Room and board cases are administered per the standard. Transfers are conducted as stipulated by the standard. During the evaluation of this standard, policy and transfer forms were reviewed and staff were interviewed.	
Overall Rating: Meets Standard	
Reviewer Name (Printed): (b)(6); (b)(7)(C)	Completion Date: 2/23/2018
Reviewer Signature (for printed form submission):	

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (Key: AM)		
POLICY: THIS DETENTION STANDARD REQUIRES THAT FACILITIES THAT HOUSE ICE/ERO 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. The facility has a Sexual Abuse and Assault Prevention and Intervention Program consistent with the ICE Zero Tolerance Policy.	Meets Standard	
2. The facility administrator has designated a Sexual Abuse and Assault Prevention and Intervention Program coordinator for the facility.	Meets Standard	
3. All staff are trained, during orientation and in annual refresher training, in the prevention and intervention areas required by the Detention Standard.	Meets Standard	
4. The facility maintains written documentation verifying employee, volunteer, and contractor training.	Meets Standard	
5. Detainees are informed about the program in facility orientation and the detainee handbook (or equivalent).	Meets Standard	
6. The Sexual Assault Awareness Notice, along with the name of the program coordinator and local organizations that can assist detainees who have been victims of sexual assault, is posted on all housing unit bulletin boards.	Meets Standard	
7. The Sexual Assault Awareness Information brochure is distributed to detainees.	Meets Standard	
8. Detainees are screened upon arrival for "high risk" sexual assaultive and sexual victimization potential and housed and counseled accordingly.	Meets Standard	
9. A detainee who is subjected to sexual abuse or assault is not returned to general population until proper reclassification, taking into consideration any increased vulnerability of the detainee as a result of the sexual abuse or assault, is completed.	Meets Standard	
10. There is prompt and effective intervention when any detainee is sexually abused or assaulted and policy and procedures for required chain-of-command and immediate ICE reporting.	Meets Standard	
11. The facility uses a coordinated, multidisciplinary team approach to responding to sexual abuse, such as a sexual assault response team (SART), which includes a medical practitioner, a mental health practitioner, a security staff member, and an investigator from the assigned investigative entity, as well as representatives from outside entities that provide relevant services and expertise.	Meets Standard	

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities with SAAPI

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (Key: AM)		
POLICY: THIS DETENTION STANDARD REQUIRES THAT FACILITIES THAT HOUSE ICE/ERO 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)
12. Care is taken to place a victimized detainee in a supportive environment that represents the least restrictive housing option possible (e.g. protective custody), but victims are not held for longer than five days in any type of administrative segregation except in highly unusual circumstances or at the request of the detainee.	Meets Standard	
13. Staff suspected of perpetrating sexual abuse or assault are removed from all duties requiring detainee contact pending the outcome of an investigation.	Meets Standard	
14. When there is an alleged sexual assault, staff gather and maintain evidence, make referrals to appropriate law enforcement agencies for possible prosecution, and ensure that qualified investigators conduct a prompt, thorough, objective, and fair investigation.	Meets Standard	
15. When there is an alleged or proven sexual assault, the required notifications are promptly made to facility supervisors and ICE management.	Meets Standard	
16. When possible and feasible, victims of sexual abuse or assault are referred to specialized community resources for treatment and gathering of evidence.	Meets Standard	
17. 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	
18. The Sexual Abuse and Assault Prevention and Intervention Program coordinator conducts an annual review of aggregate data regarding incidents of sexual abuse or assault, and presents the findings to the Field Office Director and ICE/ERO HQ for use in determining whether changes are needed to existing policies and practices.	Meets Standard	
19. Tracking statistics and reports are readily available for review by the inspectors.	Meets Standard	

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION – REVIEWER SUMMARY	
<i>(Use following format for dates: mm/dd/yyyy)</i>	
Overall Remarks: <i>(Record significant facts, observations, other sources used, etc.)(5000 Character Max)</i>	
Overall Rating: Meets Standard	
Reviewer Name (Printed):	Completion Date:
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.

Review Document Issue Summary		Ratings check complete.			
Check Document:	<input type="button" value="Run Check"/>	Error(s) Found:	0	Items Not Rated:	0
Errors:					
No Errors Found					
Items Not Rated:					
All Items Rated					

Run Indicator:



May 2, 2019

TO: (b)(6); (b)(7)(C)
Assistant Director for Detention Management

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

SUBJECT: **Annual Detention Inspection of the Butler County Jail**

The Nakamoto Group, Inc. performed an annual inspection for compliance with the ICE National Detention Standards (NDS and PBNDS 2011 SA-API) of the Butler County Jail in Hamilton, Ohio during the period of April 30 - May 2, 2019. This is an Over 72 Hour IGSA facility.

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

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

Type of Inspection

This is a scheduled annual inspection, which is performed to determine overall compliance with the ICE NDS for Over 72 hour facilities.

Inspection Summary

The Butler County Jail 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) - Yes



Standards Compliance

The following information is a summary of the standards that were reviewed and overall compliance that was determined as a result of the 2018 and 2019 NDS compliance annual inspections:

2018 Annual Inspection		2019 Annual Inspection	
Acceptable	37	Acceptable	36
Deficient	0	Deficient	1
Repeat Deficiency	0	Repeat Deficiency	0
Not Applicable	2	Not Applicable	2

The inspection team identified sixteen (16) deficient components in the following eight (8) standards:

- Food Service – 3
- Disciplinary Policy – 1
- Environmental Health and Safety – 1, which is a repeat deficiency
- Hold Rooms in Detention Facilities - 1
- Key and Lock Control - 2
- Special Management Unit (Disciplinary Segregation) - 3
- Tool Control - 1
- Staff Detainee Communication - 4, one of which is a repeat deficiency

Facility Snapshot/Description

The Butler County Jail is owned and operated by Butler County Sheriff’s Office and is located in Hamilton, Ohio. The facility houses U.S. Marshals detainees, BOP inmates, Pike County inmates, in addition to male and female ICE detainees of all security levels. The facility count during the inspection was 833, of which 132 were ICE detainees; 122 males and ten females. The average length of stay for an ICE detainee is forty-six days.

The multi-story, direct supervision facility has eight general population housing units, a housing unit for detainees that require separation from the general population, and a four-cell medical unit, all branching from a single hallway. Each of the housing units, except the medical unit, has forty-eight two-person cells situated on lower and upper ranges, and an attached outdoor recreation area. An officer is stationed inside every housing unit, and video cameras are in place in every unit as well. The cameras are monitored in the control center.

Every cell is furnished with a television, a sink and a toilet. Housing units provide adequate open space and detainees spend the majority of their time during waking hours socializing in the dayrooms or participating in outside recreation activities. The atmosphere throughout the facility is relaxed. Detainees were responsive to the inspection team. Interactions observed among facility staff, ICE officials and detainees were calm and professional. There were no obvious indicators of high stress levels. The staff was professional in appearance and conduct. The setting is that of a typical jail, not lending itself to the concepts of civil detention. However, officers and civilian employees were well versed in the application of standard guidelines. The inspection team interviewed no less than sixty detainees. Detainees interviewed with the Language Line stated that they have no problem obtaining services. Every detainee stated that they feel safe at this facility. Confidential interviews yielded three complaints regarding commissary and telephone prices. There were four medical concerns expressed. The Medical SME



reviewed the medical files and interviewed the health services administrator. There were no issues with medical care provided. Medical Care standard guidelines were followed.

Food service is provided by Aramark. All other services are provided by Butler County. Detainees are not charged a medical copayment.

Area of Concern/Significant Observation

Staff-Detainee Communication Standard was found Deficient.

Standard requires that procedures are in place to allow for formal and informal contact between key facility staff and ICE staff and ICE detainees and to permit detainees to make written requests to ICE staff and receive an answer in an acceptable time frame.

Findings: Announced and unannounced ICE visits have not occurred routinely throughout the inspection period. Documentation does not exist to verify that Detention and Deportation Staff have conducted scheduled weekly visits throughout the inspection period. Staff began conducting scheduled weekly visits on 4/3/2019. Postings in the housing units are outdated and do not accurately note the visitation schedule of ICE staff. Visiting staff did not observe and note detainee living conditions 5/1/2018 through 3/31/2019.

Recommended Rating and Justification

The Lead Compliance Inspector recommends that the facility receive a rating of Acceptable. The facility complies with the ICE National Detention Standards (NDS). One (1) standard was found Deficient and two (2) standards were Not Applicable (N/A). All remaining thirty-six (36) standards were found to be in compliance.

LCI Assurance Statement

The findings of compliance and noncompliance 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)
- [Redacted]

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

(b)(6); (b)(7)(C) Lead Compliance Inspector
Printed Name of LCI

May 2, 2019
Date

Condition of Confinement Inspection Worksheet

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

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



**ICE National Detention Standards
Inspection Worksheet for Over 72 Hour Facilities**

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

Facility Information			
Facility Name: Butler County Jail		Review Purpose: Annual	
Facility Type: IGSA Intergovernmental Service Agreement (IGSA), ICE Service Processing Center (SPC), ICE Contract Detention Facility (CDF)			
Address:	705 Hanover Street		
City: Hamilton	State: Ohio	Zip Code: 45011	
County:	Butler		
CEO Name: Nick Fisher		CEO Title: OIC	
Review Information (Use following format for dates: mm/dd/yyyy)			
Start Date: 4/30/2019	End Date: 5/2/2019	Review Type: Headquarters	
Lead Name: (b)(6); (b)(7)(C)	Lead Title: LCI		
Review Document Issue Summary (See Document Check Section to Review/Update)			
Error(s) Found:		Items Not Rated:	

ICE HQ USE ONLY: (DO NOT EDIT*)

Form Name: NDS_G324A_O72_LYON	Form Key: 26	Form Date: 5/9/2017
Form Type: NDS	Form Review Type: Annual	Form Over/Under 72 Status: O72

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

Table of Contents

SECTION I

ACCESS TO LEGAL MATERIALS (KEY: A)	5
ADMISSION AND RELEASE (KEY: B)	8
CLASSIFICATION SYSTEM (KEY: C)	10
CORRESPONDENCE AND OTHER MAIL (KEY: D)	12
DETAINEE HANDBOOK (KEY: E)	16
FOOD SERVICE (KEY: F)	21
FUNDS AND PERSONAL PROPERTY (KEY: G)	27
DETAINEE GRIEVANCE PROCEDURES (KEY: H)	31
GROUP LEGAL RIGHTS PRESENTATIONS (KEY: I)	34
ISSUANCE AND EXCHANGE OF CLOTHING, BEDDING, AND TOWELS (KEY: J)	37
MARRIAGE REQUESTS (KEY: K)	39
NON-MEDICAL EMERGENCY ESCORTED TRIPS (KEY: L)	41
RECREATION (KEY: M)	43
RELIGIOUS PRACTICES (KEY: N)	48
DETAINEE TELEPHONE ACCESS (KEY: O)	51
VISITATION (KEY: P)	55
VOLUNTARY WORK PROGRAM (KEY: Q)	58

SECTION II

HUNGER STRIKES (KEY: R)	61
ACCESS TO MEDICAL CARE (KEY: S)	64
SUICIDE PREVENTION AND INTERVENTION (KEY: T)	71
TERMINAL ILLNESS, ADVANCED DIRECTIVES, AND DEATH (KEY: U)	74

SECTION III

CONTRABAND (KEY: V)	78
DETENTION FILES (KEY: W)	80
DISCIPLINARY POLICY (KEY: X)	82
EMERGENCY (CONTINGENCY) PLANS (KEY: Y)	85
ENVIRONMENTAL HEALTH AND SAFETY (KEY: Z)	88
HOLD ROOMS IN DETENTION FACILITIES (KEY: AA)	94
KEY AND LOCK CONTROL (SECURITY, ACCOUNTABILITY AND MAINTENANCE) (KEY: AB)	97
POPULATION COUNTS (KEY: AC)	100
POST ORDERS (KEY: AD)	102
SECURITY INSPECTIONS (KEY: AE)	104
SPECIAL MANAGEMENT UNIT (SMU) (ADMINISTRATIVE SEGREGATION) (KEY: AF)	107
SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION) (KEY: AG)	112
TOOL CONTROL (KEY: AH)	116
TRANSPORTATION (LAND TRANSPORTATION) (KEY: AI)	119
USE OF FORCE (KEY: AJ)	123
STAFF DETAINEE COMMUNICATIONS (KEY: AK)	126
DETAINEE TRANSFER STANDARD (KEY: AL)	129
SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (KEY: AM)	131

DOCUMENT CHECK

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

Section I

Detainee Service Standards

ACCESS TO LEGAL MATERIALS (Key: A)		
POLICY: FACILITIES HOLDING ICE DETAINEES SHALL PERMIT DETAINEES ACCESS TO A LAW LIBRARY, AND PROVIDE LEGAL MATERIALS, FACILITIES, EQUIPMENT, DOCUMENT COPYING PRIVILEGES, AND THE OPPORTUNITY TO PREPARE LEGAL DOCUMENTS.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. The facility provides a designated law library for detainee use.	Meets Standard	
2. The law library contains all materials listed in the "Access to Legal Materials" Standard, Attachment A. The listing of materials is posted in the law library.	Meets Standard	There are two mobile law library carts. Each cart has a computer with the LexisNexis program and a printer.
3. The library contains a sufficient number of chairs, is well lit, and is reasonably isolated from noisy areas.	Meets Standard	Detainees have access to all items listed in Attachment A via the LexisNexis electronic law library. The LexisNexis program lists all the required materials.
4. The law library is adequately equipped with typewriters and/or computers, and has sufficient supplies for daily use by the detainees.	Meets Standard	There is a multipurpose room in each housing unit that is used as the law library. The rooms are quiet, well lit, and have chairs, a computer stand and a table.
5. In addition to the physical law library, detainees have access to the Lexus Nexus electronic law library.	Meets Standard	Each of the six computers have a current and functioning LexisNexis application.
6. Where provided, the Lexus Nexus library is updated and is current.	Meets Standard	There are two computers with printers that ICE detainees may use. The computers have the LexisNexis program and word processing capabilities. Supplies are available from the officer on duty.
7. Outside persons and organizations are permitted to submit published legal material for inclusion in the legal library. Outside published material is forwarded and reviewed by ICE prior to inclusion.	Meets Standard	
8. There is a designated ICE or facility employee who inspects, updates, and maintains/replaces legal materials and equipment on a routine basis.	Meets Standard	A full time assigned officer is responsible for inspecting and maintaining the library's materials and equipment.
9. Detainees are offered a minimum 5 hours per week in the law library. Detainees are not required to forego recreation time in lieu of library usage. Detainees facing a court deadline are given priority use of the law library.	Meets Standard	Detainees may use the law library at any time daily during their out-of-cell hours, up to 6.5 hours per day. Detainees are not required to forego recreation time to use the law library and detainees with a court deadline are given priority use.

ACCESS TO LEGAL MATERIALS (Key: A)		
Policy: FACILITIES HOLDING ICE DETAINEES SHALL PERMIT DETAINEES ACCESS TO A LAW LIBRARY, AND PROVIDE LEGAL MATERIALS, FACILITIES, EQUIPMENT, DOCUMENT COPYING PRIVILEGES, AND THE OPPORTUNITY TO PREPARE LEGAL DOCUMENTS.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
10. Detainees may request materials not currently in the law library. Each request is reviewed and, where appropriate, an acquisition request is timely initiated. Requests for copies of court decisions are accommodated within 3 – 5 business days.	Meets Standard	Requests for additional legal materials may be made via detainee request forms and are accommodated as stipulated in this component.
11. Detainees are permitted to assist other detainees, voluntarily and free of charge, in researching and preparing legal documents, consistent with security.	Meets Standard	The local handbook states that detainees may request assistance from another detainee to help research and/or prepare legal documents. It further states that once granted, the assistance must have been rendered free of charge. The inspector witnessed a detainee assisting another detainee in researching immigration law.
12. Illiterate or non-English-speaking detainees without legal representation receive access to more than just English-language law books after indicating their need for help.	Meets Standard	The installed LexisNexis application includes a Spanish tutorial. Staff will also assist non-English speaking detainees needing help in accessing legal information.
13. Detainees may retain a reasonable amount of personal legal material in the general population and in the special management unit. Stored legal materials are accessible within 24 hours of a written request.	Meets Standard	Detainees are allowed to retain some legal materials in their housing unit. They may also request to store additional materials with their personal property. Such requests are routinely granted and the stored materials are made available to the detainees within the required time frame.
14. Detainees housed in Administrative Detention and Disciplinary Segregation units have the same law library access as the general population, barring security concerns. Detainees denied access to legal materials are documented and reviewed routinely for lifting of sanctions.	Meets Standard	Written SMU policies address the requirements of the component.
15. All denials of access to the law library fully documented.	Meets Standard	Written policy notes that all denied access to the law library will be documented and routinely reviewed to determine if the sanction should be continued.
16. Facility staff informs ICE Management when a detainee or group of detainees is denied access to the law library or law materials.	Meets Standard	

ACCESS TO LEGAL MATERIALS (Key: A)		
Policy: FACILITIES HOLDING ICE DETAINEES SHALL PERMIT DETAINEES ACCESS TO A LAW LIBRARY, AND PROVIDE LEGAL MATERIALS, FACILITIES, EQUIPMENT, DOCUMENT COPYING PRIVILEGES, AND THE OPPORTUNITY TO PREPARE LEGAL DOCUMENTS.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
17. Detainees who seek judicial relief on any matter are not subjected to reprisals, retaliation, or penalties.	Meets Standard	

ACCESS TO LEGAL MATERIALS – REVIEWER SUMMARY <i>(Use following format for dates: mm/dd/yyyy)</i>	
<p>Overall Remarks: <i>(Record significant facts, observations, other sources used, etc.)(5000 Character Max)</i></p> <p>There is a computer workstation located in each of the three ICE housing unit's day rooms. Each work station's computer is equipped with a current and functioning immigration law version of a LexisNexis application. Detainees are allowed to use the computer during their daily out-of-cell time. In addition to the computer workstations, each unit's day room has an assortment of written legal materials. Outside NGO's or other approved by ICE legal organizations are permitted to submit legal materials for inclusion in the day rooms. Together, the LexisNexis computers and written legal materials meet the requirements of the standard.</p> <p>Staff accommodates detainee requests for additional use of the law library to the extent that is consistent with the orderly and secure operation of the facility. Special priority access is given to requests from a detainee who is facing a court deadline.</p> <p>The facility has procedures in place that effectively prevent detainees from damaging, destroying or removing equipment, materials or supplies from the law library.</p> <p>Evaluation of the standard included: review of policy; inspection of the law library and its computers including logging on to each and testing the LexisNexis application; reviewing detainee library use logs; and interviews of ICE and facility staff.</p>	
Overall Rating: Meets Standard	
Reviewer Name (Printed): (b)(6); (b)(7)(C)	Completion Date: 5/2/2019
Reviewer Signature (for printed form submission):	

ADMISSION AND RELEASE (Key: B)		
<p>POLICY: ALL DETAINEES WILL BE ADMITTED AND RELEASED IN A MANNER THAT ENSURES THEIR HEALTH, SAFETY, AND WELFARE. THE ADMISSIONS PROCEDURE WILL, AMONG OTHER THINGS INCLUDE: MEDICAL SCREENING; A FILE-BASED ASSESSMENT AND CLASSIFICATION PROCESS; A BODY SEARCH; AND A SEARCH OF PERSONAL BELONGINGS, WHICH WILL BE INVENTORIED, DOCUMENTED, AND SAFEGUARDED AS NECESSARY.</p>		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
<p>1. In-processing includes an orientation of the facility. The orientation includes: Unacceptable activities and behavior, and corresponding sanctions; How to contact ICE; The availability of <i>pro bono</i> legal services, and how to pursue such services; schedule of programs, services, daily activities, including visitation, telephone usage, mail service, religious programs, count procedures, access to and use of the law library and the general library; sick-call procedures, and the detainee handbook.</p>	Meets Standard	<p>The facility's orientation process includes an interview by a trained booking officer, who, following a standard in-processing protocol, explains the rules and expected behavior to the detainee. The interview is conducted in a language and manner that the detainee understands. In addition, all newly admitted detainees are given ICE and local handbooks. Together the handbooks provide a written explanation of all the information listed in the component. As part of the orientation process, detainees are also shown a local video which contains PREA advisories and information. The handbooks and the video are available in English and Spanish languages spoken by the majority of the detainees held at the facility.</p>
<p>2. Medical screenings are performed by medical staff <u>or</u> persons who have received specialized training for the purpose of conducting an initial health screening.</p>	Meets Standard	<p>Trained booking officers conduct an initial medical screening. A nurse will also conduct a more detailed medical screening of each detainee prior to the detainee's release to the general population.</p>
<p>3. Each new arrival is classified according to criminal history and threat levels. Criminal history is provided for each detainee by the ICE field office.</p>	Meets Standard	<p>Criminal histories are provided by ICE. The facility classifies all detainees upon arrival.</p>
<p>4. All new arrivals are searched in accordance with the "Detainee Search" standard. An officer of the same sex as the detainee conducts the search and the search is conducted in an area that affords as much privacy as possible.</p>	Meets Standard	<p>There is no Detainee Search Standard in the National Detention Standards. At this IGSA facility, upon admission, detainees will be pat searched and pass through a full body scanning device. Detainee clothing will also be searched. The searches will be conducted by an officer of the same gender in a relatively private section of the booking area.</p>

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities with SAAPI

ADMISSION AND RELEASE (Key: B)		
<p>Policy: ALL DETAINEES WILL BE ADMITTED AND RELEASED IN A MANNER THAT ENSURES THEIR HEALTH, SAFETY, AND WELFARE. THE ADMISSIONS PROCEDURE WILL, AMONG OTHER THINGS INCLUDE: MEDICAL SCREENING; A FILE-BASED ASSESSMENT AND CLASSIFICATION PROCESS; A BODY SEARCH; AND A SEARCH OF PERSONAL BELONGINGS, WHICH WILL BE INVENTORIED, DOCUMENTED, AND SAFEGUARDED AS NECESSARY.</p>		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
5. Detainees are stripped searched only when cause has been established and not as routine policy. Non-criminal detainees are not strip-searched but are patted down, unless reasonable suspicion is established.	Meets Standard	
6. The "Contraband" standard governs all personal property searches. IGSA's/CDFs use or have a similar contraband standard. Staff prepares a complete inventory of each detainee's possessions. The detainee receives a copy.	Meets Standard	
7. Staff completes Form I-387 or similar form for CDFs and IGSA's for every lost or missing property claim. Facilities forward all I-387 claims to ICE.	Meets Standard	
8. Detainees are issued appropriate and sufficient clothing and bedding for the climatic conditions.	Meets Standard	
9. The facility provides and replenishes personal hygiene items as needed. Gender-specific items are available. ICE Detainees are not charged for these items.	Meets Standard	Upon admission, detainees will be issued a hygiene kit (gender-specific items are available). Detainees will not be charged for these items.
10. All releases are properly coordinated with ICE using a Form I-203.	Meets Standard	The SDDO informed the inspector that all detainee releases are coordinated with ICE, using an I-203 form noting the circumstances of the release.
11. Staff completes paperwork/forms for release as required.	Meets Standard	

ADMISSION AND RELEASE – REVIEWER SUMMARY		
<p><i>(Use following format for dates: mm/dd/yyyy)</i></p>		
<p>Overall Remarks: <i>(Record significant facts, observations, other sources used, etc.)(5000 Character Max)</i></p> <p>Written policies are in place designed to protect the community, detainees, staff, volunteers and contractors by ensuring secure and orderly operations when detainees are admitted to or transferred from this facility. Newly admitted detainees will view a site specific and PREA video during the admission process. In addition, detainees are given a local handbook and the National Detention Handbook which contains a copy of the sexual abuse and assault awareness pamphlet. As part of the process, staff will conduct a question and answer session with those detainees who speak English. Officers will use a Language Line to conduct the question and answer session with other LEP detainees.</p> <p>A review of written policy, the local handbooks and examination of the booking area confirmed that policy and procedures are in place to protect the community, detainees, staff, volunteers and contractors by ensuring secure and orderly operations when detainees are admitted to or transferred from this facility. The inspector also watched the local orientation video and witnessed a detainee being admitted to the facility.</p>		
<p>Overall Rating: Meets Standard</p>		
<p>Reviewer Name (Printed) (b)(6); (b)(7)(C)</p>		<p>Completion Date: 5/2/2019</p>
<p>Reviewer Signature (for printed form submission):</p>		

CLASSIFICATION SYSTEM (Key: C)		
Policy: ALL FACILITIES WILL DEVELOP AND IMPLEMENT A SYSTEM ACCORDING TO WHICH ICE DETAINEES ARE CLASSIFIED. THE CLASSIFICATION SYSTEM WILL ENSURE THAT EACH DETAINEE IS PLACED IN THE APPROPRIATE CATEGORY, PHYSICALLY SEPARATED FROM DETAINEES IN OTHER CATEGORIES		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. The facility has a system for classifying detainees. In CDFs and IGSA's, an Objective Classification System or similar is used.	Meets Standard	
2. The facility classification system includes: <ul style="list-style-type: none"> Classifying detainees upon arrival; Separating from the general population those individuals who cannot be classified upon arrival; and The first-line supervisor or designated classification specialist reviewing every classification decision. 	Meets Standard	All detainees are classified upon arrival and are separated from general population until such time as they are classified. The classification officer reviews all classification assignments. Classification decisions are reviewed by a shift sergeant as well.
3. The intake/processing officer reviews work-folders, A-files, etc., to identify and classify each new arrival.	Meets Standard	Intake officers review I-203 forms.
4. Staff uses only information that is factual, and reliable to determine classification assignments. Opinions and unsubstantiated/ unconfirmed reports may be filed but are not used to score detainees classifications.	Meets Standard	
5. Housing assignments are based on classification-level.	Meets Standard	The local handbook states that detainees will be housed, recreated and fed with other detainees having the same classification designation.
6. A detainee's classification-level does not affect his/her recreation opportunities. Detainees recreate with persons of similar classification designations.	Meets Standard	The handbook further states that detainees will be housed and recreate along with others with similar classification levels, unless there is a safety or security risk.
7. Detainee work assignments are based upon classification designations.	Meets Standard	
8. The classification process includes reassessment/reclassification. At IGSA's, detainees may request reassessment 60 days after arrival.	Meets Standard	At this IGSA facility, detainee classification levels are routinely reassessed every sixty days. Detainees may submit a written reassessment request to a staff supervisor or ICE staff at any time.
9. Procedures exist for a detainee to appeal their classification assignment. Only a designated supervisor or classification specialist has the authority to reduce a classification-level on appeal.	Meets Standard	The local handbook notes that detainees may request a review of and appeal their classification level within ten days of their primary or re-classification assignment. Decisions on classification appeals are made by a supervisor.

CLASSIFICATION SYSTEM (Key: C)		
Policy: ALL FACILITIES WILL DEVELOP AND IMPLEMENT A SYSTEM ACCORDING TO WHICH ICE DETAINEES ARE CLASSIFIED. THE CLASSIFICATION SYSTEM WILL ENSURE THAT EACH DETAINEE IS PLACED IN THE APPROPRIATE CATEGORY, PHYSICALLY SEPARATED FROM DETAINEES IN OTHER CATEGORIES		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
10. Classification appeals are resolved within five business days and detainees are notified of the outcome within 10 business days.	Meets Standard	Staff informed the inspector that classification appeals are resolved within five business days. Written policy dictates that the decision notice will be sent to the detainee as soon as the decision is rendered. There have been no detainee classification appeals since the last inspections.
11. Classification designations may be appealed to a higher authority, such as the Warden or equivalent.	Meets Standard	Detainees may appeal a classification appeal decision to the OIC.
12. The Detainee Handbook or equivalent for IGSA explains the classification levels, with the conditions and restrictions applicable to each.	Meets Standard	The local handbook identifies the conditions and restrictions applicable to each classification level.

CLASSIFICATION SYSTEM – REVIEWER SUMMARY <i>(Use following format for dates: mm/dd/yyyy)</i>	
Overall Remarks: <i>(Record significant facts, observations, other sources used, etc.)(5000 Character Max)</i> Personnel with detainee-intake/processing responsibilities receive on-site training which teaches techniques for identifying and recording data from files and related records needed for classification purposes. Comprehensive classification requirements regarding all custody levels are in written policy and noted in the local handbook. The policy states that: detainees classified as low custody shall not be housed with high custody detainees; detainees classified as low custody will not have a felony conviction that included an act of physical violence and may not have been convicted of an aggravated felony; medium custody detainees shall not have a recent conviction for any offense listed under the "HIGHEST" section of the severity of offense guideline; and will not include any detainee with a pattern or history of violent assaults, whether convicted or not. High custody detainees will be considered a high-risk category and will be assigned to appropriate security housing. High custody detainees will always be monitored and escorted. Written policy describes the process by which a detainee may appeal their classification level. To evaluate this standard, staff and the booking supervisor were interviewed and written policy and the local handbook were reviewed. The inspector also witnessed a detainee being classified by a classification officer.	
Overall Rating: Meets Standard	
Reviewer Name (Printed): (b)(6); (b)(7)(C)	Completion Date: 5/2/2019
Reviewer Signature (for printed form submission):	

CORRESPONDENCE AND OTHER MAIL (Key: D)		
POLICY: ALL FACILITIES WILL ENSURE THAT DETAINEES SEND AND RECEIVE CORRESPONDENCE IN A TIMELY MANNER, SUBJECT TO LIMITATIONS REQUIRED FOR THE SAFETY, SECURITY, AND ORDERLY OPERATION OF THE FACILITY. OTHER MAIL WILL BE PERMITTED, SUBJECT TO THE SAME LIMITATIONS. EACH FACILITY WILL WIDELY DISTRIBUTE ITS GUIDELINES CONCERNING CORRESPONDENCE AND OTHER MAIL.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. The rules for correspondence and other mail are posted in each housing or common area, or provided to each detainee via a detainee handbook.	Meets Standard	Rules governing correspondence and other mail are posted in each housing unit as well as noted in the local handbook.
2. The facility provides key information in languages other than English; In the language(s) spoken by significant numbers of detainees. List any exceptions.	Meets Standard	Information contained in the local handbook is provided in English and Spanish, languages spoken by the majority of the detainees held at the facility.
3. Incoming mail is distributed to detainees within 24 hours or 1 business day after it is received and inspected.	Meets Standard	
4. Outgoing mail is delivered to the postal service within one business day of its entering the internal mail system (excluding weekends and holidays).	Meets Standard	Outgoing mail is collected each morning, Monday through Friday, and delivered to the postal service the next business day.
5. Staff does not open and inspect incoming general correspondence and other mail (including packages and publications) without the detainee present unless documented and authorized in writing by the Warden or equivalent for prevailing security reasons.	Meets Standard	This component was rated Deficient during the last inspection because all incoming mail was opened and inspected without the detainee being present. On 5/8/2018, ICE headquarters provided a waiver allowing facility staff to open and inspect incoming general correspondence for contraband prior to it being delivered to the detainee.
6. Staff does not read incoming general correspondence without the Warden's prior written approval.	Meets Standard	Written policy notes that personnel will not read incoming general correspondence. Policy further notes that exceptions occur only when authorized by the OIC.
7. Staff does not inspect incoming special Correspondence for physical contraband or to verify the "special" status of enclosures without the detainee present.	Meets Standard	
8. Staff is prohibited from reading or copying incoming special correspondence.	Meets Standard	
9. Staff is only authorized to inspect outgoing correspondence or other mail without the detainee present when there is reason to believe the item might present a threat to the facility's secure or orderly operation, endanger the recipient or the public, or might facilitate criminal activity.	Meets Standard	Written policy states that outgoing correspondence is inspected without the detainee being present only when there is a perceived threat to security.

CORRESPONDENCE AND OTHER MAIL (Key: D)		
Policy: ALL FACILITIES WILL ENSURE THAT DETAINEES SEND AND RECEIVE CORRESPONDENCE IN A TIMELY MANNER, SUBJECT TO LIMITATIONS REQUIRED FOR THE SAFETY, SECURITY, AND ORDERLY OPERATION OF THE FACILITY. OTHER MAIL WILL BE PERMITTED, SUBJECT TO THE SAME LIMITATIONS. EACH FACILITY WILL WIDELY DISTRIBUTE ITS GUIDELINES CONCERNING CORRESPONDENCE AND OTHER MAIL.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
10. Correspondence to a politician or to the media is processed as special correspondence and is not read or copied.	Meets Standard	
11. The official authorizing the rejection of incoming mail sends written notice to the sender and the addressee.	Meets Standard	Each entity referenced in the component is notified in writing if incoming mail is rejected.
12. The official authorizing censorship or rejection of outgoing mail provides the detainee with signed written notice.	Meets Standard	Written policy states that the detainee will be informed in writing when their outgoing mail is censored or rejected.
13. Staff maintains a written record of every item removed from detainee mail.	Meets Standard	The mail room supervisor keeps a written record of all mail items removed from detainee mail.
14. The Warden or equivalent monitors staff handling of discovered contraband and its disposition. Records are accurate and up to date.	Meets Standard	
15. The procedure for safeguarding cash removed from a detainee protects the detainee from loss of funds and theft. The amount of cash credited to detainee accounts is accurate. Discrepancies are documented and investigated. Standard procedure includes issuing a receipt to the detainee.	Meets Standard	
16. Original identity documents (e.g., passports, birth certificates) are immediately removed and forwarded to ICE staff for placement in A-files.	Meets Standard	Written policy requires that identity documents received in the mail will be immediately removed and forwarded to ICE. ICE personnel informed the inspector that the documents will then be placed in the detainee's A-file.
17. Staff provides the detainee a copy of his/her identity document(s) upon request.	Meets Standard	ICE officer's request logs confirm that detainee requests for copies of their identity documents are honored upon request.
18. Staff disposes of prohibited items found in detainee mail in accordance with the "Control and Disposition of Contraband" Standard or the similar prevailing policy in IGSAs.	Meets Standard	

CORRESPONDENCE AND OTHER MAIL (Key: D)		
Policy: ALL FACILITIES WILL ENSURE THAT DETAINEES SEND AND RECEIVE CORRESPONDENCE IN A TIMELY MANNER, SUBJECT TO LIMITATIONS REQUIRED FOR THE SAFETY, SECURITY, AND ORDERLY OPERATION OF THE FACILITY. OTHER MAIL WILL BE PERMITTED, SUBJECT TO THE SAME LIMITATIONS. EACH FACILITY WILL WIDELY DISTRIBUTE ITS GUIDELINES CONCERNING CORRESPONDENCE AND OTHER MAIL.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
19. Every indigent detainee has the opportunity to mail, at government expense, reasonable correspondence about a legal matter, in three one ounce letters per week and packages deemed necessary by ICE.	Meets Standard	The local handbook notes that indigent detainees will be permitted to mail a reasonable amount of mail each week at government expense. The handbook states that at least five pieces of legal mail and/or packages, which may be increased if required and at least three pieces of general mail are permitted.
20. The facility has a system for detainees to purchase stamps and for mailing all special correspondence and a minimum of 5 pieces of general correspondence per week.	Meets Standard	
21. The facility provides writing paper, envelopes, and pencils at no cost to ICE detainees.	Meets Standard	Written policy states that envelopes, paper and writing instruments shall be issued to detainees at no cost.

CORRESPONDENCE AND OTHER MAIL – REVIEWER SUMMARY
(Use following format for dates: mm/dd/yyyy)

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)*

Written policies have been codified to ensure that ICE detainees are permitted to send and receive correspondence in a timely manner while maintaining the security and orderly operation of the facility. The facility notifies detainees of its policy on correspondence and other mail through the local detainee handbook provided to each detainee upon admittance. The handbook notes the following:

1. That a detainee may receive mail, the mailing address of the facility and instructions on how envelopes should be addressed;
2. That a detainee may send mail, the procedure for sending mail, and instructions on how outgoing mail must be addressed;
3. That special correspondence may only be opened in the detainee's presence, and may be inspected for contraband, but not read;
4. That packages will not be accepted;
5. How to obtain writing implements, paper, and envelopes; and
6. The procedure for purchasing postage, and the rules for providing indigent and certain other detainees free postage.

Detainees are not allowed to receive packages containing personal items. Packages marked as legal mail can be received.

Policy states that correspondence and publications may be rejected, this includes: material that depicts, describes, or encourages activities that could lead to physical violence or group disruption, e.g., material dealing with the subjects of self-defense or survival, weaponry, armaments, explosives, or incendiary devices; information regarding escape plots, plans to commit illegal activities or to violate ICE rules or facility guidelines; information regarding the production of drugs or alcohol; sexually explicit material; threats, extortion, obscenity, or gratuitous profanity; a code; or other contraband.

Correspondence to representatives of the news media is handled as special correspondence. Detainees are not permitted to receive compensation or anything of value for correspondence with the news media. A detainee may not act as a reporter or publish under a byline. Representatives of the news media are permitted to initiate correspondence with a detainee. This correspondence is treated as special correspondence only if the envelope is properly labeled with the name, title, and office of the media representative, clearly indicating its "special" nature.

To evaluate this standard, staff were interviewed, mail room logs and forms and the local detainee handbook were reviewed, and an ICE waiver permitting the opening of general correspondence outside the presence of the detainee was examined.

Overall Rating: Meets Standard

Reviewer Name (Printed):	(b)(6); (b)(7)(C)	Completion Date: 5/2/2019
---------------------------------	-------------------	----------------------------------

Reviewer Signature (for printed form submission):

DETAINEE HANDBOOK (Key: E)		
Policy: EVERY OIC WILL DEVELOP A SITE-SPECIFIC DETAINEE HANDBOOK TO SERVE AS AN OVERVIEW OF, AND GUIDE TO, THE DETENTION POLICIES, RULES, AND PROCEDURES IN EFFECT AT THE FACILITY. THE HANDBOOK WILL ALSO DESCRIBE THE SERVICES, PROGRAMS, AND OPPORTUNITIES AVAILABLE THROUGH VARIOUS SOURCES, INCLUDING THE FACILITY, ICE, PRIVATE ORGANIZATIONS, ETC. EVERY DETAINEE WILL RECEIVE A COPY OF THIS HANDBOOK UPON ADMISSION TO THE FACILITY.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. The detainee handbook is written in English and translated into Spanish, or into the next most-prevalent language(s).	Meets Standard	Detainees are provided the National Detainee Handbook and a site-specific handbook by facility staff during admission. Both handbooks are available in English and Spanish, the most prevalent languages spoken at the facility.
2. The handbook is supplemented by the facility orientation video, where one is provided.	Meets Standard	The facility has a site-specific orientation video which is played during the intake process and in the housing units and individual cells.
3. All staff members receive a handbook and training regarding the handbook contents.	Meets Standard	Interviews with staff confirm that staff are provided copies of the handbooks.
4. The handbook is revised as necessary and there are procedures in place for immediately communicating any revisions to staff and detainees.	Meets Standard	The handbook is revised as necessary. Procedures are in place for the immediate communication of changes to personnel and detainees.
5. There an annual review of the handbook by a designated committee or staff member.	Meets Standard	The handbook is reviewed annually by personnel appointed by the OIC. The handbook was last revised in June 2018.
6. The detainee handbook addresses the following issues: <ul style="list-style-type: none"> • Personal Items permitted to be retained by the detainee; and • Initial issue of clothes, bedding and personal hygiene items. 	Meets Standard	
7. The detainee handbook states in clear language the basic detainee responsibilities.	Meets Standard	
8. The handbook clearly outlines the methods for classification of detainees, explains each level, and explains the classification appeals process.	Meets Standard	
9. The handbook states when a medical examination will be conducted.	Meets Standard	The handbook states that a medical examination will be conducted within fourteen days of arrival.
10. The handbook describes the facility, housing units, dayrooms, in-dorm activities, and special housing units.	Meets Standard	The handbook describes the housing pod, dayrooms and special housing units.

DETAINEE HANDBOOK (Key: E)		
Policy: EVERY OIC WILL DEVELOP A SITE-SPECIFIC DETAINEE HANDBOOK TO SERVE AS AN OVERVIEW OF, AND GUIDE TO, THE DETENTION POLICIES, RULES, AND PROCEDURES IN EFFECT AT THE FACILITY. THE HANDBOOK WILL ALSO DESCRIBE THE SERVICES, PROGRAMS, AND OPPORTUNITIES AVAILABLE THROUGH VARIOUS SOURCES, INCLUDING THE FACILITY, ICE, PRIVATE ORGANIZATIONS, ETC. EVERY DETAINEE WILL RECEIVE A COPY OF THIS HANDBOOK UPON ADMISSION TO THE FACILITY.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
11. The handbook describes official count times and count procedures; meal times and 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	During the previous inspection, this component was rated deficient because the handbook described all the requirements of this component except count times and feeding procedures. A waiver was issued from Detention Management Division on 4/16/2014 addressing count times. The facility is not required to state the specific times for counts for security purposes. Meal times and feeding procedures are addressed in the current handbook. This is a non-smoking facility.
12. The handbook describe times and procedures for obtaining disposable razors, and allows that detainees attending court will be afforded the opportunity to shave first.	Meets Standard	
13. The handbook describes barber hours and hair cutting restrictions.	Meets Standard	The handbook describes the barber hours and hair cutting restrictions.
14. The handbook describes the telephone policy; debit card procedures; direct and free calls; locations of telephones; policy when telephone demand is high; and policy and procedures for emergency phone calls.	Meets Standard	All bulleted requirements of this component are addressed in the handbook and policy.
15. The handbook addresses religious programming.	Meets Standard	
16. The handbook states times and procedures for commissary or vending machine usage, where available.	Meets Standard	Detainees may purchase items through the commissary twice weekly. Detainees are allowed to spend \$100 per commissary order. A vending machine is available in each housing unit where detainees may purchase snacks using a debit pin system.
17. The handbook describes the detainee voluntary work program.	Meets Standard	The handbook describes the voluntary work program; however, ICE detainees are not authorized to participate in the volunteer work program.
18. The handbook describes the library location and hours of operation, and law library procedures and schedules.	Meets Standard	The law library is available to ICE detainees through the kiosk located in each housing unit.

DETAINEE HANDBOOK (Key: E)		
Policy: EVERY OIC WILL DEVELOP A SITE-SPECIFIC DETAINEE HANDBOOK TO SERVE AS AN OVERVIEW OF, AND GUIDE TO, THE DETENTION POLICIES, RULES, AND PROCEDURES IN EFFECT AT THE FACILITY. THE HANDBOOK WILL ALSO DESCRIBE THE SERVICES, PROGRAMS, AND OPPORTUNITIES AVAILABLE THROUGH VARIOUS SOURCES, INCLUDING THE FACILITY, ICE, PRIVATE ORGANIZATIONS, ETC. EVERY DETAINEE WILL RECEIVE A COPY OF THIS HANDBOOK UPON ADMISSION TO THE FACILITY.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
19. The handbook describes attorney and regular visitation hours, policies, and procedures.	Meets Standard	The handbook states that attorneys are permitted in the facility from 11:00 a.m. to 1:30 p.m. and from 5:00 p.m. to 7:00 p.m., seven days a week.
20. The handbook describes the facility contraband policy.	Meets Standard	Contraband is addressed in the handbook.
21. The handbook describes the facility visiting hours and schedule, and visiting rules and regulations.	Meets Standard	The visiting hours, rules, and regulations are described in the handbook. All visitation is accomplished via video visitation.
22. The handbook describes the correspondence policy and procedures.	Meets Standard	The correspondence policy and procedures are outlined in the handbook.
23. The handbook describes the detainee disciplinary policy and procedures, including: <ul style="list-style-type: none"> • Prohibited acts and severity scale sanctions; • Time limits in the Disciplinary Process; and • Summary of the Disciplinary Process. 	Meets Standard	The handbook describes the disciplinary policy and procedures listed in this component.
24. The grievance section of the handbook explains all steps in the grievance process – Including: <ul style="list-style-type: none"> • Informal (if used) and formal grievance procedures; • The appeals process; • In CDF facilities: procedures for filing an appeal of a grievance with ICE. • Staff/detainee availability to help during the grievance process. • Guarantee against staff retaliation for filing/pursuing a grievance. • How to file a complaint about officer misconduct with the Department of Homeland Security. 	Meets Standard	All of the listed items required for an IGSA facility are addressed in the site-specific handbook and/or the National Detainee Handbook.
25. The detainee handbook 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.

DETAINEE HANDBOOK (Key: E)		
<p>Policy: EVERY OIC WILL DEVELOP A SITE-SPECIFIC DETAINEE HANDBOOK TO SERVE AS AN OVERVIEW OF, AND GUIDE TO, THE DETENTION POLICIES, RULES, AND PROCEDURES IN EFFECT AT THE FACILITY. THE HANDBOOK WILL ALSO DESCRIBE THE SERVICES, PROGRAMS, AND OPPORTUNITIES AVAILABLE THROUGH VARIOUS SOURCES, INCLUDING THE FACILITY, ICE, PRIVATE ORGANIZATIONS, ETC. EVERY DETAINEE WILL RECEIVE A COPY OF THIS HANDBOOK UPON ADMISSION TO THE FACILITY.</p>		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
<p>26. The handbook describes the facility recreation policy including:</p> <ul style="list-style-type: none"> • Outdoor recreation hours. • Indoor recreation hours. 	Meets Standard	<p>The handbook describes the policy and schedule for indoor recreation and also gym recreation, which is considered to be an outdoor recreation area. The area used for outside recreation/gymnasium is designed to provide for sunshine and exchange of free-flowing outdoor air sufficient to reflect climate conditions. An outside recreation/gymnasium area is attached to each ICE housing unit.</p>
<p>27. The handbook describes the detainee dress code for daily living; and work assignments.</p>	Meets Standard	<p>The handbook addresses the dress code for daily living. ICE detainees do not participate in the volunteer work program.</p>
<p>28. The handbook specifies the rights and responsibilities of all detainees.</p>	Meets Standard	

<p>DETAINEE HANDBOOK – REVIEWER SUMMARY <i>(Use following format for dates: mm/dd/yyyy)</i></p>

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 both the local handbook and the National Detainee Handbook. The handbooks are located on the kiosk in each housing unit and a detainee must sign a form on the kiosk stating they have read and understand the content of the handbook before they are allowed to purchase any items from commissary or the vending machines or participate in activities. The site-specific handbook serves as an overview and guide to the facility's programs, policies, procedures, and rules and regulations with which every detainee must comply. The handbook includes, but is not limited to, procedures for reporting sexual assaults, the smoking policy, dress codes, contraband, disciplinary procedures, grievances, visiting regulations, and recreation.

The handbook and orientation video inform detainees that they can use the kiosk in each housing unit to order commissary, contact staff, submit grievances, request a sick call appointment, access Nexis Lexis, send messages to ICE and to obtain information regarding their deportation status.

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.

The OIC has established procedures for immediately communicating handbook revisions to staff and detainees by posting copies of the changes on the kiosks in the housing units and other prominent areas, informing new arrivals during the orientation process and discussing changes through staff meetings.

The site-specific handbook, postings and National Detainee Handbook explicitly address how detainees can report allegations of abuse and civil rights violations, along with allegations of officer misconduct directly to ICE management or the DHS Office of Inspector General. The facility provides written guidance through policy to employees to ensure that treatment of detainees is consistent with these standards. The handbook is free from derogatory or insensitive statements about detainee religion or culture. The evaluation of this Standard was based on a review of policy and the handbook and interviews with facility and ICE employees.

Overall Rating: Meets Standard

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

Completion Date: 5/2/2019

Reviewer Signature (for printed form submission):

FOOD SERVICE (Key: F)		
Policy: EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITH NUTRITIOUS AND APPETIZING MEALS, PREPARED IN ACCORDANCE WITH THE HIGHEST SANITARY STANDARDS.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. The food service program is under the direct supervision of a professionally trained and certified food service administrator. Responsibilities of cooks and cook foremen are in writing. The Food Service Administrator (FSA) determines the responsibilities of the Food Service Staff.	Meets Standard	Food services are provided by the Aramark Corporation (Aramark). The food service director (FSD) manages the food service program, is professionally trained, has ten years of experience and is ServSafe certified. Responsibilities of the kitchen staff are in writing and are determined by the FSD.
2. The Cook Supervisor is on duty on days when the FSA is off duty and vice versa.	Meets Standard	A food service supervisor is on duty when the FSD is not on duty.
3. The FSA provides food service employees with training that specifically addresses detainee-related issues. <ul style="list-style-type: none"> In ICE Facilities this includes a review of the ICE "Food Service" standard 	Meets Standard	The FSD and/or the assistant food service director (AFSD) provide training to personnel relative to their assigned duties and responsibilities. The training includes detainee-related issues and an overview of the Food Service Standard.
4. Knife cabinets close with an approved locking device, and the on-duty cook foreman maintains control of the key that locks the device.	Meets Standard	The facility does not use knives but uses dough cutters; however, a knife cabinet is used to secure tools and other sharp objects such as scissors. The cabinet has an approved locking device. Food service staff maintain control of the keys to the knife cabinet.
5. All knives not in a secure cutting room are physically secured to the workstation and staff directly supervises detainees using knives at these workstations. Staff monitors the condition of knives and dining utensils.	Meets Standard	There is no secure cutting room in food service. All dough cutters have a hole through the metal and plastic handle where a metal cable is mounted and which is secured to the workstation. The condition of all kitchen utensils and dough cutters are monitored daily by the food service personnel.
6. When necessary, special procedures govern the handling of food items that pose a security threat.	Meets Standard	These items are maintained in a locked cabinet in the secure dry storage room.
7. Operating procedures include daily searches (shakedowns) of detainee work areas.	Meets Standard	
8. The FSA monitors staff implementation of the facility's population counts procedures. Staff is trained in count procedures.	Meets Standard	All counts are conducted by officers instead of food service personnel.

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities with SAAPI

FOOD SERVICE (Key: F)		
POLICY: EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITH NUTRITIOUS AND APPETIZING MEALS, PREPARED IN ACCORDANCE WITH THE HIGHEST SANITARY STANDARDS.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
9. The detainees assigned to the food service department look neat and clean. Their clothing and grooming comply with the "Food Service" standard.	Meets Standard	Non-ICE detainee workers were properly dressed and wearing the appropriate headgear, gloves and hair and beard restraints as required by policy and the Standard.
10. The FSA annually reviews detainee-volunteer job descriptions to ensure they are accurate and up-to-date.	Meets Standard	Non-ICE detainee job descriptions are reviewed and updated annually by the FSD. They were last reviewed on 4/5/2019. ICE detainees do not participate in the voluntary work program.
11. The Cook Foreman or equivalent instructs newly assigned detainee workers in the rules and procedures of the food service department.	Meets Standard	Non-ICE detainees working in the department have received documented instruction on the rules and regulations of the kitchen.
12. During orientation and training session(s), the CS explains and demonstrates: <ul style="list-style-type: none"> • Safe work practices and methods; • Safety features of individual products/pieces of equipment; and • Training covers the safe handling of hazardous material[s] the detainees are likely to encounter in their work. 	Meets Standard	
13. The Cook Supervisor documents all training in individual detainee detention files.	Meets Standard	Training for non-ICE detainees is documented and maintained in a binder in the FSD's office.
14. Detainees at CDFs are paid in accordance with the "Voluntary Work Program" standard. Detainee workers at IGSA's are subject to local and state rules and regulations regarding detainee pay.	Meets Standard	Non-ICE detainees are paid consistent with local rules and regulations. ICE detainees do not work in this IGSA facility.
15. Detainees are served at least two hot meals every day. No more than 14 hours elapse between the last meal served and the first meal of the following day.	Meets Standard	The menu calls for a hot item at least twice daily. No more than fourteen hours elapse between meals.
16. For cafeteria style operations, a transparent "sneeze guard" protects both the serving line and salad bar line.	N/A	All detainee meals are served via a satellite feeding program.
17. The facility has a standard 35-day menu cycle. IGSA's use a 35 day or similar system for rotating meals.	Meets Standard	In this IGSA facility, a 28-day standard menu cycle is used.
18. The FSA or facility considers the ethnic diversity of the facility's detainee population when developing menu cycles (Provide examples).	Meets Standard	

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities with SAAPI

FOOD SERVICE (Key: F)		
Policy: EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITH NUTRITIOUS AND APPETIZING MEALS, PREPARED IN ACCORDANCE WITH THE HIGHEST SANITARY STANDARDS.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
19. A registered dietitian conducts a complete nutritional analysis of every master-cycle menu planned.	Meets Standard	A registered dietitian has conducted a nutritional analysis of the planned master-cycle menu. The last working analysis of the regular menu was completed in 12/12/2018 and the kosher menu in April 2019.
20. The FSA has established procedures to ensure that items on the master-cycle menu are prepared and presented according to approved recipes.	Meets Standard	Recipes are available and used during the food preparation.
21. The Cook Foreman has the authority to change menu items if necessary. <ul style="list-style-type: none"> • If yes, documenting each substitution, along with its justification • With copy to FSA 	Does Not Meet Standard	Changes to the menu are documented; however, the staff have not provided the justification for the change.
22. All staff and volunteers know and adhere to written "food preparation" procedures.	Meets Standard	Food service employees are trained to ensure applicable food preparation procedures are followed and documentation revealed that logs are being maintained. The facility was inspected on 10/16/2018 by the Ohio Department of Agriculture and the State of Ohio Health Department on 2/5/2019.
23. Detainees whose religious beliefs require the adherence to particular religious dietary laws are referred to the Chaplain or FSA.	Meets Standard	Religious diet requests are forwarded to the programs supervisor (PS) and the inmate advocate for review.
24. A common-fare menu available to detainees whose dietary requirements cannot be met on the main line. <ul style="list-style-type: none"> • Changes to the planned common-fare menu can be made at the facility level; • Hot entrees are offered three times a week; • The common-fare menus satisfy nutritional recommended daily allowances (RDAs); • Staff routinely provide hot water for instant beverages and foods; • Common-fare meals are served with: • Disposable plates and utensils. • Reusable plates and utensils. • Staff use separate cutting boards, knives, spoons, scoops, etc., to prepare the common-fare diet items. 	Meets Standard	A common fare menu that includes the items listed in this component is used to accommodate detainees whose religious dietary requirements cannot be met on the main menu. There were no ICE detainees receiving common fare meals during the inspection.
25. A supervisor at the command level must approve a detainee's removal from the Common-Fare Program.	Meets Standard	The decision to remove a detainee from a religious diet is made by the program's supervisor in conjunction with the inmate advocate.

FOOD SERVICE (Key: F)		
POLICY: EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITH NUTRITIOUS AND APPETIZING MEALS, PREPARED IN ACCORDANCE WITH THE HIGHEST SANITARY STANDARDS.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
26. The Warden, in conjunction with the chaplain and/or local religious leaders, provides the FSA a schedule of the ceremonial meals for the following calendar year.	Meets Standard	
27. The common-fare program accommodates detainees abstaining from particular foods or fasting for religious purposes at prescribed times of the year. <ul style="list-style-type: none"> • Muslims fasting during Ramadan receive their meals after sundown. • Jews who observe Passover but do not participate in the Common-Fare Program receive the same Kosher-for- Passover meals as those who do participate. • Main-line offerings include one meatless meal (lunch or dinner) on Ash Wednesday and Fridays during Lent. 	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. A meatless meal was served on Ash Wednesday and Fridays during Lent.
28. The food service program addresses medical diets.	Meets Standard	The food service department provides medical diets as prescribed by the medical department. During the inspection, there were six ICE detainees receiving medical diets.
29. Satellite-feeding programs follow guidelines for proper sanitation.	Meets Standard	
30. Hot and cold foods are maintained at the prescribed, "safe" temperature(s) while being served.	Meets Standard	Temperatures of plated foods were checked during the lunch meal on 4/30/2019. Reviewed documentation supports that temperatures are taken at each meal time.
31. All meals are provided in nutritionally adequate portions.	Meets Standard	The menus have been certified to be nutritionally adequate by a registered dietitian. Observed portion sizes for detainees were adequate.
32. Food is not used to punish or reward detainees based upon behavior.	Meets Standard	
33. The food service staff instructs detainee volunteers on: <ul style="list-style-type: none"> • Personal cleanliness and hygiene; • Sanitary techniques for preparing, storing, and serving food; and • The sanitary operation, care, and maintenance of equipment. 	Meets Standard	A review of documentation indicated that the non-ICE detainees working in the kitchen receive instructions regarding the elements of this component.

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities with SAAPI

FOOD SERVICE (Key: F)		
POLICY: EVERY FACILITY WILL PROVIDE DETAINEES IN ITS CARE WITH NUTRITIOUS AND APPETIZING MEALS, PREPARED IN ACCORDANCE WITH THE HIGHEST SANITARY STANDARDS.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
34. Everyone working in the food service department complies with food safety and sanitation requirements.	Meets Standard	The food service employees inspect all detainee food service workers daily at the start of each work period. Detainees who exhibit signs of illness, skin disease, diarrhea (admitted or suspected), or infected cuts or boils are removed from the work assignment and immediately referred to health services for determination of duty fitness. The detainee is only allowed to return to work after the FSD has received written clearance from health services staff.
35. Standard operating procedures include weekly inspections of all food service areas, including dining and food-preparation areas and equipment. <ul style="list-style-type: none"> Who conducts the inspections? 	Meets Standard	The inmate advocate conducts a weekly inspection of the food service department. Food service staff conduct daily inspections.
36. Equipment is inspected for compliance with health and safety codes and regulations. <ul style="list-style-type: none"> When was the most recent inspection? Which agency conducted the inspection? 	Meets Standard	A review of the Ohio Department of Health inspection of 2/5/2019 and the Ohio Department of Agriculture inspection of 10/16/2018 confirms that the food service department complies with health and safety codes and regulations.
37. Reports of discrepancies are forwarded to the Warden or designated department head, and corrective action is scheduled and completed.	Meets Standard	
38. Standard procedure includes checking and documenting temperatures of all dishwashing machines after each meal.	Does Not Meet Standard	A review of the dishwasher log revealed that temperatures are not always taken after each meal.
39. Staff documents the results of every refrigerator/freezer temperature check.	Does Not Meet Standard	Refrigeration and freezer temperatures are documented; the log revealed that they not always taken as required by the Standard.
40. The cleaning schedule for each food service area is conspicuously posted.	Meets Standard	Cleaning schedules are posted in the food service area.
41. Procedures include inspecting all incoming food shipments for damage, contamination, and pest infestation.	Meets Standard	
42. Storage areas are locked when not in use.	Meets Standard	During the inspection, all storage areas were observed to be secured when not in use.

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 providing detainees with a nutritionally balanced diet that has been approved by a registered dietitian. The assigned food service staff conduct daily shakedown and the correctional staff conduct random shakedown. Detainees are not allowed to leave the food service area for accountability reasons. There are conveniently located toilet facilities in the food service area for staff and detainee workers.

Detainee workers receive the same fare as other detainees. Food service employees do not allow detainees to prepare "special" dishes or condiments for their own (or other detainees') consumption. The food service employees also ensure that detainee workers do not eat between meals.

The facility utilizes satellite feeding and does not have a dining room. A member of the food service staff oversees the loading of satellite feeding carts. Employees inspect and secure all food carts before allowing their removal from the food service area. Carts are transported by county inmates to each housing unit. ICE unit carts have a plastic zip tie securing the doors on the carts to avoid any tampering with the food trays. The carts are also under video surveillance during transport. The housing units do not have microwave ovens for detainee use.

At this IGSA facility, once a religious diet has been approved, the FSD does not issue a duplicate special-diet identification card. Religious and medical diet trays are a different color from the general population trays and a sticker is affixed to each special diet tray. The unit officer will notify the FSD and/or the medical staff in writing any time a detainee on a therapeutic diet refuses the special meal.

Detainees in segregation do not receive sack lunches. If necessary, the detainee would receive sack lunches only with the OIC's written authorization. The medical department will be consulted when necessary. Sack lunches are only used when a detainee arrives after conclusion of a scheduled meal or during transport and has not had the opportunity to eat. This inspector examined the sack lunches and found them to meet the requirements of the Standard.

All food service equipment and utensils meet the National Sanitation Foundation (NSF) standards. A sink with at least three labeled compartments is available for manually washing, rinsing, and sanitizing utensils and equipment. Each compartment has the capacity to accommodate the items to be cleaned. Each is supplied with hot and cold water. Chemicals used for sanitizing are automatically dispensed at the appropriate ppm level and proper temperature.

An approved, fixed, fire-suppression system is installed in ventilation hoods over all required equipment and open flame devices. The fire-suppression system is equipped with an audible alarm and is connected to the control center's annunciator panel. A qualified contractor inspects the system semi-annually. The areas underneath sprinkler deflectors did not have at least an eighteen inch clearance during the inspection, but this was corrected prior to closeout.

While the FSD maintains a base inventory level of facility needs, the facility stocks a 21-day minimum food supply instead of the fifteen-day minimum food supply required by the Standard. All products are stored at least six inches from the floor and sufficiently far from walls to facilitate pest-control measures. The FSD has established a stock-rotation schedule to ensure food items are continually used prior to their expiration date. A physical inventory of the warehouse is conducted weekly. Unsuitable canned food is surveyed and destroyed. During detainee interviews, there were no complaints regarding food service. There were also no food service grievances filed since the last inspection.

During the evaluation of this standard, facility personnel were interviewed and menus, logs, sanitation and inspection results and supporting documentation were examined. Observation of the 4/30/2019 lunch meal indicated that adequate portions are being provided.

Overall Rating: Meets Standard

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

Completion Date: 5/2/2019

Reviewer Signature (for printed form submission):

FUNDS AND PERSONAL PROPERTY (Key: G)

Policy: ALL FACILITIES WILL IMPLEMENT PROCEDURES TO CONTROL AND SAFEGUARD DETAINEES' PERSONAL PROPERTY. PROCEDURES WILL PROVIDE FOR THE SECURE STORAGE OF FUNDS, VALUABLES, BAGGAGE AND OTHER PERSONAL PROPERTY; THE DOCUMENTATION AND RECEIPTING OF SURRENDERED PROPERTY; AND THE INITIAL AND REGULARLY SCHEDULED INVENTORYING OF ALL FUNDS, VALUABLES, AND OTHER PROPERTY.

Standard N/A

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

COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. Detainee funds and valuables are properly separated, stored, and are accessible only by designated supervisor(s).	Meets Standard	During intake, funds and valuables are removed from the detainee, inventoried and stored. Only designated personnel have access to the property storage area.
2. Detainees' large valuables are secured in a location accessible to designated supervisor(s) or processing staff only.	Meets Standard	Large valuables of detainees are stored in a secured location accessible to designated facility personnel. This area was inspected during the inspection.
3. Staff itemizes the baggage and personal property of arriving detainees (including funds and valuables). For IGSA's and CDFs, using a personal property inventory form that meets the ICE standard?	Meets Standard	Intake staff at this IGSA facility itemizes detainee baggage and personal property using a form that is comparable to the ICE property form. Detainees sign and are given a copy of the completed inventory form.
4. Staff forwards an arriving detainee's medication to the medical staff.	Meets Standard	Medication arriving with a detainee is forwarded to the medical department for evaluation.
5. Audits of baggage and non-valuable property occur each quarter and audits are logged and verified.	Meets Standard	Quarterly audits of baggage and non-valuable property were conducted and documented during this inspection period. This inspector reviewed the documentation.

FUNDS AND PERSONAL PROPERTY (Key: G)

Policy: ALL FACILITIES WILL IMPLEMENT PROCEDURES TO CONTROL AND SAFEGUARD DETAINEES' PERSONAL PROPERTY. PROCEDURES WILL PROVIDE FOR THE SECURE STORAGE OF FUNDS, VALUABLES, BAGGAGE AND OTHER PERSONAL PROPERTY; THE DOCUMENTATION AND RECEIPTING OF SURRENDERED PROPERTY; AND THE INITIAL AND REGULARLY SCHEDULED INVENTORYING OF ALL FUNDS, VALUABLES, AND OTHER PROPERTY.

Standard N/A

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

COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
6. Two officers are present during the processing of detainee funds and valuables during in-processing to the facility. Both officers verify funds and valuables.	Meets Standard	Cash is deposited into a kiosk located in the intake area by the detainee and witnessed by an intake officer. Receipts are generated and the detainee verifies the amount of the cash and signs the receipt. Two officers process and verify checks and valuables of detainees during in-processing at the facility. All processing of funds and valuables is performed under recorded video surveillance. Cash funds are immediately available to the detainee for commissary purchases.
7. Staff searches arriving detainees and their personal property for contraband.	Meets Standard	Detainees and their personal property are searched for contraband during the intake process.
8. Staff procedures follow written policy for returning forgotten property to detainees.	Meets Standard	
9. Property discrepancies are immediately reported to the CDEO or Chief of Security.	Meets Standard	Detainee property discrepancies are immediately reported, in writing, to the OIC and ICE.
10. Staff follows written procedures when returning property to detainees.	Meets Standard	
11. CDF/IGSA facility procedures for handling detainee property claims are similar with the ICE standard.	Meets Standard	All claims of missing or stolen property are documented and investigated by the property room supervisor. Validated cases would result in reimbursement. Policy requires that ICE is notified immediately of all claims and investigation outcomes.
12. The facility attempts to notify an out-processed detainee that he/she left property in the facility: <ul style="list-style-type: none"> • By sending written notice to the detainee's last known address; • Via certified mail; and • The notice state that the detainee has 30 days in which to claim the property, after which it will be considered abandoned. 	Meets Standard	All forgotten property is reported and turned over to ICE. ICE personnel make the required notifications and handle the final disposition of the property.

FUNDS AND PERSONAL PROPERTY (Key: G)

Policy: ALL FACILITIES WILL IMPLEMENT PROCEDURES TO CONTROL AND SAFEGUARD DETAINEES' PERSONAL PROPERTY. PROCEDURES WILL PROVIDE FOR THE SECURE STORAGE OF FUNDS, VALUABLES, BAGGAGE AND OTHER PERSONAL PROPERTY; THE DOCUMENTATION AND RECEIPTING OF SURRENDERED PROPERTY; AND THE INITIAL AND REGULARLY SCHEDULED INVENTORYING OF ALL FUNDS, VALUABLES, AND OTHER PROPERTY.

Standard N/A

Click the above button (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)
13. The facility disposes of abandoned property in accordance with written procedures. <ul style="list-style-type: none"> If a CDF/IGSA facility, written procedure requires the prompt forwarding of abandoned property to ICE. 	Meets Standard	Written procedures at this IGSA facility require that abandoned detainee property is forwarded to ICE personnel. Per ICE personnel, abandoned property is destroyed in accordance with ICE procedures.

FUNDS AND PERSONAL PROPERTY – REVIEWER SUMMARY

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

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)*

Review of documentation and interviews with intake employees revealed that all funds and other personal property are properly searched, inventoried and secured. Detainee cash funds are counted and directly deposited into a kiosk that immediately credits the detainee's account. Detainees have access to these funds immediately through the kiosk system for phone calls and commissary. Checks are identified and notated on the detainee's receipt by the intake officer. The checks are then placed in a locked safe until the commissary office picks up the checks during normal working hours, ensures the accuracy, documents the funds and directly deposits them at a bank. Copies of all transactions are maintained on file.

Valuables are placed in individual plastic bags and stored in the detainee property bins and are secured in the property room. The property room has a card reader which identifies any staff member who enters. The booking area is manned 24 hours per day.

Upon request, the detainee will be provided a copy of any identity document (passport, birth certificate, etc.) placed in their A-file.

Staff searches all arriving detainees and accompanying personal property for contraband. Policy and procedures require staff to search and inventory detainee property in the presence of the affected detainee, unless instructed otherwise by the OIC. Each detainee is permitted to keep in their possession reasonable quantities of personal items, if the item does not pose a threat to the security or good order of the facility. During the intake process, detainees are required to go through a full body scanner to identify a hidden contraband. Observation of the property room indicated that practices are sufficient to ensure that detainee property is safeguarded and maintained until a detainee's departure. Detainees are provided shelves in their cells for their authorized personal property.

Upon release, any detainee missing valuables or property may file a lost property claim. Lost/missing property claims must be reported on a form and sent to the facility for processing, or to an intake officer who will contact a supervisor and an investigation will be conducted. Per the administrative lieutenant, the facility will not impose a ceiling amount for lost and damaged items. ICE will be immediately notified of all claims and outcomes. Claims are paid immediately after the conclusion of the investigation. During the past inspection period there was one grievance filed concerning personal property.

During detainee interviews, one detainee indicated he had requested information regarding his property on three occasions without receiving a response. A review of the detainee's file revealed that a response was sent to the detainee on each occasion.

During the evaluation of this standard, staff members and detainees were interviewed, policy was reviewed, and the admission process was reviewed.

Overall Rating: Meets Standard

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

Completion Date: 5/2/2019

Reviewer Signature (for printed form submission):

DETAINEE GRIEVANCE PROCEDURES (Key: H)

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

COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. Written procedures provide for the informal resolution of oral grievances (Not mandatory). <ul style="list-style-type: none"> • If yes, the detainee has up to five days within which to make his/her concern known to a member of the staff. 	Meets Standard	Policy and the site-specific handbook provide procedures for the informal resolution of oral grievances. Detainees have five days from the act or the occurrence giving rise to the grievance to make a formal complaint.
2. Detainees have access to the grievance committee (or equivalent in IGSA), using formal procedures. <ul style="list-style-type: none"> • Detainees may seek help from other detainees or facility staff when preparing a grievance. • Illiterate, disabled, or non-English-speaking detainees receive special assistance when necessary. 	Meets Standard	Detainees have access to the grievance system using formal procedures. Detainees may seek assistance from other detainees, facility staff, family members, legal representatives or members of non-governmental organizations, when needed. Illiterate, disabled or non-English speaking detainees receive special assistance when necessary.
3. Every member of the staff knows how to identify emergency grievances, including the procedures for expediting them.	Meets Standard	Facility personnel are trained in the identification, expediting and handling of emergency grievances. Per the administrative lieutenant, emergency grievances will be resolved at the shift commander level or emergency grievances not resolved at the shift level shall be sent up the chain of command in a timely manner until the matter is resolved.
4. There are documented or substantiated cases of staff harassing, disciplining, penalizing, or otherwise retaliating against a detainee who lodged a complaint: <ul style="list-style-type: none"> • If yes, explain. 	Meets Standard	Policy prohibits staff from retaliating against detainees for filing a grievance or complaint.

DETAINEE GRIEVANCE PROCEDURES (Key: H)		
<p>Policy: EVERY FACILITY WILL DEVELOP AND IMPLEMENT STANDARD OPERATING PROCEDURES (SOPs) FOR ADDRESSING DETAINEE GRIEVANCES IN TIMELY FASHION. EACH STEP IN THE PROCESS WILL OCCUR WITHIN THE PRESCRIBED TIME FRAME. AMONG OTHER THINGS, A GRIEVANCE WILL BE PROCESSED, INVESTIGATED, AND DECIDED (SUBJECT TO APPEAL) IN ACCORDANCE WITH THE SOPs; A GRIEVANCE COMMITTEE WILL CONVENE AS PROVIDED IN THE SOPs. STANDARD PROCEDURE WILL INCLUDE PROVIDING THE DETAINEE WITH A WRITTEN RESPONSE TO ANY FORMAL GRIEVANCE, WHICH WILL INCLUDE THE BASIS FOR THE DECISION. THE FACILITY WILL ALSO ESTABLISH STANDARD PROCEDURES FOR HANDLING EMERGENCY GRIEVANCES. ALL GRIEVANCES WILL RECEIVE SUPERVISORY REVIEW. REPRISAL AGAINST THE FILER OF A GRIEVANCE WILL NOT BE TOLERATED.</p>		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
<p>5. Procedures include maintaining a Detainee Grievance Log.</p> <ul style="list-style-type: none"> • If not, an alternative acceptable record keeping system is maintained. • "Nuisance complaints" are identified in the records. • For quality control purposes, staff document nuisance complaints received but not filed. 	Meets Standard	<p>A record of grievances is maintained on an electronic log which was established in October 2018. Prior to that date, a paper log was maintained. The log was reviewed during the inspection. At this IGSA facility, nuisance grievances are not identified. All grievances filed by detainees are addressed. Paper grievances are no longer used. Grievances are now completed by detainees using the kiosk in each housing unit. Detainees may send an electronic grievance to either facility or ICE staff who will track and maintain a record of every grievance. A copy of the grievance disposition is sent electronically or given to the detainee.</p>
<p>6. Staff is required to forward any grievance that includes officer misconduct to a higher official or, in a CDF/IGSA facility, to ICE.</p>	Meets Standard	<p>Per the administrative lieutenant, any grievance filed which alleges officer misconduct is immediately referred to command staff. They will initiate an investigation into the complaint. The OIC will notify ICE that the grievance has been filed.</p>

DETAINEE GRIEVANCE PROCEDURES – REVIEWER SUMMARY
(Use following format for dates: mm/dd/yyyy)

DETAINEE GRIEVANCE PROCEDURES – 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. Responses to grievances can be appealed in accordance with an established system. Policy does not address that if an informal grievance is resolved to the detainee's satisfaction, the staff member documents the results for the record and places the report in the detainee's detention file as required by the Standard. All grievances are now considered formal grievances.

The administrative lieutenant, who oversees the grievance program, was interviewed and the log was reviewed regarding grievances. All written grievances are issued a grievance number and are answered.

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.

The facility provides two independent levels of appeal that exclude individuals previously involved in the decision-making process for the same grievance. The sheriff is the final arbitrator of all grievances in the facility. Per the grievance clerk, prior to October 2018, a copy of the grievance was placed in the detainee's detention file and they are maintained for a minimum of three years in accordance with the Standard. Detention files are archived each month after the detainee's departure and are maintained at an offsite location. Since October 2018, an electronic copy of each grievance has been maintained in the detainee's detention file on the jail management system. The administrative lieutenant indicated they are considering going back to paper grievances and they will place a hard copy in the detainee's paper detention file.

Emergency grievances not resolved at the shift level will be sent up the chain of command until the matter is resolved. If the detainee claims that the issue is sensitive, or the detainee's safety or well-being would be jeopardized if others in the facility learned of the grievance, the detainee may seal the grievance in an envelope and submit it directly to the OIC or to ICE. The facility allows any ICE detainee dissatisfied with the facility's response to their grievance to communicate directly with ICE.

The evaluation of this Standard was based on review of policy, review of the detainee handbook and the grievance log and interviews with ICE and facility employees. There have been 21 formal ICE grievances within the past year with four found in favor of the detainee.

Overall Rating: Meets Standard

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

Completion Date: 5/2/2019

Reviewer Signature (for printed form submission):

GROUP LEGAL RIGHTS PRESENTATIONS (Key: I)		
<p>Policy: Facilities housing ICE detainees shall permit AUTHORIZE persons to make presentations to groups of detainees for the purpose of informing them of U.S. immigration law and procedures, consistent with the security and orderly operation of each facility. ICE encourages such presentations, which instruct detainees about the immigration system and their rights and options within it.</p>		
<p>Standard N/A</p>		
<p>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")</p>		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. The Field Office is responsive to requests by attorneys and accredited representatives for group presentations.	Meets Standard	
2. Upon receipt of concurrence by the Field Office Director, the facility or authorized ICE Field Office ensures timely and proper notification to attorneys or accredited representatives.	Meets Standard	Correspondence between an immigration law NGO (Advocates for Basic Legal Equality) and the OIC requesting approval to conduct group legal rights presentations were reviewed. The correspondence confirmed that the requirements of this component were met.
3. The facility follows policy and procedure when rejecting or requesting modifications to objectionable material provided or presented by the attorney or accredited representative.	Meets Standard	
4. Posters announcing presentations appear in common areas at least 48 hours in advance and sign-up sheets are available and accessible.	Meets Standard	Staff will announce when a legal rights presentation will be conducted at least 48 hours prior to the presentation. The inspector examined detainee sign-up sheets for a recent presentation documenting that detainees were informed of the pending presentation within the required time frame.
5. Documentation is submitted and maintained when any detainee is denied permission to attend a presentation and the reason(s) for the denial.	Meets Standard	Written policy dictates that when a detainee is denied attendance at a legal rights presentation, the denial must be documented and ICE informed in writing of the denial. There have been no detainees denied attendance at a presentation within the past twelve months.
6. When the number of detainees allowed to attend a presentation is limited, the facility provides a sufficient number of presentations so that all detainees signed up may attend.	Meets Standard	

GROUP LEGAL RIGHTS PRESENTATIONS (Key: I)

Policy: Facilities housing ICE detainees shall permit AUTHORIZE persons to make presentations to groups of detainees for the purpose of informing them of U.S. immigration law and procedures, consistent with the security and orderly operation of each facility. ICE encourages such presentations, which instruct detainees about the immigration system and their rights and options within it.

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. Detainees in segregation, unable to attend for security reasons, may request separate sessions with presenters. Such requests are documented.	Meets Standard	Written policy states that detainees held in special housing must be informed of a pending presentation and giving the opportunity to request a separate session with the presenters.
8. Interpreters are admitted when necessary to assist attorneys and other legal representatives.	Meets Standard	
9. Presenters are afforded a minimum of one hour to make the presentation and to conduct a question-and-answer session.	Meets Standard	At this IGSA facility, presentations have lasted a minimum of one hour, followed by a question and answer session and individual consultation sessions with small groups of detainees.
10. Staff permits presenters to distribute ICE-approved materials.	Meets Standard	
11. Presenters are permitted to meet with small groups of detainees to discuss their cases after the group presentation. ICE or authorized detention staff is present but do not monitor conversations with legal providers.	Meets Standard	
12. Group presenters who have had their privileges suspended are notified in writing by the Field Office Director or designee; and the reasons for suspension are documented. The Headquarters Office for Detention and Removal, Field Operations and Detention management Division, is notified when a group or individual is suspended from making presentations.	Meets Standard	
13. The facility plays ICE-approved videotaped presentations on legal rights at regular opportunities, at the request of outside organizations.	Meets Standard	
14. A copy of the Group Legal Rights Presentation policy, including attachments, is available to detainees upon request	Meets Standard	

GROUP LEGAL RIGHTS PRESENTATIONS – 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 the standard included interviewing ICE and facility staff; examining correspondence between staff and a local legal rights organization dealing with a pending presentation at the facility; and a detainee sign-up sheet for attendance at the presentation.

GROUP LEGAL RIGHTS PRESENTATIONS – REVIEWER SUMMARY <i>(Use following format for dates: mm/dd/yyyy)</i>		
Overall Rating: Meets Standard		
Reviewer Name (Printed)	(b)(6); (b)(7)(C)	Completion Date: 5/2/2019
Reviewer Signature (for printed form submission):		

Issuance and Exchange of Clothing, Bedding, and Towels (Key: J)		
Policy: ICE REQUIRES THAT ALL FACILITIES HOUSING ICE DETAINEES PROVIDE CLEAN CLOTHING, BEDDING, LINENS AND TOWELS TO EVERY ICE DETAINEE UPON ARRIVAL. FURTHER, FACILITIES SHALL PROVIDE ICE DETAINEES WITH REGULAR EXCHANGES OF CLOTHING, LINENS, AND TOWELS FOR AS LONG AS THEY REMAIN IN DETENTION.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
<p>1. The facility has a policy and procedure for the regular issuance and exchange of clothing, bedding, linens, and towels.</p> <ul style="list-style-type: none"> The supply of these items exceeds the minimum required for the number of detainees. 	Meets Standard	Policy and the site-specific handbook address the issuance and exchange of clothing, bedding, and towels. The facility maintains an adequate supply of these items that exceeds the minimum required for the population.
<p>2. All new detainees are issued clean, temperature-appropriate, presentable clothing during in-processing. Detainees receive:</p> <ul style="list-style-type: none"> One uniform shirt and one pair of uniform pants, or one jumpsuit; One pair of socks; One pair of underwear (Daily change); and One pair of facility-issued footwear. 	Meets Standard	Detainees arriving at the facility are provided clean, temperature appropriate and presentable clothing during in-processing. Items issued exceed the amount required by this component.
<p>3. Additional clothing is available for changing weather conditions, or as seasonally appropriate.</p>	Meets Standard	
<p>4. New detainees are issued clean bedding, linens, and towels. They receive at a minimum:</p> <ul style="list-style-type: none"> One mattress; One blanket; Two sheets; One pillowcase; One towel; and Additional blankets are issued based on local weather conditions. 	Meets Standard	This component was rated Deficient during the last inspection because pillows and pillowcases were not being issued. The facility has secured a waiver from Jay Brooks, Deputy Assistant Director, dated 5/8/2018 allowing this requirement to be waived. All new detainees receive the other items and the quantities listed in this component. Additional clothing and bedding are provided to address temperature changes or medical needs.
<p>5. Detainees assigned to special work areas are clothed in accordance with the requirements of the job.</p>	Meets Standard	

Issuance and Exchange of Clothing, Bedding, and Towels (Key: J)		
Policy: ICE REQUIRES THAT ALL FACILITIES HOUSING ICE DETAINEES PROVIDE CLEAN CLOTHING, BEDDING, LINENS AND TOWELS TO EVERY ICE DETAINEE UPON ARRIVAL. FURTHER, FACILITIES SHALL PROVIDE ICE DETAINEES WITH REGULAR EXCHANGES OF CLOTHING, LINENS, AND TOWELS FOR AS LONG AS THEY REMAIN IN DETENTION.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
6. Detainees are provided clean clothing, linen and towels. <ul style="list-style-type: none"> • Socks and undergarments - exchanged daily. • Outer garments - twice weekly. • Sheets - weekly. • Towels - weekly. • Pillowcases - weekly. 	Meets Standard	This component was rated Deficient during the last inspection because pillows and pillowcases were not being issued. The laundry schedule and the amount of clothing, linens and towels issued is adequate to ensure that detainees are provided an exchange of each of the items listed in this component. The facility has secured a waiver from Jay Brooks, Deputy Assistant Director, dated 5/8/2018 allowing this requirement of pillows and pillow cases to be waived.
7. Food service detainee volunteer workers are permitted to exchange outer garments daily.	Meets Standard	Non-ICE detainee food service workers are provided clean outer garments each day before reporting to work.
8. Volunteer detainee workers are permitted to exchange outer garments more frequently.	Meets Standard	Non-ICE detainee workers may exchange outer garments as needed.

Issuance and Exchange of Clothing, Bedding, and Towels – REVIEWER SUMMARY	
<i>(Use following format for dates: mm/dd/yyyy)</i>	
Overall Remarks: <i>(Record significant facts, observations, other sources used, etc.)(5000 Character Max)</i> The facility provides detainees with clean clothing, bedding, and towels upon admission. The supply of these items exceeds the minimum required for the number of detainees to prevent delay in replacing the items. The excess-clothing inventory meets or exceeds the requirement in the Standard of 200 percent of the maximum funded detainee capacity. Detainees are not permitted to wash uniforms, bedding, linens, or tennis shoes in the living units. Female ICE detainees have a washer and dryer available to clean their personal items. Laundry schedules provide for the regular exchange of clothing and bedding. Additional blankets are issued based on weather conditions. In this IGSA facility, non-ICE detainee volunteer workers in food service are issued clean, green striped uniforms daily instead of white uniforms which are required by the Standard. Detainees working in other capacities wear their housing unit uniforms and may exchange them as their work details require. The evaluation of this Standard was based on review of policy and procedures, observations and interviews with employees.	
Overall Rating: Meets Standard	
Reviewer Name (Printed): (b)(6); (b)(7)(C)	Completion Date: 5/2/2019
Reviewer Signature (for printed form submission):	

Marriage Requests (Key: K)		
Policy: ALL DETAINEE MARRIAGE REQUESTS WILL RECEIVE CASE-BY-CASE CONSIDERATION FROM ICE MANAGEMENT.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. The Field Office considers detainee marriage requests on a case-by-case basis.	Meets Standard	All marriage requests are forwarded to ICE for review/approval.
2. The Field Office Director reviews every marriage request rejected by a Warden/OIC or IGSA. Rejections are documented.	Meets Standard	ICE personnel indicated that all rejections are documented. The requesting detainee receives a copy of the decision.
3. It is standard practice to require a written request for permission to marry.	Meets Standard	
4. The written request includes a signed statement or comparable documentation from the intended spouse, confirming marital intent.	Meets Standard	The intended spouse or the attorney for the intended spouse must submit a letter that includes the history of the relationship and confirms the desire to marry.
5. The Warden/OIC provides a written copy of his/her decision to the detainee and his/her legal representative.	Meets Standard	The OIC is not involved in the marriage approval process and therefore makes no decisions on marriage requests. All requests are forwarded to the ICE field office for approval. Marriage request decisions made by ICE are provided to all parties involved.
6. When permission is denied, the Warden/OIC states the basis for his/her decision.	Meets Standard	ICE will inform the detainee when permission to marry is denied.
7. The Warden/OIC provides the detainee with a place and time to make wedding arrangements.	Meets Standard	

Marriage Requests – REVIEWER SUMMARY <i>(Use following format for dates: mm/dd/yyyy)</i>
--

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 National Detainee Handbook and the site-specific handbook. Approval or denial of marriage requests are reviewed by the ICE field office. 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 has the right of final approval concerning the time, place and manner of all arrangements. The FOD may revoke approval of a marriage request for good cause and notifies the detainee in writing. The detainee may file an appeal in such instances.

There have been no marriages approved during this inspection period. To evaluate this Standard, policy was reviewed, and ICE and facility personnel were interviewed.

Overall Rating: Meets Standard

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

Completion Date: 5/2/2019

Reviewer Signature (for printed form submission):

NON-MEDICAL EMERGENCY ESCORTED TRIPS (Key: L)		
<p>POLICY: THE IMMIGRATION AND CUSTOMS ENFORCEMENT (ICE) MAY PROVIDE DETAINEES WITH STAFF-ESCORTED TRIPS INTO THE COMMUNITY FOR THE PURPOSE OF VISITING CRITICALLY ILL MEMBERS OF THE DETAINEE'S IMMEDIATE FAMILY, OR FOR ATTENDING FUNERALS.</p>		
<p>Standard N/A</p> <p>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")</p>		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. The Field Office Director considers and approves, on a case-by-case basis, trips to an immediate family member's: <ul style="list-style-type: none"> • Funeral; or • Deathbed 	N/A	
2. The facility recognizes mother, father, brother, sister, spouse, child, step-parent, and foster parent as "immediate family".	N/A	
3. The IGSA facility notifies ICE of all detainee requests for non-medical escorts.	N/A	
4. The detainee's Deportation Officer reviews the file before forwarding a detainee's request, with recommendation, to the approving official. Each recommendation addresses the individual's suitability for travel; e.g., the kind of supervision required.	N/A	
5. Each escort includes at least two officers.	N/A	
6. Escorting officers report unexpected situations to the originating facility as a matter of procedure, and the ranking supervisor on duty has the authority to issue instructions for completion of the trip.	N/A	
7. Escorting officers have the discretion to increase or decrease minimum restraints in accordance with written procedures and classification level of the detainee.	N/A	
8. Escort officers are precluded from accepting gifts/gratuities from a detainee, or detainee's relative or friend for any reason.	N/A	
9. Escort officers ensure that detainees: <ul style="list-style-type: none"> • Conduct themselves in a manner that does not bring discredit to the ICE; • Do not violate federal, state, or local laws; • Do not purchase, possess, use, consume, or administer narcotics, other drugs, or intoxicants; • Make no unauthorized phone calls; and • Know they are subject to search, urinalysis, breathalyzer, or comparable test upon return. 	N/A	
10. Standard procedure requires the immediate return to the facility of any detainee who violates trip rules.	N/A	

NON-MEDICAL EMERGENCY ESCORTED TRIPS – REVIEWER SUMMARY
<p><i>(Use following format for dates: mm/dd/yyyy)</i></p> <p>Overall Remarks: <i>(Record significant facts, observations, other sources used, etc.)(5000 Character Max)</i></p> <p>All non-medical escorts are handled by the ICE field office or sub-office.</p>
<p>Overall Rating: N/A</p>

NON-MEDICAL EMERGENCY ESCORTED TRIPS – REVIEWER SUMMARY		
<i>(Use following format for dates: mm/dd/yyyy)</i>		
Reviewer Name (Printed):	(b)(6); (b)(7)(C)	Completion Date: 5/2/2019
Reviewer Signature (for printed form submission):		

RECREATION (Key: M)

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

Standard N/A

Click the above button if outdoor recreation is offered. Items 19-26 will be marked "N/A".

COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. The facility has a recreation program and facility.	Meets Standard	The program provides detainees with day room activities and access to outdoor recreation areas.
2. A recreational specialist (for facilities with more than 350 detainees) tailors the program activities and offerings to the detainee population.	Meets Standard	During the inspection, the daily ICE detainee population count was less than 350 ICE detainees. Housing unit officers are responsible for monitoring and supervising recreational activities.
3. Regular maintenance keeps recreational facilities and equipment in good condition.	Meets Standard	
4. The recreational specialist or trained equivalent supervises detainee recreation workers.	N/A	Detainees do not hold work assignments in the recreation department.
5. The recreational specialist or trainee equivalent oversees recreation programs for special housing units (SHU) and special-needs detainees.	Meets Standard	Officers supervise detainee recreational activities in all housing units. The facility does not place ICE detainees in a special housing unit (SHU). ICE detainees are allowed to serve any administrative or disciplinary segregation status in their assigned housing pod with restrictive privileges. Detainees given this status are allowed one hour of outdoor recreation daily. There were no ICE special-needs detainees in the facility during the inspection.

RECREATION (Key: M)

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

Standard N/A

Click the above button if outdoor recreation is offered. Items 19-26 will be marked "N/A".

COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
6. Dayrooms offer sedentary activities, e.g., board games, cards, television.	Meets Standard	Television, leisure books, and board games, including cards, checkers, and chess are available to detainees in the housing unit dayrooms. The facility allows general population ICE detainees to recreate a minimum of four hours daily. These recreational activities are divided into a minimum of two hours in the morning and two hours in the afternoon/evening. Detainees were observed participating in leisure activities in the dayrooms.
7. Outside activities are restricted to limited-contact sports.	Meets Standard	Activities are limited to cardiovascular exercises that include basketball, soccer and walking.
8. Each detainee has the opportunity to participate in daily recreation.	Meets Standard	
9. Detainees have access to recreation activities outside the housing units for at least one hour daily, 5 days a week.	Meets Standard	Detainees in this IGSA facility are allowed to participate in daily recreational activities outside the housing pods for at least one hour a day, seven days a week.
10. Staff checks all items for damage and condition when equipment is returned.	Meets Standard	
11. Staff conducts searches of recreation areas before and after use.	Meets Standard	Officers search the recreation areas before and after use.
12. All recreation areas under constant staff supervision.	Meets Standard	All recreation areas are under constant supervision by officers and are monitored via cameras.
13. Supervising staff is equipped with radios.	Meets Standard	

RECREATION (Key: M)

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

Standard N/A

Click the above button if outdoor recreation is offered. Items 19-26 will be marked "N/A".

COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
14. The facility provides detainees in the SHU at least one hour of outdoor recreation time daily, five times per week.	Meets Standard	The facility does not place ICE detainees in a special housing unit (SHU). ICE detainees are housed in administrative or disciplinary segregation status in their assigned housing pod. Detainees are permitted one hour of outdoor recreation daily.
15. Detainees in disciplinary/administrative segregation receive a written explanation when a panel revokes his/her recreation privileges.	Meets Standard	A written explanation is provided if recreation privileges are revoked for safety or security reasons.
16. Special programs or religious activities are available to detainees.	Meets Standard	Detainees may participate in religious activities seven days a week and Alcoholics Anonymous and Narcotics Anonymous programs weekly.
17. Volunteers are required to sign a waiver of liability before entering a secure portion of the facility where detainees are present.	Meets Standard	Volunteers sign a waiver of liability and must submit to and pass a background check and attend an orientation program prior to entering the secure portion of the facility.
18. Visitors, relatives or friends are not allowed to serve as volunteers.	Meets Standard	Visitors, relatives or friends of detainees are not allowed to serve as volunteers at this IGSA facility.
19. If the facility has no outside recreation, are detainees considered for transfer after six months? • If yes, written procedures ensure timely review of all eligible detainees.	N/A	
20. Case officers make written transfer recommendations about every six-month detainee to the OIC.	N/A	
21. The OIC documents all detainee-transfer decisions, whether yes or no.	N/A	
22. The detainee's written decision for or against an offered transfer documented in his/her A-file.	N/A	
23. Staff notifies the detainee's legal representative of his/her decision to accept/decline a transfer.	N/A	
24. If no recreation is available, the ICE Districts routinely review transfer eligibility for all detainees after 60 days.	N/A	

RECREATION (Key: M)

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

Standard N/A

Click the above button if outdoor recreation is offered. Items 19-26 will be marked "N/A".

COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
25. The A-file of every detainee who is held more than 60 days without access to recreation contains either a transfer-waiver signed by the detainee, or the OIC's written determination of the detainee's ineligibility for transfer.	N/A	
26. The detainee's legal representative is notified of the detainee's/OIC's decision.	N/A	

RECREATION – REVIEWER SUMMARY

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

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 facility provides detainees with access to recreational programs and activities. The housing sergeant serves as the recreation supervisor and assesses the needs and interests of the detainees. Officers oversee the recreation program for both general population and the special housing unit status detainees and also monitor recreation equipment. Outdoor recreation hours are rotated daily and the hours are conspicuously posted in the housing units. Outdoor recreation is available daily for a minimum of one hour, weather permitting. Indoor recreation is conducted in common areas of the housing units from 6:00 a.m. to 11:00 p.m. daily with detainees being rotated by housing unit tiers so no more than forty-eight ICE detainees are out at a time. The facility provides recreational opportunities for detainees with disabilities. Policy and practice do not require detainees to forgo basic law library privileges for recreation privileges. Detainees participating in outdoor recreation have access to drinking water and toilet facilities.

The OIC has established facility policy concerning television viewing in dayrooms. Each cell has an individual television with one television also located in the dayroom. Detainees may choose their own channels in their individual cells. Dayroom televisions are turned off during official counts and cleaning of housing units and when viewing interferes with other facility operations.

The OIC has developed and implemented procedures to ensure that detainees who must be kept apart never participate in activities in the same location at the same time. Detainees in protective custody recreate separately from other detainees. Individual recreation is used as necessary to prevent assaults and reduce management problems.

Detainees housed in special management unit status recreate apart from general population detainees. They are afforded outdoor recreation seven days a week for one hour, weather permitting. Detainees housed on administrative or segregation status, special needs detainees or detainees in protective custody may be denied access to recreation when such action would create an immediate and serious threat to the safety or security of detainees or staff members. A detainee may be denied recreation privileges only with the written authorization of the OIC or designee or through a disciplinary sanction. A written explanation would be provided if recreation privileges are revoked for safety or security reasons. Per the administrative lieutenant, there have been no recreation denials within the past inspection period.

All volunteers, regardless of title or position, are required to undergo a minimal background check that includes, but is not limited to, the following: criminal history check, verification of identity and occupation, and verification of credentials for the type of activity involved.

The facility has implemented several programs for the detainee population. They have an Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) programs in English that meet weekly for one hour.

The evaluation of this Standard was based on review of policy and procedures, observations and interviews with staff and detainees.

Overall Rating: Meets Standard

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

Completion Date: 5/2/2019

Reviewer Signature (for printed form submission):

RELIGIOUS PRACTICES (Key: N)		
Policy: FACILITIES WILL PROVIDE ICE DETAINEES OF ALL FAITHS WITH REASONABLE AND EQUITABLE OPPORTUNITIES TO PARTICIPATE IN THE PRACTICES OF THEIR FAITH, LIMITED ONLY BY THE CONSTRAINTS OF SAFETY, SECURITY, THE ORDERLY OPERATIONS OF THE FACILITY AND BUDGETARY CONSIDERATIONS.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. Detainees are allowed to engage in religious services.	Meets Standard	Detainees are permitted to participate in religious services on a voluntary basis.
2. Space is available for detainees to conduct religious services.	Meets Standard	The facility does not have a chapel; religious services are conducted in the housing pod multi-purpose rooms. These areas provide ample space for religious activities.
3. The facility allows detainees to observe the major "holy days" of their religious faith. • List any exceptions.	Meets Standard	
4. The facility accommodates recognized holy-day observances by: • Providing special meals, consistent with dietary restrictions; • Honoring fasting requirements; • Facilitating religious services; and • Allowing activity restrictions.	Meets Standard	Holy day observances are accommodated by providing special meals, honoring fasting requirements, providing special religious services and allowing for activity restrictions consistent with the beliefs of any approved recognized religion.
5. Each detainee is allowed religious items in his/her immediate possession.	Meets Standard	
6. Volunteer's credentials are checked and verified before allowing participation in detainee programs.	Meets Standard	Background checks are conducted on all volunteers and include verification of the volunteer's credentials. Each volunteer is required to complete an orientation program prior to entering the secure portion of the facility.
7. Members of faiths not represented by clergy may conduct their own services within security allowances.	Meets Standard	

RELIGIOUS PRACTICES (Key: N)		
Policy: FACILITIES WILL PROVIDE ICE DETAINEES OF ALL FAITHS WITH REASONABLE AND EQUITABLE OPPORTUNITIES TO PARTICIPATE IN THE PRACTICES OF THEIR FAITH, LIMITED ONLY BY THE CONSTRAINTS OF SAFETY, SECURITY, THE ORDERLY OPERATIONS OF THE FACILITY AND BUDGETARY CONSIDERATIONS.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
8. Detainees in the Special Management Unit are allowed to participate in religious practices unless otherwise documented for the safety and security of the facility.	Meets Standard	The facility does not place ICE detainees in the special housing unit (SHU). ICE detainees are permitted to serve administrative or disciplinary segregation status in their assigned housing unit with restrictive privileges. The programs supervisor (PS), in consultation with religious personnel, facilitates pastoral visits by clergy to detainees on administrative/disciplinary status when a detainee is unable to participate in regular religious practices due to safety or security concerns.

RELIGIOUS PRACTICES – REVIEWER SUMMARY
(Use following format for dates: mm/dd/yyyy)

RELIGIOUS PRACTICES – REVIEWER SUMMARY

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

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

Policy and practice allow the detainees the opportunity to practice their religious faiths through a variety of religious programs and activities, limited only by concerns about safety, security and the orderly operation of the facility. The religious program is organized and supervised by the programs supervisor who recruits community volunteers to assist detainees in observing their religious beliefs. The OIC has designated a general area for storage space for items used in religious programs. Services are held in the multi-purpose rooms. Lavatory facilities are available for staff and volunteers. The facility currently has eighty religious volunteers. The OIC requires an NCIC check and documentation of such clergyperson's or faith group representative's credentials before they are allowed in the secure area of the facility.

Attendance at all religious activities is voluntary and, unless otherwise specified by the OIC, open to all. No employee may disparage the religious beliefs of a detainee nor coerce or harass a detainee to change religious affiliation.

During admission, a detainee may designate any or no religious preference. By notifying the programs supervisor in writing, a detainee may request to change this designation at any time. ICE does not require a detainee to profess a religious belief.

Detainees may request consideration of items of religious wearing apparel or symbols to either the programs supervisor who will consult with the OIC for approval.

The facility recognizes that needs of women and special-needs detainees may require the contracting of spiritual counselors or advisers for religious needs other than those of a specific faith tradition. Detainees who belong to a religious faith different from the approved clergy, will, if they prefer, have access to pastoral care and counseling from qualified external clergy and religious service providers. If requested by a detainee, the programs supervisor will facilitate arrangements for pastoral visits by a clergyperson or representative of the detainee's faith. Pastoral visits will ordinarily take place through the video visitation program during regular visiting hours.

Detainees may request the introduction of new or unfamiliar religious components to the religious services program. The programs supervisor will research the request and may require additional information from the detainee. The OIC will make the final decision on all new religious requests.

Detainees may request a special religious diet from the programs supervisor. Before approving a special diet, the programs supervisor will consult with the medical department to ensure that the diet does not pose a threat to the detainee's health.

During the evaluation of this standard, the programs supervisor and detainees were interviewed, policy was reviewed and the area where services are held was visited.

Overall Rating: Meets Standard

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

Completion Date: 5/2/2019

Reviewer Signature (for printed form submission):

DETAINEE TELEPHONE ACCESS (Key: O)		
Policy: ALL FACILITIES HOUSING ICE DETAINEES WILL PERMIT DETAINEES' REASONABLE AND EQUITABLE ACCESS TO TELEPHONES.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. Detainees are allowed access to telephones during established facility waking hours.	Meets Standard	Detainees are permitted to use housing unit telephones during waking hours (7:00 a.m. to 11:00 p.m.) seven days a week.
2. Upon admittance, detainees are made aware of the facility's telephone access policy.	Meets Standard	The local handbook given to all detainees during the admission process provides an explanation of the facility's telephone access policies.
3. Access rules are posted in housing units.	Meets Standard	
4. The facility makes a reasonable effort to provide key information to detainees in languages spoken by any significant portion of the facility's population.	Meets Standard	Telephone information is contained in the local handbook given to each detainee during the admission process. Handbooks are available in English and Spanish languages spoken by most detainees. A language line is available for those detainees who speak other languages.
5. Telephones are provided at a minimum ratio of one telephone per 25 detainees in the facility population.	Meets Standard	The inspector noted eight telephones in a detainee housing unit that can hold a maximum of 96 detainees representing a detainee to telephone ratio of better than one to twenty-five. Other units housing detainees have similar compliant telephone to detainee ratios.
6. Telephones are inspected regularly by facility staff to ensure that they are in good working order.	Meets Standard	Telephones are routinely checked by the contracted service provider to ensure that they are in good working order.
7. The facility administration promptly reports out-of-order telephones to the facility's telephone service provider.	Meets Standard	
8. The facility administration monitors repair progress and takes appropriate measures to ensure that required repairs are begun and completed timely.	Meets Standard	
9. Detainees are afforded a reasonable degree of privacy for legal phone calls.	Meets Standard	Housing unit phones are in a common area far enough away from other areas to afford detainees a reasonable degree of privacy when making a legal call.

DETAINEE TELEPHONE ACCESS (Key: O)		
POLICY: ALL FACILITIES HOUSING ICE DETAINEES WILL PERMIT DETAINEES' REASONABLE AND EQUITABLE ACCESS TO TELEPHONES.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
10. A procedure exists to assist a detainee who is having trouble placing a confidential call.	Meets Standard	An assigned shift officer or ICE staff would assist detainees having trouble placing a confidential call.
11. The facility provides the detainees with the ability to make non-collect (special access) calls.	Meets Standard	The local handbook explains how a detainee can make a non-collect special access call.
12. Special Access calls are at no charge to the detainees.	Meets Standard	ICE officer's logs confirm that detainees have made special access calls at no charge using an officer's telephone.
13. The OIG phone number for reporting abuse is programmed into the detainee phone system and the phone number was checked by the inspector during the review.	Meets Standard	The inspector was able to reach the OIG via the number programmed into a detainee housing unit telephone.
14. In facilities unable to fully meet this requirement initially because of limitations of its telephone service, ICE makes alternate arrangements to provide required access within 24 hours of a request by a detainee.	N/A	The inspector was able to reach the OIG via the number programmed into a detainee housing unit telephone.
15. No restrictions are placed on detainees attempting to contact attorneys and legal service providers who are on the approved "Free Legal Services List".	Meets Standard	
16. Special arrangements are made to allow detainees to speak by telephone with an immediate family member detained in another Facility.	Meets Standard	
17. Any telephone restrictions are documented.	Meets Standard	Staff informed the inspector that any imposed detainee telephone restriction would be documented, and ICE staff informed of the restriction. There have been no telephone restrictions during the inspection period.
18. The facility has a system for taking and delivering emergency detainee telephone messages.	Meets Standard	Shift sergeants would deliver an emergency telephone message to a detainee.
19. Emergency phone call messages are immediately given to detainees.	Meets Standard	
20. Detainees are allowed to return emergency phonecalls as soon as possible.	Meets Standard	
21. Detainees in disciplinary segregation are allowed phone calls relating to the detainee's immigration case or other legal matters, including consultation calls.	Meets Standard	Written segregation policies note that detainees restricted to their cell are afforded similar telephone privileges as those held in the general population.
22. Detainees in disciplinary segregation are allowed phone calls to consular/embassy officials.	Meets Standard	
23. Detainees in disciplinary segregation are allowed phone calls for family emergencies.	Meets Standard	

DETAINEE TELEPHONE ACCESS (Key: O)		
POLICY: ALL FACILITIES HOUSING ICE DETAINEES WILL PERMIT DETAINEES' REASONABLE AND EQUITABLE ACCESS TO TELEPHONES.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
24. Detainees in administrative detention and protective custody are afforded the same telephone privileges as those in general population.	Meets Standard	Written segregation policies note that detainees held in special housing are afforded similar telephone privileges as those held in the general population.
25. When detainee phone calls are monitored, notification is posted by detainee telephones that phone calls made by the detainees may be monitored. Special Access calls are not monitored.	Meets Standard	Postings adjacent to housing unit telephones advise individuals held in the unit that their calls will be monitored.
26. 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	The handbook states that once a request is vetted, detainees will be granted a free legal call or other compelling need call.
27. LYON AGREEMENT: The facility documents and reports to ICE/ERO any delays in responding to requests for free or direct Legal Calls beyond 8 facility waking hours.	Meets Standard	Staff informed the inspector that ICE would be notified when a detainee's request to make a free legal call is delayed beyond eight waking hours.
28. LYON AGREEMENT: Detainees are provided private settings for Legal Calls such that calls cannot be overheard by officers, other staff, or other detainees.	Meets Standard	
29. LYON AGREEMENT: The facility has a system for taking and delivering telephone messages to detainees, including but not limited to attorney messages, other messages related to a detainee's legal case, and emergency messages, and ensures the timeliness of such message delivery.	Meets Standard	
30. 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	Language lines are available for detainees who are unable to read written telephone access rules.
31. 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	

DETAINEE TELEPHONE ACCESS – REVIEWER SUMMARY*(Use following format for dates: mm/dd/yyyy)*

DETAINEE TELEPHONE ACCESS – REVIEWER SUMMARY <i>(Use following format for dates: mm/dd/yyyy)</i>		
<p>Overall Remarks: <i>(Record significant facts, observations, other sources used, etc.)(5000 Character Max)</i></p> <p>Written policy confirms that the facility would permit detainees to make direct calls, free of charge for indigent detainees, to the local immigration court and the Board of Immigration Appeals; Federal and State courts; to consular officials; to legal service providers; to a government office when needed for their case; in a personal or family emergency; or when the detainee can otherwise demonstrate a compelling need. Detainees must submit a request to facility officers in order to make unmonitored/confidential telephone calls to their legal representative. Such calls would usually be granted within eight waking hours of the request, as stipulated in the standard. There are neither time limits nor frequency restrictions for telephone calls to a legal representative unless necessary to maintain security.</p> <p>Detainees have access to telephones as required by the standard. The facility has a contract with Combined Public Communications (CPC) to provide detainee phone service. Local and long-distance calls cost \$.16 per minute. International calls start at \$1.00 per minute with no connection fee. The rates are comparable to those incurred by the local population.</p> <p>Evaluation of the standard included a review of written policy, examining housing unit telephones and interviewing staff.</p>		
<p>Overall Rating: Meets Standard</p>		
<p>Reviewer Name (Printed):</p>	<p>(b)(6); (b)(7)(C)</p>	<p>Completion Date: 5/2/2019</p>
<p>Reviewer Signature (for printed form submission):</p>		

VISITATION (Key: P)		
Policy: ICE SHALL PERMIT DETAINEES TO VISIT WITH FAMILY, FRIENDS, LEGAL REPRESENTATIVES, SPECIAL INTEREST GROUPS, AND THE NEWS MEDIA.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. There is a written visitation schedule and hours for general visitation.	Meets Standard	The facility's web site has a written schedule noting the hours for general visitation.
2. The visitation hours tailored to the detainee population and the demand for visitation.	Meets Standard	General visitation is facilitated through video visitation. The visitation hours are tailored to the detainee population.
3. The visitation schedule and rules are available to the public.	Meets Standard	Visitations schedules are posted on the facility's website.
4. The hours for all categories of visitation are posted in the visitation waiting area.	Meets Standard	
5. A written copy of the rules regulating visitation and the hours of visitation is available to visitors.	Meets Standard	Copies of the facility's visitation rules and hours are available to the public upon request.
6. A general visitation log is maintained.	Meets Standard	
7. The detainees are permitted to retain personal property items specified in the standard.	Meets Standard	
8. A visitor dress code is available to the public.	Meets Standard	Dress codes are posted in the visitor's entrance to the facility.
9. Visitors are searched and identified according to standard requirements.	Meets Standard	Visitation is conducted via video terminals located in a room outside of the secure areas of the facility. At no time do visitors enter the secure area or have any contact with detainees as a result the standard search requirements are not applicable.
10. The requirement on visitation by minors is complied with.	Meets Standard	Visitors under the age of 18 are permitted if accompanied by a legal guardian.
11. 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	Visitors under the age of 18 are permitted if accompanied by a legal guardian.
12. After that time, on request, ICE considers a transfer, when possible, to a facility that will allow minor visitation. At a minimum, monthly visits are allowed.	N/A	Visitors under the age of 18 are permitted if accompanied by a legal guardian.
13. Detainees in special housing are afforded visitation.	Meets Standard	
14. Legal visitation is available seven (7) days a week, including holidays.	Meets Standard	

National Detention Standards Inspection Worksheet for Over 72 Hour Facilities with SAAP1

VISITATION (Key: P)		
POLICY: ICE SHALL PERMIT DETAINEES TO VISIT WITH FAMILY, FRIENDS, LEGAL REPRESENTATIVES, SPECIAL INTEREST GROUPS, AND THE NEWS MEDIA.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
15. On regular business days legal visitation hours are provide for a minimum of eight (8) hours per day, and a minimum of four hours per day on weekends and holidays.	Meets Standard	The local handbook states that detainees may have legal visits at "all reasonable times" seven days a week including holidays. The handbook further states that such visits are restricted during meal times for a total of four hours (two hours for lunch and two hours during dinner) to avoid confusion and disruptions during meal times.
16. On regular business days, detainees are given the option of continuing a meeting with a legal representative through a scheduled meal.	Meets Standard	
17. Private consultation rooms are available for attorney meetings. There is a mechanism for the detainee and his/her representative to exchange documents.	Meets Standard	The inspector observed private rooms set aside for detainee attorney contact visits, where documents may exchange.
18. There are written procedures governing detainee searches.	Meets Standard	The handbook explains in detail the facility's guidelines for detainee searches.
19. When strip searches are required after every contact visit with a legal representative, the facility provides an option for non-contact visits with legal representatives.	Meets Standard	
20. Prior to each visit, legal service providers and assistants are identified per the standard.	Meets Standard	All legal representatives must provide current identity and credential documents prior to visiting with a detainee.
21. The current list of pro bono legal organizations is posted in the detainee housing areas and other appropriate areas.	Meets Standard	The inspector examined a current listing of pro bono legal organizations posted in each detainee housing unit.
22. The decision to permit or deny a tour is not delegated below the level of Field Office Director.	Meets Standard	
23. Provisions for NGO visitation, as stated in the Detention Standards, are complied with.	Meets Standard	
24. Law enforcement officials who request to visit with a detainee are referred to the ICE Field Office for approval.	Meets Standard	
25. Former detainees or aliens in proceedings, requesting to visit with a detainee, are referred to the OIC or ICE Field Office.	Meets Standard	
26. Procedures are in place, consistent with the detention standard, for examinations by independent medical service providers and experts.	Meets Standard	Written policy dictates the procedure by which a detainee may be examined by an independent medical service provider.

VISITATION – REVIEWER SUMMARY
(Use following format for dates: mm/dd/yyyy)

VISITATION – REVIEWER SUMMARY

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

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

Written rules governing scheduling a detainee visit, expected visitor behavior and dress codes are provided to all detainees upon admission. The rules are available to the public telephonically and via the facility's website. The facility has written procedures regarding incoming property and money for detainees. Policy provides that any violation of the visitation rules may result in disciplinary action against the detainee, which may entail loss of visitation privileges. However, visiting privileges are revoked only through the formal detainee disciplinary process.

Consultation visitation, both by telephone - face to face, and via contact visits in a private room is permitted. Detainees subject to expedited removal may consult whomever they choose, in person or by phone, at any time, during the first 48 hours. Consultants might include, but are not limited to, attorneys and other legal representatives, prospective legal representatives, legal assistants, members of non-governmental organizations (NGOs) and friends and family. All consultation visitors are subject to the same identification and security screening procedures as general visitors.

G-28 forms are not required for pre-representation meetings since no attorney-client relationship exists. Legal service providers are not required to complete a Form G-28 to meet with a detainee. Once an attorney-client relationship is established, the legal representative completes and submits a Form G-28. Forms are available upon request. However, attorneys representing detainees on legal matters unrelated to immigration are not required to complete a Form G-28. Staff forward completed forms to ICE.

The news media has access to the facility and ICE detainees subject to the approval of the FOD. Media representatives are required to make advance appointments for tours and interviews. Requests for tours and interviews must be approved by the FOD. Visits may be suspended when there are indications of possible unrest or disturbances within the facility. The OIC advises both media representatives and detainees that use of any detainee's name, identifiable photo or recorded voices requires his/her permission. Media representatives must obtain a signed release from the detainee before photographing or recording his/her voice. Signed release forms are maintained in the detention files and a copy forwarded to ICE for inclusion in the A-file.

To evaluate this standard, local handbook references to detainee visitation were reviewed, and facility employees were interviewed.

Overall Rating: Meets Standard

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

Completion Date: 5/2/2019

Reviewer Signature (for printed form submission):

VOLUNTARY WORK PROGRAM (Key: Q)

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

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. Does the facility have a voluntary work program? • Do ICE detainees participate?	N/A	
2. Detainee housekeeping meets neatness and cleanliness standards.	N/A	
3. Detainees have the opportunity to participate in special details, however, are never allowed to work outside the secure perimeter.	N/A	
4. Written procedures govern selection of detainees for the Voluntary Work Program.	N/A	
5. Where possible, physically and mentally challenged detainees participate in the program.	N/A	
6. The facility complies with work-hour requirements for detainees, not exceeding: • Eight hours a day and Forty hours a week.	N/A	
7. Detainee volunteers generally work according to fixed schedule.	N/A	
8. If a detainee is removed from a work detail, staff places the written justification for the action in the detainee's detention file.	N/A	
9. Staff, in accordance with written procedure, ensures that detainee volunteers understand their responsibilities as workers before they join the work program.	N/A	
10. The voluntary work program meets: • OSHA, NFPA, ACA standards	N/A	
11. Medical staff screen and formally certify detainee food service volunteers. • Before the assignment begins; and • As a matter of written procedure	N/A	
12. Detainees receive safety equipment/ training sufficient for the assignment.	N/A	
13. Proper procedure is followed when an ICE detainee is injured on the job.	N/A	

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)

CE detainees do not work at this IGSA facility.

Overall Rating: N/A

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

Completion Date: 5/2/2019

Reviewer Signature (for printed form submission):

Section II

Health Service Standards

HUNGER STRIKES (Key: R)		
Policy: ALL FACILITIES WILL FOLLOW STANDARD GUIDELINES FOR THE MEDICAL AND ADMINISTRATIVE MANAGEMENT OF ICE DETAINEES ENGAGING IN HUNGER STRIKES. BY MONITORING OF THE HEALTH AND WELFARE OF THE INDIVIDUAL DETAINEES, FACILITIES WILL STRIVE TO SUSTAIN THEIR LIVES.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. When a detainee has refused food for 72 hours, it is standard practice for staff to refer him/her to the medical department.	Meets Standard	Policy and practice are to refer a detainee to the medical department after the refusal of meals for 72 hours.
2. CDFs and IGSAAs immediately report a hunger strike to the ICE.	Meets Standard	Policy requires employees to report ICE detainee hunger strikes to ICE personnel.
3. The facility has established procedures to ensure staff respond immediately to a hunger strike.	Meets Standard	Established procedures and training ensure personnel respond immediately to a hunger strike.
4. Policy and procedure require that staff isolate a hunger-striking detainee from other detainees. <ul style="list-style-type: none"> • If yes, in an observation room? 	Meets Standard	Per policy, a hunger striking detainee is placed in an observation cell within the medical department.
5. Medical personnel are authorized to place a detainee in the Special Management Unit or a locked hospital room.	Meets Standard	Medical personnel are authorized to place a detainee in an observation cell located in the medical department.
6. Medical staff records the weight and vital signs of a hunger-striking detainee at least once every 24 hours.	Meets Standard	Policy states that medical staff will take and record, at a minimum, the hunger-striker's weight and vital signs at least every 24 hours.
7. The OIC of the facility obtains a hunger striker's consent before medical treatment.	Meets Standard	A review of the policy reveals the OIC of the facility obtains a hunger striker's consent before medical treatment.
8. A signed Refusal of Treatment form is required of every detainee who rejects medical evaluation or treatment.	Meets Standard	Per policy, a signed refusal of treatment form is required of every detainee who rejects medical evaluation or treatment.
9. During a hunger strike, staff document and provide the hunger-striking detainee three meals a day.	Meets Standard	Policy states that staff shall deliver three meals per day to the detainee. The meal deliveries are documented on the hunger strike monitoring form.
10. Staff maintains the hunger striker's supply of drinking water/other beverages.	Meets Standard	Per policy, water to the medical department observation cell is turned-off, and personnel maintain the hunger striker's supply of drinking water and other beverages.

HUNGER STRIKES (Key: R)		
POLICY: ALL FACILITIES WILL FOLLOW STANDARD GUIDELINES FOR THE MEDICAL AND ADMINISTRATIVE MANAGEMENT OF ICE DETAINEES ENGAGING IN HUNGER STRIKES. BY MONITORING OF THE HEALTH AND WELFARE OF THE INDIVIDUAL DETAINEES, FACILITIES WILL STRIVE TO SUSTAIN THEIR LIVES.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
11. During a hunger strike, staff removes all food items from the hunger striker's living area.	Meets Standard	Policy and practice are to remove all food items from the hunger striker's living area.
12. Staff is directed to record the hunger striker's fluid intake and food consumption; Does staff always use Hunger Strike Monitoring Form I-839 or similar IGSA form.	Meets Standard	Personnel record a hunger striker's fluid intake and food consumption on the Hunger Strike Monitoring Form I-839.
13. The medical staff has written procedures for treating hunger strikers.	Meets Standard	Policy provides written procedures for monitoring and treating hunger strikers.
14. Staff documents all treatment attempts, including attempts to persuade hunger striker of medical risks.	Meets Standard	Medical personnel are required to document all treatment attempts including attempts to persuade a hunger striker of medical risks. Hunger striking detainees are provided a handout titled, "The Effects of Starvation," and are asked to sign for receipt of the information.
15. Staff has received training in identification of hunger strikes. Medical staff receives early training in hunger-strike evaluation and treatment. Staff remains current in evaluation and treatment techniques.	Meets Standard	As confirmed by the review of training documents, all employees receive training in the recognition, referral and management of hunger strikes. Medical personnel remain current in the evaluation and management techniques.

HUNGER STRIKE – REVIEWER SUMMARY
(Use following format for dates: mm/dd/yyyy)

HUNGER STRIKE – REVIEWER SUMMARY

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

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

Procedures are in place to protect the health and well-being of hunger strikers. Hunger strike policies conform to the detention standards. Detention and medical personnel are trained in the recognition, referral and monitoring of detainees engaging in a hunger strike. Evaluation of a hunger striking detainee includes an assessment of whether the detainee's action is reasoned and deliberate or the manifestation of a mental illness. If the detainee is engaging in a hunger strike due to a mental condition, appropriate medical action is taken.

Detainees refusing to accept treatment are counseled by medical staff regarding the medical risks associated with refusal of treatment. When clinical assessment and laboratory results indicate the detainee's weakening condition threatens the life or long-term health of the detainee, a physician recommends involuntary treatment. The OIC notifies ICE if a detainee is refusing treatment, and the medical staff notifies the respective FOD in writing of any proposed plan to involuntarily feed the detainee. Any involuntary medical treatment is approved by ICE. The FOD, in consultation with the CMA, contacts the respective ICE Office of Chief Counsel and the U.S. Attorney's Office and discusses any impending involuntary medical treatment and makes recommendations regarding pursuing a court order. Medical personnel continue clinical and laboratory monitoring as necessary until the detainee's life or health is out of danger and continue medical and mental health follow-up as necessary.

There was one ICE detainee hunger strike reported at this facility during the last twelve months. The detainee went on hunger strike for five days from 12/15/2018 to 12/21/2018. Hunger strike protocol was started and followed accordingly. ICE was notified of the hunger strike by the OIC. Evaluation of this standard was based on review of policy, training records and medical records of the detainee and on personnel interviews.

Overall Rating: Meets Standard

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

Completion Date: 5/2/2019

Reviewer Signature (for printed form submission):

ACCESS TO MEDICAL CARE (Key: S)		
Policy: EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACCREDITED/ACCREDITATION-WORTHY HEALTH PROGRAM FOR THE GENERAL WELL-BEING OF ICE DETAINEES.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. Facilities operate a health care facility in compliance with state and local laws and guidelines.	Meets Standard	Medical personnel are appropriately licensed, certified and credentialed and perform within the scope of their credentials and pursuant to orders from individuals medically credentialed and licensed to give such orders. The facility operates pursuant to the Ohio Department of Corrections Jail Standards and is inspected annually.
2. The facility's in-processing procedures for arriving detainees include medical screening.	Meets Standard	In-processing procedures for arriving detainees include a medical screening performed by trained security personnel with a medical background as an x-ray technician. This screening is reviewed by a nurse the same day and scanned into the electronic medical record.
3. All detainees have access to and receive medical care.	Meets Standard	All detainees, regardless of custody status, have access to and receive medical care. Sick call is conducted seven days a week.
4. The facility has access to a PHS/DIHS Managed Health Care Coordinator.	Meets Standard	The facility has access to an IHSC managed health care coordinator through the Medical Provider Analysis and Review (Med Par) system or via telephone.

ACCESS TO MEDICAL CARE (Key: S)		
Policy: EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACCREDITED/ACCREDITATION-WORTHY HEALTH PROGRAM FOR THE GENERAL WELL-BEING OF ICE DETAINEES.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
5. The medical staff is large enough to provide, examine, and treat the facility's detainee population.	Meets Standard	Staffing is sufficient to perform the facility's health services mission, consistent with this standard. Full-time personnel include a health services administrator (HSA), two medical supervisors and ten paramedics, one medical clerk and one billing clerk. Part-time personnel include twelve paramedics, and one RN. Contractual personnel include a physician medical director on site three days every other week for two to three hours at each visit and on-call at all times, a psychiatrist two days a week for two to three hours at each visit and on call at all times, and a dentist one day a week. Additionally, the physician medical director provides a physician assistant to work on site three days a week when the physician is not on site and to be on call at all times.
6. The facility has sufficient space and equipment to afford detainee privacy when receiving health care.	Meets Standard	The medical department has sufficient space and equipment to afford detainee privacy when receiving health care.
7. The medical facility has its own restricted-access area. The restricted access area is located within the confines of the secure perimeter.	Meets Standard	The medical unit is in a restricted access area within the secure perimeter.
8. The medical facility entrance includes a holding/waiting room.	Meets Standard	The medical department entrance includes a holding/waiting room.
9. The medical facility's holding/waiting room is under the direct supervision of custodial staff.	Meets Standard	The holding/waiting room is under the direct supervision of escorting security personnel.
10. Detainees in the holding/waiting room have access to a drinking fountain.	Meets Standard	Detainees in the holding/waiting room have access to drinking water.
11. Medical records are kept apart from other files. They are: <ul style="list-style-type: none"> • Secured in a locked area within the medical unit; • With physical access restricted to authorized medical staff; and • Procedurally, no copies made and placed in detainee files. 	Meets Standard	The facility uses an electronic medical record (EMR), Correct Tech, which is username and password protected to medical personnel. Procedurally, copies are not made and placed in detainee files.

ACCESS TO MEDICAL CARE (Key: S)		
Policy: EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACCREDITED/ACCREDITATION-WORTHY HEALTH PROGRAM FOR THE GENERAL WELL-BEING OF ICE DETAINEES.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
12. Pharmaceuticals are stored in a secure area.	Meets Standard	Pharmaceuticals, syringes and needles are stored in a locked room constructed of floor to ceiling concrete walls. The ceiling is a hard ceiling. The entry door is steel with a high security lock. Access to the room is restricted to authorized medical personnel.
13. Medical screening includes a Tuberculosis (TB) test. <ul style="list-style-type: none"> • Every arriving detainee receives a TB test during the admission process; • Detainee's TB-screening does not occur more than one business day after his/her arrival at the facility; and • Detainees not screened are housed separate from the general population. 	Meets Standard	A review of medical records reveals detainees receive symptomatic screening for TB during in-processing. Many of the detainees arrive with evidence of recent TB testing. Detainees arriving without evidence of testing receive either a TB skin test or chest x-ray within one business day of arrival. Detainees not screened would be housed separately from the general population. The facility has four negative air respiratory isolation rooms located in the medical department.
14. All detainees receive a mental-health screening upon arrival. It is conducted: <ul style="list-style-type: none"> • By a health care provider or specially trained officer; and • Before a detainee's assignment to a housing unit. 	Meets Standard	Per policy and as confirmed in medical record review, trained security personnel with a medical background conduct a mental health screening on all detainees during in-processing. An additional mental health screening is conducted by medical personnel. Screening occurs before a detainee's assignment to a housing unit.
15. The facility health care provider promptly reviews all I-794s (or equivalent) to identify detainees needing medical attention.	Meets Standard	Per review of detainee medical records, all initial medical intake screenings are completed by a trained officer and reviewed by nursing staff in a timely manner. Intake screenings are reviewed, stamped, signed and scanned into the electronic medical record.

ACCESS TO MEDICAL CARE (Key: S)		
Policy: EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACCREDITED/ACCREDITATION-WORTHY HEALTH PROGRAM FOR THE GENERAL WELL-BEING OF ICE DETAINEES.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
16. The health care provider physically examines/assesses arriving detainees within 14 days of admission/arrival at the facility.	Meets Standard	A review of ten medical records verified detainees are physically examined/assessed within fourteen-days of admission. The examinations/assessments are performed by the ICE-RN with a review and sign-off by the physician. Review of medical personnel credentialing verified the ICE-RN has been trained by the physician to conduct the examinations/assessments.
17. Detainees in the Special Management Unit have access to health care services.	Meets Standard	Detainees housed in the special management unit have the same access to routine and emergent health care services as the general population.
18. Staff provides detainees with health services (sick call) request slips daily, upon request. <ul style="list-style-type: none"> Request slips are available in languages other than English, including every language spoken by a sizeable number of the facility's detainee population. Service-request slips are delivered in a timely fashion to the health care provider. 	Meets Standard	Paper sick call requests slips in English and Spanish were utilized up to December 2018. Since 1/1/2019, all sick calls are submitted through the kiosk system. The submitted requests are reviewed daily by medical staff and triaged for appropriate response or appointment. Detainees are provided assistance in filling out the request if needed. Regular sick call is scheduled seven days a week and physician appointments are scheduled as indicated.
19. The facility has a written plan for the delivery of 24-hour emergency health care when no medical personnel are on duty at the facility, or when immediate outside medical attention is required.	Meets Standard	There is a written plan for the delivery of 24-hour emergency health care when immediate outside medical attention is required. Medical personnel are on-duty at all times.
20. The plan includes an on-call provider.	Meets Standard	Either the physician or physician assistant is on-call at all times. Their telephone numbers are available in the medical department and central control.

ACCESS TO MEDICAL CARE (Key: S)		
POLICY: EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACCREDITED/ACCREDITATION-WORTHY HEALTH PROGRAM FOR THE GENERAL WELL-BEING OF ICE DETAINEES.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
21. The plan includes a list of telephone numbers for local ambulance and hospital services.	Meets Standard	Local hospital numbers are maintained in the medical department and central control. The county 911 system is used to obtain ambulance services.
22. The plan includes procedures for facility staff to utilize this emergency health care consistent with security and safety.	Meets Standard	Policy establishes procedures for the coordination of medical and security responses to a medical emergency, including transport to a local hospital, consistent with security and safety.
23. Detention staff is trained to respond to health-related emergencies within a 4-minute response time.	Meets Standard	The review of training documents confirmed that all officers and medical personnel are trained in first aid and certified in cardiopulmonary resuscitation (CPR) and the use of an automated external defibrillator (AED). Detention staff are trained to respond to health-related emergencies within a 4-minute response time.
24. Where staff is used to distribute medication, a health care provider properly trains these officers.	N/A	Only medical personnel distribute medication.
25. The medical unit keeps written records of medication that is distributed.	Meets Standard	The administration of all medication is documented on the electronic medication administration record (MAR) by medical staff. When completed, MARs are maintained in the detainee's electronic medical record.
26. The Form I-819 (or IGSA equivalent) is used to notify the Warden/Facility of a detainee that has special medical needs.	Meets Standard	At this IGSA facility, the computerized jail management system is used to notify the OIC/administration of a detainee that has special medical needs.
27. A signed and dated consent form is obtained from a detainee before medical treatment is administered.	Meets Standard	As verified in medical record review, signed and dated informed consent to treatment is obtained from each detainee at the time of admission. Additional procedure specific consents are obtained as needed.

ACCESS TO MEDICAL CARE (Key: S)		
Policy: EVERY FACILITY WILL ESTABLISH AND MAINTAIN AN ACCREDITED/ACCREDITATION-WORTHY HEALTH PROGRAM FOR THE GENERAL WELL-BEING OF ICE DETAINEES.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
28. Detainees use the I-813 (or IGSA equivalent) to authorize the release of confidential medical records to outside sources.	Meets Standard	At this IGSA facility, a Release of Medical Records form is used to authorize the release of confidential medical records to outside sources.
29. The facility health care provider is given advance notice prior to the release, transfer, or removal of a detainee.	Meets Standard	Per the HSA, generally, 24-hours advance notice is provided prior to the release, transfer or removal of a detainee.
30. Detainee's medical records or a copy thereof, are available and transferred with the detainee.	Meets Standard	A medical summary is prepared and accompanies each transferring detainee.
31. Medical records are placed in a sealed envelope or other container labeled with the detainee's name and A-number and marked "MEDICAL CONFIDENTIAL".	Meets Standard	Medical records are placed in a sealed envelope and labeled with a detainee's name and A-number and marked Medical Confidential.

ACCESS TO MEDICAL CARE – REVIEWER SUMMARY
(Use following format for dates: mm/dd/yyyy)

ACCESS TO 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)*

Comprehensive health care services, including personnel, medical supplies and equipment, specialty care and hospitalization with community providers are provided by the county. These arrangements include securing appropriate security personnel to transport and remain with a detainee for the duration of any off-site treatment or hospital admission.

Upon admission, detainees are screened to determine their use of or dependence on alcohol, opiates, hypnotics, sedatives, etc., and for their degree of reliance on and potential for withdrawal. The medical director has established guidelines for evaluation and treatment of new arrivals that require detoxification that permit withdrawal with minimal physiological and physical discomfort. Detainees experiencing severe, life-threatening alcohol or drug withdrawal are immediately transferred to a community acute care facility that is qualified in accordance with local, state and federal laws to administer withdrawal treatment.

A telephone translation service provides translation assistance to detainees requiring those services. If the initial admission screening indicates the need for emergency treatment, medical personnel are immediately notified.

An initial dental screening is performed within fourteen days of admission by a trained RN. Detainees are afforded emergency dental treatment, which includes those procedures directed toward the immediate relief of pain, trauma and acute oral infection that endangers the health of the detainee. Also included is the repair of prosthetic appliances to prevent detainee suffering. Routine dental treatment is provided to detainees for whom dental treatment is inaccessible for prolonged periods because of detention for over six months.

There are five AEDs available throughout the facility. Medical personnel are responsible to maintain the AEDs in good working order. If a detainee refuses to consent to treatment, medical personnel make reasonable efforts to convince the detainee to voluntarily accept treatment. The medical risks faced if treatment is declined are explained to the detainee. Medical personnel document their treatment efforts and the refusal of treatment in the detainee's medical record. ICE is consulted in determining whether forced treatment will be administered unless the situation is an emergency. In emergency situations, ICE is notified as soon as possible.

The medical department has sufficient resources to provide for the basic medical, dental and mental health needs of the detainee population. There is no medical co-pay for detainees. Inspection of the medical department and detainee living units reflected clean, well-maintained, well-lighted areas with comfortable environmental temperatures. No life-safety issues were observed. The facility is inspected annually for compliance with the state of Ohio jail standards. The facility is not accredited by ACA or NCCHC.

This inspector conducted a random review of controlled medications, sharps, medical tools and dental instruments. A Root Forceps Curved 301 was missing from the dental clinic. The total count from the inventory sheet reflected three (3) curved forceps. The actual count reflected two (2) forceps in the cabinet. The HSA was notified of the discrepancy of the count. The dentist was called and advised the HSA that "his dental assistant threw the damaged forceps in the sharps container".

Two detainees voiced concerns about their medical issues to the inspector. A review of the two detainees' medical records revealed all their medical concerns were addressed accordingly by the medical department.

Evaluation of the standard was determined following a review of policy, medical records, training records and medical personnel credentialing files, employee and detainee interviews and observations.

Overall Rating: Meets Standard

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

Completion Date: 5/2/2019

Reviewer Signature (for printed form submission):

SUICIDE PREVENTION AND INTERVENTION (Key: T)		
Policy: ALL DETENTION STAFF WORKING WITH ICE DETAINEES WILL BE TRAINED TO RECOGNIZE SUICIDE-RISK INDICATORS. STAFF WILL HANDLE POTENTIALLY SUICIDAL INDIVIDUALS WITH SENSITIVITY, SUPERVISION, AND REFERRALS. A CLINICALLY SUICIDAL DETAINEE WILL RECEIVE PREVENTIVE SUPERVISION AND TREATMENT.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. Every new staff member receives suicide-prevention training. Suicide-prevention training occurs during the employee orientation program.	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.
2. Training prepares staff to: <ul style="list-style-type: none"> • Recognize potentially suicidal behavior; • Refer potentially suicidal detainees, following facility procedures; and • Understand and apply suicide-prevention techniques. 	Meets Standard	Review of the training curriculum verified the training prepares staff members to recognize potentially suicidal behavior, to follow procedures to refer potentially suicidal detainees and to understand and apply suicide-prevention techniques.
3. A health-care provider or specially trained officer screens all detainees for suicide potential as part of the admission process. <ul style="list-style-type: none"> • Screening does not occur later than one working day after the detainee's arrival. 	Meets Standard	Medical record review confirmed that trained security personnel conduct a mental health screening on all detainees during in-processing. An additional mental health screening is conducted by medical personnel within 24 hours of the detainee's admission.
4. Written procedures cover when and how to refer at-risk detainees to medical staff and procedures are followed.	Meets Standard	Written policy establishes procedures for identification, referral, monitoring and management of detainees at-risk for suicide. The review of health records confirmed all personnel follow the procedures. Policy addresses referral procedures for at-risk detainees to medical staff.
5. The facility has a designated isolation room for evaluation and treatment.	Meets Standard	Female ICE detainees identified as a suicide risk are housed in one of four cells located in the booking department. Male ICE detainees identified as a suicide risk are housed in one of four cells located in housing pod H.

SUICIDE PREVENTION AND INTERVENTION (Key: T)		
Policy: ALL DETENTION STAFF WORKING WITH ICE DETAINEES WILL BE TRAINED TO RECOGNIZE SUICIDE-RISK INDICATORS. STAFF WILL HANDLE POTENTIALLY SUICIDAL INDIVIDUALS WITH SENSITIVITY, SUPERVISION, AND REFERRALS. A CLINICALLY SUICIDAL DETAINEE WILL RECEIVE PREVENTIVE SUPERVISION AND TREATMENT.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
6. The designated isolation room does not contain any structures or smaller items that could be used in a suicide attempt.	Meets Standard	Inspection of the cells verified they do not contain any structures or smaller items that could be used in a suicide attempt.
7. Medical staff has approved the room for this purpose.	Meets Standard	Medical personnel have provided verbal approval for use of the rooms.
8. Staff observes and documents the status of a suicide-watch detainee at least once every 15 minutes.	Meets Standard	Per policy, personnel observe and document the status of a suicide-watch detainee at least once every fifteen minutes.

SUICIDE PREVENTION AND INTERVENTION – REVIEWER SUMMARY	
<i>(Use following format for dates: mm/dd/yyyy)</i>	
Overall Remarks: <i>(Record significant facts, observations, other sources used, etc.)(5000 Character Max)</i>	
<p>Precautions are taken with any personal possessions that could aid in a suicide attempt. If danger to life or property appears imminent, medical personnel have the authority to segregate a detainee from the general population, with written documentation. A detainee segregated for this reason will be under at least every fifteen-minute direct observation, in an approved suicide resistant cell that minimizes opportunities for self-harm.</p> <p>Training for all employees includes the identification of suicide risk factors and the psychological profile of a suicidal detainee. All personnel working with detainees are required to stay current on the proper course of intervention and referral for a detainee who shows signs of suicide risk.</p> <p>The facility has a suicide prevention and intervention program that includes written policy and procedures to manage at-risk detainees. All personnel are trained in the recognition, referral, monitoring and management of potentially suicidal detainees. Detainees identified as “at-risk” for suicide are promptly referred for mental health evaluation which is completed within 24 hours. At shift change, off-going custody staff informs on-coming custody staff concerning a detainee with indications of suicide risk.</p> <p>If danger to life or property appears imminent, with written documentation, medical personnel have the authority to segregate a detainee from the general population. A detainee segregated for this reason will be under close supervision and in a setting that minimizes opportunities for self-harm.</p> <p>The OIC reports to ICE any detainee clinically diagnosed as suicidal or requiring special housing for suicide risk. When there is imminent risk of bodily injury or death, medical personnel make a recommendation for hospitalization for evaluation and treatment. If the detainee refuses, facility administration, in consultation with the physician and ICE, petitions the appropriate federal court to intervene against the detainee's will for hospitalization and treatment.</p> <p>A detainee is only released from suicide watch upon the written authorization of the MD. There were no detainees on suicide watch during the inspection period.</p> <p>Evaluation of this standard was based on review of established policy, medical records, security logs and training documentation, on interviews with medical and detention personnel and on observation of the designated isolation cells.</p>	
Overall Rating: Meets Standard	
Reviewer Name (Printed) (b)(6); (b)(7)(C)	Completion Date: 5/2/2019

SUICIDE PREVENTION AND INTERVENTION – REVIEWER SUMMARY

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

Reviewer Signature (for printed form submission):

TERMINAL ILLNESS, ADVANCED DIRECTIVES, AND DEATH (Key: U)

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

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 offsite medical facility.	Meets Standard	The facility is not equipped or staffed to care for seriously or terminally ill detainees. Detainees whose care is beyond the scope available in the facility will be transferred to a local hospital, hospice, or a facility that can provide the care necessary.
2. The facility or appropriate ICE office promptly notifies the next of kin of the detainee's medical condition, to include: <ul style="list-style-type: none"> The detainee's location; and The limitations placed on visiting. 	Meets Standard	The facility notifies ICE, who in turn notifies family members of a detainee's medical condition, location, and visiting limits.
3. There are guidelines addressing the State Advanced Directive Form for Implementing Living Wills and Advanced Directives. <ul style="list-style-type: none"> The guidelines include instructions for detainees who wish to have a living will other than the generic form the DIHS provides or who wishes to appoint another to make advance decisions for him or her. 	Meets Standard	There are guidelines addressing the Ohio advance directive form for implementing living wills and advance directives. The guidelines include instructions for detainees who wish to have a living will other than the generic form or who wish to appoint another to make advance decisions for him or her.
4. The guidelines provide the detainee the opportunity to have a private attorney prepare the documents.	Meets Standard	The policy states that private attorneys can prepare living wills or advance directives.
5. There is a policy addressing "Do Not Resuscitate Orders"	Meets Standard	Policy addresses Do Not Resuscitate (DNR) orders.
6. Detainees with a "Do Not Resuscitate" order in the medical record receive maximal therapeutic efforts short of resuscitation?	Meets Standard	Policy states that detainees with a validated DNR order in the record would receive maximal therapeutic efforts short of resuscitation.
7. The facility notifies the DIHS Medical Director and Headquarters' Legal Counsel of the name and basic circumstances of any detainee with a "Do Not Resuscitate" order in the medical record. In the case of IGSA's, this notification is made through the local ICE representative.	Meets Standard	In this IGSA facility, medical personnel would notify the ICE representative of a detainee with a DNR order. ICE personnel would make other required notifications.

TERMINAL ILLNESS, ADVANCED DIRECTIVES, AND DEATH (Key: U)

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

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 has written procedures to address the issues of organ donation by detainees.	Meets Standard	Written policy addresses the issue of organ donation by detainees.
9. The facility has written procedures to notify ICE officials, deceased family members and consulates, when a detainee dies while in Service.	Meets Standard	Medical policy requires notification of the OIC in the event of a detainee death. ICE will be notified by the OIC. Per the AFOD, ICE would make other notifications in accordance with the requirements of this component.
10. The facility has a policy and procedure to address the death of a detainee while in transport.	Meets Standard	Policy and procedure address the death of a detainee while in transport.
11. At all ICE locations the detainee's remains disposed of in accordance with the provisions detailed in this standard.	Meets Standard	Per the AFOD, the detainee's remains would be disposed of in accordance with the standard and local laws.
12. In the event that neither family nor consulate claims the remains, the Field Office schedules an indigent's burial, consistent with local procedures. <ul style="list-style-type: none"> If the detainee's is a U.S. military veteran, is the Department of Veterans Affairs notified? 	Meets Standard	Per the AFOD, ICE would arrange for the burial of an unclaimed detainee's remains in accordance with the requirements of this standard. If the detainee was a U.S. military veteran, the Department of Veterans Affairs would be notified.
13. An original or certified copy of a detainee's death certificate is placed in the subject's a-file.	Meets Standard	Per the AFOD, a death certificate would be placed in the a-file of any detainee who dies at this facility. This cannot be verified at this time because there were no ICE detainee deaths reported.
14. The facility follows established policy and procedures describing when to contact the local coroner regarding such issues as: <ul style="list-style-type: none"> Performance of an autopsy; Who will perform the autopsy; Obtaining state approved death certificates; and Local transportation of the body. 	Meets Standard	Policy addresses each of the requirements listed in this component.

TERMINAL ILLNESS, ADVANCED DIRECTIVES, AND DEATH (Key: U)

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

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)
15. ICE staff follows established procedures to properly close the case of a deceased detainee.	Meets Standard	Per the AFOD, established procedures to properly close the case of a deceased detainee would be followed. Since the last inspection, there have been no ICE detainee deaths.

TERMINAL ILLNESS, ADVANCED 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 is not staffed or equipped to house seriously or terminally ill detainees. If a detainee were to become seriously or terminally ill while housed here, ICE is notified immediately and he or she would be transferred to a local hospital or to another ICE facility. A detainee in a community hospital remains under ICE authority. ICE retains the authority to make administrative decisions affecting the detainee. Authority over the detainee's treatment, once approved by ICE, is exercised by the hospital's medical personnel, who keep ICE informed of major developments.

DNR policies include the following: a DNR order can only be written by the physician; basic patient rights are protected; the decision to withhold resuscitative services is considered when the detainee has requested or strongly endorsed the decision, the detainee is diagnosed with a terminal illness or injury, the DNR is consistent with sound medical practice and not in any way associated with any measures to hasten death; the medical file includes explicit DNR directions, forms and memoranda recording diagnosis and prognosis, express wishes of the detainee, immediate family's wishes, consensual decisions and medical professional recommendations, mental competency evaluation (as appropriate), and informed consent; there are written procedures for notifying medical staff of the DNR order; the facility notifies the IHSC medical director and other ICE officials of the name and basic circumstances of any detainee with a DNR order. No ICE detainees with a DNR order have been housed at this facility.

In evaluation of this standard, policy was reviewed, and interviews were conducted with facility medical and administrative personnel and with ICE personnel. Procedures for appropriately responding to the death of a detainee in the facility are in place. Per facility staff and documentation, there have been no ICE detainee deaths during the inspection period, therefore, applicable documentation was not available for review. The inspector was unable to determine if the actual practices of this facility fully comply with this standard.

Overall Rating: Meets Standard

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

Completion Date: 5/2/2019

Reviewer Signature (for printed form submission):

Section III

SECURITY AND CONTROL STANDARDS

CONTRABAND (Key: V)		
Policy: ALL DETENTION FACILITIES WILL ENSURE THE PROPER HANDLING AND DISPOSAL OF ALL CONTRABAND. DOCUMENTATION OF CONTRABAND DESTRUCTION IS REQUIRED.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. The facility follows a written procedure for handling illegal contraband. Staff inventory, hold, and report it when necessary to the proper authority for action/possible seizure.	Meets Standard	Shakedown Procedures policy is in place for the handling of illegal contraband which includes the inventorying, holding and reporting to the proper authority for appropriate action.
2. Contraband that is government property is retained as evidence for potential disciplinary action or criminal prosecution.	Meets Standard	Contraband that is government property is retained as evidence for disciplinary action or possible criminal prosecution.
3. Staff returns property not needed as evidence to the proper authority. Written procedures cover the return of such property.	Meets Standard	Procedures are in place to return property to the proper authority.
4. Altered property is destroyed following documentation and using established procedures.	Meets Standard	Altered property is documented and destroyed per established procedures.
5. Before confiscating religious items, the OIC or designated investigator contacts a religious authority.	Meets Standard	The on-duty shift supervisor contacts a religious authority before confiscating a religious item.
6. Staff follows written procedures when destroying hard contraband that is illegal.	Meets Standard	The Shakedown Procedures policy is followed when destroying hard contraband that is illegal.
7. Hard contraband that is illegal (under criminal statutes) may be retained and used for official use, eg. training purposes. <ul style="list-style-type: none"> • If yes, under specific circumstances and using specified written procedures. Hard contraband is secured when not in use. 	Meets Standard	According to the Shakedown Procedures policy, hard contraband that is illegal may be retained and used for official use. Contraband is confiscated, inventoried as evidence, and turned over to the Investigation Division of the sheriff's office. If there is no prosecution, the contraband may be returned to the facility to be used as a training aid. There has been no contraband confiscated during the inspection period.

CONTRABAND – REVIEWER SUMMARY <i>(Use following format for dates: mm/dd/yyyy)</i>

CONTRABAND – 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 advised of the rules and procedures governing contraband through the orientation video and detainee handbook. All medicine brought into the facility by a detainee is forwarded to medical for disposition. Medication found in the possession of a detainee for who it was not prescribed is considered hard contraband and confiscated and forwarded to the medical department. If ownership is in doubt, medical personnel will be contacted to determine if the detainee had been prescribed the medication.

If the contraband property is not illegal under criminal statutes, and does not pose a security threat, the property is disposed of as defined in the Shakedown Procedures policy. Contraband that is government property is retained as evidence for possible disciplinary action or criminal prosecution. Destruction of illegal contraband is performed by the Investigation Division of the Sheriff's Department.

The booking supervisor determines when excess property can be shipped to a third party. The facility will dispose of excess property in accordance with policy. Disputed property will be inventoried and stored pending verification of ownership. ICE detainees claiming ownership of disputed property will be provided with a copy of the inventory when confiscated. The facility determines ownership of a disputed item within seven days following receipt of the inventory. The captain determines when an item will be destroyed. An item of questionable ownership is generally held for thirty days before considering its destruction.

Evaluation of this standard was based on interviews with administrative lieutenant, control center officer and housing unit officer; review of Shakedown Procedures policy, post orders, shakedown logs and detainee handbook; and observation of the shakedown procedure. Contraband is searched for, confiscated, documented and disposed of as this standard requires.

Overall Rating: Meets Standard

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

Completion Date: 5/2/2019

Reviewer Signature (for printed form submission):

DETENTION FILES (Key: W)		
POLICY: EVERY FACILITY WILL CREATE A DETENTION FILE FOR EVERY ICE DETAINEE BOOKED INTO THE FACILITY, EXCLUDING ONLY DETAINEES SCHEDULED TO DEPART WITHIN 24 HOURS. THE DETENTION FILE WILL CONTAIN COPIES AND, IN SOME CASES, THE ORIGINAL OF SPECIFIED DOCUMENTS CONCERNING THE DETAINEE'S STAY IN THE FACILITY: CLASSIFICATION SHEET, MEDICAL QUESTIONNAIRE, PROPERTY INVENTORY SHEET, DISCIPLINARY DOCUMENTS, ETC.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. A detention file is created for every new arrival whose stay will exceed 24 hours.	Meets Standard	Written policy dictates that a detention file will be created for each new detainee during the booking process.
2. The detainee detention file contains either originals or copies of documentation and forms generated during the admissions process.	Meets Standard	Reviewed files contained originals and copies of documents generated during admission, e.g., property inventories, I-203 forms and forms signed by detainees attesting to the fact that they received a local handbook.
3. The detainee's detention file also contains documents generated during the detainee's custody. <ul style="list-style-type: none"> • Special requests • Any G-589s and/or I-77s closed-out during the detainee's stay • Disciplinary forms/Segregation forms • Grievances, complaints, and the disposition(s) of same 	Meets Standard	
4. The detention files are located and maintained in a secure area. If not, the cabinets are lockable and distribution of the keys is limited to supervisors.	Meets Standard	Detainee files are located in a secure area of the facility in a separate locked room. Keys to the room are kept by the records supervisor.
5. The detention file remains active during the detainee's stay. When the detainee is released from the facility, staff adds copies of completed release documents, the original closed-out receipts for property and valuables, the original I-385 or equivalent, and other documentation.	Meets Standard	Upon the detainee's release, detention files are closed and archived.
6. The officer closing the detention file makes a notation that the file is complete and ready to be archived.	Meets Standard	Staff closing the detention file notes on the file jacket that "the file is complete and ready to be archived".
7. Staff makes copies and sends documents from the file when properly requested by supervisory personnel at the receiving facility or office.	Meets Standard	
8. Appropriate staff has access to the detention files, and other departmental requests are accommodated by making a request for the file. Each file is properly logged out and in by a representative of the responsible department.	Meets Standard	The inspector was informed that files are reviewed by authorized personnel in the secure area where they are kept. Authorized personnel sign a log sheet documenting time and purpose of their review.

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 detainee and maintained at the facility. Electronic records are password protected. The files reviewed contained the required admission and release documentation and copies of other documents created during the detainee's stay at the facility.

The OIC ensures that the intake unit has all necessary supplies and equipment to perform the tasks and that all equipment is maintained in good working order. The intake area has a photocopier, paper shredder and necessary supplies to process detainees. Defective and extra copies of all forms and documents generated during the admissions process are disposed of properly. The field office with IGSA-facility jurisdiction creates and maintains A-files on all detainees admitted to the facility.

Per ICE personnel present during the inspection, files maintained by facility staff contain the same material, forms and other documents, as SPC/CDF detention files to the extent possible, given that they are created by the field office. The IGSA forwards all documents relating to the individual's detention to the ICE field office for inclusion into the file.

The evaluation of this standard was based on examining the room where the files are maintained and interviewing the staff responsible for file maintenance. The inspector also witnessed a booking officer create a paper file for a detainee being admitted to the facility.

Overall Rating: Meets Standard

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

Completion Date: 5/2/2019

Reviewer Signature (for printed form submission):

DISCIPLINARY POLICY (Key: X)		
Policy: ALL FACILITIES HOUSING ICE DETAINEES ARE AUTHORIZED TO IMPOSE DISCIPLINE ON DETAINEES WHOSE BEHAVIOR IS NOT IN COMPLIANCE WITH FACILITY RULES AND REGULATIONS.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. The facility has a written disciplinary system using progressive levels of reviews and appeals.	Meets Standard	Inmate Discipline policy outlines the disciplinary system which includes progressive levels of review and appeals.
2. The facility rules state that disciplinary action shall not be capricious or retaliatory.	Meets Standard	Inmate Discipline policy states disciplinary action shall not be capricious or retaliatory.
3. Written rules prohibit staff from imposing or permitting the following sanctions: <ul style="list-style-type: none"> • corporal punishment • deviations from normal food service • clothing deprivation • bedding deprivation • denial of personal hygiene items • loss of correspondence privileges • deprivation of physical exercise 	Meets Standard	Written rules prohibit officers from imposing or permitting the bulleted items.
4. The rules of conduct, sanctions, and procedures for violations are defined in writing and communicated to all detainees verbally and in writing.	Meets Standard	The rules of conduct, sanctions, and procedures for violations are outlined in the detainee handbook and are communicated verbally to all detainees during the orientation. The orientation video is available on the facility's dedicated television channel. There is a television in each cell.
5. The following items are conspicuously posted in Spanish and English, and other dominant languages used in the facility: <ul style="list-style-type: none"> • Rights and Responsibilities • Prohibited Acts • Disciplinary Severity Scale • Sanctions 	Meets Standard	Component requirements are posted in the housing units and available on the housing unit kiosks in Spanish and English.
6. When minor rule violations or prohibited acts occur, informal resolutions are encouraged.	Meets Standard	Officers are encouraged to resolve minor rule violations. Officers receive training in dealing with issues at an informal level. Informal resolutions are documented electronically.
7. Incident reports and Notice of Charges are promptly forwarded to the designated supervisor.	Meets Standard	Incident reports and notice of charges are forwarded to the disciplinary hearing sergeant before the end of shift.

DISCIPLINARY POLICY (Key: X)		
POLICY: ALL FACILITIES HOUSING ICE DETAINEES ARE AUTHORIZED TO IMPOSE DISCIPLINE ON DETAINEES WHOSE BEHAVIOR IS NOT IN COMPLIANCE WITH FACILITY RULES AND REGULATIONS.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
8. Incident reports are investigated within 24 hours of the incident. The Unit Disciplinary Committee (UDC) or equivalent does not convene before an investigation ends.	Meets Standard	Inmate Discipline policy outlines the disciplinary process and expected timeframes.
9. An intermediate disciplinary process is used to adjudicate minor infractions.	Meets Standard	
10. A disciplinary panel (or equivalent in IGSA) adjudicates infractions. The panel: <ul style="list-style-type: none"> • Conducts hearings on all charges and allegations referred by the UDC; • Considers written reports, statements, physical evidence, and oral testimony; • Hears pleadings by detainees and staff representatives; • Bases its findings on the preponderance of evidence; and • Imposes only authorized sanctions 	Meets Standard	At this IGSA facility, a sergeant is designated as the disciplinary hearing officer. The sergeant conducts a hearing and takes into consideration written reports, statements, physical evidence, and oral testimony and bases findings on the preponderance of evidence and imposes only authorized sanctions.
11. A staff representative is available if requested for a detainee facing a disciplinary hearing.	Meets Standard	A staff representative is available if the detainee is unable to effectively communicate or if requested by a detainee.
12. The facility permits hearing postponements or continuances when conditions warrant such a continuance. Reasons are documented.	Meets Standard	
13. The duration of punishment set by the OIC, as recommended by the disciplinary panel, does not exceed established sanctions. The maximum time in disciplinary segregation is limited to 60 days for a single offense.	Meets Standard	Policy limits the amount of time a detainee can spend in disciplinary segregation to thirty days for a single offense.
14. Written procedures govern the handling of confidential-informant information. Standards include criteria for recognizing "substantial evidence"	Meets Standard	Inmate Discipline policy addresses the handling of confidential informant information.
15. All forms relevant to the incident, investigation, committee/panel reports, etc., are completed and distributed as required.	Does Not Meet Standard	According to the Inmate Discipline policy, forms relevant to the incident, investigation, committee/panel reports are to be completed and distributed. A review of disciplinary reports revealed that all reports were not completed and distributed as required.

DISCIPLINARY POLICY – REVIEWER SUMMARY
(Use following format for dates: mm/dd/yyyy)

DISCIPLINARY POLICY – REVIEWER SUMMARY

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

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

Detainees who have been determined to be incompetent by a medical authority will not be accountable for their actions. Detainees receive translation or interpretation services throughout the investigative, disciplinary, and appeal process, if needed. A sergeant conducts the disciplinary hearing and all appeals are heard by a lieutenant. Time served in segregation status, pending the outcome of the proceedings, may be credited to the number of days to be spent in the segregation status after the infraction is adjudicated. Detainees who have been found not guilty will not have any documentation of the incident placed in their detention file. The facility maintains electronic documentation for statistical and historical use.

The detainee handbook informs detainees of the disciplinary process, the prohibited acts and disciplinary severity scale, and the procedure for appealing disciplinary findings. Policy and procedures are in place so detainees who violate the rules of this facility are managed as this standard requires.

Evaluation of this standard was based on interviews with security specialists, administrative lieutenant and classification officers; review of Inmate Discipline policy, post orders, disciplinary reports and the detainee handbook; observation of segregation status cells and required postings in the housing units. There were no disciplinary hearings conducted during the inspection. There were no detainees in disciplinary status during the inspection. Disciplinary reports were reviewed. One report did not include required documentation from the hearing officer. The report was not signed and the detainee was not provided a copy of the hearing results. The administrative lieutenant was advised and committed to follow up with the hearing officer. The hearing officer was not available during the inspection.

Overall Rating: Meets Standard

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

Completion Date: 5/2/2019

Reviewer Signature (for printed form submission):

EMERGENCY (CONTINGENCY) PLANS (Key: Y)		
Policy ALL FACILITIES HOLDING ICE DETAINEES WILL RESPOND TO EMERGENCIES WITH A PREDETERMINED STANDARDIZED PLAN TO MINIMIZE THE HARMING OF HUMAN LIFE AND THE DESTRUCTION OF PROPERTY. IT IS RECOMMENDED THAT SPCs AND CDFs ENTER INTO AGREEMENT, VIA MEMORANDUM OF UNDERSTANDING (MOU), WITH FEDERAL, LOCAL AND STATE AGENCIES TO ASSIST IN TIMES OF EMERGENCY.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. Policy precludes detainees or detainee groups from exercising control or authority over other detainees.	Meets Standard	Classified Emergency Situations policy prohibits detainees from being given control or authority over other detainees.
2. Detainees are protected from: <ul style="list-style-type: none"> • Personal abuse • Corporal punishment • Personal injury • Disease • Property damage • Harassment from other detainees 	Meets Standard	Classified Emergency Situations policy prohibits component protections.
3. Staff is trained to identify signs of detainee unrest. <ul style="list-style-type: none"> • What type of training and how often? 	Meets Standard	Detainee unrest is addressed in IPC (Interpersonal Communication) training, which is conducted on an annual basis. Employees are trained to identify signs of unrest and to report unusual behavior to the shift supervisor.
4. Staff effectively disseminates information on facility climate, detainee attitudes, and moods to the Officer In Charge (OIC)	Meets Standard	Staff transmit information, both verbally and in writing, on the facility's climate and detainees' attitudes and moods to their shift supervisor or department manager. Information is shared through the facility's electronic management system.
5. There is a designated person or persons responsible for emergency plans and their implementation. Sufficient time is allotted to the person or group for development and implementation of the plans.	Meets Standard	The deputy lieutenant is responsible for emergency plans and their implementation. Sufficient time is allotted for the development and implementation of the plans.
6. The plans address the following issues: <ul style="list-style-type: none"> • Confidentiality • Accountability (copies and storage locations) • Annual review procedures and schedule • Revisions 	Meets Standard	Emergency plans address confidentiality and accountability. There is a procedure in place for annual review and revisions.
7. Contingency plans include a comprehensive general section with procedures applicable to most emergency situations.	Meets Standard	

EMERGENCY (CONTINGENCY) PLANS (Key: Y)		
POLICY ALL FACILITIES HOLDING ICE DETAINEES WILL RESPOND TO EMERGENCIES WITH A PREDETERMINED STANDARDIZED PLAN TO MINIMIZE THE HARMING OF HUMAN LIFE AND THE DESTRUCTION OF PROPERTY. IT IS RECOMMENDED THAT SPCs AND CDFs ENTER INTO AGREEMENT, VIA MEMORANDUM OF UNDERSTANDING (MOU), WITH FEDERAL, LOCAL AND STATE AGENCIES TO ASSIST IN TIMES OF EMERGENCY.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
8. The facility has cooperative contingency plans with applicable: <ul style="list-style-type: none"> • Local law enforcement agencies • State agencies • Federal agencies 	Meets Standard	The facility has cooperative contingency plans through the Ohio Intra State Mutual Aid Compact (IMAC).
9. All staff receives copies of Hostage Situation Management policy and procedures.	Meets Standard	All staff receive Hostage policy training during their initial and annual training. The policy is available for review electronically at all times.
10. Staff is trained to disregard instructions from hostages, regardless of rank. Within 24 hours after release, hostages are screened for medical and psychological effects.	Meets Standard	Staff is trained to disregard instructions from hostages, regardless of rank. This directive is also in the post orders. Hostages are screened for medical and psychological effects immediately upon release.
11. Emergency plans include emergency medical treatment for staff and detainees during and after an incident.	Meets Standard	Emergency medical treatment for staff and detainees is covered in the emergency plans.
12. Food service maintains at least 3 days' worth of emergency meals for staff and detainees.	Meets Standard	According to the food service administrator, at least three weeks' worth of meals for staff and detainees is available in case of an emergency.
13. Written plans identify locations of shut-off valves and switches for all utilities (water, gas, electric).	Meets Standard	The Emergency Plans include locations for emergency utility control, including plot plans, identifying water and gas shut-off valves, and electricity on-off switches.
14. Written procedures cover: <ul style="list-style-type: none"> • Work/Food Strike • Disturbances • Escapes • Bomb Threats • Adverse Weather • Internal Searches • Facility Evacuation • Detainee Transportation System Plan • Internal Hostages • Civil Disturbances 	Meets Standard	Component requirements are addressed in Emergency Plans. Detainee Transportation System Plan is documented in the Sheriff's Office Patrol Division.

EMERGENCY (CONTINGENCY) PLANS – REVIEWER SUMMARY
(Use following format for dates: mm/dd/yyyy)

EMERGENCY (CONTINGENCY) PLANS – REVIEWER SUMMARY

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

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

The staff training curricula includes facility safety, emergency management, hostages, safety with inmates, etc. Officers are instructed to report signs of unrest including gang activity, sexual misconduct and/or other complaints to the shift supervisor or department manager and complete a report on the facility's electronic jail management system.

The captain, in determining when to implement emergency plans, will consider safety, property protection, and if applicable, the safety and welfare of hostages. Input from staff is considered when plans are developed and implemented. All plans include a statement prohibiting unauthorized plan disclosure. Staff reporting procedures, communications equipment/radio location and post emergency procedures is covered in the plans. Each plan is reviewed annually and updated as needed.

The fire safety plan has been reviewed and approved by the local fire official on 9/19/2018. A copy of the fire safety plan is on file at the City of Hamilton Fire Department. There have been no incidents during this inspection period that resulted in an emergency plan being implemented. The plans have been created to minimize the harming of human life and the destruction of property as this standard requires.

Evaluation of this standard was based on interviews with the administrative lieutenant and maintenance supervisor; review of training records, emergency plans, Classified Emergency Situations policy and fire department report; and observation of Emergency Plan binders and locations of same.

Overall Rating: Meets Standard

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

Completion Date: 5/2/2019

Reviewer Signature (for printed form submission):

ENVIRONMENTAL HEALTH AND SAFETY (Key: Z)		
POLICY: EVERY FACILITY WILL CONTROL FLAMMABLE, TOXIC, AND CAUSTIC MATERIALS THROUGH A HAZARDOUS MATERIALS PROGRAM. THE PROGRAM WILL INCLUDE, AMONG OTHER THINGS, THE IDENTIFICATION AND LABELING OF HAZARDOUS MATERIALS IN ACCORDANCE WITH APPLICABLE STANDARDS (E.G., NATIONAL FIRE PROTECTION ASSOCIATION [NFPA]); IDENTIFICATION OF INCOMPATIBLE MATERIALS, AND SAFE-HANDLING PROCEDURES		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. The facility has a system for storing, issuing, and maintaining inventories of hazardous materials.	Meets Standard	The facility has an established system for storing, issuing, and maintaining inventories and accountability for hazardous materials.
2. Constant inventories are maintained for all flammable, toxic, and caustic substances used/stored in each section of the facility.	Does Not Meet Standard	This component was rated Deficient during the previous inspection because a review of hazardous chemical inventories at the warehouse revealed that they did not maintain a constant inventory of chemicals. A review of chemical inventories revealed the warehouse inventory was not correct. This was corrected during the inspection. This is a repeat deficiency.
3. The manufacturer's Material Safety Data Sheet (MSDS) file is up-to-date for every hazardous substance used. <ul style="list-style-type: none"> The files list all storage areas, and include a plant diagram and legend. The MSDSs and other information in the files are available to personnel managing the facility's safety program. 	Meets Standard	The facility maintains a comprehensive SDS file. The master files contain all necessary information including a plant diagram and legend. Individual SDS folders are available in areas where chemicals are used.
4. All personnel using flammable, toxic, and/or caustic substances follow the prescribed procedures. They: <ul style="list-style-type: none"> Wear personal protective equipment; and Report hazards and spills to the designated official. 	Meets Standard	Personal protective equipment is available in areas as required. Interviews with staff indicated any spills would be reported immediately to the environmental supervisor (ES).
5. The MSDSs are readily accessible to staff and detainees in work areas.	Meets Standard	
6. Hazardous materials are always issued under proper supervision. <ul style="list-style-type: none"> Quantities are limited; and Staff always supervises detainees using these substances. 	Meets Standard	Quantities of chemicals kept in the housing units are limited and their issuance and use are monitored by employees. Cleaning chemicals used in the housing units are non-hazardous and are diluted prior to use.
7. All "flammable" and "combustible" materials (liquid and aerosol) are stored and used according to label recommendations.	Meets Standard	
8. Lighting fixtures and electrical equipment installed in storage rooms and other hazardous areas meet National Electrical Code requirements.	Meets Standard	

ENVIRONMENTAL HEALTH AND SAFETY (Key: Z)		
Policy: EVERY FACILITY WILL CONTROL FLAMMABLE, TOXIC, AND CAUSTIC MATERIALS THROUGH A HAZARDOUS MATERIALS PROGRAM. THE PROGRAM WILL INCLUDE, AMONG OTHER THINGS, THE IDENTIFICATION AND LABELING OF HAZARDOUS MATERIALS IN ACCORDANCE WITH APPLICABLE STANDARDS (E.G., NATIONAL FIRE PROTECTION ASSOCIATION [NFPA]); IDENTIFICATION OF INCOMPATIBLE MATERIALS, AND SAFE-HANDLING PROCEDURES		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
9. The facility has sufficient ventilation, and provides and ensures clean air exchanges throughout all buildings.	Meets Standard	The facility has sufficient ventilation to ensure clean air exchanges throughout the building.
10. Vents return vents, and air conditioning ducts are not blocked or obstructed in cells or anywhere in the facility.	Meets Standard	During the inspection, no vents or ducts were observed to be blocked or obstructed.
11. Living units are maintained at appropriate temperatures in accordance with industry standards. (68 to 74 degrees in the winter and 72 to 78 degrees in the summer.)	Meets Standard	The automated heating/air conditioning system is currently programmed to maintain ambient temperatures in the housing units and common areas at 70°Fahrenheit year-round.
12. Shower and sink water temperatures do not exceed the industry standard of 120 degrees.	Meets Standard	Shower and sink water temperatures in the housing units are monitored by the maintenance department. These temperatures do not exceed the industry standard of 120 degrees. Temperatures were checked in all ICE housing pods during the inspection.
13. All toxic and caustic materials are stored in their original containers in a secure area.	Meets Standard	Observation of secured chemical storage areas indicated that all toxic and caustic materials are stored in their original containers.
14. Excess flammables, combustibles, and toxic liquids are disposed of properly and in accordance with MSDSs.	Meets Standard	An interview with the maintenance supervisor confirms that all excess flammables, combustibles and toxic liquids are stored outside the secure perimeter and are disposed of in accordance with the SDSs.
15. Staff directly supervise and account for products with methyl alcohol. Staff receives a list of products containing diluted methyl alcohol, e.g., shoe dye. All such products are clearly labeled. "Accountability" includes issuing such products to detainees in the smallest workable quantities.	N/A	Products that contain methyl alcohol are not used at this facility.
16. Every employee and detainee using flammable, toxic, or caustic materials receives advance training in their use, storage, and disposal.	Meets Standard	Employees receive training in the use, storage and disposal of hazardous materials. The food service dishwashing machine and laundry machines have remote dispensing features.

ENVIRONMENTAL HEALTH AND SAFETY (Key: Z)		
Policy: EVERY FACILITY WILL CONTROL FLAMMABLE, TOXIC, AND CAUSTIC MATERIALS THROUGH A HAZARDOUS MATERIALS PROGRAM. THE PROGRAM WILL INCLUDE, AMONG OTHER THINGS, THE IDENTIFICATION AND LABELING OF HAZARDOUS MATERIALS IN ACCORDANCE WITH APPLICABLE STANDARDS (E.G., NATIONAL FIRE PROTECTION ASSOCIATION [NFPA]); IDENTIFICATION OF INCOMPATIBLE MATERIALS, AND SAFE-HANDLING PROCEDURES		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
17. The facility complies with the most current edition of applicable codes, standards, and regulations of the National Fire Protection Association and the Occupational Safety and Health Administration (OSHA).	Meets Standard	An annual inspection of the fire system was conducted by the local fire department on 7/17/2018. The sprinkler system was inspected on 9/20/2018 and the fire-suppression hood in the food service area on 4/26/2019 by Simplex Grinnell. The annunciator panel was tested on 4/24/2019 and the fire extinguishers were also serviced by Simplex Grinnell.
18. A technically qualified officer conducts the fire and safety inspections.	Meets Standard	A shift sergeant who is a fire inspector for the City of Trenton, Ohio, conducts these inspections.
19. The Safety Office (or officer) maintains files of inspection reports.	Meets Standard	
20. The facility has an approved fire prevention, control, and evacuation plan.	Meets Standard	The fire prevention, control and evacuation plan is on file and was approved by the City of Hamilton Fire Chief.
21. The plan requires: <ul style="list-style-type: none"> • Monthly fire inspections; • Fire protection equipment strategically located throughout the facility; • Public posting of emergency plans with accessible building/room floor plans; • Exit signs and directional arrows; and • An area-specific exit diagram conspicuously posted in the diagrammed area. 	Meets Standard	Policies establish the fire prevention, control and evacuation plan. All the elements listed in this component are addressed.
22. Fire drills are conducted and documented monthly.	Meets Standard	A review of fire drill documentation revealed that drills are being done in all areas of the facility as required by the Standard. The drills are documented, timed, emergency keys drawn, and detainees are evacuated during the drill. All non-security personnel are evacuated during the drills and an official detainee headcount is conducted. During the inspection, this inspector observed a fire drill in one of the ICE housing units.
23. A sanitation program covers barbering operations.	Meets Standard	

ENVIRONMENTAL HEALTH AND SAFETY (Key: Z)		
Policy: EVERY FACILITY WILL CONTROL FLAMMABLE, TOXIC, AND CAUSTIC MATERIALS THROUGH A HAZARDOUS MATERIALS PROGRAM. THE PROGRAM WILL INCLUDE, AMONG OTHER THINGS, THE IDENTIFICATION AND LABELING OF HAZARDOUS MATERIALS IN ACCORDANCE WITH APPLICABLE STANDARDS (E.G., NATIONAL FIRE PROTECTION ASSOCIATION [NFPA]); IDENTIFICATION OF INCOMPATIBLE MATERIALS, AND SAFE-HANDLING PROCEDURES		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
24. The barber shop has the facilities and equipment necessary to meet sanitation requirements.	Meets Standard	The facility does not have a dedicated barbershop. Barbering is conducted in a designated common area in the housing pods. The facility received a waiver for this component from Detention Management Division, dated 7/17/2013, allowing barbering services to be conducted in the housing pods dayroom common areas.
25. The sanitation standards are conspicuously posted in the barbershop.	Meets Standard	There is no dedicated barber shop; however, sanitation standards are posted in the common area of each housing pod where barbering services are conducted.
26. Written procedures regulate the handling and disposal of used needles and other sharp objects.	Meets Standard	Written policy addresses the disposal of needles and other sharp objects. Stericycle, the contracted bio-hazardous waste company, removes these items from the facility.
27. All items representing potential safety or security risks are inventoried and a designated individual checks this inventory weekly.	Meets Standard	All items that represent a potential safety or security risk are inventoried and documented at the beginning and end of each shift. The supervising nurse reviews the inventory weekly.
28. Standard cleaning practices include: <ul style="list-style-type: none"> Using specified equipment; cleansers; disinfectants and detergents. An established schedule of cleaning and follow-up inspections. 	Meets Standard	Policy and the observed cleaning practices incorporate the items listed in this component.
29. The facility follows standard cleaning procedures.	Meets Standard	The facility has a good housing sanitation plan and the sanitation level during the inspection was very good.
30. Spill kits are readily available.	Meets Standard	
31. A licensed medical waste contractor disposes of infectious/bio-hazardous waste.	Meets Standard	Infectious/bio-hazardous waste is appropriately stored and disposed of through a contract with a licensed contractor.

ENVIRONMENTAL HEALTH AND SAFETY (Key: Z)		
Policy: EVERY FACILITY WILL CONTROL FLAMMABLE, TOXIC, AND CAUSTIC MATERIALS THROUGH A HAZARDOUS MATERIALS PROGRAM. THE PROGRAM WILL INCLUDE, AMONG OTHER THINGS, THE IDENTIFICATION AND LABELING OF HAZARDOUS MATERIALS IN ACCORDANCE WITH APPLICABLE STANDARDS (E.G., NATIONAL FIRE PROTECTION ASSOCIATION [NFPA]); IDENTIFICATION OF INCOMPATIBLE MATERIALS, AND SAFE-HANDLING PROCEDURES		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
32. Staff is trained to prevent contact with blood and other body fluids and written procedures are followed.	Meets Standard	Per the environmental supervisor and health services administrator, facility personnel are trained to prevent contact with blood and other body fluids. Written procedures are followed.
33. Do the methods for handling/disposing of refuse meet all regulatory requirements?	Meets Standard	
34. A licensed/Certified/Trained pest-control professional inspects for rodents, insects, and vermin. <ul style="list-style-type: none"> At least monthly. The pest-control program includes preventative spraying for indigenous insects. 	Meets Standard	Pest control services are provided monthly through a contract with Orkin Termite and Pest Control, a licensed pest control company.
35. Drinking water and wastewater is routinely tested according to a fixed schedule.	Meets Standard	The City of Hamilton provides drinking water and waste water services.
36. Emergency power generators are tested at least every two weeks. <ul style="list-style-type: none"> Other emergency systems and equipment receive testing at least quarterly. Testing is followed-up with timely corrective actions (repairs and replacements). 	Meets Standard	

ENVIRONMENTAL HEALTH AND SAFETY – REVIEWER SUMMARY
(Use following format for dates: mm/dd/yyyy)

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 installed fire protection equipment throughout the facility in accordance with all applicable codes. Inspection, testing, and maintenance of fire protection equipment, in accordance with NFPA codes, are performed. A copy of the fire evacuation plan has been sent to the local fire department.

Fire drills are scheduled so that employees on each shift participate in drills. Documentation revealed that the drawing of emergency keys is included, and the drill is timed. Detainees were evacuated when safety and security permitted. Areas of safe refuge are identified as the outdoor area used for recreation that is attached to every housing unit. During the inspection, a fire drill was conducted and 96 detainees were evacuated from their housing unit. The detainees were moved to the attached recreation area, counted and returned after conclusion of the drill. Staff responded and ensured all detainees had been removed from the unit and that a set of emergency keys were drawn. The drill concluded outside the time frame suggested by the Standard, but an entire institutional count was conducted as part of the drill

The environmental supervisor has compiled a master index of all hazardous substances in the facility, including locations, along with a master file of SDSs. Every individual using a hazardous substance in the facility is familiar with and follows all prescribed precautions including the wearing of personal protective equipment when necessary and the need to report hazards or spills to a supervisor and the environmental supervisor. Hazardous materials are maintained in approved storage cabinets outside the secure perimeter. An annual review of the SDS has been completed instead of the semi-annual review as required by the Standard.

Environmental health and safety policy protects detainees, personnel, contractors and volunteers from injury and illness by ensuring adequate standards of cleanliness and sanitation. Infectious waste is clearly labeled and doubled-bagged. The red bags are impermeable and specifically for bio-hazardous waste storage. Universal precautions are followed by all personnel when handling untreated infectious waste.

The medical department has developed an exposure-control plan. Should an individual become exposed while handling a potentially contaminated sharp, the individual is counseled regarding baseline testing for HBV and HIV and referred to a health care source. If the injury involves a person who is a known source of possible infection, that person is also tested as required. The incident is reported as an occupational injury and documented in accordance with applicable regulations and laws.

Protective eye and face equipment are available for staff and detainees where there is a reasonable probability of injury that can be prevented by such equipment. There is only one eye wash station located in the laundry/service area. All employees and detainees in those areas have been instructed in their use.

During the evaluation of this standard, policy was reviewed, SDS master and storage site files were inspected, and documentation and policy on fire suppression, evacuations, training and inspections were reviewed. In addition, the physical plant was inspected, the environmental supervisor, maintenance supervisor, food service director, and a unit officer were interviewed, inspection results and appropriate files were reviewed, and sanitation practices were observed.

Overall Rating: Meets Standard

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

Completion Date: 5/2/2019

Reviewer Signature (for printed form submission):

HOLD ROOMS IN DETENTION FACILITIES (Key: AA)		
Policy: HOLD ROOMS WILL BE USED ONLY FOR TEMPORARY DETENTION OF DETAINEES AWAITING REMOVAL, TRANSFER, EOIR HEARINGS, MEDICAL TREATMENT, INTRA-FACILITY MOVEMENT, OR OTHER PROCESSING INTO OR OUT OF THE FACILITY.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. The hold rooms are situated within the secure perimeter.	Meets Standard	Hold rooms are located within the secure perimeter of the facility.
2. The hold rooms are well ventilated well lighted, and all activating switches are located outside the room.	Meets Standard	Hold rooms are well ventilated and well lit. Activating switches are located outside each room.
3. The hold rooms contain sufficient seating for the number of detainees held.	Meets Standard	The hold rooms are sufficient for the number of detainees held.
4. Bunks, cots, beds, or other related make-shift sleeping apparatus are precluded from use inside hold rooms.	Meets Standard	No bunks, cots, beds, or other related make-shift sleeping apparatuses were observed inside the hold rooms utilized for detainees.
5. The walls and ceilings of the hold rooms are tamper and escape proof.	Meets Standard	The walls and ceilings of the hold rooms are tamper resistant and escape proof.
6. Individuals are not held in hold rooms for more than 12 hours.	Meets Standard	
7. Male and females are segregated from each other.	Meets Standard	A separate hold room is available for males and females.
8. Detainees under the age of 18 are not held with adult detainees.	Meets Standard	This facility does not house detainees under the age of eighteen. Therefore, detainees under the age of eighteen are not held with adult detainees.
9. 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	Hygiene items are provided to detainees.
10. In older facilities, officers are within visual or audible range to allow detainees access to toilet facilities on a regular basis.	Meets Standard	Officers are within visual and audible range of the hold rooms. Hold rooms used by detainees are equipped with a toilet.
11. All detainees are given a pat down search for weapons or contraband before being placed in the room.	Meets Standard	Detainees are given a pat down search and pass through a full body scanner prior to being placed in a hold room.

HOLD ROOMS IN DETENTION FACILITIES (Key: AA)		
Policy: HOLD ROOMS WILL BE USED ONLY FOR TEMPORARY DETENTION OF DETAINEES AWAITING REMOVAL, TRANSFER, EOIR HEARINGS, MEDICAL TREATMENT, INTRA-FACILITY MOVEMENT, OR OTHER PROCESSING INTO OR OUT OF THE FACILITY.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
12. Officers closely supervise the detention hold rooms using direct supervision (Irregular visual monitoring). <ul style="list-style-type: none"> • Hold rooms are irregularly monitored every 15 minutes. • Unusual behavior or complaints are noted. 	Does Not Meet Standard	Hold rooms are not irregularly monitored every fifteen minutes. The administrative lieutenant stated that a medically trained officer assesses each detainee prior to assigning to a hold room. Unusual behavior is documented and reported to the booking supervisor.
13. When the last detainee has been removed from the hold room, it is given a thorough inspection.	Meets Standard	An officer assigned to the booking area is responsible for conducting a thorough inspection of the hold rooms once the last detainee has been removed.
14. There is a written evacuation plan that includes a designated officer to remove detainees from hold rooms in case of fire and/or building evacuation.	Meets Standard	The evacuation plan is included in the facility's emergency plan. The area supervisor is responsible for removing detainees in case of fire and/or building evacuation.
15. An appropriate emergency service is called immediately upon a determination that a medical emergency may exist.	Meets Standard	Medical staff is notified immediately of any medical emergency. A physician is on call after hours. 911 would be called if additional resources were needed.

HOLD ROOMS IN DETENTION FACILITIES – REVIEWER SUMMARY
<i>(Use following format for dates: mm/dd/yyyy)</i>
<p>Overall Remarks: <i>(Record significant facts, observations, other sources used, etc.)(5000 Character Max)</i></p> <p>Meals are provided to detainees in accordance to the established feeding times set by the facility for the general population. Pregnant detainees have access to prenatal trays and snacks.</p> <p>An officer observes every detainee, checking for obvious mental health or physical conditions, prior to placing them in a hold room. All detainees undergo a pat down search by an officer of the same gender. Each detainee passes through a full body scanner before being placed in a hold room. A detention log is maintained for every ICE detainee. No officer enters a hold room without another officer stationed outside the door ready to respond as needed.</p> <p>The hold rooms utilized for ICE detainees are equipped with stainless steel, combination lavatory/toilet fixtures in accordance with the American with Disabilities Act of 1990. In addition to the officers assigned to booking, the area is monitored by the officer in the control center via the camera system.</p> <p>Evaluation of this standard was based on inspection of the hold rooms, hygiene kits and booking area; interviews with booking officers, shift supervisor and administrative lieutenant; and review of post orders, evacuation plans and hold room logs.</p>
Overall Rating: Meets Standard

HOLD ROOMS IN DETENTION FACILITIES – REVIEWER SUMMARY		
Reviewer Name (Printed)	(b)(6); (b)(7)(C) <i>(Use following format for dates: mm/dd/yyyy)</i>	Completion Date: 5/2/2019
Reviewer Signature (for printed form submission):		

KEY AND LOCK CONTROL (SECURITY, ACCOUNTABILITY AND MAINTENANCE) (Key: AB)		
Policy IT IS THE POLICY OF THE ICE SERVICE TO MAINTAIN AN EFFICIENT SYSTEM FOR THE USE, ACCOUNTABILITY AND MAINTENANCE OF ALL KEYS AND LOCKS.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. The security officer[s], or equivalent in IGSA's, has attended an approved locksmith training program.	Meets Standard	The maintenance supervisor and environmental health officer have attended an approved locksmith training program.
2. The security officer, or equivalent in IGSA's, has responsibly for all administrative duties and responsibilities relating to keys, locks etc.	Meets Standard	The administrative and sergeant has responsibility for all administrative duties and responsibilities relating to keys and the maintenance supervisor for the locks.
3. The security officer, or equivalent in IGSA's, provides training to employees in key control.	Meets Standard	The sergeant is responsible for providing training to all employees on key control. The training is conducted electronically through Power DMS.
4. The security officer, or equivalent in IGSA's, maintains inventories of all keys, locks and locking devices.	Meets Standard	The sergeant maintains inventories of all keys. The maintenance supervisor maintains the inventories for locks and locking devices.
5. The security officer follows a preventive maintenance program and maintains all preventive maintenance documentation.	Meets Standard	A preventive maintenance program is in place for keys and locks. The facility has a contract with Unique Security, Inc. to provide preventive maintenance on the locks on a quarterly basis. Documentation of contract services was reviewed.
6. Facility policies and procedures address the issue of compromised keys and locks.	Meets Standard	
7. The security officer, or equivalent in IGSA's, develops policy and procedures to ensure safe combinations integrity.	Meets Standard	Combination safes are located in the sergeants' office, accounting clerk' office and records office. Safe integrity is maintained.
8. Only dead bolt or dead lock functions are used in detainee accessible areas.	Meets Standard	
9. Only authorized locks (as specified in the Detention Standard) are used in detainee accessible areas.	Meets Standard	
10. Grand master keying systems are prohibited.	Meets Standard	According to the key control officer, grand master keying systems are prohibited.

KEY AND LOCK CONTROL (SECURITY, ACCOUNTABILITY AND MAINTENANCE) (Key: AB)		
POLICY IT IS THE POLICY OF THE ICE SERVICE TO MAINTAIN AN EFFICIENT SYSTEM FOR THE USE, ACCOUNTABILITY AND MAINTENANCE OF ALL KEYS AND LOCKS.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
11. All worn or discarded keys and locks are cut up and properly disposed of.	Meets Standard	The maintenance supervisor is responsible for the proper disposal of worn or discarded keys and locks.
12. Padlocks and/or chains are prohibited from use on cell doors.	Meets Standard	
13. The entrance/exit door locks to detainee living quarters, or areas with an occupant load of 50 or more people, conform to: <ul style="list-style-type: none"> Occupational Safety and Environmental Health Manual, Ch. 3; National Fire Protection Association Life Safety Code 101. 	Meets Standard	
14. The operational keyboard is sufficient to accommodate all the facility key rings, including keys in use, and is located in a secure area.	Meets Standard	The operational keyboards in the control room are of sufficient size to accommodate all the facility's key rings. The control room is restricted to authorized personnel.
15. Procedures are in place to ensure that key rings are: <ul style="list-style-type: none"> Identifiable; The numbers of keys are cited; and Keys cannot be removed. 	Does Not Meet Standard	According to the Key Log policy, key rings should be secured so keys cannot be removed. The number of keys on the rings should be cited on the key fob. Two key rings were not secured on the key fob and were not cited. During the inspection, the keys rings were cited and secured on a key fob.
16. Emergency keys are available for all areas of the facility.	Meets Standard	Emergency keys are located in the control room. Another set is available outside the secure perimeter in the sheriff's office, as well as, the dispatch center.
17. The facilities use a key accountability system.	Meets Standard	All keys are accounted for on each shift in the control center. Documentation is maintained electronically.
18. Authorization is necessary to issue any restricted key.	Meets Standard	Restricted keys may be accessed only by those authorized by the shift supervisor.
19. Individual gun lockers are provided. <ul style="list-style-type: none"> They are located in an area that permits constant officer observation. In an area that does not allow detainee or public access. 	Meets Standard	Gun lockers are located in four areas of the facility. The areas are not accessible by detainees or the public. Areas are monitored by the control room officer.

KEY AND LOCK CONTROL (SECURITY, ACCOUNTABILITY AND MAINTENANCE) (Key: AB)		
POLICY IT IS THE POLICY OF THE ICE SERVICE TO MAINTAIN AN EFFICIENT SYSTEM FOR THE USE, ACCOUNTABILITY AND MAINTENANCE OF ALL KEYS AND LOCKS.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
20. The facility has a key accountability policy and procedures to ensure key accountability. The keys are physically counted daily.	Meets Standard	Key Log policy and post orders are in place for key accountability. Keys are counted once per shift and verified in writing by the shift supervisor.
21. All staff members are trained and held responsible for adhering to proper procedures for the handling of keys. <ul style="list-style-type: none"> • Issued keys are returned immediately in the event an employee inadvertently carries a key ring home. • When a key or key ring is lost, misplaced, or not accounted for, the shift supervisor is immediately notified. • Detainees are not permitted to handle keys assigned to staff. 	Does Not Meet Standard	Staff members are trained and held responsible for training on key control. Policy addresses all items in this component, with the exception of the first bullet. The policy was updated during the inspection.

KEY AND LOCK CONTROL (SECURITY, ACCOUNTABILITY AND MAINTENANCE) – REVIEWER SUMMARY <i>(Use following format for dates: mm/dd/yyyy)</i>		
Overall Remarks: <i>(Record significant facts, observations, other sources used, etc.)(5000 Character Max)</i> Housing unit officers exchange keys when they relieve each other during shift change. The control center officer calls and confirms they have the proper number of keys during the required daily accounting of all facility keys. The control center officer completes a report of the accounting of all the keys electronically on the facility's computer system. There is a post order for tool and key control. No keys are issued on a 24-hour basis without the captain's written authorization. The captain has developed written procedures authorizing the use of restricted keys. Keys and locks are maintained, accounted for and secured as this standard requires. Evaluation of this standard was based on interviews with the key control sergeant, maintenance supervisor and control center officer; review of training documentation, preventative maintenance documentation, key inventories and key accountability logs and Safe Integrity policy; and inspection of gun lockers, key issuance/accountability, operational keyboard and individual key rings.		
Overall Rating: Meets Standard		
Reviewer Name (Printed) (b)(6); (b)(7)(C)		Completion Date: 5/2/2019
Reviewer Signature (for printed form submission):		

POPULATION COUNTS (Key: AC)		
Policy: ALL DETENTION FACILITIES SHALL ENSURE AROUND-THE-CLOCK ACCOUNTABILITY FOR ALL DETAINEES. THIS REQUIRES THAT THEY CONDUCT AT LEAST ONE FORMAL COUNT OF THE DETAINEE POPULATION PER SHIFT, WITH ADDITIONAL FORMAL AND INFORMAL COUNTS CONDUCTED AS NECESSARY.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. Staff conduct a formal count at least once each shift.	Meets Standard	
2. Activities cease or are strictly controlled while a formal count is being conducted.	Meets Standard	All activities cease during formal counts.
3. Certain operations cease during formal counts.	Meets Standard	All operations cease during formal counts.
4. All movement ceases for the duration of a formal count.	Meets Standard	All movement of detainees cease during a formal count.
5. Formal counts in all units take place simultaneously.	Meets Standard	Formal counts are conducted simultaneously in the housing units.
6. Detainee participation in counts is prohibited.	Meets Standard	Detainees are prohibited from participating in counts.
7. A face-to-photo count follows each unsuccessful recount.	Meets Standard	A face-to-photo count is conducted after each unsuccessful recount.
8. Officers positively identify each detainee before counting him/her as present.	Meets Standard	Officers are required to positively identify each detainee before counting him/her as present. Officers use wristband photos to verify identity.
9. Written procedures cover informal and emergency counts. <ul style="list-style-type: none"> They are followed during informal counts and emergencies. 	Meets Standard	
10. The control officer (or other designated position) maintains an out-count record of all detainees temporarily leaving the facility.	Meets Standard	The court docket officer in booking maintains an out-count record of all detainees temporarily leaving the facility.
11. This training is documented in each officer's training folder.	Meets Standard	

POPULATION COUNTS – REVIEWER SUMMARY*(Use following format for dates: mm/dd/yyyy)*

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)*

During formal counts, detainees are required to stand at their cell doors and wait for the officer to count them. They are required to be in full uniform, display their wristband, and give the officer their name.

All counts are called into the shift supervisor who records, reviews and verifies the count information; count is not cleared until the shift supervisor has verified the submitted information. The master count is maintained in the shift supervisor's office.

Informal counts are conducted at irregular intervals to verify the presence of all detainees. The formal and informal counts ensure around the clock accountability for all detainees.

Evaluation of this standard was based on interviews with the shift supervisor, control center officer and housing unit officer; review of policy, count documentation and post orders; and observation of formal count at 9:30 a.m. on 5/1/2019.

Overall Rating: Meets Standard

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

Completion Date: 5/2/2019

Reviewer Signature (for printed form submission):

POST ORDERS (Key: AD)		
Policy: ICE PROVIDES OFFICERS ALL NECESSARY GUIDANCE FOR CARRYING OUT THEIR DUTIES. THIS GUIDANCE INCLUDES THE POST ORDERS ESTABLISHED FOR EVERY POST, WHICH ARE REVIEWED AT LEAST ANNUALLY, AND GIVEN TO EACH OFFICER UPON ASSIGNMENT TO THAT POST.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. Every fixed post has a set of post orders.	Meets Standard	
2. Each set contains the latest inserts (emergency memoranda, etc.) and revisions.	Meets Standard	Post orders are updated and include the latest information and updates. Revisions are available electronically. Staff are notified of changes and are required to review and acknowledge their understanding.
3. One individual or department is responsible for keeping all post-orders current with revisions that take place between reviews.	Meets Standard	A sergeant is responsible for keeping all post orders current.
4. The IGSA maintains a complete set (central file) of post orders.	Meets Standard	A complete set of post orders is maintained electronically. The system is accessible to all personnel and can be reviewed on the computer at their post.
5. The central file is accessible to all staff.	Meets Standard	All staff have access to post orders electronically.
6. The OIC or Contract / IGSA equivalent initiates/authorizes all post-order changes.	Meets Standard	The captain authorizes all post order changes.
7. The OIC or Contract / IGSA equivalent has signed and dated the last page of every section.	Meets Standard	The captain signs and dates the post orders.
8. A review/updating/reissuing of post orders occurs regularly and at a minimum, annually.	Meets Standard	Post orders are reviewed annually or as needed. The captain completed annual reviews on 5/1/2019 and 1/2/2018.
9. Procedures keep post orders and logbooks secure from detainees at all times.	Meets Standard	Post orders and logbooks are secured.
10. Every armed-post officer qualifies with the post weapon(s) before assuming post duty.	Meets Standard	The transportation officer is the only armed post. Every armed officer qualifies with the post weapon before assuming duty.
11. Armed-post post orders provide instructions for escape attempts.	Meets Standard	
12. The post orders for housing units track the event schedule.	Meets Standard	The event schedule for the housing units is included in the post order.
13. Housing-unit post officers record all detainee activity in a log. The post order includes instructions on maintaining the logbook.	Meets Standard	The housing unit officers maintain an electronic log of all detainee activity. The housing unit post order includes instructions to maintain the log.

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)*

Officers are trained during their initial orientation and on-the-job training on all post orders. They also receive annual training on post orders. A signature is required on all training, as well as, acknowledgement of review and understanding of all revisions.

Post orders for non-permanent assignments are developed in advance or as soon as possible after the need arises. Written procedures provide official on-duty time for officers to read post orders and ensure that officers read those applicable post orders prior to assuming the post. Officers use the post orders to familiarize themselves with the duties for which they are responsible. Supervisors ensure that officers understand the post orders, whether the assignment is temporary, permanent or due to an emergency.

The post orders for posts that control access to the facility clearly state that any staff member who is taken hostage is considered to be under duress and any order issued by them, regardless of their rank or position of authority, is to be disregarded.

Evaluation of this standard was based on a review of post orders, policy and training documents; interviews with housing unit officers, shift supervisor and administrative lieutenant; observation of Power DMS electronic system. Post orders are available on Power DMS.

Overall Rating: Meets Standard

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

Completion Date: 5/2/2019

Reviewer Signature (for printed form submission):

SECURITY INSPECTIONS (Key: AE)		
Policy: POST ASSIGNMENTS IN THE FACILITY'S HIGH-RISK AREAS, WHERE SPECIAL SECURITY PROCEDURES MUST BE FOLLOWED, WILL BE RESTRICTED TO EXPERIENCED PERSONNEL WITH A THOROUGH GROUNDING IN FACILITY OPERATIONS.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. The facility has a comprehensive security inspection policy. The policy specifies: <ul style="list-style-type: none"> • Posts to be inspected; • Required inspection forms; • Frequency of inspections; • Guidelines for checking security features; and • Procedures for reporting weak spots, inconsistencies, and other areas needing improvement 	Meets Standard	Housing Unit policy addresses component requirements. An electronic log is used to report and document the results of the inspections.
2. Every officer is required to conduct a security check of his/her assigned area. The results are documented.	Meets Standard	Housing Unit policy addresses component requirements. An electronic log is used to report and document the results of the inspections.
3. Documentation of security inspections is kept on file.	Meets Standard	An electronic log is used to report and document the results of the inspections.
4. Procedures ensure that recurring problems and a failure to take corrective action are reported to the appropriate manager.	Meets Standard	The facility utilizes an electronic system to notify maintenance of a problem. The system records the problem being reported and area where problem is located. The shift supervisor follows up on recurring problems.
5. The front-entrance officer checks the ID of everyone entering or exiting the facility.	Meets Standard	The front entrance officer checks each visitor's ID prior to having them sign in on the logbook.
6. All visits are officially recorded in a visitor logbook or electronically recorded.	Meets Standard	
7. The facility has a secure visitor pass system.	Meets Standard	
8. Every Control Center officer receives specialized training.	Meets Standard	
9. The Control Center is staffed around the clock.	Meets Standard	The control center is staffed 24 hours a day.
10. Policy restricts staff access to the Control Center.	Meets Standard	Access to the control center is restricted by post orders.
11. Detainees are restricted from access to the Control Center.	Meets Standard	No detainee is permitted in the control center.
12. Communications are centralized in the Control Center.	Meets Standard	All communication is centralized in the control center.
13. Officers monitor all vehicular traffic entering and leaving the facility.	N/A	Vehicles do not enter the secure perimeter of the facility.

SECURITY INSPECTIONS (Key: AE)		
POLICY: POST ASSIGNMENTS IN THE FACILITY'S HIGH-RISK AREAS, WHERE SPECIAL SECURITY PROCEDURES MUST BE FOLLOWED, WILL BE RESTRICTED TO EXPERIENCED PERSONNEL WITH A THOROUGH GROUNDING IN FACILITY OPERATIONS.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
14. The facility maintains a log of all incoming and departing vehicles to sensitive areas of the facility. Each entry contains: <ul style="list-style-type: none"> • The driver's name; • Company represented; • Vehicle contents; • Delivery date and time; • Date and time out; • Vehicle license number; and • Name of employee responsible for the vehicle during the visit 	N/A	Vehicles do not enter the secure perimeter of the facility.
15. Officers thoroughly search each vehicle entering and leaving the facility.	N/A	Vehicles do not enter the secure perimeter of the facility.
16. The facility has a written policy and procedures to prevent the introduction of contraband into the facility or any of its components.	Meets Standard	
17. Tools being taken into the secure area of the facility are inventoried before entering and prior to departure.	Meets Standard	Tools are inventoried before entering and prior to departing the secure area of the facility.
18. The SMU entrance has a sally port.	Meets Standard	All housing units have a sally port. The facility utilizes cells in each of the housing units to place detainees in segregation status.
19. Written procedures govern searches of detainee housing units and personal areas.	Meets Standard	
20. Housing area searches occur at irregular times.	Meets Standard	Searches in the housing units are conducted at irregular times.
21. Every search of the SMU and other housing units is documented.	Meets Standard	Documentation of searches is maintained electronically.
22. Storage and supply rooms, walls, light and plumbing fixtures, accesses, and drains, etc., undergo frequent, irregular searches. These searches are documented.	Meets Standard	Searches of all non-housing units are conducted in such a manner that ensures all areas are inspected monthly. Searches are documented electronically.
23. Walls, fences, and exits, including exterior windows, are inspected for defects once each shift.	Meets Standard	All areas noted in this component are inspected once per shift.

SECURITY INSPECTIONS (Key: AE)		
POLICY: POST ASSIGNMENTS IN THE FACILITY'S HIGH-RISK AREAS, WHERE SPECIAL SECURITY PROCEDURES MUST BE FOLLOWED, WILL BE RESTRICTED TO EXPERIENCED PERSONNEL WITH A THOROUGH GROUNDING IN FACILITY OPERATIONS.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
24. Daily procedures include: <ul style="list-style-type: none"> • Perimeter alarm system tests; • Physical checks of the perimeter fence; and • Documenting the results. 	Meets Standard	This component was rated Deficient during the previous inspection because physical checks of the perimeter fence were not conducted daily. The ICE Security Standards policy (Physical Perimeter Inspections) was updated to include physical checks of the perimeter fence. There is no perimeter fence alarm system. Electronic documentation is maintained to verify visual checks of the perimeter.
25. Visitation areas receive frequent, irregular inspections.	Meets Standard	

SECURITY INSPECTIONS – REVIEWER SUMMARY	
<i>(Use following format for dates: mm/dd/yyyy)</i>	
Overall Remarks: <i>(Record significant facts, observations, other sources used, etc.)(5000 Character Max)</i> Policy and procedures are in place to ensure security is maintained at all times. The entrance into the secure perimeter of the facility has a sally port with electronic interlocking doors to prevent unauthorized entry or exit. In addition to daily security inspections conducted by officers, there are safety and sanitation inspections done monthly. The daily inspections include a check of outlets, window integrity, caulking, intercom, etc. The maintenance supervisor is notified via the electronic maintenance system when a maintenance issue is identified during an inspection. The maintenance supervisor assigns the work and monitors the needed repair. Security issues and quality of life issues are addressed immediately. Outside contractors are brought into the facility through the receiving dock. Their tools are inventoried by a maintenance worker and a copy of the inventory is kept with the contractor. The contractor is escorted by a maintenance worker at all times. Before the contractor leaves the facility, all tools are accounted for and verified by the maintenance supervisor. Evaluation of this standard was based on interviews with housing unit officers, shift supervisors and maintenance workers; review of security logs, electronic perimeter check logs, policy and training documentation; and observation of the entry processing and the operations in the control center.	
Overall Rating: Meets Standard	
Reviewer Name (Printed) (b)(6); (b)(7)(C)	Completion Date: 5/2/2019
Reviewer Signature (for printed form submission):	

SPECIAL MANAGEMENT UNIT (SMU) (Administrative Segregation) (Key: AF)		
POLICY: THE SPECIAL MANAGEMENT UNIT REQUIRED IN EVERY FACILITY ISOLATES CERTAIN DETAINEES FROM THE GENERAL POPULATION. THE SPECIAL MANAGEMENT UNIT WILL CONSIST OF TWO SECTIONS. ONE, ADMINISTRATIVE SEGREGATION, HOUSES DETAINEES ISOLATED FOR THEIR OWN PROTECTION; THE OTHER FOR DETAINEES BEING DISCIPLINED FOR WRONGDOING (SEE THE "SPECIAL MANAGEMENT UNIT [DISCIPLINARY SEGREGATION]" STANDARD).		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
<p>1. The Administrative Segregation unit provides non-punitive protection from the general population and individuals undergoing disciplinary segregation.</p> <ul style="list-style-type: none"> • Detainees are placed in the SMU (administrative) in accordance with written criteria. 	Meets Standard	The Housing Unit policy addresses administrative segregation status. Policy addresses component requirements. No detainee was placed in administrative segregation status during the inspection period.
<p>2. In exigent circumstances, staff may place a detainee in the SMU (administrative) before a written order has been approved.</p> <ul style="list-style-type: none"> • A copy of the order given to the detainee within 24 hours. 	Meets Standard	Policy permits an officer to place a detainee in administrative segregation status before a written order is approved, if the situation warrants such action. The detainee receives a copy of the order within twenty-four hours.
<p>3. The OIC (or equivalent) regularly reviews the status of detainees in administrative detention.</p> <ul style="list-style-type: none"> • A supervisory officer conducts a review within 72 hours of the detainee's placement in the SMU (administrative). 	Meets Standard	The classification officer reviews the status of detainees within seventy-two hours of their placement in administrative segregation status. The captain or designee reviews and can approve, modify or sustain the supervisor's sanctions.
<p>4. A supervisory officer conducts another review after the detainee has spent seven days in administrative segregation, and:</p> <ul style="list-style-type: none"> • Every week thereafter for the first month; and • Every 30 days after the first month. • Does each review include an interview with the detainee? • Is a written record made of the decision and the justification? 	Meets Standard	The Housing Unit policy addresses administrative segregation status. Policy addresses component requirements. No detainee was placed in administrative segregation status during the inspection period.
<p>5. The detainee is given a copy of the decision and justification for each review.</p> <ul style="list-style-type: none"> • The detainee is given an opportunity to appeal the reviewer's decision to someone else in the facility. 	Meets Standard	The Housing Unit policy addresses administrative segregation status. Policy addresses component requirements. No detainee was placed in administrative segregation status during the inspection period.

SPECIAL MANAGEMENT UNIT (SMU) (Administrative Segregation) (Key: AF)		
Policy: THE SPECIAL MANAGEMENT UNIT REQUIRED IN EVERY FACILITY ISOLATES CERTAIN DETAINEES FROM THE GENERAL POPULATION. THE SPECIAL MANAGEMENT UNIT WILL CONSIST OF TWO SECTIONS. ONE, ADMINISTRATIVE SEGREGATION, HOUSES DETAINEES ISOLATED FOR THEIR OWN PROTECTION; THE OTHER FOR DETAINEES BEING DISCIPLINED FOR WRONGDOING (SEE THE "SPECIAL MANAGEMENT UNIT [DISCIPLINARY SEGREGATION]" STANDARD).		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
6. The OIC (or equivalent) routinely notifies the Field Office Director (or staff officer in charge of IGSA's) any time a detainee's stay in administrative detention exceeds 30 days. <ul style="list-style-type: none"> Upon notification that the detainee's administrative segregation has exceeded 60 days, the FD forwards written notice to HQ Field Operations Branch Chief for DRO. 	Meets Standard	The Housing Unit policy addresses administrative segregation status. Policy addresses component requirements. No detainee was placed in administrative segregation status during the inspection period.
7. The OIC (or equivalent) reviews the case of every detainee who objects to administrative segregation after 30 days in the SMU. <ul style="list-style-type: none"> A written record is made of the decision and the justification. The detainee receives a copy of this record. 	Meets Standard	The Housing Unit policy addresses administrative segregation status. Policy addresses component requirements. No detainee was placed in administrative segregation status during the inspection period.
8. The detainee is given the right to appeal to the OIC (or equivalent) the conclusions and recommendations of any review conducted after the detainee have remained in administrative segregation for seven consecutive days.	Meets Standard	The Housing Unit policy addresses administrative segregation status. Policy addresses component requirements. No detainee was placed in administrative segregation status during the inspection period.
9. Administratively segregated detainees enjoy the same general privileges as detainees in the general population.	Meets Standard	
10. The SMU is: <ul style="list-style-type: none"> Well ventilated; Adequately lighted; Appropriately heated; and Maintained in a sanitary condition. 	Meets Standard	The cells utilized for administrative segregation status are located in each housing unit. They are well ventilated, adequately lit, heated appropriately and maintained in a sanitary condition.
11. All cells are equipped with beds. <ul style="list-style-type: none"> Every bed is securely fastened to the floor or wall. 	Meets Standard	All cells are equipped with beds fastened to the wall.
12. The number of detainees in any cell does not exceed the occupancy limit. <ul style="list-style-type: none"> When occupancy exceeds recommended capacity, do basic living standards decline? Do criteria for objectively assessing living standards exist? If yes, are the criteria included in the written procedures? 	Meets Standard	The cells are double occupancy. According to the administrative lieutenant, occupancy level is never exceeded.
13. The segregated detainees have the same opportunities to exchange/laundry clothing, bedding, and linen as detainees in the general population.	Meets Standard	

SPECIAL MANAGEMENT UNIT (SMU) (Administrative Segregation) (Key: AF)		
Policy: THE SPECIAL MANAGEMENT UNIT REQUIRED IN EVERY FACILITY ISOLATES CERTAIN DETAINEES FROM THE GENERAL POPULATION. THE SPECIAL MANAGEMENT UNIT WILL CONSIST OF TWO SECTIONS. ONE, ADMINISTRATIVE SEGREGATION, HOUSES DETAINEES ISOLATED FOR THEIR OWN PROTECTION; THE OTHER FOR DETAINEES BEING DISCIPLINED FOR WRONGDOING (SEE THE "SPECIAL MANAGEMENT UNIT [DISCIPLINARY SEGREGATION]" STANDARD).		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
14. Detainees receive three nutritious meals per day, from the general population's menu of the day. <ul style="list-style-type: none"> • Do detainees eat only with disposable utensils? • Is food ever used as punishment? 	Meets Standard	Food is not used as punishment. Detainees in administrative segregation status receive the same meal service as those in general population.
15. Each detainee maintains a normal level of personal hygiene in the SMU. <ul style="list-style-type: none"> • The detainees have the opportunity to shower and shave at least three times a week. • If not, explain. 	Meets Standard	Detainees in administrative segregation status have the opportunity to shower and shave daily.
16. The detainees are provided: <ul style="list-style-type: none"> • Barbering services; • Recreation privileges in accordance with the "Detainee Recreation" standard; • Non-legal reading material; • Religious material; • The same correspondence privileges as detainees in the general population; • Telephone access similar to that of the general population; and • Personal legal material. 	Meets Standard	
17. A health care professional visits every detainee at least three times a week. <ul style="list-style-type: none"> • The shift supervisor visits each detainee daily. • Weekends and holidays. 	Meets Standard	Visits by the shift supervisor and health care professionals are documented in the unit log. Medical staff conduct a face to face contact with each detainee in administrative segregation status at least three days a week. The shift supervisor visits each detainee daily, including weekends and holidays.
18. Procedures comply with the "Visitation" standard. <ul style="list-style-type: none"> • The detainee retains visiting privileges; and • The visiting room is available during normal visiting hours. 	Meets Standard	Detainees are permitted to have visits during normal visiting hours unless there is a documented threat to security. No detainee was placed in administrative segregation status during the inspection period.

SPECIAL MANAGEMENT UNIT (SMU) (Administrative Segregation) (Key: AF)		
Policy: THE SPECIAL MANAGEMENT UNIT REQUIRED IN EVERY FACILITY ISOLATES CERTAIN DETAINEES FROM THE GENERAL POPULATION. THE SPECIAL MANAGEMENT UNIT WILL CONSIST OF TWO SECTIONS. ONE, ADMINISTRATIVE SEGREGATION, HOUSES DETAINEES ISOLATED FOR THEIR OWN PROTECTION; THE OTHER FOR DETAINEES BEING DISCIPLINED FOR WRONGDOING (SEE THE "SPECIAL MANAGEMENT UNIT [DISCIPLINARY SEGREGATION]" STANDARD).		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
19. Visits from clergy are allowed.	Meets Standard	Clergy visitation privileges are the same for detainees in administrative segregation status as those in general population unless there is a documented threat to security. No detainee was placed in administrative segregation status during the inspection period.
20. Detainees have the same law-library access as the general population. <ul style="list-style-type: none"> Are they required to use the law library <input checked="" type="checkbox"/> Separately, or <input type="checkbox"/> As a group? Are legal materials brought to them? 	Meets Standard	Detainees in administrative segregation status have the same access to the law library as the general population. The portable law library materials, including LexisNexis, are brought to the unit.
21. The SMU maintains a permanent log of detainee-related activity, e.g., meals served, recreation, visitors etc.	Meets Standard	All detainees' activities in administrative segregation are documented electronically by the unit officer.
22. SPC procedures include completing the SMU Housing Record (I-888) immediately upon a detainee's placement in the SMU. <ul style="list-style-type: none"> Staff completes the form at the end of each shift. CDFs and IGSA facilities use Form I-888 (or local equivalent). 	Meets Standard	In this IGSA facility, a local form is completed immediately upon a detainee's placement in administrative segregation status. No detainee was placed in administrative segregation status during the inspection period.
23. Staff record whether the detainee ate, showered, exercised, and took any applicable medication during every shift. <ul style="list-style-type: none"> Staff logs record all pertinent information, e.g., a medical condition, suicidal/assaultive behavior, etc; The medical officer/health care professional signs each individual's record during each visit; and The housing officer initials the record when all detainee services are completed or at the end of the shift. 	Meets Standard	The Housing Unit policy addresses administrative segregation status. Policy addresses component requirements. No detainee was placed in administrative segregation status during the inspection period.
24. A new record is created for each week the detainees in Administrative Segregation. <ul style="list-style-type: none"> The weekly records are retained in the SMU until the detainee's return to the general population. 	Meets Standard	The Housing Unit policy addresses administrative segregation status. Policy addresses component requirements. No detainee was placed in administrative segregation status during the inspection period.

SPECIAL MANAGEMENT UNIT (SMU) (Administrative Segregation) – REVIEWER SUMMARY

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

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

There is no dedicated special management unit. A detainee placed in administrative segregation status is housed on the second tier of the general population unit. A detainee's movement may be restricted, depending on why they were placed in administrative segregation status, to ensure their safety or the safety of others. No detainee has been housed in administrative segregation status during this inspection period. Therefore, there were no logs or administrative segregation status documentation to review.

Administrative segregation status is utilized to provide detainees isolated housing for their own protection, for the protection of others or for other non-disciplinary reasons. Detainees in administrative segregation status are provided with the same level of services as those in general population except when documented security threats exist.

Observation of the housing units indicates they are well maintained in a safe and sanitary condition.

Evaluation of this standard was based on review of policy, as well as, interviews with the administrative lieutenant.

Overall Rating: Meets Standard

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

Completion Date: 5/2/2019

Reviewer Signature (for printed form submission):

SPECIAL MANAGEMENT UNIT (Disciplinary Segregation) (Key: AG)		
POLICY: EACH FACILITY WILL ESTABLISH A SPECIAL MANAGEMENT UNIT IN WHICH TO ISOLATE CERTAIN DETAINEES FROM THE GENERAL POPULATION. THE SPECIAL MANAGEMENT UNIT WILL HAVE TWO SECTIONS, ONE FOR DETAINEES IN ADMINISTRATIVE SEGREGATION; THE OTHER FOR DETAINEES BEING SEGREGATED FOR DISCIPLINARY REASONS.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. Officers placing detainees in disciplinary segregation follow written procedures.	Meets Standard	
2. The sanctions for violations committed during one incident are limited to 60 days.	Meets Standard	Sanctions are limited to sixty days per incident in disciplinary segregation status.
3. A completed Disciplinary Segregation Order accompanies the detainee into the SMU. <ul style="list-style-type: none"> The detainee receives a copy of the order within 24 hours of placement in disciplinary segregation. 	Meets Standard	The detainee receives a copy of the placement order when placed in disciplinary segregation status.
4. Standard procedures include reviewing the cases of individual detainees housed in disciplinary detention at set intervals. <ul style="list-style-type: none"> After each formal review, the detainee receives a written copy of the decision and supporting reasons. 	Does Not Meet Standard	According to policy, when a detainee is placed in disciplinary segregation status, the detainee should receive a copy of each status review decision. A review of detention files revealed that required reviews were not consistently conducted.
5. The conditions of confinement in the SMU are proportional to the amount of control necessary to protect detainees and staff.	Meets Standard	
6. Detainees in disciplinary segregation have fewer privileges than those housed in administrative segregation.	Meets Standard	Detainees in disciplinary segregation status have fewer privileges than those housed in general population. These detainees are subjected to more stringent personal property control. The television is removed from the cell.
7. Living conditions in disciplinary SMUs remain the same regardless of behavior. <ul style="list-style-type: none"> If no, does staff prepare written documentation for this action? Does the OIC sign to indicate approval. 	Meets Standard	
8. Every detainee in disciplinary segregation receives the same humane treatment, regardless of offense.	Meets Standard	Every detainee in disciplinary segregation status receives the same humane treatment, regardless of their offense.
9. The quarters used for segregation are: <ul style="list-style-type: none"> Well-ventilated. Adequately lighted. Appropriately heated. Maintained in a sanitary condition. 	Meets Standard	The cells used for disciplinary segregation status are well ventilated, adequately lit, appropriately heated and maintained in a sanitary condition.

SPECIAL MANAGEMENT UNIT (Disciplinary Segregation) (Key: AG)		
Policy: EACH FACILITY WILL ESTABLISH A SPECIAL MANAGEMENT UNIT IN WHICH TO ISOLATE CERTAIN DETAINEES FROM THE GENERAL POPULATION. THE SPECIAL MANAGEMENT UNIT WILL HAVE TWO SECTIONS, ONE FOR DETAINEES IN ADMINISTRATIVE SEGREGATION; THE OTHER FOR DETAINEES BEING SEGREGATED FOR DISCIPLINARY REASONS.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
10. All cells are equipped with beds that are securely fastened to the floor or wall of the cell.	Meets Standard	All cells are equipped with beds that are securely fastened to the wall.
11. The number of detainees confined to each cell or room is limited to the number for which the space was designate. <ul style="list-style-type: none"> Does the OIC approve excess occupancy on a temporary basis? 	Meets Standard	The lieutenant stated that no cells are ever occupied above the designed limit. Cells are double occupancy.
12. When a detainee is segregated without clothing, mattress, blanket, or pillow (in a dry cell setting), a justification is made and the decision is reviewed each shift. Items are returned as soon as it is safe.	Meets Standard	According to the Housing Unit policy, detainees may be deprived of clothing, mattress, blanket or pillow for medical or psychiatric reasons only, as determined by medical personnel.
13. Detainees in the SMU have the same opportunities to exchange clothing, bedding, etc., as other detainees.	Meets Standard	Detainees in disciplinary segregation status can exchange/laundry items the same as general population.
14. Detainees in the SMU receive three nutritious meals per day, selected from the Food Service's menu of the day. <ul style="list-style-type: none"> Food is not used as punishment. 	Meets Standard	Detainees in disciplinary segregation status receive the same meals as those in general population. Food is not used as punishment.
15. Detainees are allowed to maintain a normal level of personal hygiene, including the opportunity to shower and shave at least three times/week.	Meets Standard	Detainees are permitted to shower and shave daily.
16. Detainees receive, unless documented as a threat to security: <ul style="list-style-type: none"> Barbering services; Recreation privileges; Other-than-legal reading material; Religious material; The same correspondence privileges as other detainees; and Personal legal material. 	Meets Standard	According to the Housing Unit policy, unless there is a documented threat to security, detainees in disciplinary segregation status receive each of the items required by this component.
17. When phone access is limited by number or type of calls, the following areas are exempt: <ul style="list-style-type: none"> Calls about the detainee's immigration case or other legal matters; Calls to consular/embassy officials; and Calls during family emergencies (as determined by the OIC/Warden). 	Meets Standard	Detainees in disciplinary segregation status may have calls restricted. Calls relating to the items listed in this component are not impacted by any restrictions imposed.

SPECIAL MANAGEMENT UNIT (Disciplinary Segregation) (Key: AG)		
Policy: EACH FACILITY WILL ESTABLISH A SPECIAL MANAGEMENT UNIT IN WHICH TO ISOLATE CERTAIN DETAINEES FROM THE GENERAL POPULATION. THE SPECIAL MANAGEMENT UNIT WILL HAVE TWO SECTIONS, ONE FOR DETAINEES IN ADMINISTRATIVE SEGREGATION; THE OTHER FOR DETAINEES BEING SEGREGATED FOR DISCIPLINARY REASONS.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
18. A health care professional visits every detainee at least three times a week. <ul style="list-style-type: none"> The shift supervisor visits each detainee daily. Weekends and holidays. 	Meets Standard	A health care professional visits every detainee in disciplinary segregation status each week day according to the health service administrator. The shift supervisor visits detainees in segregation status each day, including weekends and holidays.
19. SMU detainees are allowed visitors, in accordance with the "Visitation" standard.	Meets Standard	Visits for detainees in disciplinary segregation status are permitted in accordance with the visitation standard.
20. SMU detainees receive legal visits, as provided in the "Visitation" standard. <ul style="list-style-type: none"> Legal service providers are notified of security concerns arising before a visit. 	Meets Standard	There are no limitations for detainees to receive visits from their attorneys. Attorneys will be notified prior to a visit if a security concerns exist.
21. Visits from clergy are allowed. <ul style="list-style-type: none"> The clergy member is given the option of visiting/not visiting the segregated detainee. Violent/uncooperative detainees are denied access to religious services when safety and security would otherwise be affected. 	Meets Standard	Detainees in disciplinary segregation status are permitted visits by clergy if the detainee's behavior does not pose a threat to others.
22. SMU detainees have law library access. <ul style="list-style-type: none"> Violent/uncooperative detainees retain access to the law library unless adjudicated a security threat in writing. Legal material brought to individuals in the SMU on a case-by-case basis. Staff documents every incident of denied access to the law library. 	Meets Standard	Detainees in disciplinary status have the same access to the law library as the general population. The mobile law library materials, including LexisNexis, are brought to the housing unit.
23. All detainee-related activities are documented, e.g. meals served, recreation activities, visitors, etc.	Does Not Meet Standard	According to policy, a log should be maintained of all activities noted in this component. A review of documentation revealed that activities are not consistently logged.
24. The SPCs, the Special Management Housing Unit Record (I-888 or equivalent), is prepared as soon as the detainee is placed in the SMU. <ul style="list-style-type: none"> All I-888s are filled out by the end of each shift. The CDF/IGSA facility use Form. I-888 (or equivalent local form). 	Meets Standard	In this IGSA facility, a local form is completed immediately upon a detainee's placement in disciplinary status and at the end of each shift.

SPECIAL MANAGEMENT UNIT (Disciplinary Segregation) (Key: AG)		
Policy: EACH FACILITY WILL ESTABLISH A SPECIAL MANAGEMENT UNIT IN WHICH TO ISOLATE CERTAIN DETAINEES FROM THE GENERAL POPULATION. THE SPECIAL MANAGEMENT UNIT WILL HAVE TWO SECTIONS, ONE FOR DETAINEES IN ADMINISTRATIVE SEGREGATION; THE OTHER FOR DETAINEES BEING SEGREGATED FOR DISCIPLINARY REASONS.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
25. SMU staff record whether the detainee ate, showered, exercised, took medication, etc. <ul style="list-style-type: none"> • Details about the detainee logged, e.g., a medical condition, suicidal/violent behavior, etc. • The health care official sign individual records after each visit. • The housing officer initials the record when all detainee services are completed or at the end of the shift. • A new record is created weekly for each detainee in the SMU. • The SMU retains these records until the detainee leaves the SMU. 	Does Not Meet Standard	According to policy, a log should be maintained of activities noted in this component. A review of documentation revealed that activities are not consistently logged.

SPECIAL MANAGEMENT UNIT (Disciplinary Segregation) – REVIEWER SUMMARY	
<i>(Use following format for dates: mm/dd/yyyy)</i>	
Overall Remarks: <i>(Record significant facts, observations, other sources used, etc.)(5000 Character Max)</i> There is no dedicated special management unit. Disciplinary segregation status is used for detainees who are segregated from the general population detainees for disciplinary reasons. Segregation status housing is located on the second tier of the general population unit. Standard living conditions are not modified for detainees in disciplinary segregation for disciplinary reasons. The same living levels of decency and humane treatment for each detainee in disciplinary segregation, regardless of the purpose for which the detainee has been segregated is maintained. The television is removed from the cell. When different treatment is required for security concerns, officers prepare written documentation justifying this action. A detainee may be deprived of clothing, mattress, blanket, pillow, etc., for medical reasons or psychiatric reasons only, as determined by a medical authority. 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 captain 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 and documentation of the review. A written copy of the decision and basis for the findings is provided to the detainee. The reviews were not consistently completed during the inspection period. Observation of the housing units indicates they are well maintained in a safe and sanitary condition. Evaluation of this standard was based on review of Housing Unit policy, segregation status logs and detention files; interviews with housing unit officers, lieutenant and training officer; and observation of the housing unit cells where detainees are held in disciplinary segregation status. There were no detainees in the disciplinary segregation status at the time of this inspection.	
Overall Rating: Meets Standard	
Reviewer Name (Printed) (b)(6); (b)(7)(C)	Completion Date: 5/2/2019
Reviewer Signature (for printed form submission):	

TOOL CONTROL (Key: AH)		
Policy: IT IS THE POLICY OF ALL FACILITIES THAT ALL EMPLOYEES SHALL BE RESPONSIBLE FOR COMPLYING WITH THE TOOL CONTROL POLICY. THE MAINTENANCE SUPERVISOR SHALL MAINTAIN A COMPUTER GENERATED OR TYPEWRITTEN MASTER INVENTORY LIST OF TOOLS AND EQUIPMENT AND THE LOCATION IN WHICH TOOLS ARE STORED. THESE INVENTORIES SHALL BE CURRENT, FILED AND READILY AVAILABLE FOR TOOL INVENTORY AND ACCOUNTABILITY DURING AN AUDIT.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. There is an individual who is responsible for developing a tool control procedure and an inspection system to insure accountability.	Meets Standard	The maintenance supervisor developed the tool control procedures and inspection system to ensure accountability of all tools.
2. Department heads are responsible for implementing this standard in their departments.	Meets Standard	Department heads are responsible for implementing tool control in their departments.
3. Tool inventories are required for the: <ul style="list-style-type: none"> • Maintenance Department; • Medial Department; • Food Service Department; • Electronics Shop; • Recreation Department; and • Armory. 	Meets Standard	There is no armory in the corrections division. The facility does not have an electronics shop or recreation department. The maintenance, medical and food service departments have required tool inventories.
4. The facility has a policy for the regular inventory of all tools. <ul style="list-style-type: none"> • The policy sets minimum time lines for physical inventory and all necessary documentation. • ICE facilities use AMIS bar code labels when required. 	Meets Standard	The Tool Control policy addresses applicable component requirements.
5. The facility has a tool classification system. Tools are classified according to: <ul style="list-style-type: none"> • Restricted (dangerous/hazardous); and • Non-Restricted (non-hazardous). 	Meets Standard	All tools are classified as restricted.
6. Department heads are responsible for implementing tool-control procedures.	Meets Standard	Department heads are responsible for implementing tool control procedures in their areas.
7. The facility has policies and procedures in place to ensure that all tools are marked and readily identifiable.	Meets Standard	

TOOL CONTROL (Key: AH)		
<p>Policy: IT IS THE POLICY OF ALL FACILITIES THAT ALL EMPLOYEES SHALL BE RESPONSIBLE FOR COMPLYING WITH THE TOOL CONTROL POLICY. THE MAINTENANCE SUPERVISOR SHALL MAINTAIN A COMPUTER GENERATED OR TYPEWRITTEN MASTER INVENTORY LIST OF TOOLS AND EQUIPMENT AND THE LOCATION IN WHICH TOOLS ARE STORED. THESE INVENTORIES SHALL BE CURRENT, FILED AND READILY AVAILABLE FOR TOOL INVENTORY AND ACCOUNTABILITY DURING AN AUDIT.</p>		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
<p>8. The facility has an approved tool storage system.</p> <ul style="list-style-type: none"> • The system ensures that all stored tools are accountable. • Commonly used tools (tools that can be mounted) are stored in such a way that missing tool is readily notice. 	Does Not Meet Standard	<p>Shadow boards provide storage for tools that can be mounted. Tools not adaptable to shadow boards are kept in a locked drawer or cabinet. Individual toolboxes, containing tools used daily, must be secured with a locking device. During the inspection, three tools were not correctly inventoried. The medical unit inventory revealed that one Curved Root Forceps #301 was missing. The tool log indicated that the tool was in the cabinet. The dentist stated that "the tool was thrown in the sharps container". Inventory in the maintenance tool storage revealed one wrench that was not checked out and was not available in the mobile tool cart. Inventory in the maintenance tool storage revealed that the air pressure pump was stored on the shadow board. Inspection revealed that the tool was not stored on the board. The maintenance supervisor stated "the pump was broken, destroyed and replaced and no paperwork was completed". Inventories were corrected during the inspection.</p>
<p>9. Each facility has procedures for the issuance of tools to staff and detainees.</p>	Meets Standard	<p>According to the Tool Control policy, detainees are not issued tools. "Detainees use tools under direct supervision" in the kitchen. Tools are tethered to the table.</p>
<p>10. The facility has policies and procedures to address the issue of lost tools. The policy and procedures include:</p> <ul style="list-style-type: none"> • Verbal and written notification; • Procedures for detainee access; and • Necessary documentation/review for all incidents of lost tools. 	Meets Standard	<p>Tool Control policy addresses component requirements. There were no lost tools reported during the inspection period.</p>

TOOL CONTROL (Key: AH)		
<p>Policy: IT IS THE POLICY OF ALL FACILITIES THAT ALL EMPLOYEES SHALL BE RESPONSIBLE FOR COMPLYING WITH THE TOOL CONTROL POLICY. THE MAINTENANCE SUPERVISOR SHALL MAINTAIN A COMPUTER GENERATED OR TYPEWRITTEN MASTER INVENTORY LIST OF TOOLS AND EQUIPMENT AND THE LOCATION IN WHICH TOOLS ARE STORED. THESE INVENTORIES SHALL BE CURRENT, FILED AND READILY AVAILABLE FOR TOOL INVENTORY AND ACCOUNTABILITY DURING AN AUDIT.</p>		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
11. Broken or worn out tools are surveyed and disposed of in an appropriate and secure manner.	Meets Standard	According to the Broken Tools policy, the maintenance supervisor is responsible for the proper disposal of all broken or worn out tools.
12. All private or contract repairs and maintenance workers under contract to ICE, or other visitors, submit an inventory of all tools prior to admittance into or departure from the facility.	Meets Standard	All private or contract tools are inventoried prior to admittance and departure from the facility. The maintenance officers escort the workers.

TOOL CONTROL – REVIEWER SUMMARY <i>(Use following format for dates: mm/dd/yyyy)</i>	
<p>Overall Remarks: <i>(Record significant facts, observations, other sources used, etc.)(5000 Character Max)</i></p> <p>According to the Tool Control policy, employees are required to immediately report missing or lost tools to a supervisor who will report the lost tool to the shift supervisor. Tools are not issued to detainees except in food service. Knives used in the kitchen were properly tethered and all other tools were properly secured and inventoried.</p> <p>An outside contractor enters through the receiving dock. Their tools are inventoried by maintenance staff. The contractor is under direct escort at all times. Prior to leaving the job site, all tools are inventoried.</p> <p>According to the maintenance supervisor, there have been no lost tools reported during this inspection period.</p> <p>Evaluation of this standard was based on interviews with the maintenance supervisor, security supervisor and administrative lieutenant; inspection of the tool storage areas in maintenance, food service and medical unit; and review of Tool Control policy, training documents and tool inventories.</p>	
<p>Overall Rating: Meets Standard</p>	
<p>Reviewer Name (Printed) (b)(6); (b)(7)(C)</p>	<p>Completion Date: 5/2/2019</p>
<p>Reviewer Signature (for printed form submission):</p>	

TRANSPORTATION (Land Transportation) (Key: AI)

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

Standard 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. Transporting officers comply with applicable local, state, and federal motor vehicle laws and regulations. Records support this finding of compliance.	Meets Standard	The inspector reviewed transportation officers' personnel records which supported compliance with local, state, and federal laws.
2. Every transporting officer required to drive a commercial size bus has a valid Commercial Driver's License (CDL) issued by the state of employment.	Meets Standard	Transport officers have valid CDLs.
3. Supervisors maintain records for each vehicle operator.	Meets Standard	The transportation sergeant maintains records for every transport officer.
4. Officers use a checklist during every vehicle inspection. <ul style="list-style-type: none"> Officers report deficiencies affecting operability; and Deficiencies are corrected before the vehicle goes back into service. 	Meets Standard	The inspector reviewed pre-trip checklists documenting that vehicles are inspected prior to each detainee transport. Officers report deficiencies affecting operability, and such deficiencies must be corrected prior to the vehicle returning to service.
5. Transporting officers: <ul style="list-style-type: none"> Limit driving time to 10 hours in any 15 hour period; Drive only after eight consecutive off-duty hours; Do not receive transportation assignments after having been on duty, in any capacity, for 15 hours; Drive a 50-hour maximum in a given work week; a 70-hour maximum during eight consecutive days; During emergency conditions (including bad weather), officers may drive as long as necessary and safe to reach a safe area—exceeding the 10-hour limit. 	Meets Standard	
6. Two officers with valid CDLs required in any bus transporting detainees. <ul style="list-style-type: none"> When buses travel in tandem with detainees, there are two qualified officers per vehicle. An unaccompanied driver may transport an empty vehicle. 	Meets Standard	
7. Before the start of each detail, the vehicle is thoroughly searched.	Meets Standard	Vehicles are searched prior to transports.

TRANSPORTATION (Land Transportation) (Key: AI)

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

Standard 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)
8. Positive identification of all detainees being transported is confirmed.	Meets Standard	Detainees are identified by name and face to photo prior to boarding the transport vehicle.
9. All detainees are searched immediately prior to boarding the vehicle by staff controlling the bus or vehicle.	Meets Standard	Detainees are searched prior to transport.
10. The facility ensures that the number of detainees transported does not exceed the vehicles manufacturer's occupancy level.	Meets Standard	
11. Protective vests are provided to all transporting officers.	Meets Standard	Transport officers are provided protective vests and are required to wear them when transporting detainees.
12. The vehicle crew conducts a visual count once all passengers are on board and seated. <ul style="list-style-type: none"> Additional visual counts are made whenever the vehicle makes a scheduled or unscheduled stop. 	Meets Standard	
13. Policies and procedures are in place addressing the use of restraining equipment on transportation vehicles.	Meets Standard	Post orders address the use of restraints on transportation vehicles.
14. Officers ensure that no one contacts the detainees. <ul style="list-style-type: none"> One officer remains in the vehicle at all times when detainees are present. 	Meets Standard	Detainees are never left unattended during transport.
15. Meals are provided during long distance transfers. <ul style="list-style-type: none"> The meals meet the minimum dietary standards, as identified by dieticians utilized by ICE. 	Meets Standard	
16. The vehicle crew inspects all Food Service pickups before accepting delivery (food wrapping, portions, quality, quantity, thermos-transport containers, etc.). <ul style="list-style-type: none"> Before accepting the meals, the vehicle crew raises and resolves questions, concerns, or discrepancies with the Food Service representative; Basins, latrines, and drinking-water containers/dispensers are cleaned and sanitized on a fixed schedule. 	Meets Standard	
17. Vehicles have: <ul style="list-style-type: none"> Two-way radios; Cellular telephones; and Equipment boxes stocked in accordance with the Use of Force Standard. 	Meets Standard	The inspector examined equipment boxes in detainee transport vehicles. Each vehicle included items referenced in the component.
18. The vehicles are clean and sanitary at all times.	Meets Standard	

TRANSPORTATION (Land Transportation) (Key: AI)

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

Standard 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)
19. Personal property of a detainee transferring to another facility is: <ul style="list-style-type: none"> • Inventoried; • Inspected; and • Accompanies the detainee. 	Meets Standard	
20. The following contingencies are included in the written procedures for vehicle crews: <ul style="list-style-type: none"> • Attack • Escape • Hostage-taking • Detainee sickness • Detainee death • Vehicle fire • Riot • Traffic accident • Mechanical problems • Natural disasters • Severe weather • Passenger list includes women or minors 	Meets Standard	Written policy prescribes contingency procedures for each of the items listed in the component.

TRANSPORTATION (Land Transportation) – REVIEWER SUMMARY

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

TRANSPORTATION (Land Transportation) – 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 transported in a secure, safe and humane manner under the supervision of trained, qualified personnel.

The transportation lieutenant has overall responsibility for all aspects of vehicle operations. All written materials provided to detainees are translated into Spanish. A certified language interpreter service is available for use by personnel to interpret for detainees speaking any language. Supervisory personnel confirmed that staff interpreters are used when necessary.

Policy requires transport officers to secure a vehicle before leaving it unattended, including removing keys from the ignition immediately upon parking the vehicle. Officers are instructed to avoid parking in a spot where the vehicle may attract undue attention or be vulnerable to vandalism or sabotage. If a parking area with adequate security cannot be located, transport officers are instructed to contact the central control center and local law enforcement agencies for advice or permission to use one of their parking areas.

All officers transporting ICE detainees are required to wear their prescribed uniforms unless other attire is authorized by the captain. Every transporting officer is issued, and instructed to wear, a protective vest while participating in the transportation of detainees. Officers ensure that when vehicles are equipped with seatbelts, detainees are properly secured before the transport begins.

Any information of an adverse nature shall be clearly indicated on the G-391 (when utilized) and the escorting officers shall be advised to take the necessary precautions.

Detainees are transferred with their funds, valuables and other personal property listed on their property inventory form.

An armed officer is posted whenever detainees enter or exit a vehicle outside a secure area. A complete set of keys for every lock located in or on the vehicle travels with the vehicle at all times, in a secure place known to every transporting officer. An armed officer may not enter the secure area of the vehicle. If he/she must enter that area, the officer shall first leave the weapon(s) with another officer for safekeeping or, if the vehicle is equipped with weapons lockers, in a locker.

Policy requires assigned transportation staff to search a detainee of the opposite sex only in extraordinary circumstances and only when a same gender officer is not available. When transporting detainees of the opposite gender, an assigned transportation staff member calls in the time of departure and odometer reading; and then does so again upon arrival to account for the time.

This standard was evaluated via policy review and staff interview

Overall Rating: Meets Standard

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

Completion Date: 5/2/2019

Reviewer Signature (for printed form submission):

USE OF FORCE (Key: AJ)		
Policy: THE U.S. DEPARTMENT OF HOMELAND SECURITY AUTHORIZES THE USE OF FORCE ONLY AS A LAST ALTERNATIVE AFTER ALL OTHER REASONABLE EFFORTS TO RESOLVE A SITUATION HAVE FAILED. ONLY THAT AMOUNT OF FORCE NECESSARY TO GAIN CONTROL OF THE DETAINEE, TO PROTECT AND ENSURE THE SAFETY OF DETAINEES, STAFF AND OTHERS, TO PREVENT SERIOUS PROPERTY DAMAGE AND TO ENSURE INSTITUTION SECURITY AND GOOD ORDER MAY BE USED. PHYSICAL RESTRAINTS NECESSARY TO GAIN CONTROL OF A DETAINEE WHO APPEARS TO BE DANGEROUS MAY BE EMPLOYED WHEN THE DETAINEE:		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. Written policy authorizes staff to respond in an immediate-use-of-force situation without a supervisor's presence or direction.	Meets Standard	Policy (post orders) authorize staff to respond in an immediate use-of-force situation without a supervisor's presence or direction.
2. 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, officers must try to resolve the situation without resorting to force.	Meets Standard	Officers are required to attempt to resolve conflicts without resorting to force if there is no direct threat to the detainee or others.
3. Written policy asserts that calculated rather than immediate use of force is feasible in most cases.	Meets Standard	
4. The facility subscribes to the prescribed Confrontation Avoidance Procedures. <ul style="list-style-type: none"> • Ranking detention official, health professional, and others confer before every calculated use of force. 	Meets Standard	According policy, confrontation avoidance techniques must be used before the use of force is authorized. The shift supervisor and medical personnel are required to assess the situation and the detainee's history prior to any calculated use of force.
5. When a detainee must be forcibly moved and/or restrained, and there is time for a calculated use of force, staff uses the Use-of-Force Team Technique. <ul style="list-style-type: none"> • Under staff supervision. 	Meets Standard	
6. Staff members are trained in the performance of the Use-of-Force Team Technique.	Meets Standard	All officers are trained on the use-of-force team technique. Each shift has a specially trained team that can be called upon to conduct a calculated use of force.
7. All use-of-force incidents are documented and reviewed.	Meets Standard	All use of force incidents are documented and reviewed by the shift supervisor, a lieutenant and the captain.
8. Staff: <ul style="list-style-type: none"> • Do not use force as punishment; • Attempt to gain the detainee's voluntary cooperation before resorting to force; • Use only as much force as necessary to control the detainee; and • Use restraints only when other non-confrontational means, including verbal persuasion, have failed or are impractical. 	Meets Standard	Policy and practice address component requirements.

USE OF FORCE (Key: AJ)		
Policy: THE U.S. DEPARTMENT OF HOMELAND SECURITY AUTHORIZES THE USE OF FORCE ONLY AS A LAST ALTERNATIVE AFTER ALL OTHER REASONABLE EFFORTS TO RESOLVE A SITUATION HAVE FAILED. ONLY THAT AMOUNT OF FORCE NECESSARY TO GAIN CONTROL OF THE DETAINEE, TO PROTECT AND ENSURE THE SAFETY OF DETAINEES, STAFF AND OTHERS, TO PREVENT SERIOUS PROPERTY DAMAGE AND TO ENSURE INSTITUTION SECURITY AND GOOD ORDER MAY BE USED. PHYSICAL RESTRAINTS NECESSARY TO GAIN CONTROL OF A DETAINEE WHO APPEARS TO BE DANGEROUS MAY BE EMPLOYED WHEN THE DETAINEE:		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
9. Medication may only be used for restraint purposes when authorized by the Medical Authority as medically necessary.	Meets Standard	
10. Use-of-Force Team follows written procedures that attempt to prevent injury and exposure to communicable disease(s).	Meets Standard	
11. Standard procedures associated with using four-point restraints include: <ul style="list-style-type: none"> • Soft restraints (e.g., vinyl); • Dressing the detainee appropriately for the temperature; • A bed, mattress, and blanket/sheet; • Checking the detainee at least every 15 minutes; • Logging each check; • Turning the bed-restrained detainee often enough to prevent soreness or stiffness; • Medical evaluation of the restrained detainee twice per eight hour shift; and • When qualified medical staff is not immediately available, staff position the detainee "face-up". 	Meets Standard	A restraint chair is used in lieu of four-point restraints. Applicable bullets are addressed in policy and practice.
12. The shift supervisor monitors the detainee's position/condition every two hours. <ul style="list-style-type: none"> • He/she allows the detainee to use the rest room at these times under safeguards. 	Meets Standard	
13. All detainee checks are logged.	Meets Standard	Checks are conducted every ten minutes and are logged.
14. In immediate-use-of-force situations, staff contacts medical staff once the detainee is under control.	Meets Standard	
15. When the OIC authorizes use of non-lethal weapons: <ul style="list-style-type: none"> • Medical staff is consulted before staff use pepper spray/non-lethal weapons. • Medical staff reviews the detainee's medical file before use of a non-lethal weapon is authorized. 	Meets Standard	
16. Special precautions are taken when restraining pregnant detainees. <ul style="list-style-type: none"> • Medical personnel are consulted 	Meets Standard	Post orders state that "medical staff shall prescribe the precautions required to protect the fetus in pregnant detainees, including the way the pregnant detainee will be restrained".
17. Protective gear is worn when restraining detainees with open cuts or wounds.	Meets Standard	
18. Staff documents every use of force and/or non-routine application of restraints.	Meets Standard	
19. It is standard practice to review any use of force and the non-routine application of restraints.	Meets Standard	All use of force and the non-routine application of restraints are reviewed by the captain or designee.

USE OF FORCE (Key: AJ)		
<p>Policy: THE U.S. DEPARTMENT OF HOMELAND SECURITY AUTHORIZES THE USE OF FORCE ONLY AS A LAST ALTERNATIVE AFTER ALL OTHER REASONABLE EFFORTS TO RESOLVE A SITUATION HAVE FAILED. ONLY THAT AMOUNT OF FORCE NECESSARY TO GAIN CONTROL OF THE DETAINEE, TO PROTECT AND ENSURE THE SAFETY OF DETAINEES, STAFF AND OTHERS, TO PREVENT SERIOUS PROPERTY DAMAGE AND TO ENSURE INSTITUTION SECURITY AND GOOD ORDER MAY BE USED. PHYSICAL RESTRAINTS NECESSARY TO GAIN CONTROL OF A DETAINEE WHO APPEARS TO BE DANGEROUS MAY BE EMPLOYED WHEN THE DETAINEE:</p>		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
<p>20. All officers receive training in self-defense, confrontation-avoidance techniques and the use of force to control detainees.</p> <ul style="list-style-type: none"> Specialized training is given and Officers are certified in all devices they use. 	Meets Standard	Required training is provided to all officers during their initial training and annually thereafter.
<p>21. In SPCs, is the Use of Force form is used? In other facilities (IGSAs / CDFs) is this form or its equivalent used?</p>	Meets Standard	In this IGSA facility, a local form for use of force reporting is used.

USE OF FORCE – REVIEWER SUMMARY <i>(Use following format for dates: mm/dd/yyyy)</i>
<p>Overall Remarks: <i>(Record significant facts, observations, other sources used, etc.)(5000 Character Max)</i></p> <p>According to policy (post orders), staff use necessary force only after all reasonable efforts to resolve a situation have failed. Only the amount of force necessary to gain control of the detainee may be used. Shift supervisors inspect areas for blood or other body fluid spillage after an incident. Unless it is determined that the spillage must be preserved as evidence, staff will immediately sanitize the affected areas. Medical staff provides guidance on appropriate cleaning solutions and usage, spill kits are available. An after-action report is completed by the shift supervisor following conclusion of the use of force or application of restraints incident and is then forwarded to a lieutenant for review. Once reviewed it is forwarded to the captain.</p> <p>As required by policy, all calculated uses of force are recorded and the on-duty supervisor and medical staff must be on the scene before the application of any planned use of force. Tasers are carried by supervisors, but policy precludes their use on ICE detainees. Canines are used for searches but never in the presence of ICE detainees. Unauthorized less than lethal force devices such as blackjacks and sap gloves are not permitted. Any type of choke or carotid holds is prohibited. Staff who have been trained and certified are permitted to carry OC spray and a baton.</p> <p>There was one immediate use of force incident involving an ICE detainee during this inspection period. On 12/4/2018, a female detainee was escorted to the intake unit shower to change into a forensics watch gown. Once in the shower, the detainee struck the officer, causing the officer to hit the wall. The detainee was restrained by a responding officer. The escorting officer suffered a concussion. The detainee was evaluated by responding medics; medical treatment was not necessary. ICE officials were notified. A review of the incident and action taken was completed by a sergeant, lieutenant and division commander. The after-action review confirmed that the amount of force used was appropriate. If force becomes necessary, the facility manages, documents and reviews the incidents as this standard requires.</p> <p>Evaluation of this standard was based on interviews with the administrative lieutenant, health care provider and training officer. Review of Use of Force policy, training documents and after-action reports confirmed that officers use necessary force only after all reasonable efforts to resolve a situation have failed.</p>
<p>Overall Rating: Meets Standard</p>
<p>Reviewer Name (Printed): <input type="text" value="(b)(6); (b)(7)(C)"/> Completion Date: 5/2/2019</p>
<p>Reviewer Signature (for printed form submission):</p>

STAFF DETAINEE COMMUNICATIONS (Key: AK)		
Policy: PROCEDURES MUST BE IN PLACE TO ALLOW FOR FORMAL AND INFORMAL CONTACT BETWEEN KEY FACILITY STAFF AND ICE STAFF AND ICE DETAINEE AND TO PERMIT DETAINEES TO MAKE WRITTEN REQUESTS TO ICE STAFF AND RECEIVE AN ANSWER IN AN ACCEPTABLE TIME FRAME.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. The ICE Field Office Director ensures that weekly announced and unannounced visits occur at the IGSA.	Does Not Meet Standard	Announced and unannounced ICE visits have not occurred routinely throughout the inspection period. Sign in sheets confirm that ICE personnel have corrected this deficiency and are currently conducting required announced and unannounced visits to the units.
2. Detention and Deportation Staff conduct scheduled weekly visits with detainees held in the IGSA.	Does Not Meet Standard	Documentation does not exist to verify that Detention and Deportation Staff have conducted scheduled weekly visits throughout the inspection period. An interview with newly assigned ICE officer and review of visitation check lists substantiated that staff began conducting scheduled weekly visits on 4/3/2019.
3. Scheduled visits are posted in ICE detainee areas.	Does Not Meet Standard	Postings in the housing units are outdated and do not accurately note the visitation schedule of ICE staff. Prior to the end of the inspection the postings were updated with the current visitation schedule.

STAFF DETAINEE COMMUNICATIONS (Key: AK)		
POLICY: PROCEDURES MUST BE IN PLACE TO ALLOW FOR FORMAL AND INFORMAL CONTACT BETWEEN KEY FACILITY STAFF AND ICE STAFF AND ICE DETAINEE AND TO PERMIT DETAINEES TO MAKE WRITTEN REQUESTS TO ICE STAFF AND RECEIVE AN ANSWER IN AN ACCEPTABLE TIME FRAME.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
4. Visiting staff observe and note current climate and conditions of confinement at each IGSA.	Does Not Meet Standard	This component was rated Deficient during the last inspection because facility visiting liaison checklists had not been completed for the entire inspection period. During this inspection, the inspector examined the newly appointed ICE officer's visitation check lists. His check lists were completed in accordance with the requirements of the component for the entire month of April 2019. The ICE supervisor told the inspector that the new liaison officer will continue to observe and record conditions at the facility at least once a week for the foreseeable future. However, visiting staff did not observe and note detainee living conditions 5/1/2018 through 3/31/2019. This is a repeat deficiency.
5. ICE information request Forms are available at the IGSA for use by ICE detainees.	Meets Standard	Paper forms are readily available in each housing unit. Detainees may also enter requests in kiosks located in each housing unit.
6. The IGSA treats detainee correspondence to ICE staff as Special Correspondence.	Meets Standard	
7. ICE staff responds to a detainee request from an IGSA within 72 hours.	Meets Standard	
8. ICE detainees are notified in writing upon admission to the facility of their right to correspond with ICE staff regarding their case or conditions of confinement.	Meets Standard	The handbook, given to detainees upon admission, provides information on how they may correspond directly with ICE staff.

STAFF DETAINEE COMMUNICATIONS – REVIEWER SUMMARY
(Use following format for dates: mm/dd/yyyy)

STAFF DETAINEE COMMUNICATIONS – REVIEWER SUMMARY

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

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

Beginning April 2019, a newly assigned bi-lingual ICE officer has made regular announced and unannounced visits to the facility’s living and activity areas to encourage informal communication between staff and detainees and informally observe living and working conditions. The visits included housing units, food service, recreation areas and observation rooms. Scheduled and unannounced ICE visits have not occurred during the majority of the inspection period.

The inspector reviewed recent requests from detainees to ICE officials noted in the electronic log. Logs contained the date the request was received, the detainee's name and A-number, nationality, name of the officer logging the request, the date of the staff response and the date returned to the detainee. Completed requests are filed in the detention file and A-file.

The inspector conducted fourteen formal interviews with LEP detainees. The majority of the detainees claimed that they were being treated fairly, felt safe and had only minor complaints about the food and response time on requests to see a doctor. One detainee claimed that he was threatened by a facility officer who challenged him to a fight. The inspector assisted the detainee in filling a written complaint to ICE. Another detainee claimed that he was confined to his cell and denied all program services for thirty days. He claimed that he was falsely accused of disobeying a command to return to his cell during count. He also claimed that he did not have an opportunity to refute the claim during a discipline hearing. The inspector reviewed the detainee's file which noted that he was found guilty of disobeying an officer and denied commissary and visitation privileges for thirty days. However, the form documenting the disciplinary action made no mention of a hearing and was not signed by either the reviewing officer or the supervisor who rendered the sanction. The file was reviewed by the administrative lieutenant who will follow up with the hearing officer. The hearing officer was not on duty during the inspection.

In evaluating the standard, copies of ICE officer's liaison check lists and telephone serviceability forms were examined, and the ICE supervisor and assigned staff were interviewed. The inspector also examined housing unit visitation sign in logs and interviewed detainees.

Overall Rating: Does Not Meet Standard

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

Completion Date: 5/2/2019

Reviewer Signature (for printed form submission):

DETAINEE TRANSFER STANDARD (Key: AL)		
Policy: ICE WILL MAKE ALL NECESSARY NOTIFICATIONS WHEN A DETAINEE IS TRANSFERRED. IF A DETAINEE IS BEING TRANSFERRED VIA THE JUSTICE PRISONER ALIEN TRANSPORTATION SYSTEM (JPATS), ICE WILL ADHERE TO JPATS PROTOCOLS. IN DECIDING WHETHER TO TRANSFER A DETAINEE, ICE WILL TAKE INTO CONSIDERATION WHETHER THE DETAINEE IS REPRESENTED BEFORE THE IMMIGRATION COURT. IN SUCH CASES, THE FIELD OFFICE DIRECTOR WILL CONSIDER THE DETAINEE'S STAGE WITHIN THE REMOVAL PROCESS, WHETHER THE DETAINEE'S ATTORNEY IS LOCATED WITHIN REASONABLE DRIVING DISTANCE OF THE FACILITY, AND WHERE THE IMMIGRATION COURT PROCEEDINGS ARE TAKING PLACE.		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
1. When a detainee is represented by legal counsel or a legal representative, and a G-28 has been filed, the representative of record is notified by the detainee's Deportation Officer. <ul style="list-style-type: none"> The notification is recorded in the detainee's file; and When the A File is not available, notification is noted within DACS 	Meets Standard	In the event of a detainee transfer, all notifications cited in the component would be processed by ICE officials This would include placing copies of the notifications in the detainee's A-file. All detainee A-files are housed in the local ICE area office.
2. Notification includes the reason for the transfer and the location of the new facility.	Meets Standard	Transfer notices state the reason for the transfer and the location of the new facility.
3. The deportation officer is allowed discretion regarding the timing of the notification when extenuating circumstances are involved.	Meets Standard	When a detainee is awaiting transfer the deportation officer would be allowed discretion as to the timing and notification of the detainee.
4. The attorney and detainee are notified that it is their responsibility to notify family members regarding a transfer.	Meets Standard	
5. Facility policy mandates that: <ul style="list-style-type: none"> Times and transfer plans are never discussed with the detainee prior to transfer; The detainee is not notified of the transfer until immediately prior to departing the facility; and The detainee is not permitted to make any phone calls or have contact with any detainee in the general population. 	Meets Standard	
6. The detainee is provided with a completed Detainee Transfer Notification Form.	Meets Standard	Completed transfer forms are given to detainees.
7. Form G-391 or equivalent authorizing the removal of a detainee from a facility is used.	Meets Standard	
8. For medical transfers: <ul style="list-style-type: none"> The Detainee Immigration Health Service (or IGSA) (DIHS) Medical Director or designee approves the transfer; Medical transfers are coordinated through the local ICE office; and A medical transfer summary is completed and accompanies the detainee. 	Meets Standard	All medical transfers are conducted in accordance with the requirements of this component.
9. Detainees in ICE facilities having DIHS staff and medical care are transferred with a completed transfer summary sheet in a sealed envelope with the detainee's name and A-number, and the envelope is marked Medical Confidential.	N/A	ICE health service corps staff are not stationed at the facility.
10. For medical transfers, transporting officers receive instructions regarding medical issues.	Meets Standard	

DETAINEE TRANSFER STANDARD (Key: AL)		
<p>Policy: ICE WILL MAKE ALL NECESSARY NOTIFICATIONS WHEN A DETAINEE IS TRANSFERRED. IF A DETAINEE IS BEING TRANSFERRED VIA THE JUSTICE PRISONER ALIEN TRANSPORTATION SYSTEM (JPATS), ICE WILL ADHERE TO JPATS PROTOCOLS. IN DECIDING WHETHER TO TRANSFER A DETAINEE, ICE WILL TAKE INTO CONSIDERATION WHETHER THE DETAINEE IS REPRESENTED BEFORE THE IMMIGRATION COURT. IN SUCH CASES, THE FIELD OFFICE DIRECTOR WILL CONSIDER THE DETAINEE'S STAGE WITHIN THE REMOVAL PROCESS, WHETHER THE DETAINEE'S ATTORNEY IS LOCATED WITHIN REASONABLE DRIVING DISTANCE OF THE FACILITY, AND WHERE THE IMMIGRATION COURT PROCEEDINGS ARE TAKING PLACE.</p>		
COMPONENTS	RATING	REMARKS (1000 CHAR MAX)
11. Detainee's funds, valuables, and property are returned and transferred with the detainee to his/her new location.	Meets Standard	Detainee personal property and funds are transferred with the detainee to their new facility.
12. Transfer and documentary procedures outlined in Section C and D are followed.	Meets Standard	
13. Meals are provided when transfers occur during normally schedule meal times.	Meets Standard	
14. An A File or work folder accompanies the detainee when transferred to a different field office or sub-office.	Meets Standard	
15. Files are forwarded to the receiving office via overnight mail no later than one business day following the transfer.	Meets Standard	

DETAINEE TRANSFER STANDARD – REVIEWER SUMMARY	
<p><i>(Use following format for dates: mm/dd/yyyy)</i></p>	
<p>Overall Remarks: <i>(Record significant facts, observations, other sources used, etc.)(5000 Character Max)</i></p> <p>Written policy addresses notifications, detainee records and the protection of detainee funds and property. The policy notes that indigent detainees being transferred will be authorized a single domestic phone call at the government's expense upon arrival at their destination. Policy further notes that non-indigent detainees may make calls at their own expense pursuant to the Detainee Telephone Access standard.</p> <p>To evaluate this standard, policies relevant to detainee transfers were reviewed, and processing and release officers were interviewed.</p>	
<p>Overall Rating: Meets Standard</p>	
<p>Reviewer Name (Printed) (b)(6); (b)(7)(C)</p>	<p>Completion Date: 5/2/2019</p>
<p>Reviewer Signature (for printed form submission):</p>	

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (Key: AM)		
Policy: THIS DETENTION STANDARD REQUIRES THAT FACILITIES THAT HOUSE ICE/ERO 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. The facility has a Sexual Abuse and Assault Prevention and Intervention Program consistent with the ICE Zero Tolerance Policy.	Meets Standard	
2. The facility administrator has designated a Sexual Abuse and Assault Prevention and Intervention Program coordinator for the facility.	Meets Standard	
3. All staff are trained, during orientation and in annual refresher training, in the prevention and intervention areas required by the Detention Standard.	Meets Standard	
4. The facility maintains written documentation verifying employee, volunteer, and contractor training.	Meets Standard	
5. Detainees are informed about the program in facility orientation and the detainee handbook (or equivalent).	Meets Standard	
6. The Sexual Assault Awareness Notice, along with the name of the program coordinator and local organizations that can assist detainees who have been victims of sexual assault, is posted on all housing unit bulletin boards.	Meets Standard	
7. The Sexual Assault Awareness Information brochure is distributed to detainees.	Meets Standard	
8. Detainees are screened upon arrival for "high risk" sexual assaultive and sexual victimization potential and housed and counseled accordingly.	Meets Standard	
9. A detainee who is subjected to sexual abuse or assault is not returned to general population until proper reclassification, taking into consideration any increased vulnerability of the detainee as a result of the sexual abuse or assault, is completed.	Meets Standard	
10. There is prompt and effective intervention when any detainee is sexually abused or assaulted and policy and procedures for required chain-of-command and immediate ICE reporting.	Meets Standard	
11. The facility uses a coordinated, multidisciplinary team approach to responding to sexual abuse, such as a sexual assault response team (SART), which includes a medical practitioner, a mental health practitioner, a security staff member, and an investigator from the assigned investigative entity, as well as representatives from outside entities that provide relevant services and expertise.	Meets Standard	
12. Care is taken to place a victimized detainee in a supportive environment that represents the least restrictive housing option possible (e.g. protective custody), but victims are not held for longer than five days in any type of administrative segregation except in highly unusual circumstances or at the request of the detainee.	Meets Standard	

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (Key: AM)		
Policy: THIS DETENTION STANDARD REQUIRES THAT FACILITIES THAT HOUSE ICE/ERO 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)
13. Staff suspected of perpetrating sexual abuse or assault are removed from all duties requiring detainee contact pending the outcome of an investigation.	Meets Standard	
14. When there is an alleged sexual assault, staff gather and maintain evidence, make referrals to appropriate law enforcement agencies for possible prosecution, and ensure that qualified investigators conduct a prompt, thorough, objective, and fair investigation.	Meets Standard	
15. When there is an alleged or proven sexual assault, the required notifications are promptly made to facility supervisors and ICE management.	Meets Standard	
16. When possible and feasible, victims of sexual abuse or assault are referred to specialized community resources for treatment and gathering of evidence.	Meets Standard	
17. 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	
18. The Sexual Abuse and Assault Prevention and Intervention Program coordinator conducts an annual review of aggregate data regarding incidents of sexual abuse or assault, and presents the findings to the Field Office Director and ICE/ERO HQ for use in determining whether changes are needed to existing policies and practices.	Meets Standard	
19. Tracking statistics and reports are readily available for review by the inspectors.	Meets Standard	

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION – REVIEWER SUMMARY	
<i>(Use following format for dates: mm/dd/yyyy)</i>	
Overall Remarks: <i>(Record significant facts, observations, other sources used, etc.)(5000 Character Max)</i>	
Overall Rating: Meets Standard	
Reviewer Name (Printed):	Completion Date: 5/2/2019
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.

Review Document Issue Summary		Ratings Check Status			
Check Document:	<input type="button" value="Run Check"/>	Error(s) Found:	0	Items Not Rated:	0
Errors:					
Items Not Rated:					

Run Indicator:

A. Type of Facility Reviewed

- ICE Service Processing Center
 ICE Contract Detention Facility
 ICE Intergovernmental Service Agreement

B. Current Inspection

Type of Inspection
 Field Office HQ Inspection

Date[s] of Facility Review
4/30/2019 - 5/2/2019

C. Previous/Most Recent Facility Review

Date[s] of Last Facility Review
2/21/2018 - 2/23/2018

Previous Rating
 Superior Good Acceptable Deficient At-Risk

D. Name and Location of Facility

Name
Butler County Jail

Address (Street and Name)
705 Hanover Street

City, State and Zip Code
Hamilton, OH 45011

County
Butler

Name and Title of Chief Executive Officer (Warden/OIC/Supt.)
(b)(6); (b)(7)(C) Lieutenant

Telephone # (Include Area Code)
(b)(6); (b)(7)(C)

Field Office / Sub-Office (List Office with oversight responsibilities)
Detroit

Distance from Field Office
250 miles

E. ICE Information

Name of Inspector (Last Name, Title and Duty Station)
(b)(6); (b)(7)(C) / LCI/Security / Nakamoto

Name of Team Member / Title / Duty Location
(b)(6); (b)(7)(C) / Medical SME / Nakamoto

Name of Team Member / Title / Duty Location
(b)(6); (b)(7)(C) / Safety SME / Nakamoto

Name of Team Member / Title / Duty Location
(b)(6); (b)(7)(C) / Detainee Rights SME / Nakamoto

Name of Team Member / Title / Duty Location
(b)(6); (b)(7)(C) / Medical SME / Nakamoto

F. CDF/IGSA Information Only

Contract Number
(b)(6); (b)(7)(C)

Date of Contract or IGSA
1/23/2018

Basic Rates per Man-Day
(b)(4)

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

Estimated Man-days Per Year:
374,125

G. Accreditation Certificates

List all State or National Accreditation[s] received:

Check box if facility has no accreditation[s]

H. Problems / Complaints (Copies must be attached)

The Facility is under Court Order or Class Action Finding
 Court Order Class Action Order

The Facility has Significant Litigation Pending
 Major Litigation Life/Safety Issues

Check if None.

I. Facility History

Date Built
2002

Date Last Remodeled or Upgraded
January 2018 New Intake Desk

Date New Construction / Bed space Added
N/A

Future Construction Planned
 Yes No Date:

Current Bed space **848** Future Bed space (# New Beds only) Number: **N/A** Date:

J. Total Facility Population

Total Facility Intake for previous 12 months
13,618

Total ICE Man-days for Previous 12 months
44,895

K. Classification Level (ICE SPCs and CDFs Only)

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

L. Facility Capacity

	Rated	Operational	Emergency
Adult Male	720	N/A	N/A
Adult Female	128	N/A	N/A

Facility holds Juveniles Offenders 16 and older as Adults

M. Average Daily Population

	ICE	USMS	Other
Adult Male	116	210	63
Adult Female	6	14	13

N. Facility Staffing Level

Security: **(b)(7)(E)** Support:

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

Form G-324A SIS (Rev. 7/9/07)

Significant Incident Summary Worksheet

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

<i>Incidents</i>	<i>Description</i>	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault: Offenders on Offenders ¹	Types (Sexual ² , Physical, etc.)	P	P	P	0
	With Weapon	0	0	0	0
	Without Weapon	1	1	1	0
Assault: Detainee on Staff	Types (Sexual Physical, etc.)	0	0	0	P
	With Weapon	0	0	0	0
	Without Weapon	0	0	0	1
Number of Forced Moves, incl. Forced Cell moves ³		0	0	0	0
Disturbances ⁴		0	0	0	0
Number of Times Chemical Agents Used		0	0	0	0
Number of Times Special Reaction Team Deployed/Used		0	0	0	0
# Times Four/Five Point Restraints applied/used	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	0	0
	Type (C=Chair, B=Bed, BB=Board, O=Other)	0	0	0	0
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	10	3	8	0
	# Resolved in favor of Offender/Detainee	1	1	2	0
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	0	0	0	0
	Number	0	0	0	0
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	1	1	6	3
	# Psychiatric Cases referred for Outside Care	0	1	0	0

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

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

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

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

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

Form G-324A SIS (Rev. 7/9/07)

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

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

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

Form G-324A SIS (Rev. 7/9/07)

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)	 (b)(6); (b)(7)(C) <i>Signature</i>
Title & Duty Location Lead Compliance Inspector/Security SME, The Nakamoto Group, Inc.	Date 5/2/2019

Team Members

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

Recommended Rating:

- Superior
- Good
- Acceptable
- Deficient
- At-Risk

Comments: The PBNDS 2011 Sexual Abuse and Assault Prevention and Intervention standard was inspected during this inspection but is not referenced in the Standards Review Summary Report. The standard was rated as Meets Standard for this inspection. During this inspection period there have been no allegations of sexual abuse or assault involving ICE detainees.

There were no deaths or serious suicide attempts involving ICE detainees during the inspection period.

There was one immediate use of force incident involving an ICE detainee during this inspection period. On 12/4/2018, a female detainee was escorted to the intake unit shower to change into a "forensics watch" gown. Once in the shower, the detainee became combative. Detainee struck the officer, which caused the officer to hit the wall. Detainee was restrained by a responding officer. The escorting officer suffered a concussion. Detainee was evaluated by the medics. No medical treatment was necessary. ICE officials were notified. A review of the incident and action taken was completed by a sergeant, lieutenant and division commander. The after-action review confirmed that the amount of force used was appropriate and within policy guidelines.

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

Form G-324A SIS (Rev. 7/9/07)

Trained officers are authorized to carry chemical agents and may use them on ICE detainees, if necessary. Shift supervisors carry Tasers but may not use Tasers on ICE detainees. Canines may be used for contraband detection but are not used in the presence of ICE detainees.

The numbers on the Summary Worksheet reflect the ICE population.

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

Form G-324A SIS (Rev. 7/9/07)

From: (b)(6); (b)(7)(C)
Sent: 23 Aug 2018 13:07:04 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: Ice Update for 8-23-18
Attachments: Ice Update- 8-23-18.docx

Have a Fabulous Day,

Ms. (b)(6); (b)(7)(C) R.N. M.S.N.
Director of Nursing



Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
Fax: (b)
e-mail: (b)

NOTICE: This email and any attachments contain confidential information intended solely for the use of the individual or entity to whom they are addressed. This email or the attachments may contain material protected by the attorney-client privilege. If you are not the intended recipient of this email, you have received this email in error and that any use, dissemination, forwarding, printing, or copying of this email is prohibited. Please immediately notify us by return email and immediately delete this message. Although we attempt to scan email and attachments for viruses, we do not guarantee that either are virus-free and accept no liability for any damages sustained as a result of a virus.

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

Ice-Updates: 8-23-2018

Date: 8-23-18 Status: Remains in the Infirmary for FX of his 2nd Right hand

1. Detainee: (b)(6); (b)(7)(C) Commitment#: (b)(6); (b)(7)(C) SBI#: SHEMAI 28 Years Old
DOB: 06/03/1990

Race: Black or African American Gender: Male LOC: I INF 112 10 Inmate Type: ICE
HLCN: HCCC) A# (b)(6); (b)(7)(C)

Vital Signs: Standing BP: 122 / 80
Temperature: 97.8 Temperature site: Oral
Pulse rate: 62 Pulse rhythms: Regular
Respirations: 18 Respiration Type: Unlabored
Pulse Ox%: 99 Room Air: Yes

2. Detainee: (b)(6); (b)(7)(C) Commitment#: (b)(6); (b)(7)(C) SBI#: 46 Years Old
DOB: 01/18/1972

Race: Hispanic Gender: Male LOC: D 3W 307 01 Inmate Type: ICE HLCN: HCCC)
A#:

Issue: New admit with a Diagnosis of Pneumonia, placed in the Infirmary on 8-22-2018 7:56 PM

Nurse Practitioner Comments: Assessment Comments: 46 year old male seen and examined in NAD, Patient reports history of Pneumonia 1 month ago and was hospitalized for 4 days, stated he was sent home with antibiotics for 7 days. Patient stated he still has occasional productive cough with dark yellow phlegm, he denies fever and chills. He c/o headache denies dizziness, vision changes, SOB, CP, palpitations. Patient also report been diagnosed with lymphoma 5 years ago and is on oral medication but is unable to recall the name, he stated that he sees his doctor every 3 months. He denies any mental health disorder or suicidal ideation.

Plan Comments: Hx of PNA - rales to RLL - CXR; Augmentin 875/125mg tab by mouth Q12.
Admit to infirmary; droplet precaution.
Hx of lymphoma - nsg to f/u with PMD on medication management.
Headache - Ibuprofen as ordered.
RTC routine and PRN

Current Vital Signs

Previous Height: 69 (08/22/2018 5:31:04 PM) Previous Weight: 175 (08/22/2018 5:31:04 PM)

Standing BP: 118 / 80
Temperature: 98.4 Temperature site: Temporal
Pulse rate: 72 Pulse rhythm: Regular
Respirations: 16 Respiration Type: Unlabored
Pulse Ox% 99 Room Air: Yes

From: (b)(6); (b)(7)(C)
Sent: 17 Aug 2018 14:04:17 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: Ice Updates on Two Patient's

-

Ice-Updates: 8-17-2018

(b)(6); (b)(7)(C) Commitment#: (b)(6); (b)(7)(C) BI#: 27 Years Old DOB: 03/27/1991
Race: Black or African Am

Date: 8-16-18 at 7:48pm-Nurse Sick Call: Male Ice inmate referred by nursing for c/o neck pain and restricted movement of neck x 2 days, getting worst today. Patient was seen by the NP and order was given to transfer to JCMC. **Vital Signs:** T=97.6, P=100, R=17, B/P 120/90. O2sat 99%.

Reason for Referral

Patient was seen in medical with twisted neck - torticollitis. patient reported he was bitten up at Bronx court and his neck twisted. Patient also stated that now he cannot move his neck. On exam, he has restricted neck movement, neck tenderness and unequal shoulders. Patient is screaming on top of his lungs. Patient is in mild acute distress with Hr of 100. Flexeril 10mg by mouth stat ordered and given. Patient will be transferred to JCMC ED via van for CT scan neck r/o neck injury.

Date: 8-17-18-Returned at 4:13AM—from JCMC- with diagnosis of neck and back strain. As per hospital discharge paperwork, CT cervical spine and thoracic spine was done and result shows neck and back strain. No medication ordered. Patient reports pain 5/10 to lower back and neck. Patient able to flex and rotate neck with some discomfort, able to ambulate with steady gait. Patient appears clinically stable for GP on bottom bunk.

Vitals Signs: temp 97.2, P=57, R=16, B/P=102/68, O2sat=99%

Treatment Plan: A/P: Neck strain, Back sprain, Ibuprofen 600mg 1 tab by mouth BID PRN

Analgesic balm topically BID, Bottom bunk-

(b)(6); (b)(7)(C) Commitment#: (b)(6); (b)(7)(C) SBI#: 41 Years Old DOB: 09/04/1976
Race: Black or African American Gender: Male LOC: D 3W 404 01 Inmate Type: ICE HLCN: HCCC A#:

Patient admitted on 8-17-2018 1:04AM- was interviewed by the nurse and stated that he has a psychiatric history.

41 y.o male denies any substance abuse, denies any PMHx, reports hx of depression x 6yrs with psyche hospitalization 6yrs ago in Brazil. Patient states he takes lexapro 20mg daily, last dose 2 days ago. Patient appears calm and cooperative but states " I feel depressed being in jail but, I don't have any suicide thoughts right now". Patient speaks Portuguese, interpreter utilized Voiance # 660352. Patient

medication was verified and confirmed from Walgreens pharmacy as lexapro 20mg daily, last refill July, 2018. Will place patient on level 2 close watch pending mental health evaluation and clearance for GP.

Patient was seen by the provider and placed on level 2 observation in the Infirmary until MH clear him for GP.

Plan Comments: Follow-up clinically as needed

Lexapro 20mg daily x 7 days

Mental health referral

Will place on level 2 close watch pending mental health evaluation and clearance for GP

Mental Health: Clinician used the portugal language line to communicate with pt. Pt is here for DUI charges. Pt denied current suicidal and homicidal ideations. Pt denied current auditory and visual hallucinations. Pt has no hx of MH illness, MH meds, or psychiatric hospitalization. Pt does not appear to be a danger to self or others at this time. Pt denied aggressive/violent behavior. Pt denied any depressive/anxiety symptoms. This is Pt first time incarcerated. Pt denied any suicidal ideation/attempts in the past. Pt was very cooperative and pleasant during session. Pt does not meet any safety risks for close watch.

Have a Fabulous Day,

Ms (b)(6); (b)(7)(C) R.N. M.S.N.
Director of Nursing



Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032

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

Fax:

e-m

NOTICE: This email and any attachments contain confidential information intended solely for the use of the individual or entity to whom they are addressed. This email or the attachments may contain material protected by the attorney-client privilege. If you are not the intended recipient of this email, you have received this email in error and that any use, dissemination, forwarding, printing, or copying of this email is prohibited. Please immediately notify us by return email and immediately delete this message. Although we attempt to scan email and attachments for viruses, we do not guarantee that either are virus-free and accept no liability for any damages sustained as a result of a virus.

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

From: (b)(6); (b)(7)(C)
Sent: 29 Aug 2018 16:55:57 +0000
To: (b)(6); (b)(7)(C)
Subject: Ice Updates
Attachments: Ice Updates 8-29-2018.docx

Have a Fabulous Day,
Ms. (b)(6); (b)(7)(C) **R.N. M.S.N.**
Acting Health Service Administrator



Hudson County Corrections & Rehabilitation Center
35 Hackensack Ave.
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
Fax: [Redacted]
e-mail: [Redacted]

This e-mail transmission from the Hudson County Department of Corrections may contain **CONFIDENTIAL** or **LEGALLY PRIVILEGED** information that is intended only for the individual or entity named in the e-mail address. Access by anyone else is unauthorized. If you are not the intended recipient, you are hereby notified that any disclosure, copying or distribution, or reliance upon the contents of this e-mail is strictly prohibited. If you have received this e-mail transmission in error, please reply to the sender so that we can arrange for proper delivery. Please delete the message from your inbox.

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

8-29-2018 Update

Date: 08/28/2018 at 10:29 PM

(b)(3): Unspecified Statute

(b)(3): Unspecified Statute

Date: 08/28/2018 at 12:27 PM

Name: (b)(6); (b)(7)(C) **Commitment:** (b)(6); (b)(7)(C) **SBI#:** (b)(6); (b)(7)(C) **46 Years Old**

DOB: 12/26/1971

Race: Hispanic **Gender:** Male **LOC:** B 1E 213 01 **Inmate Type:** CTY **HLCN:**
HCCC A#:

**Chief Complaint: (Reason for ER Run) HX OF LIVER CIRRHOSIS 2/2 ETOH / PUD /
C/O BRB PER RECTUM SINCE YESTERDAY.**

ON EXAM BRB SEEN ON ANAL MARGIN.

R/O GI BLEED

Hospital Return

General Note Type: Medical ALP

Brief Subject (20 Characters Max): Hospital RTN

S: Pt seen today in the medical clinic for hospital rtn from JCMC ED. Inmate Dx with possible GI bleed with Hgb of 9.1 - 9.3 and placed on Nexium. ED Dr, Dr (b)(6); (b)(7)(C) indicated that Inmate refused medical treatment in the ED. Explained to inmate the need to receive med screening and treatment, inmate responded, "I am fine, nothing is wrong with me." via a Spanish interpreter. Will refer to GI for eval.

From: (b)(6); (b)(7)(C)
Sent: 12 Apr 2018 21:14:01 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: Ice-Transfer to Hospital
Attachments: Ice-Hospital Trip- 4-12-2018.docx

Have a Fabulous Day,

Ms. (b)(6); (b)(7)(C) **R.N. M.S.N.**
Director of Nursing



Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
Pho (b)(6); (b)(7)(C)
Fax:
e-m:

NOTICE: This email and any attachments contain confidential information intended solely for the use of the individual or entity to whom they are addressed. This email or the attachments may contain material protected by the attorney-client privilege. If you are not the intended recipient of this email, you have received this email in error and that any use, dissemination, forwarding, printing, or copying of this email is prohibited. Please immediately notify us by return email and immediately delete this message. Although we attempt to scan email and attachments for viruses, we do not guarantee that either are virus-free and accept no liability for any damages sustained as a result of a virus.

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

Ice-Hospital Trip- 4-12-2018

1. (b)(6); (b)(7)(C) Commitment# (b)(6); (b)(7)(C) SBI#: 41 Years Old DOB: 11/18/1976
Race: Hispanic Gender: Male LOC: D 3W 407/01 Inmate Type: ICE HLCN: HCCC A#: -

Encounter Context

Facility at time of evaluation: Co of Hudson Dept of Corrections & Rehabilitation
Age at Time: 41 Years Old

Nurse Infirmary Admission

Reason for Transfer / Admission: Change in Clinical Condition

Referral Source: Medical Staff

Chief Complaint: patient BS is high; claims that his BS is labile; easily goes down and he collapse

Active Medications: : METFORMIN HCL 500 MG ORAL TABLET take one tab by mouth daily, IBUPROFEN 600 MG ORAL TABLET take one tab by mouth BID, NOVOLIN R 100 UNIT/ML INJECTION SOLUTION finger stick BID with low dose insulin coverage according to his sliding scale.

Active Problems: Fracture, left proximal index finger (ICD-815.00) (ICD10-S62.91), Diabetes mellitus, type II (ICD-250.00) (ICD10-E11.9).

Open Orders: X-Ray, Chest, PA & Lateral [X-Ray], RPR [0142-0], CC - Initial [CCI], Lipid Profile [0009-1], Diabetic Panel [3484-3].

Current Vital Signs

Previous Height: 64 (04/12/2018 3:08:52 PM) Previous Weight: 214 (04/12/2018 3:08:52 PM)

Sitting BP: 110 / 70

Temperature: 97.8 Temperature site: Oral

Pulse rate: 83 Pulse rhythm: Regular

Finger Stick (Blood Sugar): 410

Respirations: 16 Respiration Type: Unlabored

Pulse Ox% 97

Objective Findings

Head, Eyes, ENT

Vision Disturbance: No

Hearing Difficulty: No

Difficulty Swallowing: No

Bleeding Gums: No

Neuro / Musculoskeletal

Conscious: Yes

Oriented x 3: Yes

Pupils, PERLA: Yes

Weakness of Extremities: No

Peripheral Circulation

Cyanosis: No

Mottling: No

Tingling in Hands: No

Tingling in Feet: No

Genital / Urinary

Urination Frequency: No
Incontinence: No
Difficulty Urinating: No
Urinary Catheter: No

Skin

Color: Normal

Cardiovascular

Rhythm Regular
Hear Sounds: Normal
Edema: No
Pitting: No

Respiratory

Lung Sounds Normal
Cough: No

Gastrointestinal

Appetite: Fair
Vomiting: No
Nausea: No
Bowel Movements: Regular
Bowel Sounds: Normal
Abdomen: Soft

Infirmery Assessment

ALTERATION IN COMFORT DUE TO:
Other
Explain: increased blood sugar

Nurse Infirmery Plan

Plan: Administer Medication as Ordered, Administer Treatment as Ordered, Administer Diet as Ordered, Labs as Ordered
Patient Education Provided: Test Results
Disposition: Infirmery
Notes: Patient was admitted in the infirmery due to increase blood sugar; claims that BS is very labile easily go down and up; claims that he collapse when sugar is very low

METFORMIN HCL 500 MG ORAL TABLET (METFORMIN HCL) take one tab by mouth daily
IBUPROFEN 600 MG ORAL TABLET (IBUPROFEN) take one tab by mouth BID
NOVOLIN R 100 UNIT/ML INJECTION SOLUTION (INSULIN REGULAR HUMAN) finger stick BID with low dose insulin coverage according to his sliding scale

Fracture, left proximal index finger (ICD-815.00) (ICD10-S62.91)
Diabetes mellitus, type II (ICD-250.00) (ICD10-E11.9)

2. (b)(6); (b)(7)(C) Commitment# (b)(6); (b)(7)(C) SBI# (b)(6); (b)(7)(C) 49 Years Old DOB: 03/31/1969
Race: Unspecified Gender: Female LOC: E 3S 01 30 Inmate Type: ICE HLCN: HCCC A#:
(b)(6); (b)(7)(C)

General Note Type: Medical ALP
Brief Subject (20 Characters Max): Code White

49 yrs old female is here post code white for c/o persistent headache, falling and hitting her right head, right arm and right leg, pt reports 8/10 arm, head and leg pain; Pt is A A O x 3; swelling, tenderness, black bruising noted in right leg, right arm, and right head, limited ROM noted in right extremities; chest wall is non-tender, heart rate is regular and normal; pt appear weak and in pain; pt will be referred to ER for further evaluation, and to R/O fracture

Vital signs: BP 132/100 HR 92 RR 20 Temp 97.8 F

Transport Type: Emergency

Chief Complaint: (Reason for ER Run) Pt c/o persistent headache, falling and hitting her right head, right arm and right leg, pt reports 8/10 arm, head and leg pain, limited ROM noted in extremities

Allergies, Medications and Problems

Allergies:

* PENICILLIN.

Active Meds:

LISINOPRIL 2.5 MG ORAL TABLET (LISINOPRIL) Take 1 tablet by mouth daily

VITAMIN D-3 1000 UNIT ORAL CAPSULE (CHOLECALCIFEROL) Take 1 cap by mouth daily

MULTIVITAMIN ADULT ORAL TABLET (MULTIPLE VITAMINS-MINERALS) 1 tablet orally once daily

* GLUCOPHAGE 1000 MG ORAL TABLET (METFORMIN HCL) 1 tablet orally BID

* PENICILLIN (Critical)

Diarrhea NOS (ICD-787.91) (ICD10-R19.7)

Diabetes mellitus, type II (ICD-250.00) (ICD10-E11.9)

Allergic rhinitis (ICD-477.9) (ICD10-J30.9)

Hx of depression (ICD-V11.8) (ICD10-Z86.59)

From: (b)(6); (b)(7)(C)
Sent: 13 Apr 2019 15:50:48 +0000
To: (b)(6); (b)(7)(C)
Subject: Re: [EXT] RE: here you go!

No. I sent you everything I received.

Sent from my iPhone

On Apr 13, 2019, at 11:30 AM, (b)(6); (b)(7)(C) wrote:

The last attachment I received was Thursday afternoon, he was to have surgery yesterday morning, nothing since then.

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C)
Date: Saturday, Apr 13, 2019, 11:23 AM
To: (b)(6); (b)(7)(C)
Subject: Fwd: [EXT] RE: here you go!

This is the last update. On page 10 it says for a cholecystectomy today.

Sent from my iPhone

Begin forwarded message:

From: (b)(6); (b)(7)(C)
Date: April 13, 2019 at 11:11:31 AM EDT
(b)(6); (b)(7)(C)
Subject: RE: [EXT] RE: here you go!

I did not receive anything for Friday, please send that to me

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C)
Date: Saturday, Apr 13, 2019, 11:09 AM
To: (b)(6); (b)(7)(C)

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

Subject: Re: [EXT] RE: here you go!

Commander, We are unable to get an update today. The hospital won't give info over the phone to the nurses. It must come from case management department. (b)(6); (b)(7)(C) sent that update on Friday. That's the latest. We should get the most recent update on Monday morning. I will send her your request now so she gets it as soon as possible and gets it to us as fast as she can.

Sent from my iPhone

On Apr 13, 2019, at 9:00 AM (b)(6); (b)(7)(C) wrote:
(b)(6); (b)(7)(C)

Good morning, none of the attachments had any information; I did not receive any update for yesterday, please send an update today.

CDR (b)(6); (b)(7)(C) RN FMC NYC
Ofc: (b)(6); (b)(7)(C) MOBL: (b)(6); (b)(7)(C)
Fax (secure) : (b)(6); (b)(7)(C)

Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

From: (b)(6); (b)(7)(C)
Sent: Friday, April 12, 2019 3:50 PM
To: (b)(6); (b)(7)(C)
Subject: Fwd: [EXT] RE: here you go!

Sent from my iPhone

Begin forwarded message:

From: (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)
Date: April 12, 2019 at 3:23:14 PM EDT
To: (b)(6); (b)(7)(C)

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

Subject: [EXT] RE: here you go!

Thanks, just a reminder, would like to get one before the end of their workday

CDR (b)(6); (b)(7)(C) RN FMC NYC

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

Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

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

Sent: Friday, April 12, 2019 12:40 PM

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

Subject: RE: here you go!

I did @ 8am. As soon as I receive it ill forward it to you!

Thank you in advance;

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

Hudson County Scheduler

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

Do not forward without the express written permission of the above-named author of this

message. The information in this E-mail message is confidential and intended only for the use of its intended recipient. If you, the reader of this message, are not the intended recipient, you are hereby notified that you should not further disseminate, distribute, or forward this E-mail message. If you have received this E-mail in error, please notify the sender and destroy the message. Thank you.

=

From: (b)(6); (b)(7)(C)
Sent: 13 Apr 2019 15:09:32 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: Re: [EXT] RE: here you go!

Commander, We are unable to get an update today. The hospital won't give info over the phone to the nurses. It must come from case management department. (b)(6); (b)(7)(C) sent that update on Friday. That's the latest. We should get the most recent update on Monday morning. I will send her your request now so she gets it as soon as possible and gets it to us as fast as she can.

Sent from my iPhone

On Apr 13, 2019, at 9:00 AM, (b)(6); (b)(7)(C) wrote:

Good morning, none of the attachments had any information; I did not receive any update for yesterday, please send an update today.

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

Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

From: (b)(6); (b)(7)(C)
Sent: Friday, April 12, 2019 3:50 PM
To: (b)(6); (b)(7)(C)
Subject: Fwd: [EXT] RE: here you go!

Sent from my iPhone

Begin forwarded message:

From: (b)(6); (b)(7)(C)
Date: April 12, 2019 at 3:23:14 PM EDT
To: (b)(6); (b)(7)(C)
Cc:
Subject: [EXT] RE: here you go!

Thanks, just a reminder, would like to get one before the end of their workday

CDR (b)(6); (b)(7)(C) RN FMC NYC

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

Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

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

Sent: Friday, April 12, 2019 12:40 PM

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

Cc:

Subject: RE: here you go!

I did @ 8am. As soon as I receive it ill forward it to you!

Thank you in advance;

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

Hudson County Scheduler

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

Do not forward without the express written permission of the above-named author of this message. The information in this E-mail message is confidential and intended only for the use of its intended recipient. If you, the reader of this message, are not the intended recipient, you are hereby notified that you should not further disseminate, distribute, or forward this E-mail message. If you have received this E-mail in error, please notify the sender and destroy the message. Thank you.

From: (b)(6); (b)(7)(C)
Sent: 13 Apr 2019 21:18:37 +0000
To: (b)(6); (b)(7)(C)
Subject: Re: [EXT] RE: here you go!

Thank you.

Sent from my iPhone

On Apr 13, 2019, at 2:29 PM (b)(6); (b)(7)(C) wrote:

I called and spoke to his nurse on the floor- he did have surgery and in recovering well so far, stable.

CDR (b)(6); (b)(7)(C) RN FMC NYC
Ofc: (b)(6); (b)(7)(C)

Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

From: (b)(6); (b)(7)(C)
Sent: Saturday, April 13, 2019 11:10 AM
To: (b)(6); (b)(7)(C)
Cc:
Subject: Re: [EXT] RE: here you go!

Commander, We are unable to get an update today. The hospital won't give info over the phone to the nurses. It must come from case management department. (b)(6); (b)(7)(C) sent that update on Friday. That's the latest. We should get the most recent update on Monday morning. I will send her your request now so she gets it as soon as possible and gets it to us as fast as she can.

Sent from my iPhone

On Apr 13, 2019, at 9:00 AM (b)(6); (b)(7)(C) wrote:

Good morning, none of the attachments had any information; I did not receive any update for yesterday, please send an update today.

CDR (b)(6); (b)(7)(C) RN FMC NYC
(b)(6); (b)(7)(C)

Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

From: (b)(6); (b)(7)(C)
Sent: Friday, April 12, 2019 3:50 PM
To: (b)(6); (b)(7)(C)
Subject: Fwd: [EXT] RE: here you go!

Sent from my iPhone

Begin forwarded message:

From: (b)(6); (b)(7)(C)
Date: April 12, 2019 at 3:23:14 PM EDT
To: (b)(6); (b)(7)(C)
Cc:
Subject: [EXT] RE: here you go!

Thanks, just a reminder, would like to get one before the end of their workday

CDR (b)(6); (b)(7)(C) RN FMC NYC
(b)(6); (b)(7)(C)

Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

From: (b)(6); (b)(7)(C)
Sent: Friday, April 12, 2019 12:40 PM
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: here you go!

I did @ 8am. As soon as I receive it ill forward it to you!

Thank you in advance;

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

Hudson County Scheduler

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

Do not forward without the express written permission of the above-named author of this message. The information in this E-mail message is confidential and intended only for the use of its intended recipient. If you, the reader of this message, are not the intended recipient, you are hereby notified that you should not further disseminate, distribute, or forward this E-mail message. If you have received this E-mail in error, please notify the sender and destroy the message. Thank you.

From: (b)(6); (b)(7)(C)
Sent: 12 Oct 2019 19:13:29 +0000

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

Subject: Re: [EXT] RE (b)(6); (b)(7)(C)

Good afternoon,

The above patient has returned back from the hospital. Her diagnosis is CVA - right side weakness, TIA. She returned around 2:50pm.

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

Assistant Health Services Administrator
Wellpath
Hudson County Corrections and Rehabilitation Center
35 South Hackensack Ave
Kearny, NJ 07032

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

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

From: (b)(6); (b)(7)(C)
Sent: Saturday, October 12, 2019 10:59:20 AM
To: (b)(6); (b)(7)(C)
Cc:
Subject: Re: [EXT] RE (b)(6); (b)(7)(C)

Good morning,

She is still in the hospital. I have reached out to our case manager to see if there are any updates on her condition. I will keep you posted as soon as I get the information. Thank you for your patience.

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

Assistant Health Services Administrator
Wellpath
Hudson County Corrections and Rehabilitation Center
35 South Hackensack Ave
Kearny, NJ 07032

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

From: (b)(6); (b)(7)(C)
Sent: Saturday, October 12, 2019 10:25:01 AM
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: [EXT] RE (b)(6); (b)(7)(C)

Good morning, can someone send an update today on this detainee, if she is still at the hospital and any changes?

CDR (b)(6); (b)(7)(C) FMC NYC

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

Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

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

Date: Friday, Oct 11, 2019, 9:14 AM

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

Cc:

Subject: Re: [EXT] RE: Kobeissi, Iman

Good morning,

I'm glad you were able to get what you needed. (b)(6); (b)(7)(C) will update you on her status from our case management department later in the day.

Thanks,

Tina

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

Regional Director, Northeast

Wellpath

1283 Murfreesboro Road, S. 500

Nashville, TN 37217

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

EMA

WellpathCare.com

On Oct 11, 2019, at 9:00 AM (b)(6); (b)(7)(C)
wrote:

Do not forward without the express written permission of the above-named author of this message. The information in this E-mail message is confidential and intended only for the use of its intended recipient. If you, the reader of this message, are not the intended recipient, you are hereby notified that you should not further disseminate, distribute, or forward this E-mail message. If you have received this E-mail in error, please notify the sender and destroy the message. Thank you.

From: (b)(6); (b)(7)(C)
Sent: 12 Oct 2019 14:59:20 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: Re: [EXT] RE (b)(6); (b)(7)(C)

Good morning,
She is still in the hospital. I have reached out to our case manager to see if there are any updates on her condition. I will keep you posted as soon as I get the information. Thank you for your patience.

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

Assistant Health Services Administrator
Wellpath
Hudson County Corrections and Rehabilitation Center
35 South Hackensack Ave
Kearny, NJ 07032

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

From: (b)(6); (b)(7)(C)
Sent: Saturday, October 12, 2019 10:23:01 AM
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: [EXT] RE: (b)(6); (b)(7)(C)

Good morning, can someone send an update today on this detainee, if she is still at the hospital and any changes?

CDR (b)(6); (b)(7)(C) FMC NYC

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

Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

From: (b)(6); (b)(7)(C)
Date: Friday, Oct 11, 2019, 9:14 AM
To: (b)(6); (b)(7)(C)
Cc:
Subject: Re: [EXT] RE: Kobeissi, Iman

Good morning,

I'm glad you were able to get what you needed. (b)(6); (b)(7)(C) will update you on her status from our case management department later in the day.

Thanks,

Tina

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

Regional Director, Northeast

Wellpath

1283 Murfreesboro Road, S. 500

Nashville, TN 37217

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

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

WellpathCare.com

On Oct 11, 2019, at 9:00 AM, (b)(6); (b)(7)(C) wrote:

Do not forward without the express written permission of the above-named author of this message. The information in this E-mail message is confidential and intended only for the use of its intended recipient. If you, the reader of this message, are not the intended recipient, you are hereby notified that you should not further disseminate, distribute, or forward this E-mail message. If you have received this E-mail in error, please notify the sender and destroy the message. Thank you.

From: (b)(6); (b)(7)(C)
Sent: 15 Oct 2019 13:54:33 +0000
To: (b)(6); (b)(7)(C)
Subject: Re: [EXT] RE: (b)(6); (b)(7)(C)

Discharged from hospital, now back in GP without complaints. Started on: ASA, Plavix, Omeprazole, Atorvastatin.

(b)(6); (b)(7)(C) MD
Wellpath - Hudson County, NJ

From: (b)(6); (b)(7)(C)
Sent: Tuesday, October 15, 2019 9:47 AM
To: (b)(6); (b)(7)(C)
Subject: RE: [EXT] RE: (b)(6); (b)(7)(C)

Good morning, can I get an update on her status?

CDR (b)(6); (b)(7)(C) FMC NYC

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

Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

From: (b)(6); (b)(7)(C)
Sent: Saturday, October 12, 2019 3:13 PM

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

Subject: Re: [EXT] RE: (b)(6); (b)(7)(C)

Good afternoon,
The above patient has returned back from the hospital. Her diagnosis is CVA - right side weakness, TIA. She returned around 2:50pm.

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

Assistant Health Services Administrator

Wellpath
Hudson County Corrections and Rehabilitation Center
35 South Hackensack Ave
Kearny, NJ 07032

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

From: (b)(6); (b)(7)(C)
Sent: Saturday, October 12, 2019 10:59:20 AM
To: (b)(6); (b)(7)(C)
Cc:
Subject: Re: [EXT] RE: (b)(6); (b)(7)(C)

Good morning,
She is still in the hospital. I have reached out to our case manager to see if there are any updates on her condition. I will keep you posted as soon as I get the information. Thank you for your patience.

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

Assistant Health Services Administrator
Wellpath
Hudson County Corrections and Rehabilitation Center
35 South Hackensack Ave
Kearny, NJ 07032

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

From: (b)(6); (b)(7)(C)
Sent: Saturday, October 12, 2019 10:25:01 AM
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: [EXT] RE: (b)(6); (b)(7)(C)

Good morning, can someone send an update today on this detainee, if she is still at the hospital and any changes?

CD (b)(6); (b)(7)(C) FMC NYC

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

Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

From: (b)(6); (b)(7)(C)
Date: Friday, Oct 11, 2019, 9:14 AM
To: (b)(6); (b)(7)(C)
Cc:
Subject: Re: [EXT] RE: Kobeissi, Iman

Good morning,

I'm glad you were able to get what you needed. (b)(6); (b)(7)(C) will update you on her status from our case management department later in the day.

Thanks,
Tina

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

Regional Director, Northeast

Wellpath

1283 Murfreesboro Road, S. 500

Nashville, TN 37217

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

WellpathCare.com

On Oct 11, 2019, at 9:00 AM, (b)(6); (b)(7)(C) wrote:

Do not forward without the express written permission of the above-named author of this message. The information in this E-mail message is confidential and intended only for the use of its intended recipient. If you, the reader of this message, are not the intended recipient, you are hereby notified that you should not further disseminate, distribute, or forward this E-mail message. If you have received this E-mail in error, please notify the sender and destroy the message. Thank you.

From: (b)(6); (b)(7)(C)
Sent: 22 May 2019 17:53:52 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: [EXT] RE: (b)(6); (b)(7)(C)

He is back in Hudson in the infirmary. He needs Physical therapy and is on Tramadol and Gabapentin. A repeat MRI was done and no significant changes were noted. I will have Dr (b)(6); (b)(7)(C) reach out to you for more details. Also, I will have (b)(6); (b)(7)(C) retrieve medical records from JCMC, the discharge summary and if possible any MRI reports. Thanks, (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) RN, BSN.
Health Services Administrator
Wellpath
Hudson County Corrections & Rehabilitation Center
35 South Hackensack Ave
Kearny, NJ 07032

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

From: (b)(6); (b)(7)(C)
Sent: Wednesday, May 22, 2019 7:47 AM
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: [EXT] RE: (b)(6); (b)(7)(C)

Good morning, do you have an update on this detainee in the hospital? Have they sent the case manager report?

CDR (b)(6); (b)(7)(C) RN FMC NYC

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

Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

From: (b)(6); (b)(7)(C)
Sent: Tuesday, May 21, 2019 8:00 AM
Subject: Re: [EXT] RE: (b)(6); (b)(7)(C)

Patient (b)(6); (b)(7)(C) was admitted to 7 west in JCMC. He is on pain medicine and is to see orthopedic doctor today. Will probably run further testing . Will keep you updated.

Sent from my iPhone

On May 21, 2019, at 6:35 AM (b)(6); (b)(7)(C) wrote:

Good morning, do you have an update on this?

Sent with BlackBerry Work
(www.blackberry.com)

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

Date: Monday, May 20, 2019, 4:16 PM
(b)(6); (b)(7)(C)

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

Detained (b)(6); (b)(7)(C) DOB 1/12/75 Has a hx of chronic low back pain, degenerative disc disease lumbar spine and anxiety. States he was at Kiosk today and his back just gave out. Pt was unable to ambulate so taken to medical via stretcher. Able to move upper extremities but no weight bearing of lower. MRI (done 2/5/19) shows multiple disc herniation's

He was sent to JCMC to r/o Cauda Equina Syndrome.

Meds include: Tylenol 325mg 2 tabs po bid prn
Vistaril 50mg po hs
Gabapentine 300mg one cap po bid
Omeprazole 20mg 2 tabs po QD
Motrin 600mg po bid prn
Clariton 10mg po daily
Prozac 20mg 2 caps po daily

Thank you, (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) RN, BSN.
Health Services Administrator
Wellpath
Hudson County Corrections & Rehabilitation Center
35 South Hackensack Ave
Kearny, NJ 07032

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

Do not forward without the express written permission of the above-named author of this message. The information in this E-mail message is confidential and intended only for the use of its intended recipient. If you, the reader of this message, are not the intended recipient, you are hereby notified that you should not further

disseminate, distribute, or forward this E-mail message. If you have received this E-mail in error, please notify the sender and destroy the message. Thank you.

From: (b)(6); (b)(7)(C)
Sent: 16 Apr 2019 17:56:37 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: CM

Good afternoon Commander (b)(6); (b)(7)(C)

Mr (b)(6); (b)(7)(C) returned at 3:30 am this morning. Seen by our provider then.

P: K-dur 20 meq by mouth daily for 7 days
Mag oxide 500 mg tablet by mouth daily for 7 days
CMP in 1 week

Mr (b)(6); (b)(7)(C) also returned from JCMC at 9:30 PM last night. Seen by provider. Note attached.
History of Present Illness: with details regarding duration, frequency, relieving and worsening factors, etc.: Pt seen today in the medical clinic for hospital return from JCMC. D/c Dx as above - b/l kidney stones, pancreatitis, liver enzyes are elevated and platelet level is low- 101.
Will admit to infirmary on fall precaution. Obtained consent from patient for release of liver U/S and Abdominal MRI report. Noted few superficial abdominal incisions to patient's abdomen, patient states his gall bladder was removed but not indicated on medical record

(b)(6); (b)(7)(C) RN
Director of Nursing
Wellpath
Hudson County Corrections & Rehabilitation Center
35 South Hackensack Ave
Kearny, NJ 07032

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

From: (b)(6); (b)(7)(C)
Sent: Tuesday, April 16, 2019 9:50 AM
To: (b)(6); (b)(7)(C)
Subject: RE: CM

Good morning, yesterday afternoon the nurse told me Mr (b)(6); (b)(7)(C) would be returning in the evening, did he return or do you know if he will return today?

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

Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to

FOUO information and is not to be released to the 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.

From: (b)(6); (b)(7)(C)
Sent: Monday, April 15, 2019 5:25 PM
To: (b)(6); (b)(7)(C)
Subject: Fwd: CM

Update of (b)(6); (b)(7)(C)

Sent from my iPhone

Begin forwarded message:

From: (b)(6); (b)(7)(C)
Date: April 15, 2019 at 4:57:28 PM EDT
(b)(6); (b)(7)(C)
Subject: RE: CM

Patient (b)(6) update attached.

(b)(6); (b)(7)(C) RN
Regional Care Manager
Phone: (b)(6); (b)(7)(C)
Fax: (b)(6); (b)(7)(C)

wellpath

1283 Murfreesboro Road, S. 500 Nashville, TN 37217

P: (b)(6); (b)(7)(C) / **FAX:** (b)(6); (b)(7)(C)

[LinkedIn](#) // [Facebook](#) // [Twitter](#)

WellpathCare.com

From: (b)(6); (b)(7)(C)
Sent: Monday, April 15, 2019 4:10 PM
(b)(6); (b)(7)(C)
Subject: RE: CM

Patient (b)(6); (b)(7)(C) update attached; re-requested the last update of (b)(6); (b)(7)(C)

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

Regional Care Manager
Phone: (b)(6); (b)(7)(C)
Fax: [Redacted]

wellpath

1283 Murfreesboro Road, S. 500 Nashville, TN 37217

PH: (b)(6); (b)(7)(C) // FAX: (b)(6); (b)(7)(C)

[LinkedIn](#) // [Facebook](#) // [Twitter](#)

WellpathCare.com

From: (b)(6); (b)(7)(C)
Sent: Monday, April 15, 2019 2:20 PM

(b)(6); (b)(7)(C)
[Redacted]

Subject: CM

Updates should be on the way any minute I just got a call back from JCMC will forward

(b)(6); (b)(7)(C) **RN**

Regional Care Manager
Phone: (b)(6); (b)(7)(C)
Fax: [Redacted]

wellpath

1283 Murfreesboro Road, S. 500 Nashville, TN 37217

PH: (b)(6); (b)(7)(C) // FAX: (b)(6); (b)(7)(C)

[LinkedIn](#) // [Facebook](#) // [Twitter](#)

WellpathCare.com

Do not forward without the express written permission of the above-named author of this message. The information in this E-mail message is confidential and intended only for the use of its intended recipient. If you, the reader of this message, are not the intended recipient, you are hereby notified that you should not further disseminate, distribute, or forward this E-mail message. If you have received this E-mail in error, please notify the sender and destroy the message. Thank you.

From: (b)(6); (b)(7)(C)
Sent: 12 Sep 2019 18:39:51 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: Re: detainee lawyer

Mr. (b)(6); (b)(7)(C) was sent to the hospital on August 22, 2019 after he stated he slipped on some water. He was examined by an emergency room team and returned to the facility with no acute injury noted. We can certainly see him again and continue his pain medication but he has made no request to medical.

(b)(6); (b)(7)(C) MD
Wellpath - Hudson County, NJ

From: (b)(6); (b)(7)(C)
Sent: Thursday, September 12, 2019 2:25 PM
To: (b)(6); (b)(7)(C)
Cc:
Subject: [EXT] detainee lawyer

(b)(6); (b)(7)(C) dob 3/30/1961, A (b)(6); (b)(7)(C)

Good afternoon, I received the following complaint, please review and let me know his status:

Mr. (b)(6); (b)(7)(C) is a 58-year-old man who has resided in the U.S. for most of his life. Mr. (b)(6); (b)(7)(C) has a metal plate in his left leg that he received after surgery after an accident. He is experiencing immense pain in his leg and reports that while he used to receive pain medication, he stopped receiving this out of the blue. Mr. (b)(6); (b)(7)(C) additionally was diagnosed with diabetes and reports having bouts of losing his vision. When I visited with Mr. (b)(6); (b)(7)(C) at Hudson the other day he appeared unable to see properly and in pain. When I spoke to him yesterday via video he expressed deep pain and was unable to communicate with me about anything except his pain. He says he has made requests to see medical but they have gone unanswered.

I am deeply concerned about Mr. (b)(6); (b)(7)(C) health and will take appropriate action if it is not resolved soon. Please let me know how you intend to proceed.

Thank you,

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

(b)(6); (b)(7)(C) RN
CDR, USPHS
Field Medical Coordinator
New York Field Office
201 Varick St. 12th rm (b)(6); (b)(7)(C) O-7
New York, NY, 10014

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

Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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

Do not forward without the express written permission of the above-named author of this message. The information in this E-mail message is confidential and intended only for the use of its intended recipient. If you, the reader of this message, are not the intended recipient, you are hereby notified that you should not further disseminate, distribute, or forward this E-mail message. If you have received this E-mail in error, please notify the sender and destroy the message. Thank you.

From: (b)(6); (b)(7)(C)
Sent: 27 Sep 2019 13:14:24 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: Re: Detainee (b)(6); (b)(7)(C)

I just spoke with an ICU resident Dr. (b)(6); (b)(7)(C) He will be faxing me copies of Lab work, diagnostic testing and medication lists Here is what I have learned thus far:

Above Patient is now hospitalized at JCMC after he became febrile yesterday evening and collapsed.

ICU- ROOM H-1 Nurses' Station: (b)(6); (b)(7)(C) Nurse: (b)(6); (b)(7)(C)
Attending Physician: Dr. (b)(6); (b)(7)(C) Pulmonary Critical Care
Resident Physician: Dr. (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) pager
Current Diagnosis: Code Sepsis- Septic Shock source possibly enterocolitis
CT of ABD: Enterocolitis
Negative for HIV, HEP B and HEP C
Urine toxicology screen was negative for all illicit drugs.

Current Status: Awake and Alert not oriented to place.
Plan: Currently on IV antibiotics- awaiting evaluation by Dr. (b)(6); (b)(7)(C) Attending Physician

Resident Physician will inform his Attending Physician of Jail contact numbers for this provider both infirmary and private cell and infirmary nurses' station.

Resident Physician will fax above records from Patient's chart to (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) Medical Administration Fax. Medical Records Supervisor to bring records to this provider as soon as received. Updates will be provided as soon as they are known throughout the weekend.

Thank you for your attention to this important matter.

Dr. (b)(6); (b)(7)(C)
Staff Physician-Infirmary Care
Hudson County Corrections and Rehabilitation Center
35 South Hackensack Avenue
Kearny, New Jersey 07032

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

From: (b)(6); (b)(7)(C)
Sent: Friday, September 27, 2019 8:17 AM
To: (b)(6); (b)(7)(C)
Cc:
Subject: [EXT] FW: Detainee (b)(6); (b)(7)(C)

Good morning, please send a clinical update in the following format daily, include labs/xrays/plans/vitals etc:

Hospital Admission : JCMC- (room number)

Day 1

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

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

Date of Birth: 05/10/1975

Country of Citizenship: El Sal

Date of Arrival: 9/21/2019

Relevant Medical History:

Date of Admission: 09/26/2019

Current Diagnosis:

Attending physician: Dr.

Current Status:

Discharge Plan:

Facility: Hudson County Jail

Information provided by:

CDR (b)(6); (b)(7)(C) RN FMC NYC

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

Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

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

Sent: Thursday, September 26, 2019 10:01 PM

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

Cc:

Subject: Fw: Detainee (b)(6); (b)(7)(C)

FYI- please see below.

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

Assistant Health Services Administrator
Wellpath
Hudson County Corrections and Rehabilitation Center
35 South Hackensack Ave
Kearny, NJ 07032

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

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

Sent: Thursday, September 26, 2019 9:33:47 PM

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

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

Good evening everyone

Detainee was transported to JCMC by ambulance and admitted. Thank you

Do not forward without the express written permission of the above-named author of this message. The information in this E-mail message is confidential and intended only for the use of its intended recipient. If you, the reader of this message, are not the intended recipient, you are hereby notified that you should not further disseminate, distribute, or forward this E-mail message. If you have received this E-mail in error, please notify the sender and destroy the message. Thank you.

From: (b)(6); (b)(7)(C)
Sent: 30 Oct 2018 18:42:23 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: Detainee with recent broken wrists medical update needed

Thanks.

Respectfully,

(b)(6); (b)(7)(C) RN, BSN, CCHP
LCDR, USPHS
ICE Health Service Corps
Field Medical Coordinator – Dallas Field Office
8101 N. Stemmons Freeway
Dallas, TX 75247

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

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

Sent: Tuesday, October 30, 2018 1:36 PM

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

Subject: RE: Detainee with recent broken wrists medical update needed

The medpart are not the issue, according to them their financial people have not agree whether or not are going to work with ICE. I will process the pending medpart.

Thank you in advance;

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

Hudson County Scheduler

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



PRIVILEGED AND CONFIDENTIAL: This E-mail message and all attachments are property of the sender and are intended for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this E-mail message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited.

From: (b)(6); (b)(7)(C)
Sent: Tuesday, October 30, 2018 2:31 PM
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: Detainee with recent broken wrists medical update needed

According to the notes you had sent—

This detainee was seen at the clinic on 8/9/18 and 9/13/18 in addition to the xray taken on the 18th. The only medpar submitted for authorization is for the CT.

I would venture to guess that they are not willing to see the detainee due to having claims denied. Prior to detention he had insurance and I am sure they tried to bill them and when they were denied they stopped seeing the detainee.

Please submit medpars for all office visits and for the xray.

I would then send all of the authorizations to the facility so they can submit claims.

There are instructions on the authorizations on how to submit the claims. I would expect they are already in the VA system (which is who pays ICE claims) so they should get paid.

Given there is a referral in his medical record and it has not be completed timely, I would ask the provider to make a note in the chart that this referral is not urgent and if needed the provider may need to see the patient again to ensure it is not an urgent referral.

Once you have sent the authorizations to the offices (ortho and radiology) then I would ask to reschedule. If they say no, then I would schedule with the other ortho office that you use. If that appointment is 2 months out, then you might see if there is another ortho provider that will see the patient.

Respectfully,

(b)(6); (b)(7)(C) RN, BSN, CCHP
LCDR, USPHS
ICE Health Service Corps
Field Medical Coordinator – Dallas Field Office
8101 N. Stemmons Freeway
Dallas, TX 75247

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

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

Sent: Tuesday, October 30, 2018 12:34 PM

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

Subject: RE: Detainee with recent broken wrists medical update needed

Thanks for all your help today. I am still on hold and getting the giant hospital run around.

They did say he had an xray on the 18th, but I don't see an authorization for it. Do you know if they were given an authorization or medpar for this DOS?

Respectfully,

(b)(6); (b)(7)(C) RN, BSN, CCHP

LCDR, USPHS

ICE Health Service Corps

Field Medical Coordinator – Dallas Field Office

8101 N. Stemmons Freeway

Dallas, TX 75247

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

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

Sent: Tuesday, October 30, 2018 8:21 AM

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

Subject: RE: Detainee with recent broken wrists medical update needed

Brookdale medical center is Ortho as well, all outpatient clinics are in the same facility.

Thank you in advance;

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

Hudson County Scheduler

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



Hudson County Department of Corrections

PRIVILEGED AND CONFIDENTIAL: This E-mail message and all attachments are property of the sender and are intended for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this E-mail message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited.

From: (b)(6); (b)(7)(C)
Sent: Tuesday, October 30, 2018 9:11 AM
To: (b)(6); (b)(7)(C)
Cc: [Redacted]
Subject: RE: Detainee with recent broken wrists medical update needed

Can you send him to ortho? Sometimes they can do radiology studies there? Can you send me a number to call for the radiology department?

Respectfully,

(b)(6); (b)(7)(C) RN, BSN, CCHP
LCDR, USPHS
ICE Health Service Corps
Field Medical Coordinator – Dallas Field Office
8101 N. Stemmons Freeway
Dallas, TX 75247

(b)(6); (b)(7)(C)
[Redacted]

From: (b)(6); (b)(7)(C)
Sent: Tuesday, October 30, 2018 8:01 AM
To: (b)(6); (b)(7)(C)
[Redacted]
Subject: Re: Detainee with recent broken wrists medical update needed

Good morning,

(b)(6); (b)(7)(C) attempted to schedule the CT scan appointment yesterday , after notifying the Radiology department that procedure was approved by ICE.

She was once again referred to the supervisor.

Until they understand the process, this patient will not be seen.

Your help in this matter is appreciated. Thank you.

(b)(6); (b)(7)(C) M.D.

HCC Medical Director.

From: (b)(6); (b)(7)(C)
Sent: Tuesday, October 30, 2018 8:11 AM
To: (b)(6); (b)(7)(C)
Cc: [Redacted]
Subject: RE: Detainee with recent broken wrists medical update needed

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

Sorry I had your email wrong and hope this now gets to you. See below.

Very Respectfully,

CDR (b)(6); (b)(7)(C) RN, BSN, CCNM
Houston Field Medical Coordinator
ICE Health Service Corps / USPHS

Montgomery Processing Center
806 Hilbig Rd, ICE Suites 2nd Floor (b)(6); (b)(7)(C) Office (b)(6); (b)(7)(C)
Conroe, TX 77301

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

Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

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

Sent: Sunday, October 28, 2018 9:50 AM

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

Subject: RE: Detainee with recent broken wrists medical update needed

All,

I did contact this facility and spoke with (b)(6); (b)(7)(C) I sent her all the needed forms to get enrolled in the ICE insurance program. They had no paperwork or authorization sent with this CT request and that is why it was not completed. However, they did complete x-rays so please call and get those sent to you. Meanwhile you can do the referral for a CT now, enter it into MedPAR for approval first, then once you get an authorization, send it with the detainee for a CT. Also if he needs referred to an orthopedist, then follow the same process if he is already enrolled. If not already enrolled then let us know so we can get them the needed forms to get enrolled and be paid. Let me know if you have any questions.

Very Respectfully,

CDR (b)(6); (b)(7)(C) RN, BSN, CCNM
Houston Field Medical Coordinator
ICE Health Service Corps / USPHS

Montgomery Processing Center
806 Hilbig Rd, ICE Suites 2nd Floor (b)(6); (b)(7)(C) office (b)(6); (b)(7)(C)
Conroe, TX 77301

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

Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

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

Sent: Thursday, October 25, 2018 3:23 PM

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

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

Subject: Re: Detainee with recent broken wrists medical update needed

As explained by (b)(6); (b)(7)(C) the facility is declining to perform CT , based on patient's insurance ineligibility (Brookdale is talking about his private insurance)

(b)(6); (b)(7)(C) called the facility twice, referred to radiology supervisor . She has already explained he is an ICE detainee.

As of now , I cannot provide a definitive answer regarding when the test will be done and further follow up scheduled either.

I believe ICE should contact the facility and confirm that all procedures/ tests/ follow up visits will be paid by ICE.

(b)(6); (b)(7)(C) M.D

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

Sent: Thursday, October 25, 2018 3:46 PM

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

Subject: RE: Detainee with recent broken wrists medical update needed

DR Sterlin please respond to this email below in regard to detainee with broken wrists (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) . Thanks, Tess

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

Sent: Thursday, October 25, 2018 3:22 PM

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

Subject: RE: Detainee with recent broken wrists medical update needed

Good afternoon;

I have contacted the office several times spoke to Mr (b)(6); (b)(7)(C) and explained how the medpar is their insurance card, however she said they did not understand and passed the call to (b)(6); (b)(7)(C) office supervisor (b)(6); (b)(7)(C) left a vm, no answer as of yet. Called this afternoon all I got was the supervisor will call you back.

Thank you in advance;

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

Hudson County Scheduler

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



Hudson County Department of Corrections

PRIVILEGED AND CONFIDENTIAL: This E-mail message and all attachments are property of the sender and are intended for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this E-mail message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited.

From: (b)(6); (b)(7)(C)
Sent: Thursday, October 25, 2018 2:58 PM
To: (b)(6); (b)(7)(C)
Subject: FW: Detainee with recent broken wrists medical update needed

From: (b)(6); (b)(7)(C)
Sent: Wednesday, October 24, 2018 10:10 PM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: Detainee with recent broken wrists medical update needed

All,

I received the below email from DO (b)(6); (b)(7)(C) and ask that you provide me with his medical record and with a medical update to answer the below questions:

- Is this detainee being followed by the medical clinic for his recent wrist fractures?
- What is his plan of care? Has he been referred and seen an orthopedic specialist?
- According to notes in EARM he was taken to an appointment at One Brookdale Plaza CHC BLDG, 2nd floor, Station L on 10/11 only to be rescheduled on 10/18 and then turned away without being seen due to insurance questions (see below), can someone explain what that means...did he have a MedPAR created? I do not see a referral in the system on my side.

Thanks in advance for your assistance.

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

Date: Wednesday, Oct 24, 2018, 8:16 AM

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

Subject: FW: (b)(6); (b)(7)(C) appointment on 10/11/2018 @ 10am at One Brookdale Plaza CHC BLDG 2nd floor Station L Brooklyn NY

Good morning all,

I am not sure that this subject is on anyone's radar. I don't believe he is on the list of NYC significant medical cases. The subject entered custody with both wrists having been recently fractured.

We encountered him at the facility and he appears to have still have significant issues with his wrists.

He went to the below appointment and claims that he wasn't seen because his "private insurance wasn't accepted."

Very Respectfully,

CDR (b)(6); (b)(7)(C) RN, BSN, CCNM
Houston Field Medical Coordinator
ICE Health Service Corps / USPHS

Montgomery Processing Center
806 Hilbig Rd, ICE Suites 2nd Floor (b)(6); (b)(7)(C) Office (b)(6); (b)(7)(C)
Conroe, TX 77301

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

Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

From: (b)(6); (b)(7)(C)
Sent: 17 Mar 2018 14:24:46 +0000
To: (b)(6); (b)(7)(C)
Subject: Re: EXTERNAL (b)(6); (b)(7)(C)

At the time incident occurred he had no loc was aao x3. He was monitored for 3 days neuro checks in infirmary, all wnl.

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

Sent from my iPhone

On Mar 17, 2018, at 6:00 AM, (b)(6); (b)(7)(C) wrote:

Thanks, was there any evaluation regarding the head injury or testing related to that?

CDI (b)(6); (b)(7)(C) | EMC NYC
(b)(6); (b)(7)(C)

Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

From: (b)(6); (b)(7)(C)
Date: (b)(6); (b)(7)(C)
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: Re: EXTERNAL (b)(6); (b)(7)(C)

Good morning,

Patient returned from ER, negative findings at this time.
If anything should change in official report will update you

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

Sent from my iPhone

On Mar 16, 2018, at 5:14 PM, [REDACTED] wrote:

CDR [REDACTED]

Patient went to ER for lumbar X-rays. Since last email regarding patient, there has been no changes.
Will update upon return from hospital.

[REDACTED]

Sent from my iPhone

On Mar 16, 2018, at 1:10 PM, [REDACTED] wrote:

Good afternoon, I received the following concerning this detainee, can you let me know his status regarding the head injury complaints?

I am writing regarding our client [REDACTED] I met with Mr. [REDACTED] today at the Hudson County Correctional Facility (HCCF) and am extremely concerned about his medical condition. As you all know, Mr. [REDACTED] suffered a fall in the facility and hit his head. My understanding is that this fall took place in or about a couple of weeks ago. Our client is not able to read and write and suffers from cognitive limitations so I was not able to ascertain the exact date of the fall.

Our client reported to me today that he has had persistent headaches since the fall in both the front and back of his head. Due to his cognitive limitations, I asked our client to point to where his head is hurting and he pointed to the forehead, both sides of the head and the back of his head. He advised that he has only received one pill but that has not alleviated the pain. Our client also is only Spanish speaking and therefore I am also concerned about whether the medical staff at the HCCF has been able to effectively communicate with him in order to ensure that his medical needs are properly attended to following a fall that has impacted his head.

As I know you all understand, head injuries must be attended to in a manner that fully explores and addresses any and all pain and symptoms. Therefore, Mr. (b)(6); (b)(7)(C) should be immediately sent for an MRI and/or a MRI should be conducted by the HCCF. If it is not possible to arrange for a MRI at the HCCF and/or an outside provider, Mr. (b)(6); (b)(7)(C) should be released so that we can assist him with accessing the necessary medical care that is required following a fall and impact to an individual's head.

CDB (b)(6); (b)(7)(C) RN EMC NYC
(b)(6); (b)(7)(C)

Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

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

Sent: Thursday, March 15, 2018 8:00 AM

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

Subject: RE: EXTERNAL (b)(6); (b)(7)(C)

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

Respectfully,
(b)(6); (b)(7)(C) **RN, BSN, MBA/HA, CCHP**
Regional Manager
CFG Health Systems

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

Sent: Thursday, March 15, 2018 7:56 AM

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

Subject: RE: EXTERNAL (b)(6); (b)(7)(C)

Thank you, the A# the lawyer gave us was not correct, do you have his A# and date of birth or alias name?

CDI (b)(6); (b)(7)(C) FMC NYC

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

Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

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

Date: Thursday, Mar 15, 2018, 7:52 AM

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

Subject: RE: EXTERNAL (b)(6); (b)(7)(C)

Good Morning,

On date of incident, patient was evaluated, exam showed no abnormalities, he was monitored in medical housing for 3 days for complaint of hitting head. During that time neuro checks were within normal limits.

Patient was evaluated on last evening by NP. Language line was used for interpretation, during the call the interpreter asked the patient to speak a little louder, patient got angry, left the room.

From the assessment and evaluation the NP was able to perform patient was complaining of elbow and back pain. Previous record from 8/22/17 shows that patient was diagnosed with epicondylitis (degeneration of tendon around the elbow). Patient was ambulating with steady gait.

X-ray of lumbar spine and analgesic was ordered.

Please let me know if you have any further questions.

Respectfully,

(b)(6); (b)(7)(C) **RN, BSN, MBA/HA, CCHP**
Regional Manager
CFG Health Systems

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

Sent: Wednesday, March 14, 2018 6:03 PM

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

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

Good afternoon, we recieved the following, can you check on him and let me know his status ?

Today, our office was informed of an incredibly disturbing series of incidents that my client, (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) suffered while in ICE custody at Hudson County Jail. Last week, my client — who was granted asylum on 1/11/18 and has yet to be released from ICE custody — fell while cleaning the facility. As a result of his fall, several parts of his body are now injured. However, when he asked to see a doctor, he was punished and put in solitary confinement/isolation for three days.

CDR (b)(6); (b)(7)(C) FMC NYC

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

Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

From: (b)(6); (b)(7)(C)
Sent: 19 Mar 2018 12:56:05 +0000
To: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:Cesario Perez Lopez
Attachments: (b)(6); (b)(7)(C)-Spine and abdomen.pdf (b)(6); (b)(7)(C) Headache 3-2018.docx

Have a Fabulous Day,

Ms. (b)(6); (b)(7)(C) R.N. M.S.N.
Director of Nursing



Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032

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

NOTICE: This email and any attachments contain confidential information intended solely for the use of the individual or entity to whom they are addressed. This email or the attachments may contain material protected by the attorney-client privilege. If you are not the intended recipient of this email, you have received this email in error and that any use, dissemination, forwarding, printing, or copying of this email is prohibited. Please immediately notify us by return email and immediately delete this message. Although we attempt to scan email and attachments for viruses, we do not guarantee that either are virus-free and accept no liability for any damages sustained as a result of a virus.

From: (b)(6); (b)(7)(C)
Sent: Friday, March 16, 2018 2:09 PM
To: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL (b)(6); (b)(7)(C)

Good afternoon, I received the following concerning this detainee, can you let me know his status regarding the head injury complaints?

I am writing regarding our client (b)(6); (b)(7)(C). I met with Mr. (b)(6); (b)(7)(C) today at the Hudson County Correctional Facility (HCCF) and am extremely concerned about his medical condition. As you all know,

Mr. (b)(6); suffered a fall in the facility and hit his head. My understanding is that this fall took place in or about a couple of weeks ago. Our client is not able to read and write and suffers from cognitive limitations so I was not able to ascertain the exact date of the fall.

Our client reported to me today that he has had persistent headaches since the fall in both the front and back of his head. Due to his cognitive limitations, I asked our client to point to where his head is hurting and he pointed to the forehead, both sides of the head and the back of his head. He advised that he has only received one pill but that has not alleviated the pain. Our client also is only Spanish speaking and therefore I am also concerned about whether the medical staff at the HCCF has been able to effectively communicate with him in order to ensure that his medical needs are properly attended to following a fall that has impacted his head.

As I know you all understand, head injuries must be attended to in a manner that fully explores and addresses any and all pain and symptoms. Therefore, Mr. (b)(6); should be immediately sent for an MRI and/or a MRI should be conducted by the HCCF. If it is not possible to arrange for a MRI at the HCCF and/or an outside provider, Mr. Perez should be released so that we can assist him with accessing the necessary medical care that is required following a fall and impact to an individual's head.

CDR (b)(6); (b)(7)(C) RN FMC NYC

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

Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

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

Sent: Thursday, March 15, 2018 8:00 AM

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

Subject: RE: EXTERNAL (b)(6); (b)(7)(C)

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

Respectfully,

(b)(6); (b)(7)(C) RN, BSN, MBA/HA, CCHP

**Regional Manager
CFG Health Systems**

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

Sent: Thursday, March 15, 2018 7:56 AM

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

Subject: RE: EXTERNAL (b)(6); (b)(7)(C)

Thank you, the A# the lawyer gave us was not correct, do you have his A# and date of birth or alias name?

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

Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

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

Date: Thursday, Mar 15, 2018, 7:52 AM

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

Subject: RE: EXTERNAL (b)(6); (b)(7)(C)

Good Morning,

On date of incident, patient was evaluated, exam showed no abnormalities, he was monitored in medical housing for 3 days for complaint of hitting head. During that time neuro checks were within normal limits.

Patient was evaluated on last evening by NP. Language line was used for interpretation, during the call the interpreter asked the patient to speak a little louder, patient got angry, left the room.

From the assessment and evaluation the NP was able to perform patient was complaining of elbow and back pain. Previous record from 8/22/17 shows that patient was diagnosed with epicondylitis (degeneration of tendon around the elbow). Patient was ambulating with steady gait. X-ray of lumbar spine and analgesic was ordered.

Please let me know if you have any further questions.

Respectfully,

(b)(6); (b)(7)(C) **RN, BSN, MBA/HA, CCHP**

**Regional Manager
CFG Health Systems**

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

Sent: Wednesday, March 14, 2018 6:03 PM

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

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

Good afternoon, we received the following, can you check on him and let me know his status ?

Today, our office was informed of an incredibly disturbing series of incidents that my client, Cesario Perez Lopez, suffered while in ICE custody at Hudson County Jail. Last week, my client — who was granted asylum on 1/11/18 and has yet to be released from ICE custody — fell while cleaning the facility. As a result of his fall, several parts of his body are now injured. However, when he asked to see a doctor, he was punished and put in solitary confinement/isolation for three days.

CDR (b)(6); (b)(7)(C) FMC NYC

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

Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

MobilexUSA

RADIOLOGY REPORT

THIS REPORT IS BASED SOLELY UPON THE RADIOGRAPHIC EXAMINATION.
CORRELATION WITH THE CLINICAL EXAMINATION IS ESSENTIAL.

CONFIDENTIALITY NOTICE: This facsimile (including any accompanying documents) is intended for the use of MobilexUSA or the use of the named addressee(s) to which it is directed, and may contain information that is privileged or otherwise confidential. It is not intended for transmission to, or receipt by, anyone other than the named addressee(s) or person(s) authorized to deliver it to the named addressee(s). If you received this facsimile in error, please report the error by calling the MobilexUSA Privacy Office toll free at 866.686.1717, and providing your name, telephone number and the date. Once you have reported the error, someone from the Privacy Office will contact you within one business day. They may ask you to fax back the information you received so that the company can correct its records and prevent further miscommunication. Please keep the information in a secure place until you are contacted by the Privacy Office and complete the return of the information to that office. Once this is done, please destroy all copies of the mistakenly sent information, without forwarding it. Thank you for your cooperation.

Facility: HUDSON COUNTY JAIL ICE - 29383
35 HACKENSACK AVE
KEARNEY, NJ 07032-4635

DOB: 03/15/2018
Case: 26481554

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

DOB: 06/20/1983 Age: 34
Room: ()

Examination:

XRAY ABDOMEN 1 VIEW

Results: There is scattered amount of air in the large and small bowel without evidence of bowel obstruction or ileus. No kidney stones are seen. No masses are seen. No significant fecal retention is noted.

Conclusion: No significant abnormality is seen in the abdomen.

Electronically signed by (b)(6); (b)(7)(C) M.D. 3/15/2018 11:40:54 AM EDT.

LUMBAR SPINE AP and LAT

Results: There are 4 lumbar type vertebral bodies. There is a spina bifida occulta at the L4 level. No fracture or bone destruction are seen. Disc spaces appear intact.

Conclusion: 4 lumbar type vertebral bodies.
Spina bifida-occulta L4 level.
No other abnormalities seen in the lumbar spine.

(Continued on Next Page)

(b)(6); (b)(7)(C)
3/16/18

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

Please call (b)(6); (b)(7)(C) option 2, with any questions regarding this report.

MediHealth Region
101 Rock Road
Horsham, PA 19044
909900

MediHealth Region
101 Rock Road
Horsham, PA 19044
909900

3-3-18-12:48PM—Sick Call S/P Fall

Encounter Context

Facility at time of evaluation: Co of Hudson Dept of Corrections & Rehabilitation
Age at Time: 34 Years Old

Current Vital Signs

Previous Height: 65 (07/09/2017 6:28:14 PM) **Previous Weight:** 180 (02/01/2018 4:07:24 PM)
Sitting BP: 125 / 76
Temperature: 98.0 **Temperature site:** Oral
Pulse rate: 70 **Pulse rhythm:** Regular
Respirations: 14 **Respiration Type:** Unlabored
Pulse Ox% 98 Room Air: Yes

Pain Assessment

Are you currently experiencing any pain? Yes

Location #1

Location of pain: Upper back
Describe character of pain: sharp
Duration of pain: Since he fell
What relieves pain or makes it worse? I do not know what relieves the pain
Level of Pain:6 Severe Pain

Location #2

Location of pain: Neck pain
Describe character of pain: sharp
Duration of pain: since I fell
What relieves pain or makes it worse? I do not what relieves the pain

Level of Pain:6 Severe Pain

Location #3

Location of pain: Lt Knee
Describe character of pain: sharp
Duration of pain: Since I fell
What relieves pain or makes it worse? I do not know what relieves the pain
Level of Pain:6 Severe Pain

Review of Systems

GENERAL SYSTEM: Denies Fevers, Chills, Sweats, Anorexia, Fatigue, Malaise, Weight Loss, Any Sx Related to System.
EYES: Denies Blurring, Diplopia, Irritation, Discharge, Vision Loss, Eye Pain, Photophobia, Any Sx Related to System.
E/N/T: Denies Earache, Ear Discharge, Tinnitus, Decreased Hearing, Nasal Congestion, Nosebleeds, Sore Throat, Hoarseness, Dysphagia, Any Sx Related to System.

Headache 3-2018-C-O

CARDIAC: Denies Chest Pains, Palpitations, Syncope, Dyspnea on Exertion, Orthopnea, PND, Peripheral Edema, Any Sx Related to System.

PULMONARY: Denies Cough, Dyspnea, Excessive Sputum, Hemoptysis, Wheezing, Any Sx Related to System.

GASTROINTESTINAL: Denies Nausea, Vomiting, Diarrhea, Constipation, Change in Bowel Habits, Abdominal Pain, Melena, Hematochezia, Jaundice, Any Sx Related to System.

GENITOURINARY: Denies Dysuria, Hematuria, Discharge, Urinary Frequency, Urinary Hesitancy, Nocturia, Incontinence, Genital Sores, Impotence, Decreased Libido, Any Sx Related to System.

MUSCULOSKELETAL: Complains of Back Pain. Denies Joint Pain, Joint Swelling, Muscle Cramps, Muscle Weakness, Stiffness, and Arthritis. I fell an hour ago and my back and my neck and my Lt knee is aching

SKIN: Denies Rash, Itching, Dryness, Open Sores/Wounds, Suspicious Lesions, Any Sx Related to System.

NEUROLOGIC: Denies Transient Paralysis, Dizziness, Headache, Weakness, Paralysis, Seizures, Syncope, Tremors, Vertigo, Any Sx Related to System.

PSYCHIATRIC: Denies Depression, Anxiety, Memory Loss, Mental Disturbance, Suicidal Ideation, Hallucinations, Paranoia, Any Sx Related to System.

ENDOCRINE: Denies Cold Intolerance, Heat Intolerance, Polydipsia, Polyphagia, Polyuria, Weight Change, Any Sx Related to System.

HEME/LYMPHATIC: Denies Abnormal Bruising, Bleeding, Enlarged Lymph Nodes, Any Sx Related to System.

ALLERGIC/IMMUNOLOGIC: Denies Urticaria, Hay Fever, Persistent Infections, HIV Exposure, Any Sx Related to System.

Dental: Oral hygiene status? Fair
Large asymmetrical facial swelling? No
Inability to close teeth evenly? No
Suspicious oral lesions (raised borders)? No
Oral hemorrhage? No
Large cavities? Yes
Patient informed on how to access dental care? Yes
Oral hygiene and patient education given? Yes
Urgent referral to Dental Department needed? No

Nurse Sick Call Plan

Current Medications: : SENNA 8.6 MG ORAL TABLET take 2 tabs by mouth at HS, COLACE 100 MG ORAL CAPSULE take one tab by mouth BID.

3-3-2018-1:29PM—Provider Sick Call S/P Fall**Encounter Context**

Facility at time of evaluation: Co of Hudson Dept of Corrections & Rehabilitation

Age at Time: 34 Years Old

Referral Source: Medical Staff

Problem List

Hyperlipidemia (ICD-272.4) (ICD10-E78.5)
 Constipation unsp. (ICD-564.00) (ICD10-K59.00)
 Viral URI (ICD-465.9) (ICD10-J06.9)
 Elbow pain, right (ICD-719.42) (ICD10-M25.521)
 Shoulder pain (ICD-719.41) (ICD10-M25.519)
 Well adult exam (ICD-V70.0) (ICD10-Z00.00)
 Ethanol abuse (ICD-305.00) (ICD10-F10.10)

Medication List

SENNA 8.6 MG ORAL TABLET (SENNOSIDES) take 2 tabs by mouth at HS
COLACE 100 MG ORAL CAPSULE (DOCUSATE SODIUM) take one tab by mouth BID

Allergies List

* NKDA (Critical)

Orders List

Lipid Profile [0009-1]
CC - Initial [CCI]
Oral Surgeon Referral [OSR]
Provider Sick Call - Priority [provider clinical]

Additional Subjective Complaints: complaints of falling

History of Present Illness: with details regarding duration, frequency, relieving and worsening factors, etc. This is a 34y.o male that presents for s/p fall. He reports he slipped and fell today. Now reports back pain, right wrist pain, and right knee pain. He also claims he hit his head on the floor but no LOC.

Current Vital Signs

Previous Height: 65 (07/09/2017 6:28:14 PM) **Previous Weight:** 180 (02/01/2018 4:07:24 PM)

Pain Assessment

Are you currently experiencing any pain? Yes

Location #1

Location of pain: back head right wrist right knee

Describe character of pain: unable to describe

Duration of pain: recent he just fell

What relieves pain or makes it worse? Nothing makes it worse and he has not taken anything yet.

Level of Pain: 6 Severe Pain

Physical Examination**General**

The patient is well nourished, well developed, alert and oriented and in no acute distress.

General Appearance: Other

- no obvious injuries noted

Integumentary

Skin without obvious rashes or lesions; hair and nails without obvious abnormalities.

MS - Extremities

Full range of motion of all four extremities without obvious weakness.

Lung Sounds: LUL: Normal

LLL: Normal

RUL: Normal

RLL: Normal

RML: Normal

Respiratory Effort: WNL

Auscultation: WNL

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

Headache 3-2018-C-O

Scrotum

Other

Gait & Station: WNL

Mental Status

Alert and oriented. No acute distress.

Practitioner Assessment & Plan

Assessment Comments: S/p Fall

Disposition: Infirmery

Plan Comments: Toradol 30mg IM now

Analgesic Balm to affected area

Motrin 400mg by mouth twice daily as needed

Pepcid 20mg by mouth daily

Patient has multiple c/o due to fall. Will place in infirmary for observation

Translation occurred by (b)(6); (b)(7)(C) **R.N.**

Education Provided:

The individual has been educated regarding the individual's diagnosis and diagnostic results. The individual verbalizes understanding of current health status and expresses verbal consent to current management Yes

Individual Education Provided Other

This patient reports he fell on water. He is admitted to the infirmary for observation. See sick call note

Plan Comments:

Interpretation:

Does the individual need an interpreter? No

3-3-2018-2:30PM

Nurse Infirmery Plan

Plan: Administer Medication as Ordered

Disposition: Infirmery

Notes: PT ADMITTED TO INFIRMARY S/P FALL HURT RIGHT WRIST RIGHT ELBOW HURT BACK HIT HEAD NO ABNORMALITIES NOTED PT DENIES BLURRY VISION/ DIZZINESS PT ADMITTED FOR OBSERVATION.

3-5-2018-1:29PM—Provider-Infirmatory Note

Practitioner Assessment & Plan

Assessment Comments: This 34 y/o, male admitted to infirmatory 2 days ago due to fall but found pt ambulatory, walking around the common area in Infirmatory with no complaints and claimed he wanted to go back to GP

Plan Comments: Pt is medically stable
Will discharge pt back to general population today
Continue current medications

3-5-2018-5:04PM—Provider-Infirmatory Note

Objective:

Patient AAOX3, ambulatory with steady gait. No SOB, no acute distress, no complaint verbalized during rounds.

Plan:

Received discharged instruction: for patient to GP. Faxed order to classification, awaiting further instructions from custody for transfer to GP.

03/10/2018 at 9:29 AM—Sick Call

C/O worsening vision-(BLURRY VISION).

Medications Added Per Protocol: Added new Test order of Optometrist Referral (Eye) – Signed

Vision Acuity Exam

Acuity in Left Eye: OS 20/ 40
Acuity in Right Eye: OD 20/ 40
Acuity in Both Eyes: OU 20/ 40

03/14/2018 at 6:58 AM—Provider Sick Call

Chief Complaint: complaint of low back pain

Additional Subjective Complaints: also complained for neck pain, elbow and wrist

History of Present Illness: with details regarding duration, frequency, relieving and worsening factors, etc. This is a thirty four year old male referred for complaint of back pain.

As per the patient he slipped and fell in water approximately one week ago. he was housed in the infirmatory for a few days and was treated with tylenol and NSAIDs.

Today he is complaining for neck, right elbow and low back pain.

review of the patient's chart shows that he was previously seen on 8.22.17 by Dr. (b)(6); (b)(7)(C) for Epicondylitis.

Assessment Comments: patient is here for evaluation of back pain.

Headache 3-2018-C-O

Language line used for interpretation, during the interaction the interpreter tried to advise the patient that he was unable to hear what he was saying and to speak louder. The patient then got off the chair in anger and started to exit the room.

noted ambulating with a normal gait.

has some mild effusion to right elbow but has a hx of epicondylitis as per Dr. (b)(6); notes.

Will order x-ray of the lumbar spine and refer the patient to Dr. (b)(6); for additional evaluation.

Will also order Tylenol 500mg by mouth BID as needed x 10 days

03/16/2018 at 4:18 PM—PROVIDER

General Note

General Note Type: Medical ALP

Brief Subject (20 Characters Max): MEDICAL FOLLOW UP

PATIENT BEING RE-EVALUATED.

S/P FALL 2 WEEKS AGO, WHILE IN THE BATHROOM. STATES THAT HE SLIPPED, FELL ON HIS BACK WITH HEAD HITTING THE FLOOR.

DENIED LOC, STATES THAT HE STOOD UP IMMEDIATELY ON HIS OWN.

WAS SEEN BY PROVIDER THE SAME DAY , C/O RT WRIST PAIN / LOWER BACK PAIN AT THAT TIME . WAS PLACED IN INFIRMARY ON OBSERVATION WHERE HE REMAINED FOR 2 DAYS.

HE HAD **XRAY OF LS SPINE DONE TODAY , REPORT NEGATIVE FOR FX.**

WALKED FROM THE TIER TO THE MEDICAL DEPARTMENT TODAY . NOT LIMPING.

ON EXAM HE C/O MILD PAIN 4-5/10 OF LUMBAR SPINE AT L4 -L5 LEVEL.

WHEN ASKED IF HE HAD BLURRED VISION, HE STATED THAT HE WEARS GLASSES. SNELLEN TEST PERFORMED 20/25 RT , 20/20 LEFT.

HE DENIES PAIN OF THE RT WRIST TODAY.

HE C/O INTERMITTENT HEADACHE GRADED 4-5/10 RELIEVED BY TYLENOL GIVEN PRN , ALSO C/O DIZZINESS WHEN STANDING UP FROM SITTING POSITION , UNCHANGED SINCE FALL AS PER PATIENT . DENIES NAUSEA/VOMITING/ LOC.

VSS : 130/80 70

XRAY SPINE REPORT REVIEWED WITH PATIENT, VERBALIZED UNDERSTANDING RESULT IS NEGATIVE FOR FX.

SPINE : FULL ROM ,ABLE TO BEND FORWARD WITHOUT PAIN.

MILD PAIN ON PALPATION LUMBAR SPINE AT L4-5 LEVEL.

RT WRIST ; FULL ROM / NO TEND. ON PALPATION.

A/P : S/P FALL W/ C/O HEADACHE , DIZZINESS.

REFER TO ER JCMC FOR FURTHER EVAL.

PATIENT UNDERSTANDS PLAN OF RX.

03/16/2018 at 10:25 PM—PROVIDER

Brief Subject (20 Characters Max): hospital return. This 34 y/o male returned from JCMC c/o pain in his back. Denies any headache or dizziness at this time.

. PT observed ambulates with steady gait in no acute distress

CT scan of head w/o contrast result showed no acute intracranial hemorrhage, no acute infarction or mass.

Xray of L-spine result showed spinal bifida occulta at the L4 level. No fx or bone destruction are seen. Disc spaces are intact.

From: (b)(6); (b)(7)(C)
Sent: 20 Jun 2018 12:09:41 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: EXTERNAL:ER visit by detainee
Attachments: ICE 6-20-18 (b)(6); (b)(7)(C) ocx

Ms (b)(6); (b)(7)(C) can we get the consent form sign?

From: (b)(6); (b)(7)(C)
Sent: Tuesday, June 19, 2018 2:16 PM
To: (b)(6); (b)(7)(C)
Cc:
Subject: EXTERNAL:ER VISIT BY detainee

Good afternoon, I was just made aware of the following ER visit by a detainee at Hudson- this occurred on a morning this detainee went to court (June 8, 2018)- apparently none of us were informed of it, please request the records from the hospital so your providers can be aware and I can review-

Approximately at 0607 (b)(6); (b)(7)(C) (dob9/26/1996) was unconscious inside the vehicle in bay 5. Approximately at 0613 hrs EMS was called via 911. NYFD arrived approximately at 0618 hrs. EMS arrived approximately at 0620. Approximately at 0640 deportee was transported to Lenox Health Greenwich Village Hospital, 30 7th ave. N.Y., N.Y. by EMS personnel on unit O1W.

(b)(6); (b)(7)(C) RN
CDR, USPHS
Field Medical Coordinator
New York Field Office
201 Varick St. 12th fl (b)(6); (b)(7)(C)
New York, NY, 10014

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

Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

ICE-Memo

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

Commitment

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

SBI#: 21 Years Old DOB: 09/26/1996

Race: Black or African American Gender: Male LOC: D 5E 609 01 Inmate Type: ICE HLCN: HCCC
A#:

Chief Complaint: Pt complaining of tightness pain underneath his umbilicus for 3 months. Pt stated he moves his bowels 2x a week

Additional Subjective Complaints: Pt also with weird tingling feeling pain to his head for 3 months, denies dizziness but claimed his constantly blinking

Practitioner Assessment & Plan

Assessment Comments: This 21 y/o, male, seen for abdominal pain, presents with hypoactive bowel sounds and irregular bowel movement. Also his complaining of weird tingling headache and makes him constantly blink his eyes, with no visual deficit. He denies head injury, altercation or trauma to his head

Plan Comments: Start on stool softener and mild laxative at HS

Pt is on Ramadan so he can take his meds only at night

Encourage increase oral fluids and frequent handwashing

X-ray of abdomen in am to R/O obstruction

Re assured pt that his tingling headache could be stress related, will monitor pt and meanwhile, may take Tylenol for pain

X-Ray of the abdomen is Negative taken on 6-5-18

6-14-18--**Brief Subject (20 Characters Max):** xray check

Abdominal X-ray is normal His pain is gone and he suffers from constipation which is most likely the etiology of his abdominal discomfort. No further treatment indicated. I explained some good habits regarding fiber etc. He is a healthy 21 year old incarcerated and this alone can cause bowel problems.

Plan: SENNA 8.6 MG ORAL TABLET (SENNOSIDES) take 2 tabs by mouth at HS

COLACE 100 MG ORAL CAPSULE (DOCUSATE SODIUM) take one tab po at HS

Added new medication of IBUPROFEN 400 MG ORAL TABLET (IBUPROFEN) 1 by mouth twice daily as needed pain - Signed

Rx of IBUPROFEN 400 MG ORAL TABLET (IBUPROFEN) 1 by mouth twice daily as needed pain; #28 Tablet x 0; Signed;

The pt. went to the hospital Lenox Health Greenwich Village Hospital, 30 7th ave. N.Y., June 8, 2018. We will have the patient sign a release of information form

From: (b)(6); (b)(7)(C)
Sent: 13 Aug 2018 12:49:07 +0000
To: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:FW: (b)(6); (b)(7)(C) Medical Concerns
Attachments: (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) docx

Please be aware that (b)(6); (b)(7)(C) is no longer with us.

Please read attachment enclosed about the patient.

Have a Fabulous Day,

Ms. (b)(6); (b)(7)(C) R.N. M.S.N.
Director of Nursing



Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
Fax: (b)(6); (b)(7)(C)
e-m (b)(6); (b)(7)(C)

NOTICE: This email and any attachments contain confidential information intended solely for the use of the individual or entity to whom they are addressed. This email or the attachments may contain material protected by the attorney-client privilege. If you are not the intended recipient of this email, you have received this email in error and that any use, dissemination, forwarding, printing, or copying of this email is prohibited. Please immediately notify us by return email and immediately delete this message. Although we attempt to scan email and attachments for viruses, we do not guarantee that either are virus-free and accept no liability for any damages sustained as a result of a virus.

From: (b)(6); (b)(7)(C)
Sent: Friday, August 10, 2018 2:06 PM
To: (b)(6); (b)(7)(C)
Cc:
Subject: EXTERNAL:FW: (b)(6); (b)(7)(C) Medical Concerns

(b)(6); (b)(7)(C) **Commitment#:** (b)(6); (b)(7)(C)

I received the following from his attorney, can you please provide an update as to his condition? I am aware he was going for a CT today as well.

CDR (b)(6); (b)(7)(C) FMC NYC

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

Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

From the attorney:

In the meantime, I met with Mr. (b)(6); (b)(7)(C) on July 27, 2018 at the Hudson County jail. He is not doing well. As you know, he was born in 1943 and is 75-years-old. He suffers from numerous serious health conditions that have worsened significantly in recent months. First, he is losing his eyesight. He was unable to see any writing on a form I had him sign and said that my face was blurry. He could barely see his surroundings. Apparently he was supposed to have surgery on July 16 because he has cataracts. However, the surgery was cancelled and he was provided no explanation why. I am extremely concerned about the potential risks to an elderly and partially blind man navigating around the jail setting alone.

Second, he was extremely short of breath from walking to the professional visit area. It took several minutes for him to recover his breath, breathe normally and be able to speak to me. I have never seen him like this before (having worked with him over two years) and was very alarmed. He also informed me that one week prior, roughly 7/20/18, he blacked out and fell at the jail. He was taken to the emergency room at an outside hospital and diagnosed with pneumonia. Apparently he has been taken to the hospital approximately two times per month in the last several months due to his asthma and poor breathing and received an MRI (although he was unaware of the results of this evaluation). Again, Mr. (b)(6); (b)(7)(C) is extremely vulnerable and a health complications like asthma and pneumonia carry greater risks for someone in his position.

Finally, he continues to suffer from a heart condition after having had three heart attacks, high blood pressure and severe asthma requiring use of an oxygen machine. His arms were covered in bloody bruises apparently from receiving intravenous antibiotics.

I am very concerned that Mr. (b)(6); (b)(7)(C) is not receiving proper medical care and needs to have eye surgery as soon as possible.

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast**

Ltd, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

(b)(6); (b)(7)(C) SBI#: DURAN 75 Years Old DOB: 03/26/1943
Race: Hispanic Gender: Male LOC: D 5E 506 01 Inmate Type: ICE HLCN: HCCC A#:
(b)(6); (b)(7)(C)

8-09-18- Sick Call: Chief Complaint: Pt is complaining of skin rash and insisting to get the same medication that Dr. (b)(6); (b)(7)(C) gave him before to resolve his rash. Inspection: Rash - erythema rash to right forearm, with no discharge and no papules noted

Practitioner Assessment & Plan Assessment Comments: This 75 y/o, male, is irritable and insisting to see Dr. (b)(6); (b)(7)(C) to request for same medicine she gave him to help his rash. Pt with similar rash in the past and was given Claritin and triamcinolone.

Plan Comments: Renew his Claritin and triamcinolone cream
Instructed pt not to scratch or rub his skin
Advise daily hygiene and frequent handwashing

8-10-2018

Encounter Context

Facility at time of evaluation: Co of Hudson Dept. of Corrections & Rehabilitation

Age at Time: 75 Years Old

General Note

General Note Type: Medical ALP

Brief Subject (20 Characters Max): Hospital Returns

75 yrs old male with hx of chronic cough came back from CT chest; pt reports his appointment is scheduled for 9/19/18 at 10 am

Vital signs: BP 129/84 HR 83 RR 18 Temp 97.9 F

A/P: Chronic cough

F/U with appointment on 9/19/18 at 10 am

- Upcoming Appointments: UMDNJ--UROLOGY CLINIC PATIENT SCHEDULE @ UMDNJ--ROLOGY CLINIC DOS 09/25/2018 @9AM
- UMDNJ--OPHTHALMOLOGY CLINIC Note: PATIENT SCHEDULE @ 08/20/2018 @ 1:30PM
- ST MICHAELS--PULMONARY CLINIC

Note: PATIENT SCHEDULE @ ST MICHAELS--PULMONARY CLINIC DOS 09/05/2018 @ 8 AM

08/10/2018 at 12:14 PM ----Hospital Return

Facility at time of evaluation: Co of Hudson Dept of Corrections & Rehabilitation

Age at Time: 75 Years Old

General Note

General Note Type: Medical ALP

Brief Subject (20 Characters Max): Hospital Returns

75 yrs old male with hx of chronic cough came back from CT chest; pt reports his appointment is scheduled for 9/19/18 at 10 am

Vital signs: BP 129/84 HR 83 RR 18 Temp 97.9 F

A/P: Chronic cough

F/U with appointment on 9/19/18 at 10 am

From: (b)(6); (b)(7)(C)
Sent: 14 Jul 2018 00:17:52 +0000
To: (b)(6); (b)(7)(C)
Subject: Re: EXTERNAL:FW: Detained (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C) Upgraded to Q15 Level 1

Without a doubt he does not have acute ax that would warrant inpatient psych hospitalization.

He does appear to be limited intellectually based on what the Spanish speaking clinician has said about the content of his speech.

Thank you.

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

Sent from my iPhone

On Jul 13, 2018, at 5:57 PM (b)(6); (b)(7)(C) wrote:

We are trying to find a place and they have a couple questions:

Does MH team feel he is just a behavioral problem for the facility or does he have any acute symptoms that could warrant inpatient hospitalization?

CDR (b)(6); (b)(7)(C) FMC NYC
Ofc (b)(6); (b)(7)(C)

Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

From: (b)(6); (b)(7)(C)
Date: Friday, Jul 13, 2018, 7:26 AM
(b)(6); (b)(7)(C)
Subject: Re: EXTERNAL:FW: Detained (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C) Upgraded to Q15 Level 1

Good Morning Cmdr (b)(6);
(b)(7)(C)

I was going to email you about this detainee. Since his arrival in the facility he has been a bit of a problem to manage. I originally emailed you about him, as he was held in a juvenile detention center, and the day after his 18th birthday was sent to Hudson. He is only Spanish speaking and upon his arrival there was a question about his intellectual ability. He was given the opportunity to reside in regular housing and within a day or two was openly masturbating and sent to a watch on medical. After a short time in medical, he was return to regular housing and got into a fight with another detainee. He was again returned to medical on a watch with disciplinary charges. I was hesitant to clear him for lock-up status given his young age and apparent cognitive limitations, but eventually cleared him to give it a try. After a few days there he assaulted an officer (it was captured on video) and was again returned to medical on a watch, were he has been housed for the last week. Questions to him regarding his behavior yield responses that have little substance. He often contradicts himself. two days ago, while on a Level 2 close watch (which means he has his clothes) he went into the cell of another person on watch, disrobed, and put on the suicide gown of the other person. When asked why he did this, he indicated it was because he said he should.

There is a housing unit at Hudson for IMs who have special needs (D1W). From a level of functioning standpoint, he would be better housed in a setting of that sort. However, his ICE status prevents him from housing in that area. He is a young, intellectually limited male whose problems are not psychiatric, but more cognitive/judgment and behavior/impulse control. I am not sure if this setting is a good one for him. I am hesitant to clear him to go to lockup as it is less supervised than in medical. With respect to tying a shirt around his neck, I again think that is more behavioral than a reflection of mental illness or suicidal intent.

I am not at the jail this am, or I would have given you specific dates about his housing changes.

Please let me know what you think.

Dr. (b)(6); (b)(7)(C)

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

Sent: Friday, July 13, 2018 6:34:57 AM

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

Subject: EXTERNAL:FW: Detainee (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) Upgraded to Q15 Level 1

Good morning, can you please send a status update to me after he is seen by mental health?

CDR (b)(6); (b)(7)(C) FMC NYC

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

Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

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

Date: Thursday, Jul 12, 2018, 9:35 PM

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

Subject: Detainee (b)(6); (b)(7)(C)
Q15 Level 1

Upgraded to

Good evening everyone

The above detainee was on a Q15 Level 2 in the infirmary. He wrapped a tee-shirt around his neck and was upgraded to a Q15 Level 1.

Please place a copy of the attached report in the detainees classification and record room files.

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

Hudson County Department of
Corrections and Rehabilitation
35 South Hackensack Avenue
Kearny, N.J. 07032

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

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

From: (b)(6); (b)(7)(C)
Sent: 23 Apr 2018 19:44:55 +0000
To: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:hospitalization
Attachments: (b)(6); (b)(7)(C) April 2018.docx

My apologies, sometimes we often clash with sending the updates.

Have a Fabulous Day,

Ms (b)(6); (b)(7)(C) R.N. M.S.N.
Director of Nursing



Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032

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

NOTICE: This email and any attachments contain confidential information intended solely for the use of the individual or entity to whom they are addressed. This email or the attachments may contain material protected by the attorney-client privilege. If you are not the intended recipient of this email, you have received this email in error and that any use, dissemination, forwarding, printing, or copying of this email is prohibited. Please immediately notify us by return email and immediately delete this message. Although we attempt to scan email and attachments for viruses, we do not guarantee that either are virus-free and accept no liability for any damages sustained as a result of a virus.

From: (b)(6); (b)(7)(C)
Sent: Monday, April 23, 2018 10:16 AM
To: (b)(6); (b)(7)(C)
Subject: EXTERNAL:hospitalization

Please give me a call, I understand this person was admitted to the hospital, I have not seen any notifications or updates?

(b)(6); (b)(7)(C) dob 12/21/1990

(b)(6); (b)(7)(C) RN
CDR, USPHS

Field Medical Coordinator
New York Field Office
201 Varick St. 12th rm (b)(6); (b)(7)(C)
New York, NY, 10014

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

Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

(b)(6); (b)(7)(C) Commitment#: (b)(6); (b)(7)(C) SBI#: 27 Years Old DOB: 12/21/1990
Race: Unspecified Gender: Male LOC: D 3W 403 02 Inmate Type: ICE HLCN: HCCC A#:

General Note

General Note Type: Nurse

Subject: Voiance Interpreter

Note: The Voiance Interpreter ID # (b)(6); (b)(7)(C) was used for ID clinic, language Albanian.

General Note

General Note Type: Medical ALP

Subject: Infectious Disease

Note: This 27 y/o, male, nonsmoker. Came to see the Dr. Today via telemedicine for abnormal chest x-ray consult

See scanned Infectious Disease Consult Note

A/P: Abnormal chest x-ray with multiple lung nodules

Recommend CT scan of chest ASAP and to get records

Will send pt to JCMC for CT scan of chest and evaluation or treatment

Clinical Lists Changes

Encounter Context

Facility at time of evaluation: Co of Hudson Dept of Corrections & Rehabilitation

Age at Time: 27 Years Old

Current Events

Referred To: ER Discussed with ER Staff

Chief Complaint: (Reason for ER Run) With abnormal chest x-ray, I D recommend CT of chest

Physical Findings

Appearance: Healthy looking with no sign of respiratory distress

Temperature: 97.9**Respirations:** 66**BP:** 120/80

P: 72 **Pulse Ox%** 97

Room Air Yes

Reason for Referral

For CT of chest due to abnormal chest x-ray recommended by Infectious Disease clinic

From: (b)(6); (b)(7)(C)
Sent: 12 May 2018 20:05:13 +0000
To: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL (b)(6);
Attachments: (b)(6); (b)(7)(C)-9-18.docx

Have a Fabulous Day.

M (b)(6); (b)(7)(C)
R.N. M.S.N.
Director of Nursing



Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032

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

NOTICE: This email and any attachments contain confidential information intended solely for the use of the individual or entity to whom they are addressed. This email or the attachments may contain material protected by the attorney-client privilege. If you are not the intended recipient of this email, you have received this email in error and that any use, dissemination, forwarding, printing, or copying of this email is prohibited. Please immediately notify us by return email and immediately delete this message. Although we attempt to scan email and attachments for viruses, we do not guarantee that either are virus-free and accept no liability for any damages sustained as a result of a virus.

From: (b)(6); (b)(7)(C)
Sent: Thursday, May 10, 2018 8:55 AM
To: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL (b)(6); (b)(7)(C)

Thank you

CDR (b)(6); FMC NYC

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

Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to

FOUO information and is not to be released to the 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.

From: (b)(6); (b)(7)(C)
Sent: Thursday, May 10, 2018 8:50 AM
To: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL (b)(6); (b)(7)(C)

Patient went out for elevated blood sugar. Returned to HCCRF at 230am. He is currently in the infirmary, will be reevaluated this morning on rounds.

(b)(6); (b)(7)(C) RN, BSN, MBA/HA

Regional Director
CFG Healthsystems, LLC

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

771 East Route 70
Suite D100
Marlton, NJ 08053

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

From: (b)(6); (b)(7)(C)
Sent: Thursday, May 10, 2018 7:36 AM
To: (b)(6); (b)(7)(C)
Subject: EXTERNAL:TIOSDAM

Good morning, I understand m (b)(6); (b)(7)(C) went to the ER last evening, what did he go out for and did he return?

CDR (b)(6); (b)(7)(C) FMC NYC

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

Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast**

Ltd, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

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

Commitment#: (b)(6); **SBI#:** (b)(6); (b)(7)(C) **45 Years Old** **DOB:** 01/03/1973
Race: Unspecified **Gender:** Male **LOC:** D 5W 616 02 **Inmate Type:** ICE **HLCN:** HCCC) **A#:**
(b)(6); (b)(7)(C)

Basically he went out for uncontrolled BS- and returned within like 90 minutes and was placed in the infirmary. D/C out of the Infirmary on the 12th back to GP

- 5-11-18 5-11-18 FS=123
- 5-11-18 5-11-18 FS=171
- 5-12-18 5-11-18 FS=215

He has been more stable

Encounter Context

Facility at time of evaluation: Co of Hudson Dept of Corrections & Rehabilitation
Age at Time: 45 Years Old

Referral Source: Other

Other: NP request

Problem List

Hyperlipidemia (ICD-272.4) (ICD10-E78.5)
DM, uncomplicated, type II, uncontrolled (ICD-250.02) (ICD10-E11.65)
Hyperthyroidism (ICD-242.90) (ICD10-E05.90)
PMHx of abdominal surgery (Left abdomen) (ICD-V15.29) (ICD10-Z98.89)

Medication List

* NOVOLIN R fasting blood sugar BID with low dose Novolin R coverage.

Orders List

Provider Follow-Up [providerclinic]
EKG [EKG]
CC - Initial [CCI]
2500 Diabetic/Calorie Controlled (Snack Included) [25DM]

Chief Complaint: lab review and chronic care.

Additional Subjective Complaints: self report of hyperthyroidism

History of Present Illness: with details regarding duration, frequency, relieving and worsening factors, etc. This is a forty five year old male who was called to medical for review of repeat blood work which was done yesterday.

Current Vital Signs

Previous Height: 67 (12/19/2017 3:50:48 AM) **Previous Weight:** 152 (12/19/2017 3:50:48 AM)

Sitting BP: 110 / 70

Temperature: 96.6 **Temperature site:** Oral

Pulse rate: 85 **Pulse rhythm:** Regular

Pulse Ox% 96 Room Air: Yes

Pain Assessment

Are you currently experiencing any pain? No

Physical Examination

General

The patient is well nourished, well developed, alert and oriented and in no acute distress.

Integumentary

Skin without obvious rashes or lesions; hair and nails without obvious abnormalities.

MS - Extremities

Full range of motion of all four extremities without obvious weakness.

Respiratory

Unlabored by view. Breath sounds clear to auscultation and percussion; no rales, rhonchi or wheezes.

Lung Sounds: **Respiratory Effort:** WNL

Cardiovascular

Regular rate and rhythm, positive S1/S2; No S3/S4; no murmurs or rubs; No clubbing, cyanosis or edema; no jugular venous distension; peripheral pulses normal.

Musculoskeletal

Full range of motion of all four extremities without obvious weakness.

Neurological

Grossly intact and non-focal; no tremors, no gait abnormalities, speech fluent.

Mental Status

Alert and oriented. No acute distress.

Memory: WNL

Mood & Affect: WNL

Perceptions: WNL **Judgement & Insight:** WNL

Practitioner Assessment & Plan

Assessment Comments: the patient is awake, alert and oriented x 3 and in no acute distress.

Labs all significantly elevated.

Accucheck done and measured "hi" on the glucometer. Charge nurse asked to administered due dose of insulin.

Specific gravity of urine 1.038. urine positive ketones and 3+ glucose.

decision made to send the patient out to the ED for emergent care.

Will refer to endocrinologist when he returns from the hospital.

New Orders:

Other [Other].

Disposition: Emergency Room

Plan Comments: transfer to ED for emergent care.

Education Provided:

The individual has been educated regarding the individual's diagnosis and diagnostic results. The individual verbalizes understanding of current health status and expresses verbal consent to current management Yes

Individual Education Provided Medicine Management, Other

Went to JCMC for uncontrolled Blood Sugar

Blood Glucose

Time of Day: Before Dinner

Blood Glucose Level: 506 mg/dl

1st Insulin Type: Novolin R (Regular Insulin)

Insulin: 14 Units

From: (b)(6); (b)(7)(C)
Sent: 29 Sep 2017 22:31:19 +0000

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

Subject: Re: EXTERNAL:Newark ER trip
Attachments: image001.png, image002.png, image001.png, image002.png

We are waiting on blood work to return. Will forward as soon as we have it. He did let the mental health counselor know what he was on. I will scan that not to you.

(b)(6); (b)(7)(C) **RN**
Health Services Administrator
Hudson County Corrections & Rehabilitation Center
35 Hackensack Ave.
Kearny, NJ 07032

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

NOTICE: This email and any attachments contain confidential information intended solely for the use of the individual or entity to whom they are addressed. This email or the attachments may contain material protected by the attorney-client privilege. If you are not the intended recipient of this email, you have received this email in error and that any use, dissemination, forwarding, printing, or copying of this email is prohibited. Please immediately notify us by return email and immediately delete this message. Although we attempt to scan email and attachments for viruses, we do not guarantee that either are virus-free and accept no liability for any damages sustained as a result of a virus.

Sent from my iPhone

On Sep 29, 2017, at 5:42 PM, Chhibber, (b)(6); (b)(7)(C) wrote:

Thank you Ms. (b)(6); (b)(7)(C)
Did this detainee, (b)(6); (b)(7)(C) go out to Jersey City Medical Center?
Please keep us posted if he stays at the hospital or gets casted and returns to the jail.

Respectfully

CDR (b)(6); (b)(7)(C)
USPHS
DHS/ICE/IHSC

Field Medical Coordinator
614 Frelinghuysen Avenue, 2nd Flr
Newark, NJ

(b)(6); (b)(7)(C) office
(b)(6); (b)(7)(C) mobile
(b)(6); (b)(7)(C) (secure fax)

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

Important: This e-mail message is intended for the exclusive use of the recipient(s) named above. It may contain information that is protected, privileged, or confidential, and it should not be disseminated, distributed, or copied to persons not authorized to receive such information. If you are not the intended recipient, any dissemination, distribution, or copying is strictly prohibited. If you think you have received this e-mail message in error, please notify the sender immediately.

Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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

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

Sent: Friday, September 29, 2017 5:26 PM

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

Subject: RE: ER

A# (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) RN
Health Services Administrator



Hudson County Corrections & Rehabilitation Center

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

Sent: Friday, September 29, 2017 5:25 PM

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

Subject: ER

Detainee (b)(6); (b)(7)(C) was sent to the ER this morning for complaints of severe right arm and elbow pain following altercation.

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

RN

Health Services Administrator



Hudson County Corrections & Rehabilitation Center

35 Hackensack Ave.

Kearny, NJ 07032

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

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

Cell

e-mail

NOTICE: This email and any attachments contain confidential information intended solely for the use of the individual or entity to whom they are addressed. This email or the attachments may contain material protected by the attorney-client privilege. If you are not the intended recipient of this email, you have received this email in error and that any use, dissemination, forwarding, printing, or copying of this email is prohibited. Please immediately notify us by return email and immediately delete this message. Although we attempt to scan email and attachments for viruses, we do not guarantee that either are virus-free and accept no liability for any damages sustained as a result of a virus.

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by Mimecast Ltd, an innovator in Software as a Service (SaaS) for business. Providing a safer and more useful place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and

more useful place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).





2020-ICLI-00042

894



2020-ICLI-

00042

895



CFG

2020-ICLI-00042

896



CFG

HEALTH
SYSTEMS, LLC

2020-ICLI-

00042

897

From: (b)(6); (b)(7)(C)
Sent: 29 Sep 2017 22:29:09 +0000

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

Subject: Re: EXTERNAL:Newark ER trip
Attachments: image001.png, image002.png

He went to Jersey city Medical Center.

(b)(6); (b)(7)(C) **RN**
Health Services Administrator
Hudson County Corrections & Rehabilitation Center
35 Hackensack Ave.
Kearny, NJ 07032

Phone: (b)(6); (b)(7)(C)
Fax:
Cell:
e-mail:

NOTICE: This email and any attachments contain confidential information intended solely for the use of the individual or entity to whom they are addressed. This email or the attachments may contain material protected by the attorney-client privilege. If you are not the intended recipient of this email, you have received this email in error and that any use, dissemination, forwarding, printing, or copying of this email is prohibited. Please immediately notify us by return email and immediately delete this message. Although we attempt to scan email and attachments for viruses, we do not guarantee that either are virus-free and accept no liability for any damages sustained as a result of a virus.

Sent from my iPhone

On Sep 29, 2017, at 5:42 PM, (b)(6); (b)(7)(C) wrote:

Thank you Ms. (b)(6); (b)(7)(C)
Did this detainee, (b)(6); (b)(7)(C) go out to Jersey City Medical Center?
Please keep us posted if he stays at the hospital or gets casted and returns to the jail.

Respectfully

CD (b)(6); (b)(7)(C)
USPHS
DHS/ICE/IHSC
Field Medical Coordinator

614 Frelinghuysen Avenue, 2nd Flr
Newark, NJ

(b)(6); (b)(7)(C) office
mobile
secure fax)

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

Important: This e-mail message and any files transmitted with it are intended only for the individual(s) named above. It may contain information that is protected, privileged, or confidential, and it should not be disseminated, distributed, or copied to persons not authorized to receive such information. If you are not the intended recipient, any dissemination, distribution, or copying is strictly prohibited. If you think you have received this e-mail message in error, please notify the sender immediately.

Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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

From: Melessia Cyrus [<mailto:mcyrus@cfgpc.com>]

Sent: Friday, September 29, 2017 5:26 PM

To: Almodovar, Bruce; Brian Coyne; Chhibber, Jennifer R; Gary, John S; Khan, Mohamed; Medina, Hector; Owens, Gilbert; Ragoonath, Johnny; Rosario-Dunning, Lillian; Tay-Taylor, Yvette A

Subject: RE: ER

A# 206767638

Melessia Cyrus, RN
Health Services Administrator

<image001.png><image002.png>

Hudson County Corrections & Rehabilitation Center

From: Melessia Cyrus

Sent: Friday, September 29, 2017 5:25 PM

To: Almodovar, Bruce; Brian Coyne; Chhibber, Jennifer R; Gary, John S; Khan, Mohamed; Medina, Hector; Owens, Gilbert; Ragoonath, Johnny; Rosario-Dunning, Lillian; Tay-Taylor, Yvette A

Subject: ER

Detainee Roberto Claros Lainez was sent to the ER this morning for complaints of severe right arm and elbow pain following altercation.

Melessia Cyrus, RN
Health Services Administrator

<image001.png><image002.png>

Hudson County Corrections & Rehabilitation Center

35 Hackensack Ave.

Kearny, NJ 07032

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

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

Cell:

e-ma

NOTICE: This email and any attachments contain confidential information intended solely for the use of the individual or entity to whom they are addressed. This email or the attachments may contain material protected by the attorney-client privilege. If you are not the intended recipient of this email, you have received this email in error and that any use, dissemination, forwarding, printing, or copying of this email is prohibited. Please immediately notify us by return email and immediately delete this message. Although we attempt to scan email and attachments for viruses, we do not guarantee that either are virus-free and accept no liability for any damages sustained as a result of a virus.

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by Mimecast Ltd, an innovator in Software as a Service (SaaS) for business. Providing a safer and more useful place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).





2020-ICLI-00042

902



2020-ICLI-

00042

903

From: (b)(6); (b)(7)(C)
Sent: 11 Sep 2017 15:01:51 +0000
To: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:RE: Admission to Infirmiry and ER transfer

His last refusal was from 8/26 he refused Lisinopril 2.5mg. See screen shot below of summary and labs.

The screenshot displays a medical software interface with several panels:

- Problems:** A table listing medical issues:

Description	ICD-9	ICD-10	Onset Date	End Date	Entered By	Slashed By
Toothache	S25.9	K06.8	06-Sep-2017			
Constipation	564.00	K59.00	04-Jul-2017			
Abnormal findings, elevated BP w/o HTN	796.2	R03.0	28-Jun-2017			
- Medications:** A table listing current medications:

Description	Instructions	Last Rx	Generic	Start Date	Stop Date	Unocode
AMOXICILLIN 500MG...	1 TAB BID PO	07-Sep-2017	#20 X 0	07-Sep-2017	17-Sep-2017	Y
MOTRIN 600MG X 5 D...	1 TAB BID PO PRN	07-Sep-2017	#10 X 0	07-Sep-2017	12-Sep-2017	Y
SENNA PLUS 8.6-50 M...	take 2 caps by mouth BID	25-Aug-2017	#360 X 0	25-Aug-2017	23-Nov-2017	N
COLACE 100 MG ORAL...	take one tab by mouth BID	25-Aug-2017	#180 Ca...	25-Aug-2017	23-Nov-2017	N
HYDROCHLOROTHIAZID...	1 tablet once daily in am.	05-Jul-2017	#100 X 0	05-Jul-2017	13-Oct-2017	N
LISINAPRIL 20 MG OR...	1 tablet, once daily	05-Jul-2017	#100 X 0	05-Jul-2017	13-Oct-2017	N
- Allergies:** A section for listing allergies, currently empty.
- Alerts / Flags:** A message from Tara McPortland X-Ray Tech dated 07/05/2017 regarding patient authorization for X-ray.
- Lab Report (CHEMISTRY):**

Test: (1) CHEMISTRY (CHEM)
Total Protein: 7.0 g/dL (3.0-6.4) *1
Albumin: 4.2 g/dL (3.5-5.2) *2
Globulin: 2.8 g/dL (1.7-3.7) *3
A/D Ratio: 1.5 (1.1-2.9) *4
Glucose: [R] 834 mg/dL (70-99) *5
NOTE: The result for GLUCOSE has been confirmed by repeat analysis.
Sodium: [I] 134 mmol/L (135-147) *6
Potassium: [I] 4.4 mmol/L (3.5-5.5) *7
Chloride: [I] 92 mmol/L (96-108) *8
CO2: 26 mmol/L (22-29) *9
BUN: 14 mg/dL (6-20) *10
Creatinine: 1.03 mg/dL (0.90-1.30) *11
e-GFR, African American: 90 mL/min >=60 *12
BUN/Creat Ratio: 13.6 (10.0-28.0) *14
Calcium: 9.7 mg/dL (8.6-10.4) *13
Urea Acid: 7.9 mg/dL (3.4-8.5) *16
Iron: 68 ug/dL (59-158) *17
NOTE: New reference range for serum Iron implemented 6-21-17.
Bilirubin, Total: 0.7 mg/dL <1.2 *18
ID: 154 U/L (139-225) *19
Alk Phos: 91 U/L (40-156) *20
AST: 18 U/L <40 *21
Phosphorus: 4.3 mg/dL (2.7-4.5) *22
ALT: 17 U/L <41 *23
GGT: 27 U/L (10-71) *24
Test: (2) RADIOVASCULAR/LIPIDS (CARD)
Cholesterol: [R] 251 mg/dL <200 *25
Triglycerides: [R] 354 mg/dL <150 *26
HDL CHOL., DIRECT: [I] 30 mg/dL >40 *27
HDL as % of Cholesterol: [A] 12 % >15 *28
Evaluation: ABOVE AVG. (MODERATE RISK)
Chol/HDL Ratio: [A] 8.4 <7.4 *29
Evaluation: ABOVE AVG. (MODERATE RISK)
LDL/HDL Ratio: [R] 8.60 <3.56 *30
LDL Cholesterol: [R] 144 mg/dL <100 *31
VLDL, CALCULATED: [R] 77 mg/dL 7-32 *32
Test: (3) HEMATOLOGY (HEMA)
WBC: 5.41 x10(3)/uL 3.66-11.99 *33
RBC: 5.18 x10(6)/uL 4.20-5.90 *34
HGB: 14.7 gm/dL 12.3-17.0 *35
HCT: 43.7 % 39.3-52.5 *36
HCV: 84.4 dL 80.0-100.0 *37
MCH: 28.4 pg 25.0-34.1 *38
MCHC: 33.6 gm/dL 29.0-35.0 *39
RDW: 13.5 % 10.9-16.9 *40

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

Health Services Administrator



Hudson County Corrections & Rehabilitation Center

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

Sent: Monday, September 11, 2017 10:26 AM

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

Subject: RE: EXTERNAL:RE: Admission to Infirmery and ER transfer

Good morning, can you give me an update on this detainee, if anything has changed or if he has had any medical problems?

CDR (b)(6); (b)(7)(C) FMC NYC

O f (b)(6); (b)(7)(C)

Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) it contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

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

Sent: Monday, August 14, 2017 11:07 AM

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

Cc:

Subject: RE: EXTERNAL:RE: Admission to Infirmery and ER transfer

CDR (b)(6);

Detained (b)(6); (b)(7)(C) has been refusing all medication and lab work ordered. He has also refused to be seen by the provider. The last lab was done on 8/9/17 for which he3 was initially sent to the ER and refused care at the ER.

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

Health Services Administrator



Hudson County Corrections & Rehabilitation Center

From: (b)(6); (b)(7)(C)
Sent: Monday, August 14, 2017 9:14 AM
To: (b)(6); (b)(7)(C)
Cc: [Redacted]
Subject: EXTERNAL:RE: Admission to Infirmary and ER transfer

Good morning, I wanted to get an update on this detainee status, if he has had any more lab or glucose testing, or accepted any medications?

CDR (b)(6); (b)(7)(C) FMC NYC

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

Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

From: (b)(6); (b)(7)(C)
Sent: Thursday, August 10, 2017 10:05 PM
(b)(6); (b)(7)(C)
Subject: Re: Admission to Infirmary and ER transfer

Detainee (b)(6); (b)(7)(C) returned from JCMC ER and refused all care at the ER. He refused to sign the AMA and was discharged. The detainee was seen and evaluate by the NP on return and refused care. He stated he "wanted to talk to his wife." He is scheduled for follow up evaluation tomorrow. Last blood sugar taken when returned from the Hospital 355mg/dL and treatment was refused.

(b)(6); (b)(7)(C) **RN**
Health Services Administrator
Hudson County Corrections & Rehabilitation Center
35 Hackensack Ave.
Kearny, NJ 07032
Pho (b)(6); (b)(7)(C)
Fax:
Cell:
e-m:

NOTICE: This email and any attachments contain confidential information intended solely for the use of the individual or entity to whom they are addressed. This email or the attachments may contain material protected by the attorney-client privilege. If you are not the intended recipient of this email, you have received this email in error and that any use, dissemination, forwarding, printing, or copying of this email is prohibited. Please immediately notify us by return email and immediately delete this message. Although we attempt to scan email and attachments for viruses, we do not guarantee that either are virus-free and accept no liability for any damages sustained as a result of a virus.

Sent from my iPhone

On Aug 10, 2017, at 4:32 PM, (b)(6); (b)(7)(C) wrote:

Detained (b)(6); (b)(7)(C) admitted to the infirmary s/p seizure activity. Labs have been ordered and results are pending.

Detained (b)(6); (b)(7)(C) is being sent to the ER for Hyperglycemia. His finger stick today read "HI" on the machine. Yesterday it was 535mg/dL and her refused insulin. His Glucose from labs drawn today was 534 mg/dL.

(b)(6); (b)(7)(C) RN
Health Services Administrator

<image002.png><image004.png>

Hudson County Corrections & Rehabilitation Center
35 Hackensack Ave.
Kearny, NJ 07032

Pho (b)(6); (b)(7)(C)
Fax
Cell
e-m

NOTICE: This email and any attachments contain confidential information intended solely for the use of the individual or entity to whom they are addressed. This email or the attachments may contain material protected by the attorney-client privilege. If you are not the intended recipient of this email, you have received this email in error and that any use, dissemination, forwarding, printing, or copying of this email is prohibited. Please immediately notify us by return email and immediately delete this message. Although we attempt to scan email and attachments for viruses, we do not guarantee that either are virus-free and accept no liability for any damages sustained as a result of a virus.

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by Mimecast Ltd, an innovator in Software as a Service (SaaS) for business. Providing a safer and more useful place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

From: (b)(6); (b)(7)(C)
Sent: 28 Jun 2018 13:51:40 +0000
To: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:RE (b)(6); (b)(7)(C)
Attachments: Calderon Antonio ICE.docx

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

Not sure if you received a follow up on this gentleman so I am forwarding the most current information that I have available. Should you need anything further, please let me know.

Thank you

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

From: (b)(6); (b)(7)(C)
Sent: Wednesday, June 27, 2018 6:56 PM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: EXTERNAL:RE: (b)(6); (b)(7)(C) Medical Records

This detainees attorney is alleging improper care urgent medical emergency, to satisfy this can you have him seen in medical again and send out to an ER for evaluation.

CDR (b)(6); (b)(7)(C) FMC NYC

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

Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

From: (b)(6); (b)(7)(C)
Date: Wednesday, Jun 27, 2018, 3:44 PM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: (b)(6); (b)(7)(C) Medical Records

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

Per your request, please find medical records for the captioned. Should you have any questions, please feel free to contact me. Thank you.



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

**Medical Records Administrator
Hudson County Corrections & Rehabilitation Center
35 Hackensack Ave.
Kearny, NJ 07032**

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

From: (b)(6); (b)(7)(C)
Sent: Wednesday, June 27, 2018 2:20 PM
To: (b)(6); (b)(7)(C)
Subject: EXTERNAL:records

Please send these records when you can- case we looked at earlier:

(b)(6); (b)(7)(C) dob 2/17/1983

(b)(6); (b)(7)(C), RN
CDR, USPHS
Field Medical Coordinator
New York Field Office
201 Varick St. 12th rm (b)(6); (b)(7)(C)
New York, NY, 10014

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

Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

(b)(6); (b)(7)(C) Commitment#: (b)(6); (b)(7)(C) BI#: 35 Years Old DOB:
02/17/1983
Race: Hispanic Gender: Male LOC: E 6N 01 08 Inmate Type: ICE HLCN: HCCC
A#:

Pt. came back from JCMC hosp. at 12:15am with s/p headache. Pt. is noted alert , oriented 3x, ambulatory with steady gait. V/S: BP=127/81, PR=76, RR=16, SPO2=99%, T=97.2 F. Pt. is referred to provider for return consult.

35 y.o male ICE detainee who was transferred to the hospital for medical evaluation return from JCMC with diagnosis of headache. Patient was medically cleared for incarceration w/o medication orders. As per patient " I was given 1 injection and 2 tablets in the emergency room". However, no indication of the treatments given to patient in his discharge summary. As per the hospital discharge instructions, patient to continue with his current medication. On exam, patient denies any headache and generalized body aches. Patient has no complaints at present. Patient was transferred back to GP in stable condition.

From: (b)(6); (b)(7)(C)
Sent: 1 May 2018 20:23:46 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: EXTERNAL:RE (b)(6); (b)(7)(C)

Patient was already scheduled for 5/21 at noon.

Appt for this AM was from the ER , did not make it .Possible transportation arrangements .

Best Regards,

(b)(6); (b)(7)(C) **M.D.**
Medical Director



Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032

Pho (b)(6); (b)(7)(C)
Fax
e-m

From: (b)(6); (b)(7)(C)
Sent: Tuesday, May 01, 2018 4:10 PM
To: (b)(6); (b)(7)(C)
Cc:
Subject: EXTERNAL:RE: (b)(6); (b)(7)(C)

Good afternoon, did he make the appointment today? What were the results?

CDR (b)(6); (b)(7)(C) FMC NYC
Ofc (b)(6); (b)(7)(C)

Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

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

Date: Monday, Apr 30, 2018, 8:52 PM

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

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

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

Commitment# (b)(6); (b)(7)(C) **SBI#:** (b)(6); (b)(7)(C) **61 Years Old** **DOB:**

11/13/1956

Race: Black or African American **Gender: Male** **LOC: I INF 112 11** **Inmate Type: ICE** **HLCN:**

HCCC) A# (b)(6); (b)(7)(C)

SOAP Note Form

Subjective:

Patient states: "I feel cold."

Objective:

Patient returning from UMDNJ ER, AAOX3, ambulatory with steady gait. No SOB, no acute distress observed.

Assessment:

Hospital Return from UMDNJ with findings of Glaucoma and for Ophto Clinic follow up at 8 am tomorrow.

Plan:

Refer to provider for further evaluation.

Schedule for Future Follow Up?: Yes. Follow up every 04/30/2018**Priority:** I

Comment to Scheduler: Hospital Return

Encounter Context

Facility at time of evaluation: Co of Hudson Dept of Corrections & Rehabilitation

Age at Time: 61 Years Old

General Note

General Note Type: Nurse

Brief Subject (20 Characters Max): Hospital Return

TYLENOL 325 MG ORAL CAPSULE (ACETAMINOPHEN) 2 caps by mouth q 6 hrs prn
COGENTIN SOLUTION (BENZTROPINE MESYLATE SOLN) 0.5 mg by mouth bid
RISPERDAL 1 MG ORAL TABLET (RISPERIDONE) 1 by mouth q am
RISPERDAL 2 MG ORAL TABLET (RISPERIDONE) 1 by mouth q hs
GRX ANALGESIC BALM EXTERNAL OINTMENT (MENTHOL-METHYL SALICYLATE) apply to affected area daily
CYCLOBENZAPRINE HCL 10 MG ORAL TABLET (CYCLOBENZAPRINE HCL) one tab by mouth daily
* CVS SENNA 8.6 MG ORAL TABLET (SENNOSIDES) 2 tabs by mouth QHS PRN constipation

Constipation NOS (ICD-564.00) (ICD10-K59.00)
Exotropia Alternating (ICD-378.10) (ICD10-H50.10)
Presbyopia (ICD-367.4) (ICD10-H52.4)
Hyperopia (ICD-367.0) (ICD10-H52.00)
Cataracts (ICD-366.9) (ICD10-H26.9)

Low back pain (ICD-724.2) (ICD10-M54.5)
Psychotic DO NOS (ICD-298.9) (ICD10-F29)
Minor head injury (ICD-959.01) (ICD10-S09.90)
Tinea pedis (ICD-110.4) (ICD10-B35.3)
Examination, eyes/vision (ICD-V72.0) (ICD10-Z01.00)

Have a Fabulous Day,

Ms. [redacted] R.N. M.S.N.

Director of Nursing



Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032

Pho [redacted]

Fax: [redacted]

e-m [redacted]

NOTICE: This email and any attachments contain confidential information intended solely for the use of the individual or entity to whom they are addressed. This email or the attachments may contain material protected by the attorney-client privilege. If you are not the intended recipient of this email, you have received this email in error and that any use, dissemination, forwarding, printing, or copying of this email is prohibited. Please immediately notify us by return email and immediately delete this message. Although we attempt to scan email and attachments for viruses, we do not guarantee that either are virus-free and accept no liability for any damages sustained as a result of a virus.

From: [redacted]
Sent: Monday, April 30, 2018 2:12 PM
To: [redacted]
Cc: [redacted]
Subject: [redacted]
Importance: High

Patient transferred to ED UMDNJ for eval. left eye pain to r/o retinal detachment.

Best Regards,

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

M.D.

Medical Director



Hudson County Correctional Center

35 Hackensack Ave.

Kearny, NJ 07032

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

Fax:

e-m

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

From: (b)(6); (b)(7)(C)
Sent: 22 Nov 2017 14:05:33 +0000
To: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:RE: ER Referral

We are obtaining his inpatient medical records now. As soon as it is received we will forward to you. The detainee is saying that he was scoped.

(b)(6); (b)(7)(C) RN
Health Services Administrator



Hudson County Corrections & Rehabilitation Center

From: (b)(6); (b)(7)(C)
Sent: Wednesday, November 22, 2017 8:16 AM
To: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:RE: ER Referral

Good morning, can you tell me more about what was done, diagnosis, treatments, etc?

CDR (b)(6); (b)(7)(C) FMC NYC

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

Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO) it contains information that may be exempt from public release under the Freedom of Information Act (5 USC 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

From: (b)(6); (b)(7)(C)
Sent: Tuesday, November 21, 2017 11:28 PM

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

Subject: Re: EXTERNAL:RE: ER Referral

This detainee has returned from the Hospital. He was seen by the NP And admitted to the infirmary.

(b)(6); (b)(7)(C) RN
Health Services Administrator
Hudson County Corrections & Rehabilitation Center
35 Hackensack Ave.
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
Fax: (b)(6); (b)(7)(C)
Cell:
e-m

NOTICE: This email and any attachments contain confidential information intended solely for the use of the individual or entity to whom they are addressed. This email or the attachments may contain material protected by the attorney-client privilege. If you are not the intended recipient of this email, you have received this email in error and that any use, dissemination, forwarding, printing, or copying of this email is prohibited. Please immediately notify us by return email and immediately delete this message. Although we attempt to scan email and attachments for viruses, we do not guarantee that either are virus-free and accept no liability for any damages sustained as a result of a virus.

Sent from my iPhone

On Nov 21, 2017, at 1:29 PM, (b)(6); (b)(7)(C) wrote:

Received, thank you

CDR (b)(6); (b)(7)(C) FMC NYC

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

Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

From: (b)(6); (b)(7)(C)
Sent: Tuesday, November 21, 2017 12:25 PM
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: EXTERNAL:RE: ER Referral

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

Please find attached medical record for the captioned. If you should have any questions, please feel free to contact me. Thank you.

From: (b)(6); (b)(7)(C)
Sent: Tuesday, November 21, 2017 11:22 AM
To: (b)(6); (b)(7)(C)
Subject: FW: EXTERNAL:RE: ER Referral

Can you send his medical record to me?

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

CDR (b)(6); (b)(7)(C) FMC NYC

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

Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

From: (b)(6); (b)(7)(C)
Sent: Tuesday, November 21, 2017 8:26 AM
To: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:RE: ER Referral

He is admitted and waiting in the ER for a bed.

(b)(6); (b)(7)(C) RN
Health Services Administrator

<image001.png><image002.png>

Hudson County Corrections & Rehabilitation Center

From: (b)(6); (b)(7)(C)
Sent: Monday, November 20, 2017 4:29 PM
To: (b)(6); (b)(7)(C)
Subject: EXTERNAL:RE: ER Referral

Good afternoon, do you have an update on this one?

CDR (b)(6); (b)(7)(C) FMC NYC
Ofc: (b)(6); (b)(7)(C)

Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

From: (b)(6); (b)(7)(C)
Sent: Monday, November 20, 2017 11:51 AM

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

Subject: ER Referral

(b)(6); (b)(7)(C) Commitment# (b)(6); (b)(7)(C) is being sent to JCMC ER for abnormal blood work. His hemoglobin is 7.2 and he is complaining of weakness.

(b)(6); (b)(7)(C) RN
Health Services Administrator

<image001.png><image002.png>

Hudson County Corrections & Rehabilitation Center
35 Hackensack Ave.
Kearny, NJ 07032

Pho (b)(6); (b)(7)(C)
Fax
Cel
e-m

NOTICE: This email and any attachments contain confidential information intended solely for the use of the individual or entity to whom they are addressed. This email or the attachments may contain material protected by the attorney-client privilege. If you are not the intended recipient of this email, you have received this email in error and that any use, dissemination, forwarding, printing, or copying of this email is prohibited. Please immediately notify us by return email and immediately delete this message. Although we attempt to scan email and attachments for viruses, we do not guarantee that either are virus-free and accept no liability for any damages sustained as a result of a virus.

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by Mimecast Ltd, an innovator in Software as a Service (SaaS) for business. Providing a safer and more useful place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

From: (b)(6); (b)(7)(C)
Sent: 21 Mar 2018 17:56:18 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: EXTERNAL:RE: Hospital Visit

Patient return from JCMC at 11:45PM. Diagnosis of vaginal bleeding, hemaglobin12.6 and ultrasound was negative as per hospital discharge paperwork. Patient was medically cleared for incarceration with order for Tylenol 650mg by mouth as needed and to follow-up with OBGYN. Patient still complains of vaginal bleeding and mild lower abdominal cramp. Patient was examined and no bleeding noted on the pad. Patient was kept in medical for 6hrs observation and reexamine again for bleeding, noted red spot on the pad without active bleeding and that was witnessed by the charge nurse. Patient was transferred to GP in stable.

Vitals: BP=104/72 ,P=70 ,RR=14 ,T=97.4, O2 sat 98%RA

Have a Fabulous Day,

Ms. (b)(6); (b)(7)(C) R.N. M.S.N.
Director of Nursing



Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032

Phone: (b)(6); (b)(7)(C)
Fax:
e-mail:

NOTICE: This email and any attachments contain confidential information intended solely for the use of the individual or entity to whom they are addressed. This email or the attachments may contain material protected by the attorney-client privilege. If you are not the intended recipient of this email, you have received this email in error and that any use, dissemination, forwarding, printing, or copying of this email is prohibited. Please immediately notify us by return email and immediately delete this message. Although we attempt to scan email and attachments for viruses, we do not guarantee that either are virus-free and accept no liability for any damages sustained as a result of a virus.

From: (b)(6); (b)(7)(C)
Sent: Wednesday, March 21, 2018 8:05 AM
To: (b)(6); (b)(7)(C)

Cc: (b)(6); (b)(7)(C)
Subject: EXTERNAL:RE: Hospital Visit

Good morning, what were the results of this ER visit?

CDR: (b)(6); (b)(7)(C) RN FMC NYC
Ofc: (b)(6); (b)(7)(C)

Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

From: (b)(6); (b)(7)(C)
Sent: Tuesday, March 20, 2018 4:27 PM
(b)(6); (b)(7)(C)
Subject: Hospital Visit

Hello, Detainee was transferred to the hospital.

(b)(6); (b)(7)(C) **Commitment#:** (b)(6); (b)(7)(C) **SBI#:** 33 Years Old **DOB:**
08/20/1984
Race: Hispanic **Gender:** Female **LOC:** E 3S 01 32 **Inmate Type:** ICE
HLCN: HCCC **A#:** (b)(6); (b)(7)(C)

Admission Date: 12-29-2017

Current Diagnosis: Peripheral edema (ICD-782.3) (ICD10-R60.9)

Symptom, headache (ICD-784.0) (ICD10-R51)
Vaginal bleeding (ICD-623.8) (ICD10-N93.9)
DUB (ICD-626.8) (ICD10-N93.8)
Bacterial vaginitis (ICD-616.10) (ICD10-N76.0)

Reason for hospital visit: Chronic Vaginal Bleeding

Current medications: Multivitamin

Vital Signs: Previous Height:

Sitting BP: 100 / 70
Temperature: 98.2 Temperature site: Oral
Pulse rate: 73 Pulse rhythms: Regular
Respirations: 18 Respiration Type: Unlabored

Pulse Ox% 98 Room Air: Yes

Hospital Name: JCMC

Admitting Diagnosis: Not admitted yet

Current Status: AAOx's4, Vaginal bleeding

Discharge Plan: None yet

Have a Fabulous Day,

Ms. (b)(6); (b)(7)(C) R.N. M.S.N.
Director of Nursing



Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032

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

Fax:

e-mail:

NOTICE: This email and any attachments contain confidential information intended solely for the use of the individual or entity to whom they are addressed. This email or the attachments may contain material protected by the attorney-client privilege. If you are not the intended recipient of this email, you have received this email in error and that any use, dissemination, forwarding, printing, or copying of this email is prohibited. Please immediately notify us by return email and immediately delete this message. Although we attempt to scan email and attachments for viruses, we do not guarantee that either are virus-free and accept no liability for any damages sustained as a result of a virus.

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

From: (b)(6); (b)(7)(C)
Sent: 18 Aug 2017 11:32:49 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: EXTERNAL:RE: hudson new arrival

Commande (b)(6);

(b)(6); was reasonably ok. Taking the Zoloft. Talked about his father fighting for the U.S. during WW2 in China and being loyal, etc.,. Less despondent. (b)(6); was doing better. I took him off Psych. Obs. and sent him to a regular housing unit in GP. He was very happy to do that. He asked to call his family, was allowed to do so and he successfully reached family on the phone.

(b)(6);

From: (b)(6); (b)(7)(C)
Sent: Friday, August 18, 2017 6:30 AM
To: Stan Malkin
Subject: RE: EXTERNAL:RE: hudson new arrival

Thank you, how was the mental status for him and the other (b)(6); (b)(7)(C) yesterday?

CDR (b)(6); (b)(7)(C) FMC NYC

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

Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

From: (b)(6); (b)(7)(C)
Date: Friday, Aug 18, 2017, 6:24 AM
To: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:RE: hudson new arrival

Currently taking Zoloft here for depression. Dr. Malkin

From: (b)(6); (b)(7)(C)
Sent: Wednesday, August 16, 2017 3:16 PM
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: EXTERNAL:RE: hudson new arrival

Fyi I checked in the ICE database, there is a picture of him dated 10/26/2015, with facial drooping as well, but not as pronounced as his picture dated 8/8/2017

Thank you for the records, is he on any mental health medications, or has he seen the psychiatrist? I didn't see any in the records that were sent.

CDR (b)(6); (b)(7)(C) FMC NYC

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

Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

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

Sent: Wednesday, August 16, 2017 8:31 AM

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

Cc:

Subject: RE: EXTERNAL:RE: hudson new arrival

Can someone please send his medical records to me? Thank you

CDR (b)(6); (b)(7)(C) FMC NYC

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

Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

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

Date: Tuesday, Aug 15, 2017, 7:53 PM

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

Cc:

Subject: RE: EXTERNAL:RE: hudson new arrival

I gave the information that he sees a Dr (b)(6); (b)(7)(C) in Flushing Queens for an antidepressant, mood stabilizer and sleep meds. To the nurses to verify. (b)(6);

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

Sent: Tuesday, August 15, 2017 2:12 PM

To: Melessia Cyrus; Myriam Sterlin; Stan Malkin

Cc: Medina, Hector; Owens, Gilbert

Subject: EXTERNAL:RE: hudson new arrival

I understand Dr (b)(6); placed him on suicide watch, please let me know when you find out what medications he is on and if he had a stroke or bells palsy, or other medical problems, thank you.

CDR (b)(6); (b)(7)(C) FMC NYC

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

Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS

policy relating to FOUO information and is not to be released to the 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.

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

Sent: Tuesday, August 15, 2017 8:52 AM

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

Cc:

Subject: FW: hudson new arrival

Good morning, I wanted to make sure you were aware of the following detainee new arrival for Hudson, 67 year old with medical and mental health needs.

CDR (b)(6); (b)(7)(C) FMC NYC

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

Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

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

Sent: Tuesday, August 15, 2017 7:16 AM

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

Subject: RE: HOSPITAL REFERRAL

Detainee returned from Mount Sinai Beth Israel Hospital, clear for custody, and transferred to Hudson county jail

ER referrals

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

A#:090 251 037

DOB:11/23/1949

COB: TAIWAN

DOA: 08/14/2017

Relevant Medical History: HTN, TYPE 2 DIABETIC, HIGH CHOLESTEROL AND DEPRESSION

Reason sent to ER: DETAINEE APPEARS TO BE SAD, AND VERY ANXIOUS. DETAINEE VERABLIZED SUICDAL THOUGHT BUT RFEUSED TO ELABORATE ON ANY PLAN. HE HAS A HISTORY OF SUICDAL THOUGHT 20 YEARS AGO, AS PER DETAINEE.

VITAL SIGNS TAKEN AND DOCUMENTED. B/P- 158/99, HR 99, R- 18, F/S- 200MG/DL.

PROVIDER ON CALL MADE AWARE WITH NO ORDER.

Current Status: PENDING DISPOSITION

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

From: (b)(6); (b)(7)(C)
Sent: 16 Aug 2017 20:19:11 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: EXTERNAL:RE: hudson new arrival

Good afternoon,

Patient was seen early on , he denies history of CVA or Bell's palsy. He is referred to Neuro for eval.

Best Regards,

(b)(6); (b)(7)(C) **M.D.**
Medical Director



Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
Fax:
e-mail:

From: (b)(6); (b)(7)(C)
Sent: Wednesday, August 16, 2017 3:16 PM
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: EXTERNAL:RE: hudson new arrival

Fyi I checked in the ICE database, there is a picture of him dated 10/26/2015, with facial drooping as well, but not as pronounced as his picture dated 8/8/2017

Thank you for the records, is he on any mental health medications, or has he seen the psychiatrist? I didn't see any in the records that were sent.

CDR: (b)(6); (b)(7)(C) FMC NYC
Ofc: (b)(6); (b)(7)(C)

Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

From: (b)(6); (b)(7)(C)
Sent: Wednesday, August 16, 2017 8:31 AM

To: (b)(6); (b)(7)(C)
Cc: [redacted]
Subject: RE: EXTERNAL:RE: hudson new arrival

Can someone please send his medical records to me? Thank you

CDR (b)(6); (b)(7)(C) FMC NYC

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

Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

From: (b)(6); (b)(7)(C)
Date: Tuesday, Aug 15, 2017, 2:53 PM
To: (b)(6); (b)(7)(C)
Cc: [redacted]
Subject: RE: EXTERNAL:RE: hudson new arrival

I gave the information that he sees a Dr. (b)(6); [redacted] in Flushing Queens for an antidepressant, mood stabilizer and sleep meds. To the nurses to verify. Dr. (b)(6); [redacted]

From: (b)(6); (b)(7)(C)
Sent: Tuesday, August 15, 2017 2:12 PM
To: (b)(6); (b)(7)(C)
Cc: [redacted]
Subject: EXTERNAL:RE: hudson new arrival

I understand Dr (b)(6); [redacted] placed him on suicide watch, please let me know when you find out what medications he is on and if he had a stroke or bells palsy, or other medical problems, thank you.

CDR (b)(6); (b)(7)(C) FMC NYC

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

Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

From: (b)(6); (b)(7)(C)
Sent: Tuesday, August 15, 2017 8:52 AM
To: (b)(6); (b)(7)(C)
Cc: [redacted]
Subject: FW: hudson new arrival

Good morning, I wanted to make sure you were aware of the following detainee new arrival for Hudson, 67 year old with medical and mental health needs.

CDR (b)(6); (b)(7)(C) FMC NYC

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

Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

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

Sent: Tuesday, August 15, 2017 7:16 AM

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

Subject: RE: HOSPITAL REFERRAL

Detainee returned from Mount Sinai Beth Israel Hospital, clear for custody, and transferred to Hudson county jail

ER referrals

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

A# (b)(6); (b)(7)(C)

DOB: 11/23/1949

COB: TAIWAN

DOA: 08/14/2017

Relevant Medical History: HTN, TYPE 2 DIABETIC, HIGH CHOLESTEROL AND DEPRESSION

Reason sent to ER: DETAINEE APPEARS TO BE SAD, AND VERY ANXIOUS. DETAINEE VERBALIZED SUICIDAL THOUGHT BUT REFUSED TO ELABORATE ON ANY PLAN. HE HAS A HISTORY OF SUICIDAL THOUGHT 20 YEARS AGO, AS PER DETAINEE.

VITAL SIGNS TAKEN AND DOCUMENTED. B/P- 158/99, HR 99, R- 18, F/S- 200MG/DL.

PROVIDER ON CALL MADE AWARE WITH NO ORDER.

Current Status: PENDING DISPOSITION

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

From: (b)(6); (b)(7)(C)
Sent: 29 Jun 2018 14:41:31 +0000
To: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:RE: Ice Patient Issue (b)(6);
Attachments: (b)(6); (b)(7)(C) ICE 6-29-18.docx

From: (b)(6); (b)(7)(C)
Sent: Friday, June 29, 2018 6:59 AM
To: (b)(6); (b)(7)(C)
Cc:
Subject: EXTERNAL:RE: Ice Patient Issue (b)(6); (b)(7)(C)

Good morning, can you send an update on this current status?

CDR (b)(6); (b)(7)(C) RN FMC NYC
OFC (b)(6); (b)(7)(C)

Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

From: (b)(6); (b)(7)(C)
Sent: Thursday, June 28, 2018 6:50 AM
To: (b)(6); (b)(7)(C)
Cc:
Subject: Ice Patient Issue (b)(6); (b)(7)(C)

Le
(b)(6); (b)(7)(C) **ommitment#:** (b)(6); **SBI#:** 28
Years Old: **DOB:** 08/14/1989
Race: Hispanic **Gender:** Male **LOC:** D 5E 601 02 **Inmate Type:** ICE **HLCN:** HCCC
A#:

6-29-2018-4:58am

General Note Type: Nurse

Brief Subject (20 Characters Max): Progress Note

Officer on pod reported that pt. did not eat for 2 days, pt. was brought to medical noted to be ambulatory, speaks Spanish unable to follow instruction. Pt. is noted with bizarre behavior, uncooperative, refuses vital signs taken. Pt. was offered sandwich, Gatorade and water but refused to all of it and stated "No"..

Pt. lips is noted dry and pale. Pt. is referred to provider for further evaluation.

6-29-2018-5:43am

28 y.o male with history of schizophrenia was brought down to medical for patient noted not eating and acting bizarre behavior. On exam, patient was uncooperative, very aggressive, agitated and combative. Patient will be transferred to JCMC crisis; Patient seen by Dr. (b)(6); (b)(7)(C) At 6:30am patient continues to be verbally abusive and attempting to bang his head.

Have a Fabulous Day,
Ms. (b)(6); (b)(7)(C) **R.N. M.S.N.**
Acting Health Service Administrator



Hudson County Corrections & Rehabilitation Center
35 Hackensack Ave.
Kearny, NJ 07032

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

Fax:

e-mail:

This e-mail transmission from the Hudson County Department of Corrections may contain **CONFIDENTIAL or LEGALLY PRIVILEGED** information that is intended only for the individual or entity named in the e-mail address. Access by anyone else is unauthorized. If you are not the intended recipient, you are hereby notified that any disclosure, copying or distribution, or reliance upon the contents of this e-mail is strictly prohibited. If you have received this e-mail transmission in error, please reply to the sender so that we can arrange for proper delivery. Please delete the message from your inbox.

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

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

Commitment (b)(6); (b)(7)(C) SBI#: 28 Years Old

DOB: 08/14/1989

Race: Hispanic Gender: Male LOC: I INF 112 08 Inmate Type: ICE HLCN: HCCC A#:

Returned 6/28/18 Currently in the Infirmary

General Note 6/28/2018 8:51pm

Brief Subject

Patient back from psych ER

Patient alert; anxious and able to make needs known; patient with history of schizophrenia; and on Haldol dec; Patient just came from ER Psych JCMC; referred to provider and mental health for disposition

HALDOL DECANOATE 100 MG/ML INTRAMUSCULAR SOLUTION (HALOPERIDOL DECANOATE) 125 mg IM every 4 weeks

Subjective

Presenting or Current Problems: Clinician met with pt for clearance from Psych ER JCMC. Pt at first was unable to effectively communicate in English. Clinician then retrieved a language line contact number. Pt started to speak and understand English once clinician asked if he would rather use language line. Pt denied hx of MH illness, MH medications, and psychiatric hospitalizations in the past. When asked why he was sent to JCMC, pt stated because someone sent me there because i was banging my head on the window. Clinician asked was he trying to hurt himself, pt stated yes. pt then denied currently suicidal/homicidal ideations. Pt denied current auditory and visual hallucinations. Pt appeared mildly intellectually impaired. Clinician placed pt on closewatch level 2 in the INF. Pt denied feelings of depression/anxiety. Pt stated that this was his first time going to JCMC psych ER and this is his first time incarcerated at HCCF. Clinician completed all necessary documentation.

Objective:

Appearance: Groomed

Motor Behavior: Normal

Speech: Poverty of Speech

Affect: Constricted / Blunted / Flat

Mood: Normal

Thought Content: Unable to Assess

Thought Process: Circumstantial

Sensorium: Drowsiness

Orientation: Mildly Impaired

Memory: Normal

Insight & Judgment: Unable to Assess

Medication and Lab Results (Psychiatry Only)

Active Medications:

BENZTROPINE MESYLATE 0.5 MG ORAL TABLET (BENZTROPINE MESYLATE) 1 tab by mouth QHS
HALDOL DECANOATE 100 MG/ML INTRAMUSCULAR SOLUTION (HALOPERIDOL DECANOATE) 150 mg IM every 4 weeks

Hx of schizophrenia (ICD-V11.0) (ICD10-Z86.59)

From: (b)(6); (b)(7)(C)
Sent: 28 Mar 2018 16:37:25 +0000
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:RE: Ice Pt. Up-date
Attachments: Ice Patients update 3-28-18.docx

Have a Fabulous Day,

Ms. (b)(6); (b)(7)(C) R.N. M.S.N.

Director of Nursing



Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
Fax: 2
e-mail:

NOTICE: This email and any attachments contain confidential information intended solely for the use of the individual or entity to whom they are addressed. This email or the attachments may contain material protected by the attorney-client privilege. If you are not the intended recipient of this email, you have received this email in error and that any use, dissemination, forwarding, printing, or copying of this email is prohibited. Please immediately notify us by return email and immediately delete this message. Although we attempt to scan email and attachments for viruses, we do not guarantee that either are virus-free and accept no liability for any damages sustained as a result of a virus.

From: (b)(6); (b)(7)(C)
Sent: Wednesday, March 28, 2018 8:58 AM
To: (b)(6); (b)(7)(C)
Cc:
Subject: EXTERNAL:RE: Ice Pt. Up-date

Thank you, I was also waiting on an update on these:

(b)(6); (b)(7)(C) t to ER for rec injury yesterday.
results of cardiology consult done.

(b)(6); (b)(7)(C) was being seen yesterday concerning reports of migraines and previous brain injury/surgery.

CDR (b)(6); (b)(7)(C), RN FMC NYC

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

Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

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

Sent: Wednesday, March 28, 2018 8:44 AM

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

Cc:

Subject: ICE Pt. Up-date

Have a Fabulous Day,

Ms. (b)(6); (b)(7)(C) R.N. M.S.N.

Director of Nursing



Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032

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

Fax:

e-mail:

NOTICE: This email and any attachments contain confidential information intended solely for the use of the individual or entity to whom they are addressed. This email or the attachments may contain material protected by the attorney-client privilege. If you are not the intended recipient of this email, you have received this email in error and that any use, dissemination, forwarding, printing, or copying of this email is prohibited. Please immediately notify us by return email and immediately delete this message. Although we attempt to scan email and attachments for viruses, we do not guarantee that either are virus-free and accept no liability for any damages sustained as a result of a virus.

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

Ice Patient's Up-Date

1. Commitment#: SBI#: **29 Years Old DOB: 10/08/1988**
Race: Hispanic Gender: Male LOC: H NOR 202 01 Inmate Type: ICE
HLCN: HCCC A#:

Patient reports he has history of depression, schizophrenia and auditory hallucination. Patient also reports he has history of suicidal attempt June, 2017 by cutting his arms. Patient states he takes remeron 30mg at hs and risperidone 2mg daily. Patient is an ICE transfer from MDC, NY w/o transfer paperwork. Patient denies any suicidal ideation at this time. Case discussed with Dr. e psychiatrist on phone, gave a telephone order to admit patient on Mental Health Observation until mental health clearance for GP and also to order patient psychotropic medications which include remeron 30mg daily, risperidone 2mg po x 7 days.

Standing BP: 134 / 78
Temperature: 98.2 **Temperature site:** Temporal
Pulse rate: 76 **Pulse rhythm:** Regular
Respirations: 17 **Respiration Type:** Regular
Pulse Ox% 98 Room Air: Yes

Medications

RISPERIDONE 2 MG ORAL TABLET (RISPERIDONE) Take 1 tablet orally daily
REMERON 30 MG ORAL TABLET (MIRTAZAPINE) Take 1 tablet orally at hs

2. Commitment#: SBI#: **39 Years Old**
DOB: 04/26/1978
Race: Hispanic Gender: Male LOC: I INF 112 01 Inmate Type: ICE
HLCN: HCCC) A#:

Practitioner Assessment & Plan

Assessment Comments: 39 yr old male with history of right 5th metatarsal fx, seen today in infirmary; right feet with + cap refill noted, pt denies any issues at this time, no swelling noted in foot. Scheduled for cast removal JCMC

[Type text]

Ice Patient's Up-Date

Standing BP: 132 / 72

Temperature: 97.6 **Temperature site:** Temporal

Pulse rate: 78 **Pulse rhythm:** Regular

Respirations: 16 **Respiration Type:** Regular

Pulse O₂% 98 **Room Air:** Yes

3. (b)(6); (b)(7)(C) **Commitment#:** (b)(6); (b)(7)(C) **Bl#:** (b)(6); (b)(7)(C) **36 Years Old**
DOB: 09/06/1981
Race: Black or African American **Gender:** Male **LOC:** I INF 112 09 **Inmate Type:** ICE **HLCN:**
HCCC) A#: (b)(6); (b)(7)(C)

Vital Signs: BP 129/80, PR 100, RR 18, Temp 98.2F, O2 Sat 98%

Extremity: Wear a left boot with all toes warm to touched and with brisk capillary refill and sensation intact

A/P: S/P Left 5th Metatarsal bone fracture

Pt wants to be treated without surgery

Cast removed today-3-27-2018

Continue current medication and care

Encourage to elevate left foot daily or PRN

Return follow up in 3 weeks

See scanned ortho consult note

4. (b)(6); (b)(7)(C) **Commitment#:** (b)(6); (b)(7)(C) **SBI#:** (b)(6); (b)(7)(C) **35**
Years Old **DOB:** 09/22/1982
Race: White **Gender:** Male **LOC:** D 3E 311 02 **Inmate Type:** ICE **HLCN:** HCCC **A#:**
(b)(6); (b)(7)(C)

Date: 03/27/2018

Time Code Called: 9:10pm. Responded to code white, patient found sitting on a chair, by the sally port, complaining of chest pain, mid-sternum area, and patient observed guarding his chest area, no SOB, no diaphoresis, no acute distress observed.

Ice Patient's Up-Date

Pt seen today in the medical clinic for c/o epigastric pain that started today. Inmate reported he was on the phone anxious and started having epigastric pain. Inmate states the pain is subsiding. Maalox 30ml po stat given and inmate also referred to MH.

A/P:Epigastric pain

Maalox 30ml by mouth stat

Stat EKG - Wnl

Patient education:

Return to clinic as directed.

Seek medical attention if symptoms worsen.

Patient verbalized understanding.

Mental Health--Subjective

Presenting or Current Problems: The inmate was referred to mental health after being cleared by nursing and the language line was called for Greek interpretation. The inmate explained that he has been receiving ongoing advice from his attorney for which he admits that the attorney has indicated for him to remain patient and not get into elaborate conversations regarding the status of his case. The inmate explains that has had detailed conversations about his case with his wife for which he reports it was his decision to not follow the advice set forth by his attorney. The inmate explains that his wife keeps pressuring him to make a choice for which he reported here that he does not want to give any specific details. The inmate reports that the wife's pressuring causes him distress for which he admitted here he is choosing not to tell the attorney of the pressure his wife places on him. The inmate states that the staff at the facility asks him too many questions when he is feeling distressed and that he never requested the services, intervention and/or involvement of the mental health department. The inmate reports that the staff here at the facility often does not understand him for which he revealed here that it could be due to a language barrier. The inmate reports that he does not set, boundaries, parameters and/or limits with his wife regarding the depth of their discussions regarding his legal case even though he claims that it has been causing him stress. The inmate reported that he receives the attention from the officers, nursing and mental health by his prior verbiage of going on hunger strike or tonight when he grabbed his chest after a phone conversation with his wife. He states that he gets angry with the staff making assumptions, but he reported here that he chooses not to reveal the entire problem(s) that he is experiencing but he offered no specific examples of the staff's assumptions.

Ice Patient's Up-Date

Assessment

Impression: The inmate was offered and declined supportive counseling. He states that at times he does not understand what is being asked. Inmate was informed that moving forward mental health would recommend using the language line for any referral to the department. The inmate denied that the chest pain was related to panic symptoms. Inmate denies having a current mental health crisis, emergency and/or deterioration. Inmate denies suicidal and/or homicidal ideation, intent or plan. Inmate denies having a death wish. Inmate denies preoccupation with death or dying. Inmate denies current feelings of guilt, shame or doubt. Inmate denies crying spells. Inmate denies social withdrawal. Inmate denies despair. Inmate denies panic symptoms. Inmate denies racing thoughts. Inmate denies feelings of hopelessness or helplessness. Inmate denies paranoid ideation or suspicion. Inmate denies hallucinations.

Stable

Plan

No Mental Health Intervention

5. (b)(6); (b)(7)(C) Commitment#: (b)(6); (b)(7)(C) SBI#: (b)(6); (b)(7)(C) 33 Years Old DOB: 02/02/1985

Race: Hispanic Gender: Male LOC: E 6N 01 40 Inmate Type: ICE HLCN: HCCC A#: (b)(6); (b)(7)(C)

Date: 03/27/2018

Time Code Called: 4:25p

Describe: S/P Sports Injury Right shoulder dislocation

Describe Code: Responded to code white, patient found sitting next to round table AAOX3, patient complaining pain right shoulder, patient complaining of severe pain 10 of 10 on pain scale, patient states: "I was playing soccer and I fell and hit my right shoulder."

Inmate Condition: Oriented/Alert

Patient AAOX3, patient complaining of severe pain right shoulder, s/p from playing soccer, unable to do ROM, sling applied. Ambulance called, for patient to transfer to JCMC-ER,

:

[Type text]

Ice Patient's Up-Date

Patient return from JCMC s/p close reduction for a right shoulder dislocation, denies pain sling in situ placed by JCMC will admit to infirmary for observation
Chief Complaint: Patient return from JCMC sp close reduction for a right shoulder dislocation, denies pain sling in situ placed by JCMC will admit to infirmary for observation

X-ray report from JCMC shows anteriorly dislocated shoulder with hill sachs deformity refer to OrthO

Active Medications: : ACETAMINOPHEN ER 650 MG ORAL TABLET EXTENDED RELEASE take 1 tablet PO BID, CTM 4 MG. 1 tab by mouth twice daily as needed x 5 days., MOTRIN 200 MG. 2 tabs by mouth twice daily as needed x 5 days..

6 (b)(6); (b)(7)(C) Commitment# (b)(6); (b)(7)(C) SBI# (b)(6); (b)(7)(C) 48 Years

Old DOB: 12/10/1969
Race: Unspecified Gender: Male LOC: D 5W 605 01 Inmate Type: ICE HLCN: HCCC A#:

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

Cardiology Consult

48 year old African-American male returns from Cardiology consult. Nuclear Stress Test was positive. LVEF 32%-38%. Cardiology recommends follow-up Catheterization. Plavix 300mg ordered as 1 time STAT dose for today 3/27/18, then Plavix 75mg PO daily for 90 days starts tomorrow 3/28/18. CBC and CMP recommended as PT is on unknown dose of Lisinopril-recommending monitoring Potassium and Creatine. Other orders include Aspirin 81 mg PO daily x 90 days, Lipitor 80 mg PO daily at night X 90 days, and Coreg 6.25 PO BID x 90 days

Pt return from St.Michael's Cardiology 3-27-2018 11:07AM-- B/P 158/89 P59 RR17 T96.7 SpO2 98%RA Alert verbally responsive ambulates with steady gait Denies NV Denies HA Pt sent with new scripts for Plavix 75mg Po Daily ,ASA 81 mg Po Daily Lipitor Po Daily 80mg Coreg 6.25 Mg BID

Orders:Added

Added new Test order of CBC with Differential (0053-9) - Signed
Added new Test order of Chem 8: Ca⁺⁺, Na⁺, K, CL⁻, CO₂, Glucose, BUN, Cr (2555-1) - Signed
Added new Test order of Outside Specialty (providerclinic)

[Type text]

Ice Patient's Up-Date

7. (b)(6); (b)(7)(C) Commitment# (b)(6); (b)(7)(C) SBI# (b)(6); (b)(7)(C) 36 Years Old DOB: 02/08/1982

Race: Hispanic Gender: Male LOC: C 1E 113 03 Inmate Type: ICE HLCN: HCCC A#: (b)(6); (b)(7)(C)

Brief Subject (20 Characters Max): provider sick call

S: 36 yrs old Hispanic male seen today for complaints of chronic headache not relieved by current pain regimen. Inmate appears stable, in no acute distress. Communicated with inmate via a Spanish interpreter # 252386. Inmate reported that he had Hx of head trauma in 2015 and as a result was in coma for one month at Bay Shore hospital in NY. Inmate added that he was not having headache on the street but started having severe headache since incarceration -about 5 months now. States the headache starts from the occipital region of his head and radiates to the back of his right eye, forehead and parietal region of his head. Currently, inmate is on Excedrin twice daily as needed for headache but states it is not relieving his headache. Reported his pain scale is 10/10. No facial grimacing or any sign of pain observed during consultation. Mood, affect and vital signs are wnl.

Vitals: BP= 110 / 60 ,P= 63 ,RR= 16 ,T=98, 02 sat 99% r/a

A/Headache

Continue current regimen - Excedrin extra strength 250-250-65mg by mouth twice daily prn

- Add Ibuprofen 600mg by mouth twice daily as needed with meal for breakthrough pain
- Referral to UH Neurology for evaluation
- trip / CX sheets completed
- Patient education:
- Take all prescribed medications.
- Return to clinic as directed.
- Seek medical attention if symptoms worsen.

Patient verbalized understanding.

From: (b)(6); (b)(7)(C)
Sent: 24 Feb 2018 23:46:10 +0000
To: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:RE: JCMC-ER-Visit

Hi,

(b)(6); (b)(7)(C) returned 2/23/18 at 624pm. Diagnostics at hospital were within normal limits.

(b)(6); (b)(7)(C) still at hospital, will make further attempts for update on status.

(b)(6); (b)(7)(C) RN, BSN, MBA/HA

Regional Director
CFG Healthsystems, LLC

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

771 East Route 70

Suite D100

Marlton, NJ 08053

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

From: (b)(6); (b)(7)(C)
Sent: Saturday, February 24, 2018 11:45 AM
To: (b)(6); (b)(7)(C)
Subject: EXTERNAL:RE: JCMC-ER-Visit

Good day, do you have an update on these, did they return?

CDR (b)(6); (b)(7)(C) FMC NYC

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

Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

From: (b)(6); (b)(7)(C)
Date: Friday, Feb 23, 2018, 1:59 PM

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

Subject: JCMC-ER-Visit

Hi the following patients below at JCMC-ER

(b)(6); (b)(7)(C) Commitment#: (b)(6); (b)(7)(C) SBI#: (b)(6); (b)(7)(C) 21 Years Old DOB: 10/23/1996
Race: Hispanic Gender: Male LOC: E 3N 01 55 Inmate Type: ICE HLCN: HCCC A#:
(b)(6); (b)(7)(C)

Transferred to JCMC-ER C/O Chest Pain and he was bradycardia ----He was picked up at 12:53PM

(b)(6); (b)(7)(C) Commitment# (b)(6); (b)(7)(C) SBI# (b)(6); (b)(7)(C) 55 Years Old DOB:
12/21/1902
Race: Black or African American Gender: Male LOC: D 5E 510 02 Inmate Type: ICE
HLCN: HCCC A# (b)(6); (b)(7)(C)

Waiting to be Transferred to JCMC-ER C/O----- Hemoptysis and Lower GI Bleed

Have a Fabulous Day,

Ms. (b)(6); (b)(7)(C) R.N. M.S.N.
Director of Nursing



Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
Fax: [Redacted]
e-mail: [Redacted]

NOTICE: This email and any attachments contain confidential information intended solely for the use of the individual or entity to whom they are addressed. This email or the attachments may contain material protected by the attorney-client privilege. If you are not the intended recipient of this email, you have received this email in error and that any use, dissemination, forwarding, printing, or copying of this email is prohibited. Please immediately notify us by return email and immediately delete this

message. Although we attempt to scan email and attachments for viruses, we do not guarantee that either are virus-free and accept no liability for any damages sustained as a result of a virus.

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

From: (b)(6); (b)(7)(C)
Sent: 23 Jan 2018 16:29:49 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: EXTERNAL:RE: JCMC-Patient in Hospital

Attention do anyone included in this e-mail have the answer to this question.

QUESTION: He has been medicated and is quiet right now, but needs psych admission and JCMC is calling because they will not admit him as an ICE detainee-has Hudson located an alternative for psych admissions as mentioned in previous meeting?

Have a Fabolous Day,

Ms. (b)(6); (b)(7)(C) R.N. M.S.N.
Director of Nursing



Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
Fax: 2
e-mail:

NOTICE: This email and any attachments contain confidential information intended solely for the use of the individual or entity to whom they are addressed. This email or the attachments may contain material protected by the attorney-client privilege. If you are not the intended recipient of this email, you have received this email in error and that any use, dissemination, forwarding, printing, or copying of this email is prohibited. Please immediately notify us by return email and immediately delete this message. Although we attempt to scan email and attachments for viruses, we do not guarantee that either are virus-free and accept no liability for any damages sustained as a result of a virus.

From: (b)(6); (b)(7)(C)
Sent: Tuesday, January 23, 2018 11:09 AM
To: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:RE: JCMC Patient in Hospital

He has been medicated and is quiet right now, but needs psych admission and JCMC is calling because they will not admit him as an ICE detainee-has Hudson located an alternative for psych admissions as mentioned in previous meeting?

CDR (b)(6); (b)(7)(C) N FMC NYC

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

Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

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

Sent: Tuesday, January 23, 2018 9:07 AM

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

Subject: RE: EXTERNAL:RE: JCMC-Patient in Hospital

Thanks, do you know if he has been medicated and if his mental status has improved or changed?

CDR (b)(6); (b)(7)(C) RN FMC NYC

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

Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

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

Sent: Tuesday, January 23, 2018 9:07 AM

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

Subject: RE: EXTERNAL:RE: JCMC-Patient in Hospital

Hi good morning, JCMC was called at 8:45AM, per nurse (b)(6); (b)(7)(C) n Psyc. ER the patient is still under the ER and waiting to be seen by the psychiatrist.

Have a Fabolous Day,

Ms. (b)(6); (b)(7)(C) R.N. M.S.N.

Director of Nursing



Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032

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

Fax: [Redacted]

e-mail: (b)(6); (b)(7)(C)

NOTICE: This email and any attachments contain confidential information intended solely for the use of the individual or entity to whom they are addressed. This email or the attachments may contain material protected by the attorney-client privilege. If you are not the intended recipient of this email, you have received this email in error and that any use, dissemination, forwarding, printing, or copying of this email is prohibited. Please immediately notify us by return email and immediately delete this message. Although we attempt to scan email and attachments for viruses, we do not guarantee that either are virus-free and accept no liability for any damages sustained as a result of a virus.

From: (b)(6); (b)(7)(C)
Sent: Tuesday, January 23, 2018 6:35 AM
To: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:RE: JCMC-Patient in Hospital

Good morning, please send an update when possible for this detainee.

CDR (b)(6); (b)(7)(C) FMC NYC
Ofc (b)(6); (b)(7)(C)

Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

From: (b)(6); (b)(7)(C)
Date: Monday, Jan 22, 2018, 4:17 PM
To: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:RE: JCMC-Patient in Hospital

Sure will

Have a Fabolous Day,

Ms. (b)(6); (b)(7)(C) R.N. M.S.N.

Director of Nursing



Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
Fax: [Redacted]
e-mail: [Redacted]

NOTICE: This email and any attachments contain confidential information intended solely for the use of the individual or entity to whom they are addressed. This email or the attachments may contain material protected by the attorney-client privilege. If you are not the intended recipient of this email, you have received this email in error and that any use, dissemination, forwarding, printing, or copying of this email is prohibited. Please immediately notify us by return email and immediately delete this message. Although we attempt to scan email and attachments for viruses, we do not guarantee that either are virus-free and accept no liability for any damages sustained as a result of a virus.

From: (b)(6); (b)(7)(C)
Sent: Monday, January 22, 2018 4:09 PM
To: (b)(6); (b)(7)(C)
Subject: EXTERNAL:RE: JCMC-Patient in Hospital

Thanks for the update, NY case, please keep me informed with updates.

CDR (b)(6); (b)(7)(C) FMC NYC
Off: (b)(6); (b)(7)(C)

Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

From: (b)(6); (b)(7)(C)
Date: Monday, Jan 22, 2018, 4:07 PM
(b)(6); (b)(7)(C)

Subject: JCMC-Patient in Hospital

Patient (b)(6); (b)(7)(C) **was transferred to JCMC, at 3:35PM**
for the following reasons:

Disorganized/Decompensated Paranoid schizophrenia, refuse medications.

Resulting in significant self-neglect, smearing feces and disorganized behavior.

Have a Fabolous Day,

Ms. (b)(6); (b)(7)(C) R.N. M.S.N.

Director of Nursing



Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032

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

Fax:

e-mail:

NOTICE: This email and any attachments contain confidential information intended solely for the use of the individual or entity to whom they are addressed. This email or the attachments may contain material protected by the attorney-client privilege. If you are not the intended recipient of this email, you have received this email in error and that any use, dissemination, forwarding, printing, or copying of this email is prohibited. Please immediately notify us by return email and immediately delete this message. Although we attempt to scan email and attachments for viruses, we do not guarantee that either are virus-free and accept no liability for any damages sustained as a result of a virus.

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

From: (b)(6); (b)(7)(C)
Sent: 23 Jan 2018 16:17:10 +0000
To: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:RE: return from Hospital

Cat-Scan and a Renal Scan---of the Kidneys –Recommended by the urologist secondary to an elevated PSA

Have a Fabolous Day,

M (b)(6); (b)(7)(C) R.N. M.S.N.

Director of Nursing



Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
Fax: [Redacted]
e-mail: [Redacted]

NOTICE: This email and any attachments contain confidential information intended solely for the use of the individual or entity to whom they are addressed. This email or the attachments may contain material protected by the attorney-client privilege. If you are not the intended recipient of this email, you have received this email in error and that any use, dissemination, forwarding, printing, or copying of this email is prohibited. Please immediately notify us by return email and immediately delete this message. Although we attempt to scan email and attachments for viruses, we do not guarantee that either are virus-free and accept no liability for any damages sustained as a result of a virus.

From: (b)(6); (b)(7)(C)
Sent: Tuesday, January 23, 2018 8:39 AM
To: (b)(6); (b)(7)(C)
Subject: EXTERNAL:RE: return from Hospital

Thanks, what did he go out for, and what were the findings?

CDR (b)(6); (b)(7)(C) RN FMC NYC

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

Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

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

Sent: Monday, January 22, 2018 6:05 PM

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

Cc:

Subject: return from Hospital

(b)(6); (b)(7)(C) -PT. RETURNED BACKFROM UNIV. HOSP. RADIOLOGY,A&OX3
AMBULATORY BP 130/90 P 76 R 16 SPO2 97 T 98.2 WILL REFER TO PROVIDER PT. REQ. BOTTOM BUNK
R/T PAIN R/T ABD. SX 2005.

Have a Fabolous Day,

Ms. (b)(6); (b)(7)(C) R.N. M.S.N.

Director of Nursing



Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032

Phone: (b)(6); (b)(7)(C)
Fax:
e-mail:

NOTICE: This email and any attachments contain confidential information intended solely for the use of the individual or entity to whom they are addressed. This email or the attachments may contain material protected by the attorney-client privilege. If you are not the intended recipient of this email, you have received this email in error and that any use, dissemination, forwarding, printing, or copying of this email is prohibited. Please immediately notify us by return email and immediately delete this message. Although we attempt to scan email and attachments for viruses, we do not guarantee that either are virus-free and accept no liability for any damages sustained as a result of a virus.

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast**

Ltd, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

From: (b)(6); (b)(7)(C)
Sent: 28 Aug 2017 12:54:06 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: EXTERNAL:RE (b)(6); (b)(7)(C)

I will thank you.

Best Regards,

(b)(6); (b)(7)(C) **M.D.**
Medical Director



Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032

Phone: (b)(6); (b)(7)(C)
Fax:
e-mail:

From: (b)(6); (b)(7)(C)
Sent: Friday, August 25, 2017 4:32 PM
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: EXTERNAL:RE (b)(6); (b)(7)(C)

Dr. (b)(6); (b)(7)(C)

Mr. (b)(6); (b)(7)(C) is scheduled for removal next Friday, 9/1/2017. In the meantime, please let us know if his condition worsens.

Thank you,

(b)(6); (b)(7)(C)
Supervisory Detention and Deportation Officer
U.S. Immigration and Customs Enforcement
New York Field Office

Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

From: (b)(6); (b)(7)(C)
Sent: Thursday, August 24, 2017 9:30 AM
To: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:RE: (b)(6); (b)(7)(C)

Good morning,

We did not receive any report (ED note / Labs etc) from JCMC. Will request them .

Best Regards,
(b)(6); (b)(7)(C) **M.D.**
Medical Director



Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
Fax:
e-mail:

From: (b)(6); (b)(7)(C)
Sent: Thursday, August 24, 2017 9:25 AM
To: (b)(6); (b)(7)(C)
Subject: EXTERNAL:RE: (b)(6); (b)(7)(C)

Please send any lab work results you can get from the hospital as it may affect if you are able to clear him for flying due to the blood levels and flight clearances. They are trying to get him on a flight soon but if he cannot be cleared for flying it would not work.

CDI: (b)(6); (b)(7)(C) FMC NYC
Ofc: (b)(6); (b)(7)(C)

Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

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

Date: Thursday, Aug 24, 2017, 7:25 AM

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

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

Fyi returned at 2330 from ER, per nurse dx non-specific chest pain right rib, anemia, prescribed motrin and iron tabs.

CDR (b)(6); (b)(7)(C) FMC NYC
Ofc (b)(6); (b)(7)(C)

Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

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

Sent: Wednesday, August 23, 2017 2:12 PM

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

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

He is being sent to JCMC for extreme RUQ pain.

(b)(6); (b)(7)(C) RN
Health Services Administrator



Hudson County Corrections & Rehabilitation Center

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

Sent: Wednesday, August 23, 2017 9:40 AM

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

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

The above detainee has been admitted to the medical unit for complaints of feeling weak. He has a history of liver Cirrhosis with GI bleed.

(b)(6); (b)(7)(C) RN
Health Services Administrator



Hudson County Corrections & Rehabilitation Center
35 Hackensack Ave.
Kearny, NJ 07032

Phone: (b)(6); (b)(7)(C)
Fax:
Cell:
e-mail:

NOTICE: This email and any attachments contain confidential information intended solely for the use of the individual or entity to whom they are addressed. This email or the attachments may contain material protected by the attorney-client privilege. If you are not the intended recipient of this email, you have received this email in error and that any use, dissemination, forwarding, printing, or copying of this email is prohibited. Please immediately notify us by return email and immediately delete this message. Although we attempt to scan email and attachments for viruses, we do not guarantee that either are virus-free and accept no liability for any damages sustained as a result of a virus.

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by Mimecast Ltd, an innovator in Software as a Service (SaaS) for business. Providing a safer and more useful place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited

and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

From: (b)(6); (b)(7)(C)
Sent: 23 Aug 2017 17:53:23 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: EXTERNAL:RE:(b)(6); (b)(7)(C)
Importance: High

Good afternoon,

The above detainee is c/o excruciating RUQ pain. He was thoroughly examined this morning, with pending labs and other tests.

I am forced to transfer him to JCMC for further evaluation.

Best Regards,

(b)(6); (b)(7)(C) **M.D.**

Medical Director



Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032

Pho: (b)(6); (b)(7)(C)
Fax:
e-m:

From: (b)(6); (b)(7)(C)
Sent: Wednesday, August 23, 2017 10:41 AM
To: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:RE:(b)(6); (b)(7)(C)

Thanks, FYI I informed ICE to expedite this case, they are working on it to minimize his time in custody.

CDR (b)(6); (b)(7)(C) FMC NYC

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

Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

From: (b)(6); (b)(7)(C)
Date: Wednesday, Aug 23, 2017, 10:29 AM
To: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:RE: (b)(6); (b)(7)(C)

OK we will send you the PE.

Spoke with (b)(6); (b)(7)(C) Rx, his last refills of Metoprolol and Protonix were 2 years ago.

Best Regards,
Myriam Sterlin M.D.
Medical Director



Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
Fax: [Redacted]
e-mail: [Redacted]

From: (b)(6); (b)(7)(C)
Sent: Wednesday, August 23, 2017 10:12 AM
To: (b)(6); (b)(7)(C)
Cc: [Redacted]
Subject: RE: EXTERNAL:RE: (b)(6); (b)(7)(C)

Yes, please his physical exam when complete so we can have an idea of how stable his condition is, he has not been in custody since 1999, so unfortunately we will not have any other records.

CDR (b)(6); (b)(7)(C) FMC NYC
OFC (b)(6); (b)(7)(C)

Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

From: (b)(6); (b)(7)(C)
Sent: Wednesday, August 23, 2017 9:50 AM

To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:RE: (b)(6); (b)(7)(C)

What is a PE? Do you mean Physical exam?

We have the records you just sent. We need his medical records from a year ago, as well as his pharmacy records.

Best Regards,

(b)(6); (b)(7)(C) **M.D.**
Medical Director



Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
Fax: 2
e-mail:

From: (b)(6); (b)(7)(C)
Sent: Wednesday, August 23, 2017 9:40 AM
To: (b)(6); (b)(7)(C)
Cc:
Subject: EXTERNAL:RE: (b)(6); (b)(7)(C)

Attached are all the records I can find, let me know if you have any other findings, please send his PE to me when completed, thank you.

CDR (b)(6); (b)(7)(C) FMC NYC
Ofc: (b)(6); (b)(7)(C)

Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

From: (b)(6); (b)(7)(C)
Sent: Wednesday, August 23, 2017 9:26 AM
To: (b)(6); (b)(7)(C)
Cc:
Subject: (b)(6); (b)(7)(C)
Importance: High

Good morning,

The above detainee was admitted last night to HCC with a diagnosis of liver cirrhosis 2/2 to ETOH abuse, placed in the Medical unit (infirmary) on observation around 3:00 AM.

Upon examining / questioning this morning he gave me the following info:

-Hx of upper GI bleed for which he was admitted at LIJ hospital. Said had upper endoscopy, does not know the result. States was seen on f/u by a GI specialist , does not remember the name either.

He also provided a pharmacy named (b)(6); (b)(7)(C) in Bellerose NY. Awaiting for them to open to verify if he has filled his meds.

He is also c/o RUQ pain, chronic.

He came with some loose pills purchased in India .

We have not received any significant medical records from ICE. He was cleared for incarceration by ICE.

Best Regards,

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

M.D.

Medical Director



Hudson County Correctional Center

35 Hackensack Ave.

Kearny, NJ 07032

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

Fax: 2

e-mail

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast**

Ltd, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

From: (b)(6); (b)(7)(C)
Sent: 11 Feb 2018 20:34:05 +0000
To: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:RE: (b)(6); (b)(7)(C)
Attachments: 2729_001.pdf

He returned was seen and evaluated by the NP and returned to the housing. I was informed that the nurse on night shift say him trying to self-induce vomiting. Attached is his hospital discharge documents.

(b)(6); (b)(7)(C) RN
Health Services Administrator



Hudson County Corrections & Rehabilitation Center

From: (b)(6); (b)(7)(C)
Sent: Sunday, February 11, 2018 3:25 PM
To: (b)(6); (b)(7)(C)
Subject: EXTERNAL:RE: (b)(6); (b)(7)(C)

Thanks, is he still at the ER?

CDR (b)(6); (b)(7)(C) FMC NYC
Ofc (b)(6); (b)(7)(C)

Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

From: (b)(6); (b)(7)(C)
Date: Sunday, Feb 11, 2018, 5:19 AM

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

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

The above mentioned detainee has been transferred to JCMC ER for vomiting and severe epigastric pain. vitals BP 151/98, HR 117, RR 21, Temp 97.0 O2 98%. His blood sugar was 60 glucagon 1mg IM was given and reassess increased to 115. Phenergan 25mg IM was given. Staff was unsuccessful with starting an IV.

(b)(6); (b)(7)(C) **RN, CCHP**
Health Services Administrator
Hudson County Corrections & Rehabilitation Center
35 Hackensack Ave.
Kearny, NJ 07032
Phone (b)(6); (b)(7)(C)
Fax (b)(6);
Cell (b)(7)(C)
e-mail

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by Mimecast Ltd, an innovator in Software as a Service (SaaS) for business. Providing a safer and more useful place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

**Jersey City Medical Center
Emergency Department
355 Grand Street
Jersey City, New Jersey 07302**

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

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

Current Date: 02/11/18 10:56:49

DOB: 07/12/1977

MRN: (b)(6); (b)(7)(C) **FIN:** (b)(6); (b)(7)(C)

Patient Address: **Patient Phone:** (b)(6) HACKENSACK AVE KEARNY NJ 07032

Patient Portal Information

Access Key:

E-Mail:

Reason For Visit: Gastroparesis

Emergency Care Providers

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

Primary Nurse:

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

Discharge Instructions:

Barnabas Health Patient Portal: If you have agreed to join the Barnabas Health Patient Portal, you will receive an email with instructions of how to begin. You will need the Patient Portal Access Key and access to the E-Mail address located at the top of this page to join. If the above E-Mail address is incorrect, please contact the facility's HIM/Medical Records Department to correct and resend the invitation.

Thank you for choosing Jersey City Medical Center for your Emergency experience. It was our pleasure to have had the opportunity to care for you.

As part of your healthcare team, we are committed to providing you and your family with the best possible quality of care. In the near future you may receive a survey that allows you to evaluate your experience. We would sincerely appreciate that you fill out the survey and return it within the next 2 weeks.

It is very important to us that your experience at Jersey City Medical Center was EXCELLENT. If for any reason your care and concerns were not handled with excellence, please contact us at your convenience at (b)(6); (b)(7)(C) and leave your name, contact number and date of visit so we may have the opportunity to review your care and return your call.

**Thank you so very much,
The Staff of the Emergency Department
Jersey City Medical Center**

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

Important: We examined and treated you today on an emergency basis only. This was not substitute for,

Person Full Name (b)(6); (b)(7)(C)
FIN NBR (b)(6); (b)(7)(C)

02/11/2018 10:56:50
Date of Birth 07/12/1977

1 of 10

or an effort to provide complete medical care. In most cases, you must let your doctor check you again. Tell your doctor about any new or lasting problems and please make sure your doctor gets the results of any tests done today. We cannot recognize and treat all injuries or illnesses in one Emergency Department visit. If you had special tests, such as EKG's or XRAY's, we will review them again within 24 hours. We will call you if there are any new suggestions. After you leave, you should follow the instructions below.

You may have been seen by a Physician Assistant or Nurse Practitioner while visiting the Emergency Department. The Physician Assistants and Nurse Practitioners work under the direct supervision of the Emergency Department Physician.

After leaving the Emergency Department, follow the instructions below.

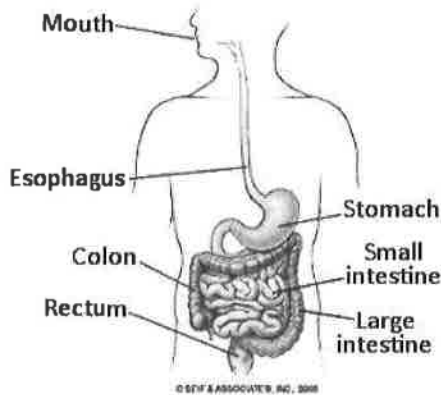
Patient Education Materials

The following Patient Education Materials have been given to the patient:

Nutrition

Gastroparesis

Gastroparesis, also called delayed gastric emptying, is a condition in which food takes longer than normal to empty from the stomach. The condition is usually long-lasting (*chronic*).



CAUSES

This condition may be caused by:

- An endocrine disorder, such as hypothyroidism or diabetes. Diabetes is the most common cause of this condition.
- A nervous system disease, such as Parkinson disease or multiple sclerosis.
- Cancer, infection, or surgery of the stomach or vagus nerve.
- A connective tissue disorder, such as scleroderma.
- Certain medicines.

In most cases, the cause is not known.

RISK FACTORS

This condition is more likely to develop in:

- People with certain disorders, including endocrine disorders, eating disorders, amyloidosis, and scleroderma.
- People with certain diseases, including Parkinson disease or multiple sclerosis.
- People with cancer or infection of the stomach or vagus nerve.
- People who have had surgery on the stomach or vagus nerve.
- People who take certain medicines.
- Women.

SYMPTOMS

Symptoms of this condition include:

- An early feeling of fullness when eating.
- Nausea.

Person Full Name (b)(6); (b)(7)(C)
FIN NBR (b)(6); (b)(7)(C)

02/11/2018 10:56:50
Date of Birth 07/12/1977

3 of 10

- Weight loss.
- Vomiting.
- Heartburn.
- Abdominal bloating.
- Inconsistent blood glucose levels.
- Lack of appetite.
- Acid from the stomach coming up into the esophagus (*gastroesophageal reflux*).
- Spasms of the stomach.

Symptoms may come and go.

DIAGNOSIS

This condition is diagnosed with tests, such as:

- Tests that check how long it takes food to move through the stomach and intestines. These tests include:
 - Upper gastrointestinal (GI) series. In this test, X-rays of the intestines are taken after you drink a liquid. The liquid makes the intestines show up better on the X-rays.
 - Gastric emptying scintigraphy. In this test, scans are taken after you eat food that contains a small amount of radioactive material.
 - Wireless capsule GI monitoring system. This test involves swallowing a capsule that records information about movement through the stomach.
- Gastric manometry. This test measures electrical and muscular activity in the stomach. It is done with a thin tube that is passed down the throat and into the stomach.
- Endoscopy. This test checks for abnormalities in the lining of the stomach. It is done with a long, thin tube that is passed down the throat and into the stomach.
- An ultrasound. This test can help rule out gallbladder disease or pancreatitis as a cause of your symptoms. It uses sound waves to take pictures of the inside of your body.

TREATMENT

There is no cure for gastroparesis. This condition may be managed with:

- Treatment of the underlying condition causing the gastroparesis.
- Lifestyle changes, including exercise and dietary changes. Dietary changes can include:
 - Changes in what and when you eat.
 - Eating smaller meals more often.
 - Eating low-fat foods.
 - Eating low-fiber forms of high-fiber foods, such as cooked vegetables instead of raw vegetables.
 - Having liquid foods in place of solid foods. Liquid foods are easier to digest.
- Medicines. These may be given to control nausea and vomiting and to stimulate stomach muscles.
- Getting food through a feeding tube. This may be done in severe cases.
- A gastric neurostimulator. This is a device that is inserted into the body with surgery. It helps improve stomach emptying and control nausea and vomiting.

HOME CARE INSTRUCTIONS

- Follow your health care provider's instructions about exercise and diet.

Person Full Name (b)(6); (b)(7)(C)
 FIN NBR (b)(6); (b)(7)(C)

02/11/2018 10:56:50
 Date of Birth 07/12/1977

4 of 10

- Take medicines only as directed by your health care provider.

SEEK MEDICAL CARE IF:

- Your symptoms do not improve with treatment.
- You have new symptoms.

SEEK IMMEDIATE MEDICAL CARE IF:

- You have severe abdominal pain that does not improve with treatment.
- You have nausea that does not go away.
- You cannot keep fluids down.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Released: 12/18/2006 Document Revised: 05/03/2016 Document Reviewed: 12/14/2015
Elsevier Interactive Patient Education ©2016 Elsevier Inc.

Follow Up:

With:	Address:	When:
Follow up with primary care provider		In 2 days 02/13/2018

Please share all medications including over the counter, vitamins and herbal preparations that you are taking with all of your health care providers.
Before changing any of your previous medications, please discuss these changes with your primary physician.

Medications to take home:

Continue Taking These Medications with No Changes

Other:

insulin regular 10 Unit SubCUTaneous 2 times a day.

lisinopril Oral Daily.

metoclopramide (Reglan)

Person Full Name (b)(6); (b)(7)(C)
FIN NBR (b)(6); (b)(7)(C)

02/11/2018 10:56:50
Date of Birth 07/12/1977

5 of 10

Person Full Name (b)(6); (b)(7)(C)
FIN NBR (b)(6)

02/11/2018 10:56:50
Date of Birth 07/12/1977

6 of 10

YOU ARE THE MOST IMPORTANT FACTOR IN YOUR RECOVERY.

Follow the above instructions carefully. Take your medicines as prescribed. Most importantly, see a doctor again, as discussed. If you have problems that we have not discussed, call or visit your doctor right away. If you cannot reach your doctor you may return to the Emergency Department. We may have provided you with a referral for one of our on call physicians who can provide the non-emergent follow up care needed for your specific medical problem. Please note that this physician may not be a participating provider in your health plan. Before making an appointment, we suggest that you first contact your health insurance plan or primary care physician to clarify this status. If our on call physician is not a participating provider in your health plan, your health insurance company or primary care physician may prefer that you are seen by another physician whose services would be covered by your insurance. Although our on call physician is willing to see you for a follow up visit, you may have responsibility for the bill if he/she is a non-participating physician in your plan.

As always, our Emergency Department remains available to you should your condition change and warrant further evaluation.

The RWJBarnabas Health Link: In the event that you need assistance finding a doctor to meet your needs, or a doctor that accepts your insurance plan, the RWJBarnabas Health Link program can help you. We invite you to call the toll free number a [redacted] available to you 7 days a week, 24 hours a day, with bilingual personnel available. The service can assist you with referrals or making appointments to specialists, general practitioners or surgeons. The service can also provide easy registration information for health care education programs, support groups and screenings.

We hope you find this guidance helpful and we thank you for choosing Jersey City Medical Center for your health care needs.

If you need to obtain copies of your x-rays please call 201-915-2151. They will need 24 hours' notice to print your films. There may be a fee for the films.

If you need to obtain your Lab results, you may go to the main lab, on the ground floor. You will be asked to sign a release and receive a copy of any lab work done. The lab is open Monday through Saturday 7am to 9pm.

Smoking/Tobacco/Second Hand Smoke:

Be aware that smoking, use of tobacco, and exposure to second hand smoke may cause the following: Lung Disease, Lung Cancer, and/or Heart Disease. Exposure to smoke may also cause irritation of the lungs, leading to coughing, excessive phlegm, and chest discomfort and chest pains, which may affect the heart.

Second Hand Smoke also affects children.

Children who breathe second hand smoke are more likely to suffer from pneumonia, bronchitis, SIDS, asthma, and other lung diseases. They may also have more ear infections.

For further information on tobacco dependency programs contact:

Tobacco Dependency Treatment Program – [redacted]

Quit Line: [redacted]

For more information on Advance Directives please contact the New Jersey Department of Health.

<http://nj.gov/health/advancedirective/>

Seatbelts:

There is no doubt that seatbelts save lives. Everyday people not wearing seatbelts are more severely hurt in crashes. Buckle up to reduce your chances of severe injury.

Person Full Name [redacted]
FIN NBR [redacted]

02/11/2018 10:56:50
Date of Birth 07/12/1977

7 of 10

Tests and/or Procedures

SUMMARY OF ADDITIONAL EMERGENCY ROOM VISIT TEST AND/OR PROCEDURES PERFORMED

During your visit to the Emergency Department, the following tests and/or procedures were performed. Some of these tests results may need to be followed up by your physician. Please bring this to your next physician visit.

No Major Procedures

Laboratory Orders

Name	Status	Details
Auto Diff	Completed	Blood, Collected, 02/11/18 3:32:00 EST, Stat, ST - Stat, Nurse collect, 02/11/18 3:32:00 EST, 13073079, 88667569.000000, OE_DEFAULT_FROM_FORM, Print Label By Order Location
CBC w/ Auto Diff	Completed	Blood, 02/11/18 3:29:00 EST, Stat, ST - Stat, Nurse collect, Print label Y/N, 13073079, OE_DEFAULT_FROM_FORM, Print Label By Order Location
CMP	Completed	Blood, 02/11/18 3:29:00 EST, Stat, ST - Stat, Nurse collect, Print label Y/N, 13073079, OE_DEFAULT_FROM_FORM, Print Label By Order Location
Glucose Blood Monitoring	Completed	Blood, Collected, 02/11/18 3:31:05 EST, RT, RT - Routine, 02/11/18 3:31:05 US/Eastern
Lipase Lvl	Completed	Blood, 02/11/18 3:30:00 EST, Stat, ST - Stat, Nurse collect, Print label Y/N, 13073079, OE_DEFAULT_FROM_FORM, Print Label By Order Location

Radiology Orders

Name	Status	Details
CT ABD PEL IV Only	Completed	Stat, Pain, Abdomen, 02/11/18 6:16:00 EST, Standard Precautions
Portable Abdomen 1 View	Completed	Stat, Abdominal Pain, FLAT AND UPRIGHT, 02/11/18 6:24:00 EST, Rad Type, Standard Precautions
Portable CXR 1 View	Completed	Stat, Pain, Abdomen, 02/11/18 6:24:00 EST, Rad Type, Standard Precautions

Cardiology Orders

No cardiology orders were placed.

Person Full Name (b)(6); (b)(7)(C)
FIN NBR (b)(6); (b)(7)(C)

02/11/2018 10:56:50
Date of Birth 07/12/1977

8 of 10

Person Full Name (b)(6); (b)(7)(C)
FIN NBR (b)(6); (b)(7)(C)

02/11/2018 10:56:50
Date of Birth 07/12/1977

9 of 10

Diabetes
Gastroparesis
FH: HTN (hypertension)

Laboratory or Other Results This Visit (last charted value for your 02/11/2018 visit)

Chemistry

02/11/2018 3:32 AM

Creatinine: 1.30 mg/dL -- Normal range between (0.70 and 1.30)
AST: 28 Int_Unit/L -- Normal range between (15 and 46)
Total Protein: 7.5 g/dL -- Normal range between (6.3 and 8.2)
AGAP: 15
Sodium: 141 mmol/L -- Normal range between (137 and 145)
CO2: 28 mmol/L -- Normal range between (19 and 30)
BUN: 19.0 mg/dL -- Normal range between (7.0 and 21.0)
Calcium: 9.5 mg/dL -- Normal range between (8.4 and 11.0)
Albumin: 4.1 g/dL -- Normal range between (3.5 and 5.0)
Alk Phos: 97.0 Int_Unit/L -- Normal range between (45.8 and 113.0)
ALT: 31 Int_Unit/L -- Normal range between (13 and 69)
Potassium: 4.2 mmol/L -- Normal range between (3.5 and 5.1)
Chloride: 98 mmol/L -- Normal range between (98 and 110)
eGFR: >60 mL/min/1.73m2
Lipase Lev: 16 Int_Unit/L -- Normal range between (23 and 300)
Bili Total: 0.6 mg/dL -- Normal range between (0.2 and 1.0)
Glucose: 209 mg/dL -- Normal range between (74 and 106)

02/11/2018 3:31 AM

Gluc BGM: 245 mg/dL -- Normal range between (74 and 106)
POC BG Comment: Notified DR/RN
POC Operator: Larry Manaois

Hematology

02/11/2018 3:32 AM

WBC: 8.4 K/UL -- Normal range between (4.5 and 11.0)
RBC: 4.63 m/UL -- Normal range between (4.70 and 6.10)
Platelet: 165 K/UL -- Normal range between (130 and 400)
MCV: 75.9 fL -- Normal range between (80.0 and 100.0)
MCH: 25.0 pg -- Normal range between (27.0 and 31.0)
MCHC: 32.9 g/dL -- Normal range between (33.0 and 37.0)
RDW: 16.0 % -- Normal range between (11.5 and 14.5)
MPV: 10 fL
Hgb: 11.6 g/dL -- Normal range between (12.0 and 16.0)
Hct: 35.2 % -- Normal range between (42.0 and 52.0)
Mono Abs Auto: 0.5 x10³/mCL -- Normal range between (0.1 and 0.6)
Baso Auto: 0 % -- Normal range between (0 and 2)
Baso Abs Auto: 0.0 K/UL -- Normal range between (0.0 and 0.2)
Lymph Abs Auto: 0.6 K/UL -- Normal range between (1.3 and 4.5)
Neutro Abs Auto: 7.2 K/UL -- Normal range between (1.9 and 9.2)
Lymph Auto: 7 % -- Normal range between (20 and 44)
Eos Abs Auto: 0.0 K/UL -- Normal range between (0.0 and 0.6)

Person Full Name (b)(6); (b)(7)(C)
FIN NBR (b)(6); (b)(7)(C)

02/11/2018 10:56:50
Date of Birth 07/12/1977

2 of 4

**Jersey City Medical Center
Emergency Department
Clinical Summary**
355 Grand Street
Jersey City, New Jersey 07302

PERSON INFORMATION

Name (b)(6); (b)(7)(C)
Sex Male
Marital Status Single
Race Other Races
MRN (b)(6); (b)(7)(C)
Visit Reason Vomiting; Abdominal pain;
ABDOMINAL PAIN, VOMITING
Enc Type Emergency
Track Group JCMC ED Tracking Group
Tracking Id (b)(6)
Checkin 2/11/2018 3:11 AM
Arrival 2/11/2018 3:11 AM
Height 170 cm
Blood Pressure 131 mmHg/84 mmHg
Address:
35 HACKENSACK AVE KEARNY NJ 07032

Age 40 Years
Language English
Phone
Ethnicity Non-Hispanic
Visit Id
Specialty D/C

Med Service Medical
Discharge
Checkout 2/11/2018 10:54 AM
Acuity 3-Urgent

Weight 75 kg

DOB 7/12/1977 12:00 AM
PCP

Acct# (b)(6);
(b)(7)(C)

Referred by

Dispo Type Home
LOS 000 07:43
BMI 25.95 kg/m2

Cognitive and Functional Status

None

DEPART REASON INCOMPLETE INFORMATION

Follow up:

With:

Address:

When:

Follow up with primary care
provider

In 2 days
02/13/2018

Allergies

No Known Medication Allergies

Problems

Active

Pancreatitis

Person Full Name (b)(6); (b)(7)(C)
FIN NBR (b)(6); (b)(7)(C)

02/11/2018 10:56:50
Date of Birth 07/12/1977

1 of 4

Neutro Auto: 86 % -- Normal range between (42 and 75)
Mono Auto: 6 % -- Normal range between (0 and 12)
Eos Auto: 0 % -- Normal range between (0 and 5)
Automated Differential: Automated Differential

Computed Tomography

02/11/2018 9:30 AM

CT ABD PEL IV Only: CT ABD PEL IV Only

General Dx

02/11/2018 7:05 AM

Portable Abdomen 1 View: Portable Abdomen 1 View

02/11/2018 6:55 AM

Chest Xray Portable: Chest Xray Portable

Smoking Status:

Unknown if ever smoked

Procedures

No Procedures Documented

Immunizations

No Immunizations Documented This Visit

Medications:

Other:

insulin regular 10 Unit SubCUTaneous 2 times a day.

lisinopril Oral Daily.

metoclopramide (Reglan)

PHYS DOC NOTES

Current Addendums

Instructions Given to Patient at Discharge:

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

1/18

Person Full Name (b)(6); (b)(7)(C)
FIN NBR (b)(6); (b)(7)(C)

02/11/2018 10:56:50
Date of Birth 07/12/1977

Education:
Gastroparesis

Medication Leaflets:

Person Full Name (b)(6); (b)(7)(C)
FIN NBR (b)(6):

02/11/2018 10:56:50
Date of Birth 07/12/1977

4 of 4

State of New Jersey
PRESCRIPTION BLANK

JERSEY CITY MEDICAL CENTER
DEPARTMENT OF EMERGENCY MEDICINE
355 GRAND STREET
JERSEY CITY, NJ 07302
TELEPHONE: 201-915-2200

FACILITY PROVIDER # (b)(6); (b)(7)(C)

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

PRINT: (b)(6); (b)(7)(C) AND, IF APPLICABLE (b)(6); (b)(7)(C)

LICENSE # (b)(6); (b)(7)(C) NPI # (b)(6); (b)(7)(C)

CHECK IF: APN CNM PA PRESCRIBER: (b)(6); (b)(7)(C)

LICENSE / CERTIFICATE / Rx AUTHORIZATION # _____ COLLABORATIVE PHYS: _____

(b)(6); (b)(7)(C) 07/12/1977

PATIENT (b)(6) HACKENSACK AVE D.O.B. _____
KEARNY, NJ 07032 02/11/2018

ADDRESS _____ DATE _____

Rx IF ISSUED BY AN OPTOMETRIST, NOT VALID FOR SCHEDULE II CONTROLLED DANGEROUS SUBSTANCES, EXCEPT FOR HYDROCODONE-CONTAINING PRODUCTS

Mail Note
See Instructions
Disp/Supply: <1 (one) Each>
Instructions: Pt is medically cleared for incarceration



X

SUBSTITUTION PERMISSIBLE (b)(6); (b)(7)(C) DATE _____

DO NOT REFILL _____ SIGNATURE _____

REFILL _____ TIMES _____

Use a separate form for each _____

THEFT, UNAUTHORIZED POSSESSION AND/OR USE OF THIS FORM INCLUDING ALTERATIONS OR FORGERY, ARE CRIMES PUNISHABLE BY LAW

From: (b)(6); (b)(7)(C)
Sent: 15 Feb 2018 13:38:54 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: EXTERNAL:RE: Transferred to hospital

The patient returned yesterday, at 5:00pm, X-Ray taken no fracture

Have a Fabulous Day,

Ms. (b)(6); (b)(7)(C) R.N. M.S.N.

Director of Nursing



Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
Fax:
e-mail:

NOTICE: This email and any attachments contain confidential information intended solely for the use of the individual or entity to whom they are addressed. This email or the attachments may contain material protected by the attorney-client privilege. If you are not the intended recipient of this email, you have received this email in error and that any use, dissemination, forwarding, printing, or copying of this email is prohibited. Please immediately notify us by return email and immediately delete this message. Although we attempt to scan email and attachments for viruses, we do not guarantee that either are virus-free and accept no liability for any damages sustained as a result of a virus.

From: (b)(6); (b)(7)(C)
Sent: Thursday, February 15, 2018 6:42 AM
To: (b)(6); (b)(7)(C)
Subject: EXTERNAL:RE: Transferred to hospital

Good morning, what was the outcome of this?

CDR (b)(6); (b)(7)(C) FMC NYC

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

Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information

Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

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

Date: Wednesday, Feb 14, 2018, 1:06 PM

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

Subject: Transferred to hospital

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

Commitment#: (b)(6); (b)(7)(C) **SBI#:** HINA 48 Years
Old **DOB:** 03/31/1969

Race: Unspecified **Gender:** Female **LOC:** I INF 112 10

Inmate Type: ICE **HLCN:** HCCC **A#:** (b)(6); (b)(7)(C) was
transferred to JCMC at 10:30Am.

Right Elbow Swollen R-hand sling in place.

Have a Fabulous Day,

Ms.

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

R.N. M.S.N.

Director of Nursing



Hudson County Correctional Center

35 Hackensack Ave.

Kearny, NJ 07032

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

Fax:

e-mail:

NOTICE: This email and any attachments contain confidential information intended solely for the use of the individual or entity to whom they are addressed. This email or the attachments may contain material protected by the attorney-client privilege. If you are not the intended recipient of this email, you have received this email in error and that any use, dissemination, forwarding, printing, or copying of

this email is prohibited. Please immediately notify us by return email and immediately delete this message. Although we attempt to scan email and attachments for viruses, we do not guarantee that either are virus-free and accept no liability for any damages sustained as a result of a virus.

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

From: (b)(6); (b)(7)(C)
Sent: 14 Jul 2017 13:38:39 +0000
To: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:review (b)(6); (b)(7)(C)
Attachments: (b)(6); (b)(7)(C)_6.12.17_001.pdf

See attached hospital chart.

(b)(6); (b)(7)(C) RN
Health Services Administrator



Hudson County Corrections & Rehabilitation Center

From: (b)(6); (b)(7)(C)
Sent: Friday, July 14, 2017 8:31 AM
To: (b)(6); (b)(7)(C)
Subject: EXTERNAL:review (b)(6); (b)(7)(C)

The reviewer would like to see the full hospital records as well, have you already obtained this?

(b)(6); (b)(7)(C)
CDR, USPHS
Field Medical Coordinator
New York Field Office
201 Varick St. rm (b)(6);
New York, NY, 10014

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

Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the 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.

Disclaimer

The information contained in this communication from the sender is confidential. It is intended solely for use by the recipient and others authorized to receive it. If you are not the recipient, you are hereby notified that any disclosure, copying, distribution or taking action in relation of the contents of this information is strictly prohibited and may be unlawful.

This email has been scanned for viruses and malware, and may have been automatically archived by **Mimecast Ltd**, an innovator in Software as a Service (SaaS) for business. Providing a **safer** and **more useful** place for your human generated data. Specializing in; Security, archiving and compliance. To find out more [Click Here](#).

35 Hackensack ave
Kearny, NJ 07032

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



Fax

INVESTING UNIT

To: *MEDICAL EXAMINER*

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

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

Pages:

Phone:

Date: *6-12-17*

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

cc:

- Urgent
- For Review
- Please Comment
- Please Reply
- Please Recycle

Comments:

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

*HOSPITAL INFO ON
SENDING IN 2 PACKS.*

*2ND
PACK*

PRIVILEGED AND CONFIDENTIAL: This fax message and all attachments are property of the sender and are intended for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this fax message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited.

*** FAX TX REPORT ***

TRANSMISSION OK

JOB NO. (b)(6); (b)(7)(C)
DESTINATION ADDRESS
SUBADDRESS
DESTINATION ID
ST. TIME 06/12 13:35
TX/RX TIME 05' 56
PGS. 23
RESULT OK



25, Hackensack Ave.
(b)(6); (b)(7)(C)
0130

Fax

INVESTING UNIT

To: *Medical Examiner* (b)(6); (b)(7)(C)
Fax: (b)(6); (b)(7)(C)
Pho: (b)(6); (b)(7)(C)
Re: (b)(6); (b)(7)(C)
From: (b)(6); (b)(7)(C) MRA
Page: _____
Date: *6-12-17*
cc: _____
 Urgent Please Reply Please Recycle

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

Comments:

*HOSPITAL INFO ON
SENDING IN 2 PACKS.*

PRIVILEGED AND CONFIDENTIAL: This fax message and all attachments are property of the sender and are intended for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the recipient of this fax message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited.

© CFG Health Systems LLC

*** FAX TX REPORT ***

TRANSMISSION OK

JOB NO. (b)(6); (b)(7)(C)
DESTINATION ADDRESS
SUBADDRESS
DESTINATION ID
ST. TIME 06/12 13:43
TX/RX TIME 07' 58
PGS. 25
RESULT OK



35 Hackensack Ave
Hackensack, NJ 07601
(b)(6)
(b)(7)(C)

Fax

INVESTING UNIT

To: *MEDICAL EXAMINER* From: (b)(6); (b)(7)(C) MRA
Fax: (b)(6); (b)(7)(C) Pages: _____
PH: _____ Date: *6-12-17*
R: _____ cc: _____
 Urgent For Review Please Comment Please Reply Please Recycle

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

Comments:

*HOSPITAL INFO ON
SENDING IN 2 PAGES.*

*2ND
PAGE*

PRIVILEGED AND CONFIDENTIAL: This fax message and all attachments are property of the sender and are intended for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this fax message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited.

© CFG Health Systems LLC

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

(46)

35 Hackensack Ave
Kearny, NJ 07032

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



Fax

To: MEDICAL RECORDS From: (b)(6); (b)(7)(C) (MRA)

Fax: (b)(6); (b)(7)(C) Pages: _____

Ph: _____ Date: 6-12-17

Re: _____ cc: _____

Urgent For Review Please Comment Please Reply Please Recycle

Comments:

CAN YOU PLEASE EXPEDITE THESE RECORDS. I WOULD REALLY APPRECIATE IT. THANKING YOU IN ADVANCE.

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

MEDICAL RECORDS ADMINISTRATION

PRIVILEGED AND CONFIDENTIAL: This fax message and all attachments are property of the sender and are intended for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this fax message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited.

*Rec
RECORDS
6-12-17*

© CFG Health Systems LLC

CFG HEALTH SYSTEMS, LLC
RELEASE OF INFORMATION AUTHORIZATION

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

[Redacted Signature]

313619 / 10-24-70
Inmate ID Number/Date of Birth

JCMC

Facility Releasing Information

6-12-17
Date

I hereby give my consent to CFG Health Systems, LLC and the above named facility to release the following information from my medical records to the facility/provider listed below:

() Records related to treatment of 2017 from

_____ to _____

() Physician/Provider's summary of my diagnosis, medications, treatments, prognosis and recent care.

() Admission Reports

() Discharge Reports

() Operative Summary Reports

() X-Ray reports

() Special Studies Reports

() Laboratory Reports

() Immunization History

() Mental Health Records

() Psychiatric Summary Report

() Drug Treatment History and Counseling

() Other Records

CFG HEALTH SYSTEMS, LLC AT HUDSON COUNTY CORRECTIONAL CENTER
35 HACKENSACK AVE, KEARNY, NJ 07032 (201) 395-5600 x5130 FAX (201) 395-5618

Facility/Provider to Receive Information

This information has been disclosed to you from records whose confidentiality is protected by State law, State regulations prohibit you from making any further disclosure of this information without the prior written consent of the person to whom it pertains.

I understand this authorization shall remain in full force and effect for the period of _____ from today's date unless withdrawn in writing by me.

I sign this willingly and I release CFG Health Systems, LLC and the facility from any liability which may result from such release of information.

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

[Redacted Signature]

6-12-17
Date

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

[Redacted Witness Signature]

Witness

CFGHS REV. 12/2012

Jersey City Medical Center
Barnabas Health

**EMERGENCY
SERVICE RECORD**

JERSEY CITY MEDICAL CENTER 355 GRAND STREET JERSEY CITY NJ 07302

P A T I E N T	ACCOUNT NUMBER (b)(6); (b)(7)(C)		PATIENT TYPE (b)(6); (b)(7)(C) QUICK REGISTRATION EMERGENCY		MEDICAL RECORD / UNIT (b)(6);		DISCHARGE DATE		(b)(6); (b)(7)(C)		
	SEX M	MS K	RACE/ETHNIC 1	AGE 46Y	DATE OF BIRTH 10/24/1970	RELIGION	ORG DONOR		MR#: 0001950743 FC: Z ADM 06/08/17 10/24/1970 46Y M DR EMERGENCY, PHYSICIAN		
	EXPECTED ADMIT DATE 06/08/17			REGISTRATION DATE 06/08/17		DATE OF SERVICE / TIME 06/08/17 06:50					
	PATIENT NAME AND ADDRESS (b)(6); (b)(7)(C) 30-35 HACKENSACK AVE KEARNY, NJ 07032 PHONE (b)(6); (b)(7)(C) CELL PHONE EMAIL ADVANCED DIRECTIVE					ROOM / BED		ACCT# (b)(6); (b)(7)(C)			
ARRIVAL MODC			HOSP SERV MED			PATIENT REP PBRE					
ACCIDENT RELATED NO			ACCIDENT TYPE			ACCIDENT DATE & TIME					
INF CONTROL ONLY			SOURCE/TYPE			PREV. ADM DATE & SERVICE					
PATIENT EMPLOYER NAME AND ADDRESS					NEXT OF KIN (LEGAL REP) RELATIONSHIP TO PATIENT/ADDRESS						
OCCUPATION			PHONE		PHONE		CELL		RELATIONSHIP		
G U A R A N T O R	GUARANTOR NAME & ADDRESS (b)(6); (b)(7)(C) 30-35 HACKENSACK AVE KEARNY, NJ 07032 PHONE (b)(6);			CELL		GUARANTOR EMPLOYER NAME & ADDRESS			OCCUPATION		
	RELATIONSHIP SELF			SSN		WK PHONE/EXT					
I N S U R A N C E	CARRIER ADDRESS			INSURED NAME		Case/Grp: INSURED NAME		Case#/Grp#:		APPROVAL #	
	Case/Grp:			Case#/Grp#:		INSURED NAME		Pol:		COMMENTS	
	APPROVAL #			FROM		THRU		APPROVAL #		FROM	
	CARRIER ADDRESS			INSURED NAME		Case/Grp: INSURED NAME		Case#/Grp#:		APPROVAL #	
	Case/Grp:			Case#/Grp#:		INSURED NAME		Pol:		COMMENTS	
	APPROVAL #			FROM		THRU		APPROVAL #		FROM	
	APPROVAL #			FROM		THRU		APPROVAL #		FROM	
M D, Exam Time:					EMERGENCY, PHYSICIAN						
CHIEF COMPLAINT											
TEST INTERPRETATION (XRAY - EKG - ABG PULSE O X)											
DIAGNOSIS 1 CODE E CODE											
DIAGNOSIS 2 CODE Z CODE											
DISPOSITION TIME: ADMIT TO: CRITICAL CARE <input type="checkbox"/> GEN MED/SURG/PEDS <input type="checkbox"/> UNIT TIME TO I/P U: ADM, RESIDENT											
DATE: ELOPEMENT <input type="checkbox"/> TREAT/RELEASE <input type="checkbox"/> AMA <input type="checkbox"/> LEFT W/O BEING SEEN <input type="checkbox"/> LEFT DEPT <input type="checkbox"/>											
EXPIRED DATE: TIME: INTERNAL TRANSFER <input type="checkbox"/> TO											
EXTERNAL TRANSFER TO REASON ACCEPTING MD RECORD SENT											
TREATMENT AREA: TRAUMA <input type="checkbox"/> ACUTE <input type="checkbox"/> SUBACUTE <input type="checkbox"/> PEDS <input type="checkbox"/> FAST TRACK <input type="checkbox"/>											
CONDITION GOOD, SELF CARE <input type="checkbox"/> IMPROVED MOS/SUP/CARE <input type="checkbox"/> STABLE MOD/SUP/CARE <input type="checkbox"/> STABLE CONSTANT SUP/CARE <input type="checkbox"/> STABLE HRF <input type="checkbox"/>											
CONSULTATION: SERVICE MD NAME Time Called Tel Resp Time In Person Resp Time Compliance Reviewer Init Ward Clerk Init											
PRINT NAME (RN / NP / PA)			INIT		SIGNATURE			PRINT NAME (RN)		INIT	
PRINT NAME (MD)			LHS MD #		INIT		SIGNATURE				



JERSEY CITY MEDICAL CENTER EMERGENCY DEPARTMENT

== ED PHYSICIAN DOCUMENTATION ==

Page: 1

Patient Name: (b)(6); (b)(7)(C)
 Service Date: 06/08/2017 06:42
 ED Physician Name: (b)(6); (b)(7)(C) MD
 Date Of Birth: 10/24/1970
 Age: 46 Yrs
 Gender: M
 MRN: 1950743
 Patient Account No.: (b)(6); (b)(7)(C)
 Private Physician Name: NONE
 First Provider Time: 06/08/2017 07:16

Diagnosis 1: GI BLEED
 Diagnosis 2: MELENA
 Condition on discharge: CRITICAL
 Discharge Disposition: AMICU

== ED PHYSICIAN DOCUMENTATION ==

Diagnosis 2: MELENA
 Condition on discharge: CRITICAL

TX:=====

TRIAGE NOTES:
 Blood in stool since last night with abdominal distention, Clots noted as reported. Blood is dark in color. Denies abd pain. C/O dizziness and headache.
 Allergies (Reaction): NONE
 Latex/Rubber: NO, Allergy bracelet applied: No

CURRENT MEDICATIONS:antibiotic
 VITAL SIGNS:Temp: 97.5 F Oral, Pulse: 103 Resp: 18 Weight: 81.65
 Kg-Stated, BP: 65/29, Pulse ox: 100%

===== (TX) End
 HISTORY OF PRESENT ILLNESS: (b)(6); (b)(7)(C) is a 46 -year-old Male who reports onset of rectal bleeding since overnight, with dull lower mild abdominal pain. Patient also reports that he now feels weak. Patient noted to be hypotensive in triage vital signs and required my immediate medical attention. Otherwise: (-) syncope, (-) chest pain, (-) NSAIDs, (-) anticoagulant use, (-) trauma, (-) vomiting. Has history of GI bleeding requiring transfusion.

PMD: None, .

== ED PHYSICIAN DOCUMENTATION ==

Page: 2

Patient Name: (b)(6); (b)(7)(C)
Service Date: 06/08/2017 06:42
ED Physician Name: (b)(6); (b)(7)(C) MD
Date Of Birth: 10/24/1970
Age: 46 Yrs
Gender: M
MRN: 1950743
Patient Account No.: (b)(6); (b)(7)(C)
Private Physician Name: NONE
First Provider Time: 06/08/2017 07:16

REVIEW OF SYSTEMS: Other than the symptoms associated with the present events, the following is reported with regard to recent health: General: (-) fever. HENT: (-) congestion. Respiratory: (-) cough. Cardiovascular: (-) chest pain. GI: (-) prior abdominal pain. GU: (-) urinary complaints. Musculoskeletal: (-) other aches or pains. Endocrine: (-) prior generalized weakness. Neurological: (-) localized weakness. Psychiatric: (-) emotional stress.

PAST MEDICAL HISTORY: (-) PUD, (-) cirrhosis, (-) HTN, (-) asthma, (-) COPD, (-) heart disease (+) Anemia; (+) GI bleed, (+) Non-Insulin Dependent Diabetes Mellitus

FAMILY HISTORY: (-) known inherited disease

SOCIAL HISTORY: (+) currently being detained by ICE

MEDICATIONS: Per nurse's note, reviewed by me antibiotic, oral meds for DM

ALLERGIES: Per nurse's note, reviewed by me NKDA

PHYSICAL EXAMINATION:

GENERALIZED APPEARANCE: Patient is alert and awake.

VITAL SIGNS: Per nurse's note, reviewed by me Temp: 97.5 F Oral, Pulse: 103 Resp: 18 Weight: 81.65 Kg- Stated, BP: 65/29, Pulse ox: 100%

SKIN: Warm, dry; Pale (-) cyanosis, (-) petechiae.

EYES: (+) conjunctival pallor, (-) scleral icterus.

ENMT: Mucous membranes moist.

NECK: (-) tenderness, (-) stiffness, (-) lymphadenopathy.

CHEST AND RESPIRATORY: (-) rales, (-) rhonchi, (-) wheezes; breath sounds equal bilaterally.

HEART AND CARDIOVASCULAR: (-) irregularity; (-) murmur, (-) gallop.

ABDOMEN AND GI: Soft; (-) distention, (+) mild left lower abdominal tenderness, (-) rebound, (-) guarding, (-) palpable masses.

RECTAL: (+) melena

EXTREMITIES: (-) deformity, (-) edema, (+) distal pulses 2+ symmetric.

NEURO AND PSYCH: Alert, oriented, normal strength. Sensation grossly intact. Moving all extremities.

The diagnostic results contained in this document reflect the information available to the physician at the time of the patient

ED PHYSICIAN DOCUMENTATION ==

Page: 3

Patient Name: (b)(6); (b)(7)(C)
 Service Date: 06/08/2017 06:42
 ED Physician Name: (b)(6); (b)(7)(C) MD
 Date Of Birth: 10/24/1970
 Age: 46 Yrs
 Gender: M
 MRN: 1950743
 Patient Account No.: (b)(6); (b)(7)(C)
 Private Physician Name: NONE
 First Provider Time: 06/08/2017 07:16

encounter. Final results, when completed, will be found in the patient's permanent hospital medical chart.

DIAGNOSTICS:

```

=====
APTT                               *Date Back: 6/8/2017 8:05:00 AM
=====
Test      Result      Flag Unit      Ref.Range
Status
=====
PART THROMBOPLASTIN  58.6          H   sec         26.1-36.3
F
THERAPEUTIC RANGE
73 - 114 sec (corresponding to 0.3-0.7 heparin
Anti-Xa Units)
52 - 73 sec (corresponding to 0.1 - 0.3 heparin
Anti-Xa Units)
REFERENCE RANGE REVISED
=====

```

```

=====
CBC                               *Date Back: 6/8/2017 7:58:00 AM
=====
Test      Result      Flag Unit      Ref.Range
Status
=====
WBC      9.5          K/UL          4.5-11.0
F
WBC      9.5          K/UL          4.5-11.0
F
RBC      1.34         L   M/UL        4.70-6.10
F
=====

```


ED PHYSICIAN DOCUMENTATION ==

Patient Name: (b)(6); (b)(7)(C)
 Service Date: 06/08/2017 06:42
 ED Physician Name: (b)(6); (b)(7)(C) MD
 Date Of Birth: 10/24/1970
 Age: 46 Yrs
 Gender: M
 MRN: 1950743
 Patient Account No.: (b)(6); (b)(7)(C)
 Private Physician Name: NONE
 First Provider Time: 06/08/2017 07:16

HGB	4.0	LL	GM/DL	14.0-18.0
C				
CRITICAL VALUE CALLED TO: (b)(6); (b)(7)(C) rn				
BY:hg	ON: 06/08/2017		@ 07:58	
READ BACK, CONFIRMED				
HCT	11.8	LL	%	42.0-52.0
C				
CRITICAL VALUE CALLED TO: (b)(6); (b)(7)(C) rn				
BY:hg	ON: 06/08/2017		@ 07:58	
READ BACK, CONFIRMED				
MCV	87.6		FL	80.0-100.0
F				
MCH	29.6		PG	27.0-31.0
F				
MCHC	33.7		G/DL	33.0-37.0
F				
RDW	16.8	H	%	11.5-14.5
F				
PLATELET COUNT	59	L	K/UL	130-400
F				

COMP META PAN

*Date Back: 6/8/2017 8:12:00 AM

Test Status	Result	Flag	Unit	Ref. Range
GLUCOSE F	185	H	MG/DL	74-106
BUN F	32.0	H	MG/DL	7.0-21.0
CREATININE F	2.50	H	MG/DL	0.70-1.30
SODIUM F	128	L	MMOL/L	137-145
POTASSIUM F	5.1		MMOL/L	3.5-5.1
CHLORIDE F	106		MMOL/L	98-110

== ED PHYSICIAN DOCUMENTATION ==

Page: 5

Patient Name: (b)(6); (b)(7)(C)
 Service Date: 06/08/2017 06:42
 ED Physician Name: (b)(6); (b)(7)(C) MD
 Date Of Birth: 10/24/1970
 Age: 46 Yrs
 Gender: M
 MRN: 1950743
 Patient Account No.: 1715900237
 Private Physician Name: NONE
 First Provider Time: 06/08/2017 07:16

CO2	9	LL	MMOL/L	19-30
F				
REPEATED				
CRITICAL VALUE CALLED TO:	(b)(6); (b)(7)(C)	(b)(6)	RN	
BY: FCERV	ON: 06/08/2017			@ 08:10
READ BACK, CONFIRMED				
AST (SGOT)	292	H	IU/L	15-46
F				
ALKA PHOS	94.0		IU/L	45.8-113.0
F				
PROTEIN TOTAL	3.6	L	G/DL	6.3-8.2
F				
BILIRUBIN T	1.3	H	MG/DL	0.2-1.0
F				
ALBUMIN	1.2	L	G/DL	3.5-5.0
F				
CALCIUM	6.5	LL	MG/DL	8.4-10.5
F				

REPEATED
 CRITICAL VALUE CALLED TO: (b)(6); (b)(7)(C) RN
 BY: FCERV ON: 06/08/2017 @ 08:10
 READ BACK, CONFIRMED
 ALT (SGPT) 173 H IU/L 13-69
 F

=====
 GFR (MDRD) *Date Back: 6/8/2017 8:12:00 AM
 =====

Test	Result	Flag	Unit	Ref.Range
Status				

GFR (MDRD) 30
 F
 REFERENCE RANGE FOR AGE 40-49:
 99 ML/MIN/1.73 M2
 Glomerular Filtration Rate (GFR) calculated from serum creatinine value
 Chronic Kidney Disease less than 60 ml/min/1.73 m2
 Kidney Failure less than 15 ml/min/1.73 m2

ED PHYSICIAN DOCUMENTATION ==

Patient Name: MEZA, ROLANDO
 Service Date: 06/08/2017 06:42
 ED Physician Name: PETER KOCH MD
 Date Of Birth: 10/24/1970
 Age: 46 Yrs
 Gender: M
 MRN: 1950743
 Patient Account No.: 1715900237
 Private Physician Name: NONE
 First Provider Time: 06/08/2017 07:16

=====

PT *Date Back: 6/8/2017 8:05:00 AM

=====

Test Status	Result	Flag	Unit	Ref.Range
-------------	--------	------	------	-----------

=====

PROTHROMBIN TIME	40.7	HH	sec	11.5-14.1
------------------	------	----	-----	-----------

F
 CRITICAL VALUE CALLED TO: (b)(6); (b)(7)(C) rn
 BY: hg ON: 06/08/2017 @ 08:05

READ BACK, CONFIRMED
 THERAPEUTIC RANGE
 22.2 - 30.4 sec (for INR 2.0-3.0)
 26.4 - 34.3 sec (for INR 2.5-3.5)
 >45.4 sec (for INR >5.0)

REFERENCE VALUES HAVE RECENTLY BEEN REVISED				
INR	4.35	HH		0.85-1.11

F
 CRITICAL VALUE CALLED TO: (b)(6); (b)(7)(C) rn
 BY: hg ON: 06/08/2017 @ 08:05

READ BACK, CONFIRMED
 Recommended therapeutic range is
 INR 2.0 to 3.0 for standard risk
 patients and INR 2.5 to 3.5 for
 high risk patients (mechanical
 heart valves)
 NORMAL RANGE REVISED

(Lab) End
 Pulse ox 100 % on ra indicating adequate oxygenation
 EKG: SR 99, ST depressions I, II, V4-V6, nonspecific T wave changes;
 as read by me.
 CXR: (-) infiltrate, (-) pneumothorax, (-) acute disease; read by me
 Abd CT: pending

EMERGENCY DEPARTMENT COURSE AND TREATMENT: Patient seen immediately
 on arrival because of high possibility of imminent or life threatening
 deterioration in patient's condition. Initial assessment, history, and

== ED PHYSICIAN DOCUMENTATION ==

Page: 7

Patient Name: (b)(6); (b)(7)(C)
Service Date: 06/08/2017 06:42
ED Physician Name: (b)(6); (b)(7)(C) MD
Date Of Birth: 10/24/1970
Age: 46 Yrs
Gender: M
MRN: 1950743
Patient Account No. (b)(6); (b)(7)(C)
Private Physician Name: NONE
First Provider Time: 06/08/2017 07:16

exam done. Information taken from external source(s).

Immediately prior to procedure a "time out" was called to verify the correct patient, procedure and site. Ultrasonic guidance by me for vascular access shows patent right brachial vessel, with concurrent ultrasonic visualization of needle entry into that vessel. Medically necessary after failed attempts by nursing staff.

Treatment instituted Protonix 40 mg IV and IV NS 2L. Order placed for transfusion of 2 units PRBC's. Rectal temp reported as 93.7. Bair hugger placed. Decision made to obtain prior medical records. Prior records not found.

Orders written. Case discussed with ICU. Surgery called for consult.

Hgb/Hct: 4.0/11.8 reported. ICU at the bedside. Massive transfusion protocol activated at 0755 hrs. FFP two units ordered.

Case discussed with surgery 0757hrs.

Surgery evaluated the patient at 0845hrs and recommended ICU admission with GI consult.

Patient noted with a creat: 2.5; abd CT reordered as noncontrast study.

Patient re-evaluated and observed at bedside multiple times for subsequent response to continuing treatment. Lab tests reviewed. X-Rays reviewed. Monitor checked for vital sign trends and cardiac rhythm. Records and documentation completed.

Total physician critical care time 35 minutes exclusive of separately reportable procedures.

After the evaluation in the Emergency Department, my clinical impression is GI bleed, melena.

PLAN: Patient was admitted to the ICU under Dr. (b)(6); (b)(7)(C)

The documentation recorded by the scribe accurately reflects the

== ED PHYSICIAN DOCUMENTATION ==

Page: 8

Patient Name: (b)(6); (b)(7)(C)
 Service Date: 06/08/2017 06:42
 ED Physician Name: (b)(6); (b)(7)(C) MD
 Date Of Birth: 10/24/1970
 Age: 46 Yrs
 Gender: M
 MRN: 1950743
 Patient Account No.: (b)(6); (b)(7)(C)
 Private Physician Name: NONE
 First Provider Time: 06/08/2017 07:16

service I personally performed and the decisions made by me.

Digitally signed by Dr. (b)(6); (b)(7)(C) on Thursday, June 08, 2017 at 16:21

Pt Name: (b)(6); (b)(7)(C)
 Pt ID: (b)(6); (b)(7)(C)
 DOB: 10/24/1970
 Adm DTime: 06/08/2017 09:08
 Nurs Sta: Intensive Care Unit
 Entity Name: Jersey City Medical Center
 Dx:
 Allrg: No Known Drug Allergies

MRN: (b)(6); (b)(7)(C)
 Acct No: (b)(6); (b)(7)(C)
 Age/Sex: 46Y/M
 Atn Dr: (b)(6); (b)(7)(C) MD
 Rm & Bed: ICU30

Critical Care Medical (Progress Note) - Inpatient SOAP Note

Collected On: 06/10/2017 09:06

Subjective

Subjective
 Pt seen and examined at bedside , GCS 3T .

ROS

Complete Review of Systems
 Not Obtained Reason Mental Status Altered, Intubated.

Vital Signs

Patient's Vital Signs

06/10/2017 08:05
 • Pulse: 124HH (59-101)

06/10/2017 03:00
 • Pulse Ox (%): 96

06/09/2017 00:18
 • Temperature: 98.3F

Pt Name: (b)(6); (b)(7)(C)
 Rm/ Bed: ICU30

MRN: (b)(6); (b)(7)(C)
 Page 1 of 23

Soarian Inpatient SOAP Note
 ORE_N0V1_0213_EDR v3.rpt v1.00
 Printed By ;EDR - Event Driven Routing

© 2003-2017 Siemens Medical Solutions USA, Inc. All rights reserved.
 Crystal Reports © 2017 Business Objects SA. All rights reserved.

Generated On: 6/10/2017 5:55:05PM

@siemenscopyright

Jersey City Medical Center;PN;Clinical Notes Report;1715900237 (b)(6); (b)(7)(C) ID;06102017 0906;

Pt Name: (b)(6); (b)(7)(C)
 Pt ID: (b)(6); (b)(7)(C)
 DOB: 10/24/1970
 Adm DTime: 06/08/2017 09:08
 Nurs Sta: Intensive Care Unit
 Entity Name: Jersey City Medical Center
 Dx:
 Alrg: No Known Drug Allergies

MRN: (b)(6); (b)(7)(C)
 Acct No:
 Age/Sex: 46Y/M
 Atn Dr: (b)(6); (b)(7)(C) MD
 Rm & Bed: ICU30

Critical Care Medical (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 06/10/2017 09:06

- Site: Axillary
- Site: Radial
- Room Air or Oxygen: O2
- Respirations: 22
- B/P #1: 70/40 (90-140/60-90)
- Method: Arterial Line
- Position: Lying

MAK Assessments

06/09/2017 20:23

- MAK FS Glucose: 218

Critical Care Vital Signs

06/10/2017 08:07

- Heart Rate: 124

06/10/2017 06:30

- NIBP Systolic: 103
- NIBP Diastolic: 66

Pt Name: (b)(6); (b)(7)(C)
 Rm/ Bed: ICU30

MRN: (b)(6); (b)(7)(C)
 Page 2 of 23

Soarian® Inpatient SOAP Note
 ORE_N0V1_0213_EDR v3.rpt v1.00
 Printed By :EDR - Event Driven Routing

© 2003-2017 Siemens Medical Solutions USA, Inc. All rights reserved.
 Crystal Reports © 2017 Business Objects SA. All rights reserved.

@siemenscopyright

Generated On:6/10/2017 5:55:05PM

Jersey City Medical Center;PN;Clinical Notes Report;1715900237(b)(6); (b)(7)(C) 6102017 0906;

Pt Name: (b)(6); (b)(7)(C)
 Pt ID:
 DOB: 10/24/1970
 Adm DTime: 06/08/2017 09:08
 Nurse Sta: Intensive Care Unit
 Entity Name: Jersey City Medical Center
 Dx:
 Alrg: No Known Drug Allergies

MRN: (b)(6); (b)(7)(C)
 Acct No:
 Age/Sex: 46Y/M
 Atn Dr: (b)(6); (b)(7)(C) MD
 Rm & Bed: ICU30

Critical Care Medical (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 06/10/2017 09:06

- NIBP Mean: 84
- ART Systolic: 91
- ART Diastolic: 55
- ART Mean: 68
- Pulse: 123
- Respirations: 29
- Comments.: Rounds with ICU team

06/10/2017 05:30

- SpO2: 72

06/10/2017 04:00

- ECG Rhythm: ST
- RR vent: 18
- Temperature: 97.8F
- Temp Source: Axillary
- Pain Scale: flacc
- Pain Level: 0/10
- Tidal Volume: 500

06/10/2017 00:00

- Oxygen Delivery Method: VENT

06/09/2017 12:00

- RASS Score: -5

06/09/2017 05:00

- Patient Off Floor: Aware of BP

Pt Name: (b)(6); (b)(7)(C); (b)
 Rm/ Bed: ICU30

MRN: (b)(6);
 Page 3 of 23

Soarian© Inpatient SOAP Note
 ORE_NOV1_0213_EDR v3.rpt v1.00
 Printed By :EDR - Event Driven Routing

© 2003-2017 Siemens Medical Solutions USA, Inc. All rights reserved.
 Crystal Reports © 2017 Business Objects SA. All rights reserved.

@siemenscopyright

Generated On:06/10/2017 5:55:05PM

Jersey City Medical Center;PN;Clinical Notes Report;1715900237;(b)(6); (b)(7)(C) MD;06102017 0906;

Pt Name: (b)(6); (b)(7)(C)
 Pt ID: [Redacted]
 DOB: 10/24/1970
 Adm DTImo: 06/08/2017 09:08
 Nurs Sta: Intensive Care Unit
 Entity Name: Jersey City Medical Center
 Dx:
 Alerg: No Known Drug Allergies

MRN: (b)(6); (b)(7)(C)
 Acct No: [Redacted]
 Age/Sex: 46Y/M
 Attn Dr: (b)(6); (b)(7)(C) MD
 Rm & Bed: ICU30

Critical Care Medical (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 06/10/2017 09:06

Labs

HEMATOLOGY

06/10/2017 05:06

- WBC: 13.1 H
- RBC: 2.21 L
- Hgb: 7.1 L
- Hct: 20.2 L
- MCV: 91.6
- MCH: 31.7 H
- MCHC: 34.6
- RDW: 15.9 H
- Platelet Count: 52 L
- Polys: 67
- Lymphocyte: 3 L
- Monocyte: 6
- Eosinophil: 3
- Basophil: 0
- Absolute Poly: 11.5 H
- Absolute Lymph: 0.4 L
- Absolute Mono: 0.8
- Absolute Eos: 0.4
- Absolute Baso: 0.0
- Nucleated RBC: 1.0
- Band: 21 H
- Manual Diff: PERFORMED
- Metamyelocyte: 0

Pt Name: (b)(6); (b)(7)(C)
 Rm/ Bed: ICU30

MRN: (b)(6); (b)(7)(C)
 Page 4 of 23

Soarian© Inpatient SOAP Note
 ORE_N0V1_0213_EDR v3.rpt v1.00
 Printed By :EDR - Event Driven Routing

© 2003-2017 Siemens Medical Solutions USA, Inc. All rights reserved.
 Crystal Reports © 2017 Business Objects SA. All rights reserved.

@siemenscopyright

Generated On:6/10/2017 5:55:05PM

Jersey City Medical Center;PN;Clinical Notes Report;1715900237(b)(6); (b)(7)(C) MD;06102017 0906;

Pt Name: (b)(6); (b)(7)(C)
 Pt ID: [Redacted]
 DOB: 10/24/1970
 Adm DTime: 06/08/2017 09:08
 Nurs Sta: Intensive Care Unit
 Entity Name: Jersey City Medical Center
 Dx:
 Alerg: No Known Drug Allergies

MRN: (b)(6); (b)(7)(C)
 Accl No: [Redacted]
 Age/Sex: 46Y/M
 Atn Dr: (b)(6); (b)(7)(C) MD
 Rm & Bed: ICU30

Critical Care Medical (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 06/10/2017 09:06

- Myelocytes: 0
- Promyelocytes: 0
- Immature Cells: 0
- Total Neutro: 88
- Total Lymph: 3
- Cells Counted: 100
- Cells Counted R: 100
- PLT Slide Rev: ADEQUATE
- Anisocytosis: SLIGHT
- Macrocytes: FEW
- Microcytes: FEW
- Poikilocytosis: SLIGHT
- Polychromasia: SLIGHT
- Ovalocytes: FEW
- Target Cells: FEW
- Toxic Gran: SLIGHT
- Crenated RBC's: FEW
- Burr Cells: FEW
- Schislocytes: FEW
- WBC R: 13.1 H

06/09/2017 03:04
 • WBC: 16.9 H

Pt Name: (b)(6); (b)(7)(C)
 Rm/ Bed: ICU30

MRN: (b)(6); [Redacted]
 Page 5 of 23

Soarian© Inpatient SOAP Note
 ORE_N0V1_0213_EDR v3.rpt v1.00
 Printed By :EDR - Event Driven Routing

© 2003-2017 Siemens Medical Solutions USA, Inc. All rights reserved.
 Crystal Reports © 2017 Business Objects SA. All rights reserved.

Generated On: 6/10/2017 5:55:05PM

@siemenscopyright

Jersey City Medical Center;PN;Clinical Notes Report;1715900237 (b)(6); [Redacted] MD;06102017 0906;

Pt Name: (b)(6); (b)(7)(C)
 Pt ID:
 DOB: 10/24/1970
 Adm DTime: 06/08/2017 09:08
 Nurs Sta: Intensive Care Unit
 Entity Name: Jorsey City Medical Center
 DX:
 Alrg: No Known Drug Allergies

MRN: (b)(6); (b)(7)(C)
 Acct No:
 Age/Sex: 46Y/M
 Atn Dr: (b)(6); (b)(7)(C) MD
 Rm & Bed: ICU30

Critical Care Medical (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 06/10/2017 09:06

- RBC: 2.99 L
- Hgb: 9.3 L
- Hct: 27.6 L
- MCV: 92.5
- MCH: 31.0
- MCHC: 33.6
- RDW: 15.5 H
- Platelet Count: 143
- Polys: 65
- Lymphocyte: 9 L
- Monocyte: 16 H
- Eosinophil: 0
- Basophil: 0
- Absolute Poly: 12.7 H
- Absolute Lymph: 1.5
- Absolute Mono: 2.7 H
- Absolute Eos: 0.0
- Absolute Baso: 0.0
- Nucleated RBC: 0.0
- Band: 9
- Manual Diff: PERFORMED
- Metamyelocyte: 1
- Myelocytes: 0
- Promyelocytes: 0
- Immature Cells: 0
- Total Neutro: 75
- Total Lymph: 9
- Cells Counted: 100
- Cells Counted R: 100
- PLT Slide Rev: ADEQUATE
- Anisocytosis: SLIGHT
- Macrocytes: FEW

Pt Name: (b)(6); (b)(7)(C)
 Rm/ Bed: ICU30

MRN: (b)(6);
 Page 6 of 23

Soarian Inpatient SOAP Note
 ORE_NOV1_0213_EDR v3.rpt.v1.00
 Printed By :EDR - Event Driven Routing

© 2003-2017 Siemens Medical Solutions USA, Inc. All rights reserved.
 Crystal Reports © 2017 Business Objects SA. All rights reserved.

@siemenscopyright

Generated On:6/10/2017 5:55:05PM

Jersey City Medical Center;PN;Clinical Notes Report;1715900237(b)(6); (b)(7)(C) MD;06102017 0906;

Pt Name: (b)(6); (b)(7)(C)
 Pt ID:
 DOB: 10/24/1970
 Adm DTime: 06/08/2017 09:08
 Nurs Sta: Intensive Care Unit
 Entity Name: Jersey City Medical Center
 Dx:
 Alrg: No Known Drug Allergies

MRN: (b)(6); (b)(7)(C)
 Acct No:
 Age/Sex: 46Y/M
 Atn Dr: (b)(6); (b)(7)(C) MD
 Rm & Bed: ICU30

Critical Care Medical (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 06/10/2017 09:06

- Microcytes: FEW
- Poikilocytosis: SLIGHT
- Polychromasia: SLIGHT
- Large PLTS: FEW
- Ovalocytes: FEW
- Toxic Gran: SLIGHT
- Crenated RBC's: FEW
- Schistocytes: FEW
- WBC R: 16.9 H

COAGULATION

06/10/2017 05:06

- Prothrombin Time: 47.4 HH
- INR: 5.29 HH
- Part Thromboplastin: 56.1 H

06/09/2017 03:04

- Prothrombin Time: 36.7 HH
- INR: 3.81 H
- Part Thromboplastin: 64.3 H

POCT Glucose Panel

Pt Name: (b)(6); (b)(7)(C)
 Rm/ Bed: ICU30

MRN: (b)(6);
 Page 7 of 23

Soarian© Inpatient SOAP Note
 ORE_NQV1_0213_EDR v3.rpt v1.00
 Printed By :EDR - Event Driven Routing

© 2003-2017 Siemens Medical Solutions USA, Inc. All rights reserved.
 Crystal Reports © 2017 Business Objects SA. All rights reserved.

@siemenscopyright

Generated On:6/10/2017 5:55:05PM

Jersey City Medical Center;PN;Clinical Notes Report;1715900237 (b)(6); (b)(7)(C) ;06102017 0906;

Pt Name: (b)(6); (b)(7)(C)
 Pt ID: [Redacted]
 DOB: 10/24/1970
 Adm DTime: 06/08/2017 09:08
 Nurs Sta: Intensive Care Unit
 Entity Name: Jersey City Medical Contor
 Dx:
 Allrg: No Known Drug Allergies

MRN: (b)(6); (b)(7)(C)
 Acct No: [Redacted]
 Age/Sex: 46Y/M
 Atn Dr: (b)(6); (b)(7)(C) MD
 Rm & Bod: ICU30

Critical Care Medical (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 06/10/2017 08:06

06/10/2017 08:07

- POCT Glucose: 128 H
- POC Operator: SEE BELOW
- POC Comment: Notified DR/RN

06/10/2017 03:28

- POCT Glucose: 149 H
- POC Operator: (b)(6); (b)(7)(C)
- POC Comment: [Redacted] RN

06/09/2017 23:31

- POCT Glucose: 188 H
- POC Operator: (b)(6); (b)(7)(C)
- POC Comment: Notified DR/RN

06/09/2017 20:16

- POCT Glucose: 218 H
- POC Operator: (b)(6); (b)(7)(C)
- POC Comment: Notified DR/RN

06/09/2017 15:25

- POCT Glucose: 201 H
- POC Operator: (b)(6); (b)(7)(C)
- POC Comment: Notified DR/RN

06/09/2017 11:33

- POCT Glucose: 213 H
- POC Operator: SEE BELOW
- POC Comment: Notified DR/RN

Pt Name: (b)(6); (b)(7)(C)
 Rm/ Bod: ICU30

MRN: (b)(6); (b)(7)(C)
 Page 8 of 23

Scariano Inpatient SOAP Note
 ORE_NOV1_0213_EDR v3.rpt v1.00
 Printed By :EDR - Event Driven Routing

© 2003-2017 Siemens Medical Solutions USA, Inc. All rights reserved.
 Crystal Reports © 2017 Business Objects SA. All rights reserved.

@siemenscopyright

Generated On:6/10/2017 5:55:05PM

Jersey City Medical Center;PN;Clinical Notes Report;1715900237(b)(6); (b)(7)(C) D;06102017 0906;

Pt Name: (b)(6); (b)(7)(C)
 Pt ID: (b)(6);
 DOB: 10/24/1970
 Adm DTime: 06/08/2017 09:08
 Nurs Sta: Intensive Care Unit
 Entity Name: Jersey City Medical Center
 Dx:
 Alerg: No Known Drug Allergies

MRN: (b)(6); (b)(7)(C)
 Acct No:
 Age/Sex: 46Y/M
 Atn Dr: (b)(6); (b)(7)(C) MD
 Rm & Bed: ICU30

Critical Care Medical (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 06/10/2017 09:06

06/09/2017 07:35

- POCT Glucose: 256 H
- POC Operator: SEE BELOW
- POC Comment: Notified DR/RN

06/09/2017 03:25

- POCT Glucose: 203 H
- POC Operator: (b)(6); (b)(7)(C)

CHEMISTRY

06/10/2017 05:06

- Glucose: 112 H
- BUN: 35.0 H
- Creatinine: 3.90 H
- GFR (MDRD): 18
- Sodium: 138
- Potassium: 4.5
- Chloride: 108
- CO2: 14 L
- Calcium: 6.4 LL
- AST (SGOT): 10499 H
- Alka Phos: 465.0 H
- Protein Total: 4.6 L
- Bilirubin T: 7.5 H
- Albumin: 2.3 L
- ALT (SGPT): 5352 H
- Phosphorous: 7.3 H
- Magnesium: 1.5 L

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

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

Rm/ Bed: ICU30

Page 9 of 23

Soarian© Inpatient SOAP Note

ORE_N0V1_0213_EDR v3.rpt v1.00

Printed By :EDR - Event Driven Routing

© 2003-2017 Siemens Medical Solutions USA, Inc. All rights reserved.
 Crystal Reports © 2017 Business Objects SA. All rights reserved.

@siemenscopyright

Generated On:6/10/2017 5:55:05PM

Jersey City Medical Center;PN;Clinical Notes Report;171590023;(b)(6); (b)(7)(C) ID:06102017 0906;

Pt Name: (b)(6); (b)(7)(C)
 Pt ID: (b)(6); (b)(7)(C)
 DOB: 10/24/1970
 Adm DTime: 06/08/2017 09:08
 Nurs Sta: Intensive Care Unit
 Entity Name: Jersey City Medical Center
 Dx:
 Allrg: No Known Drug Allergies

MRN: (b)(6); (b)(7)(C)
 Acct No: (b)(6); (b)(7)(C)
 Age/Sex: 46Y/M
 Atn Dr: (b)(6); (b)(7)(C) MD
 Rm & Bed: ICU30

Critical Care Medical (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 06/10/2017 09:06

06/09/2017 03:04

- Glucose: 177 H
- BUN: 32.0 H
- Creatinine: 3.00 H
- GFR (MDRD): 24
- Sodium: 138
- Potassium: 4.7
- Chloride: 112 H
- CO2: 8 LL
- Calcium: 6.5 LL
- AST (SGOT): 3593 H
- Alka Phos: 221.0 H
- Protein Total: 4.6 L
- Bilirubin T: 4.6 H
- Albumin: 2.1 L
- ALT (SGPT): 1690 H
- Phosphorous: 6.4 H
- Magnesium: 1.9
- Cholesterol: 59
- Triglyceride: 101
- HDL Cholesterol: 20 L
- Low Dens. Lipo: <30
- Risk Factor: 3

Pt Name: (b)(6); (b)(7)(C)
 Rm/ Bed: ICU30

MRN: (b)(6); (b)(7)(C)
 Page 10 of 23

Soarian Inpatient SOAP Note
 ORE_NOV1_0213_EDR v3.rpt v1.00
 Printed By :EDR - Event Driven Routing

© 2003-2017 Siemens Medical Solutions USA, Inc. All rights reserved.
 Crystal Reports © 2017 Business Objects SA. All rights reserved.

@siemenscopyright

Generated On:6/10/2017 5:55:06PM

Jersey City Medical Center;PN;Clinical Notes Report;1715900237(b)(6); (b)(7)(C) MD;06102017 0906;

Pt Name: (b)(6); (b)(7)(C)
 Pt ID: [Redacted]
 DOB: 10/24/1970
 Adm DTime: 06/08/2017 09:08
 Nurs Sta: Intensive Care Unit
 Entity Name: Jersey City Medical Center
 Dx:
 Alerg: No Known Drug Allergies

MRN: (b)(6); (b)(7)(C)
 Acct No: [Redacted]
 Age/Sex: 46Y/M
 Atn Dr: (b)(6); (b)(7)(C) ID
 Rm & Bed: ICU30

Critical Care Medical (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 06/10/2017 09:06

- Lactic Acid: 11.9 HH

DRUG LEVELS

06/09/2017 03:04

- Acetaminophen: <10.0
- Salicylate: <1

BLOOD GAS

06/10/2017 04:15

- Ph: 7.209 LL
- PCO2: 35.5
- PO2: 60.0 L
- HCO3: 13.80 L
- BE: -12.90 L
- Thb: 7.30 L
- O2Sat: 87.2 L
- COHB: 0.9
- Methb: 0.7
- FIO2: 80.0

Pt Name: (b)(6); (b)(7)(C)
 Rm/ Bed: ICU30

MRN: (b)(6);
 Page 11 of 23

Soarian© Inpatient SOAP Note
 ORE_NOV1_0213_EDR v3.rpt v1.00
 Printed By :EDR - Event Driven Routing

© 2003-2017 Siemens Medical Solutions USA, Inc. All rights reserved.
 Crystal Reports © 2017 Business Objects SA. All rights reserved.

@siemenscopyright

Generated On:6/10/2017 5:55:05PM

Jersey City Medical Center;PN;Clinical Notes Report;1715900237(b)(6); (b)(7)(C) MD;06102017 0906;

Pt Name: (b)(6); (b)(7)(C)
 Pt ID: (b)(6); (b)(7)(C)
 DOB: 10/24/1970
 Adm DTImo: 06/08/2017 09:08
 Nurs Sta: Intensive Care Unit
 Entity Name: Jersey City Medical Center
 Dx:
 Allrg: No Known Drug Allergies

MRN: (b)(6); (b)(7)(C)
 Accl No: (b)(6); (b)(7)(C)
 Age/Sex: 46Y/M
 Atn Dr: (b)(6); (b)(7)(C) MD
 Rm & Bed: ICU30

Critical Care Medical (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 06/10/2017 09:06

- PO2/FIO2: 0.75
- Analysis Date & Time: SEE BELOW
- Sample Type: Blood Arterial
- Sample Site: A-Line
- Allen Test: NA
- Read Back: SEE BELOW
- Notified Time: SEE BELOW
- Operator/RT: JG
- Device Id#: 38073
- Comments RCOM: SEE BELOW

06/09/2017 04:14

- Ph: 7.019 LL
- PCO2: 30.7 L
- PO2: 84.0
- HCO3: 7.70 L
- BE: -21.90 L
- Thb: 10.00 L
- O2Sat: 93.9 L
- COHB: 0.2
- Methb: 0.2
- FIO2: 60.0
- PO2/FIO2: 1.40
- Analysis Date & Time: SEE BELOW
- Sample Type: Blood Arterial
- Sample Site: A-Line

Pt Name: (b)(6); (b)(7)(C)
 Rm/ Bed: ICU30

MRN: (b)(6);
 Page 12 of 23

Scanlan Inpatient SOAP Note
 ORE_N0V1_0213_EDR v3.rpt v1.00
 Printed By :EDR - Event Driven Routing

© 2003-2017 Siemens Medical Solutions USA, Inc. All rights reserved.
 Crystal Reports © 2017 Business Objects SA. All rights reserved.

@siemenscopyright

Generated On:6/10/2017 5:55:05PM

Jersey City Medical Center;PN;Clinical Notes Report;1715900237;(b)(6); (b)(7)(C) MD;06102017 0906;

Pt Name: (b)(6); (b)(7)(C)
 Pt ID: (b)(6); (b)(7)(C)
 DOB: 10/24/1970
 Adm DTime: 06/08/2017 09:08
 Nurs Sta: Intensive Care Unit
 Entity Name: Jersey City Medical Center
 Dx:
 Allrg: No Known Drug Allergies

MRN: (b)(6); (b)(7)(C)
 Acct No: (b)(6); (b)(7)(C)
 Age/Sex: 46Y/M
 Attn Dr: (b)(6); (b)(7)(C) MD
 Rm & Bed: ICU30

Critical Care Medical (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 06/10/2017 09:06

- Allen Test: NA
- Read Back: (b)(6); (b)(7)(C) RN
- Notified Time: SEE BELOW
- Operator/RT: JG
- Device Id#: 38262
- Comments RCOM: SEE BELOW

REFERENCE/SEND OUT

Hepatitis Panel, Acute w/HbCore Ab, Total

06/09/2017 03:04

- HB S Ag: Non Reactive
- Hb Core Ab, Total: Non Reactive
- Hb Core Ab (IgM): Non Reactive
- HCV Ratio: 0.07
- Hepatitis C Ab: Non Reactive
- HAV Ab (IgM): Nonreactive

Pt Name: (b)(6); (b)(7)(C)
 Rm/ Bed: ICU30

MRN: (b)(6);
 Page 13 of 23

Soarian© Inpatient SOAP Note
 ORE_NQV1_0213_EDR v3.rpt v1.00
 Printed By :EDR - Event Driven Routing

© 2003-2017 Siemens Medical Solutions USA, Inc. All rights reserved.
 Crystal Reports © 2017 Business Objects SA. All rights reserved.

@siemenscopyright

Generated On:6/10/2017 5:55:05PM

Jersey City Medical Center;PN;Clinical Notes Report;1715900237 (b)(6); (b)(7)(C) MD;06102017 0906;

Pt Name: (b)(6); (b)(7)(C)
 Pt ID: (b)(6); (b)(7)(C)
 DOB: 10/24/1970
 Adm DTImo: 06/08/2017 09:08
 Nurs Sta: Intensive Care Unit
 Entity Name: Jersey City Medical Center
 Dx:
 Allrg: No Known Drug Allergies

MRN: (b)(6); (b)(7)(C)
 Acct No:
 Age/Sex: 46Y/M
 Attn Dr: (b)(6); (b)(7)(C) MD
 Rm & Bed: ICU30

Critical Care Medical (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 06/10/2017 09:06

Radiology

Diagnostic Imaging

06/09/2017 09:17

• XR Chest Portable 1 View: LIA3760 (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) EXAM CHEST 1 VIEW CLINICAL INDICATION Dyspnea Dyspnea TECHNIQUE A single view of the chest was obtained. COMPARISON Yesterday 11 00 PM. IMPRESSION Postsurgical changes/Catheters and Support Devices Unchanged endotracheal tube, nasogastric tube, and right neck central venous catheter. Lungs and Pleural Spaces New airspace disease involving the left lower lung zone may be representing pneumonia or atelectasis. Right lung remains normally aerated. No pneumothorax. Heart/Mediastinum No change. Transcriptionist: (b)(6); (b)(7)(C) Reading Radiologist- (b)(6); (b)(7)(C) Releasing Radiologist- (b)(6); (b)(7)(C) Released Date Time- 06/09/17 0920

06/09/2017 09:16

• XR Chest Portable 1 View: LIA3760 (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) EXAM CHEST 1 VIEW CLINICAL INDICATION s/p NGT placement s/p NGT placement TECHNIQUE A single view of the chest was obtained. COMPARISON Earlier today. IMPRESSION Postsurgical changes/Catheters and Support Devices New endotracheal tube with tip in the thoracic inlet. Nasogastric tube in the stomach unchanged. Right IJ central venous catheter in the SVC unchanged. Lungs and Pleural Spaces No pneumothorax. No new airspace disease. Heart/Mediastinum No change. Transcriptionist: (b)(6); (b)(7)(C) Reading Radiologist- (b)(6); (b)(7)(C) Releasing Radiologist- (b)(6); (b)(7)(C) Released Date Time- 06/09/17 0918

General

Comment

Pt seen and examined at bedside. Intubated, GCS 3T .
 The Patient is

Pt Name: (b)(6); (b)(7)(C)
 Rm/ Bed: ICU30

MRN: (b)(6);
 Page 14 of 23

Scarian© Inpatient SOAP Note
 ORE_NOV1_0213_EDR v3.rpt v1.00
 Printed By :EDR - Event Driven Routing

© 2003-2017 Siemens Medical Solutions USA, Inc. All rights reserved.
 Crystal Reports © 2017 Business Objects SA. All rights reserved.

Generated On: 6/10/2017 5:55:05PM

@siemenscopyright

Jersey City Medical Center;PN;Clinical Notes Report;171590023 (b)(6); (b)(7)(C) ;06102017 0906;

Pt Name: (b)(6); (b)(7)(C)
Pt ID: [Redacted]
DOB: 10/24/1970
Adm DTime: 06/08/2017 09:08
Nurs Sta: Intensive Care Unit
Entity Name: Jersey City Medical Center
Dx:
Alrg: No Known Drug Allergies

MRN: (b)(6); (b)(7)(C)
Acct No: [Redacted]
Age/Sex: 46Y/M
Atn Dr: (b)(6); (b)(7)(C) MD
Rm & Bed: ICU30

Critical Care Medical (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 06/10/2017 09:06

Well-Developed and Well-Nourished, Obese, Unresponsive.

HENT

Head Size
 Normocephalic.
 Comment
 +ETT/NGT
 NGT with coffee ground output mixed with dark red blood.

Eyes

Comment
 pupils sluggish.

Neck

Jugular Veins
 Normal.

Respiratory

Effort
 Assisted Breathing.
 Comment
 sparse breath sound.

Cardiac

Rate
 Tachycardia.
 Rhythm

Pt Name: (b)(6); (b)(7)(C)
Rm/ Bed: ICU30

MRN: (b)(6); [Redacted]
 Page 73 of 73

Soarian© Inpatient SOAP Note
 ORE_NOV1_0213_EDR v3.rpt v1.00
 Printed By :EOR - Event Driven Routing

© 2003-2017 Siemens Medical Solutions USA, Inc. All rights reserved.
 Crystal Reports © 2017 Business Objects SA. All rights reserved.

@siemenscopyright

Generated On:6/10/2017 5:55:05PM

Jersey City Medical Center;PN;Clinical Notes Report;171590023 (b)(6); (b)(7)(C) D:06102017 0906;

Pt Name: (b)(6); (b)(7)(C)
 Pt ID: [Redacted]
 DOB: 10/24/1970
 Adm DTime: 06/08/2017 09:08
 Nurs Sta: Intensive Care Unit
 Entity Name: Jersey City Medical Center
 Dx:
 Alerg: No Known Drug Allergies

MRN: (b)(6); (b)(7)(C)
 Acct No: [Redacted]
 Age/Sex: 46Y/M
 Atn Dr: (b)(6); (b)(7)(C) MD
 Rm & Bed: ICU30

Critical Care Medical (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 06/10/2017 09:06

Regular.
 Heart Sounds
 Normal S1, S2.
 Murmur
 No Murmurs.
 Comment
 tachycardia .

Abdomen

Palpation
 Firm.
 Comment
 firm, very distended abd.

Rectum/Anus

Comment
 blood.

Male Genitalia

Comment
 FC c urine in place.

Musculoskeletal

General Inspection
 No Injury or Deformity.

Neuro

Pt Name: (b)(6); (b)(7)(C)
 Rm/ Bed: ICU30

MRN: (b)(6); [Redacted]
 Page 18 of 23

Scorlan Inpatient SOAP Note
 ORE_NQV1_0213_EDR v3.rpt v1.00
 Printed By :EDR - Event Driven Routing

© 2003-2017 Siemens Medical Solutions USA, Inc. All rights reserved.
 Crystal Reports © 2017 Business Objects SA. All rights reserved.

@siemenscopyright

Generated On:6/10/2017 5:55:05PM

Jersey City Medical Center;PN;Clinical Notes Report;1715900237 (b)(6); (b)(7)(C) MD;06102017 0906;

Pt Name: (b)(6); (b)(7)(C)
 Pt ID:
 DOB: 10/24/1970
 Adm DTImo: 06/08/2017 09:08
 Nurs Sta: Intensive Care Unit
 Entity Name: Jersey City Medical Center
 Dx:
 Allrg: No Known Drug Allergies

MRN: (b)(6); (b)(7)(C)
 Acct No:
 Age/Sex: 46Y/M
 Atn Dr: (b)(6); (b)(7)(C) MD
 Rm & Bed: ICU30

Critical Care Medical (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 06/10/2017 09:06

Mental Status

Cooperation Does Not Follow Commands, Orientation Not Able to Assess.

Comment

GCS 3T.

Assessment and Plan

Consult

- Dietitian Referral (Complete)
- Case Management Referral
- Palliative Care Referral
- Physical Therapy Referral (Complete)

Medication

- **OCTREOTIDE 1.2MG in SODIUM CHLORIDE 0.9%** Intravenous ;Starting Dose:50mcg/hr @5.258mL/Hour Pending Date: 06/10/2017
- **VASOPRESSIN 100UNIT in SODIUM CHLORIDE 0.9% SOLN** Intravenous ;Starting Dose:0.04Units/min @2.4mL/Hour for 3 Days, Clinician Dir:FOR HYPOTENSION; FINAL CONCENTRATION 1 UNIT/ML
- **PHENYLEPHRINE 160MG in SODIUM CHLORIDE 0.9%** Intravenous ;Starting Dose:40mcg/min @TITRATEmL/Hour for 3 Days, Clinician Dir:MAX 360 MCG/MIN
- **NOREPINEPHRINE (LEVOPHED) 32MG in SODIUM CHLORIDE 0.9%** Intravenous ;Starting Dose:8mcg/min @TITRATEmL/Hour for 3 Days, Clinician Dir:TITRATE TO MAINTAIN A MAP GREATER THAN 65
- **IPRATROPIUM-ALBUTEROL (DUO-NEB) 3 ML = 1 AMP** Nebulization RTQ4H PRN WHEEZING/SOB for 3 Days
- **DEXTROSE 5% IN WATER (1000 ML bag) SODIUM BICARBONATE 8.4% 150 MEQ = 150 ML** Intravenous @120mL/Hour Over 9.5H for 3 Days
- **FENTANYL 50 MCG = 1 ML** Intravenous Q3H PRN FLACC>3 for 3 Days
- **cefTRIAxone (ROCEPHIN) 1G** Intravenous QDAY First Dose Now for 7 Days
- **INSULIN ASPART (NovoLOG Flexpen)** Sliding Scale Subcutaneous INSQ4H(TIMED) for 14 Days,

Pt Name: (b)(6); (b)(7)(C)
 Rm/ Bed: ICU30

MRN: (b)(6)
 Page 17 of 23

Soarian© Inpatient SOAP Note
 ORE_NQV1_0213_EDR v3.rpt v1.00
 Printed By :EDR - Event Driven Routing

© 2003-2017 Siemens Medical Solutions USA, Inc. All rights reserved.
 Crystal Reports © 2017 Business Objects SA. All rights reserved.

@siemenscopyright

Generated On:6/10/2017 5:55:05PM

Jersey City Medical Center;PN;Clinical Notes Report;1715900237 (b)(6); MD:06102017 0906;

Pt Name: (b)(6); (b)(7)(C)
 Pt ID:
 DOB: 10/24/1970
 Adm DTime: 06/08/2017 09:08
 Nurs Sta: Intensive Care Unit
 Entity Name: Jersey City Medical Center
 Dx:
 Alrg: No Known Drug Allergies

MRN: (b)(6); (b)(7)(C)
 Acct No:
 Age/Sex: 46Y/M
 Atn Dr: (b)(6); (b)(7)(C) MD
 Rm & Bed: ICU30

Critical Care Medical (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 06/10/2017 09:06

Clinician Dir: TARGET BLOOD GLUCOSE RANGE: CRITICALLY ILL (140-180 MG/DL); NON-CRITICALLY ILL (FASTING <140 MG/DL; RANDOM <180 MG/DL)

- For Low Scale 0 to 69 Give 0 UNIT
 - For Low Scale 70 to 120 Give 0 UNIT
 - For Low Scale 121 to 150 Give 0 UNIT
 - For Low Scale 151 to 200 Give 1 UNIT
 - For Low Scale 201 to 250 Give 2 UNIT
 - For Low Scale 251 to 300 Give 3 UNIT
 - For Low Scale 301 to 350 Give 4 UNIT
 - For Low Scale 351 to 400 Give 5 UNIT
 - For Low Scale 401 to 9999 Give 7 UNIT
- Notify Physician if: BG < 70 OR > 400

- **ESOMEPRAZOLE (NEXIUM I.V.) 80MG** Intravenous CONT IV, Clinician Dir: NEXIUM AUTOSUB FOR PROTONIX D/T BACKORDER, OK W/MAIBAM MD REPLACES ORDER 2 GI BLEED
- **DEXTROSE 50% 25 G = 50 ML** Intravenous AS DIRECTED PRN HYPOGLYCEMIA for 14 Days, Clinician Dir: ADMINISTER IF GLUCOSE IS <70 MG/DL AND PATIENT IS NOT ALERT
- **GLUCAGON, HUMAN RECOMBINANT (GLUCAGON EMERGENCY KIT) 1 MG = 1 KIT** Intramuscular AS DIRECTED PRN HYPOGLYCEMIA for 14 Days, Clinician Dir: ADMINISTER 1 DOSE IF GLUCOSE IS <70 MG/DL, PATIENT IS NOT ALERT AND NO IV ACCESS.
- **DEXTROSE 50% 12.5 G = 25 ML** Intravenous AS DIRECTED PRN HYPOGLYCEMIA for 14 Days, Clinician Dir: ADMINISTER IF GLUCOSE IS <60 MG/DL, AND PATIENT IS ALERT AND NPO

Patient Care Orders

- **Indwelling Urinary Catheter (foley)**
- **Communication** please measure bladder pressure and document, thx
- **Code Status** DNR & Allow Natural Death
- **Verify Type & Screen** within the past 72 hours
- **Verify Consent** for Blood Transfusion is signed and on chart
- **Transfuse** 2 Unit FFP
- **Initiate Fall Precautions**
- **Communication** As per Dr. Stowe, let's get an NGT, low intermittent suction (not continous), and albumin

Pt Name: (b)(6); (b)(7)(C)
 Rm/ Bed: ICU30

MRN: (b)(6); (b)(7)(C)
 Page 18 of 23

Soorian © Inpatient SOAP Note
 ORE_NOV1_0213_EDR v3.rpt v1.00
 Printed By :EDR - Event Driven Routing

© 2003-2017 Siemens Medical Solutions USA, Inc. All rights reserved.
 Crystal Reports © 2017 Business Objects SA. All rights reserved.

@siemenscopyright

Generated On: 6/10/2017 5:55:05PM

Jersey City Medical Center; PN; Clinical Notes Report; 1715900237; (b)(6); (b)(7)(C) MD; 06102017 0906;

Pt Name:	(b)(6); (b)(7)(C)	MRN:	(b)(6); (b)(7)(C)
Pt ID:		Acct No:	
DOB:	10/24/1970	Age/Sex:	46Y/M
Adm DTime:	06/08/2017 09:08	Atn Dr:	(b)(6); (b)(7)(C) MD
Nurs Sta:	Intensive Care Unit	Rm & Bed:	ICU30
Entity Name:	Jersey City Medical Center		
Dx:			
Allrg:	No Known Drug Allergies		

Critical Care Medical (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 06/10/2017 09:06

q6h for 1 day -Surgery informed regarding bladder pressure, however, patient is too unstable to go to the OR, please repeat ABG thank you.

- Verify Type & Screen within the past 72 hours (Complete)
- Verify Consent for Blood Transfusion Is signed and on chart (Complete)
- Transfuse 1 Unit FFP (Complete)
- Verify Consent for Blood Transfusion Is signed and on chart (Complete)
- Verify Type & Screen within the past 72 hours (Complete)
- Verify Consent for Blood Transfusion Is signed and on chart (Complete)
- Transfuse 2 Units PRBC (Complete)
- Finger Stick Blood Glucose NPO/Tube Feeds: every 4 hours INSQ4H(Timed)
- Transfuse 1 Unit FFP (Complete)
- Verify Consent for Blood Transfusion Is signed and on chart (Complete)
- Transfuse 1 Unit FFP (Complete)
- Verify Type & Screen within the past 72 hours (Complete)
- Transfuse 2 Units PRBC (Complete)
- Verify Consent for Blood Transfusion is signed and on chart (Complete)
- Verify Type & Screen within the past 72 hours (Complete)
- CHG Bath: Bathe daily w/ 2% Chlorhexidine Gluconate skin preparation cloth kit as per decolonization

protocol QDAY

- Notify MD/Licensed Provider glucose < 70 mg/dL
- Initiate Subcutaneous Supplemental Insulin Scale in a patient admitted with unknown insulin requirements.

For short-term use (24-48 hours).

- Notify MD/Licensed Provider glucose > 400 mg/dL In addition to insulin; Basic Metabolic Panel,

Magnesium, Phosphorus, and recheck blood glucose in 15 minutes.

- Initiate Hypoglycemia Treatment Orders if Blood Sugar <70 mg/dL
- Notify MD/Licensed Provider glucose > 180 mg/dL two (2) times in 24 hours
- Intermittent Pneumatic Compression (SCD)
- Intermittent-Pneumatic-Compression (SCD)
- VTE Prophylaxis Risk Assessment
- Activity : Bedrest
- Intake & Output strict

Pt Name: (b)(6); (b)(7)(C)
Rm/ Bed: ICU30

MRN: (b)(6)
Page 19 of 23

Soarian© Inpatient SOAP Note
ORE_N0V1_0213_EDR v3.rpt v1.00
Printed By :EDR - Event Driven Routing

© 2003-2017 Siemens Medical Solutions USA, Inc. All rights reserved.
Crystal Reports © 2017 Business Objects SA. All rights reserved.

Generated On: 8/10/2017 5:55:05PM

@siemenscopyright

Jersey City Medical Center;PN;Clinical Notes Report;1715900237 (b)(6); (b)(7)(C) MD;06102017 0906;

Pt Name: (b)(6); (b)(7)(C)
 Pt ID:
 DOB: 10/24/1970
 Adm DTime: 06/08/2017 09:08
 Nurs Sta: Intensive Care Unit
 Entity Name: Jersey City Medical Center
 Dx:
 Allrg: No Known Drug Allergies

MRN: (b)(6); (b)(7)(C)
 Acct No:
 Age/Sex: 46Y/M
 Atn Dr: (b)(6); (b)(7)(C) ID
 Rm & Bed: ICU30

Critical Care Medical (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 06/10/2017 09:06

Respiratory

- Ventilator Management Adult, PRVC, TV 450, RR 18, FiO2 100 %, PEEP 12 (Itrate Fio2 To keep

SPO2>92 Continuous Pending Date: 06/10/2017

- Blood Gas Analysis Panel (Blood Arterial) : O2/% - 80 : (Complete)
- PRN Nebulizer Therapy Med: IPRATROPIUM-ALBUTEROL RTQ4H (ATC) Until 6/13/2017 2:34 AM
- Nebulizer Therapy Subsequent Med: ALBUTEROL 2.5 MG/0.5 ML SOL STAT ONE TIME
- Blood Gas Analysis Panel (Blood Arterial) : Tomorrow a.m. : O2/% - 80 : (Complete)
- Blood Gas Analysis Panel (Blood Arterial) : Tomorrow a.m. : O2/% - 80 : (Complete)
- Blood Gas W/Electrolytes (Blood Arterial) : STAT : O2/% - 70 : (Complete)
- Blood Gas Analysis Panel (Blood Arterial) : STAT : O2/% - 100 : (Complete)
- Blood Gas W/Electrolytes (Venous Blood) : O2/LPM - 2 : (Complete)
- Blood Gas Analysis Panel (Blood Arterial) : STAT : O2/LPM - 2 : (Complete)

Comment

46 y/o M with PMH of DM, liver cirrhosis and GI bleed presented to ER with c/o black tarry bowel movement 4 times since yesterday. Pt reports of associated dizziness and headache with weakness. Pt mention of prior h/o GI bleed about 6 months ago with hematemesis and underwent EGD, but unsure of the result. Pt also reports of similar presentation back in Jan, which resolved without seeking medical help. While in the ER SBP was in 60's and received 2 L bolus with 1 PRBC.
 Pt denies nausea/vomiting, BRBPR, CP, SOB, palpitation, pain abdomen, LOC.

During evaluation, pt BP dropped to 53/47 associated with dizziness and massive transfusion was called. Pt received 5 PRBC and 2 platelet and 2FFP each with some improvement of BP to SBP 90's, labs noted for Hb of 4 with INR of 4.5 and platelet of 50. Pt continue to have several episodes of melena with significant amount and another 2 unit PRBC and 2 unit FFP was transfused.

Surgery was also consulted while in the ER and placed a NG tube with return of blood

MICU consulted for symptomatic anemia with active GI bleed

Pt Name: (b)(6); (b)(7)(C)
 Rm/ Bed: ICU30

MRN: (b)(6);
 Page 20 of 23

Soarian© Inpatient SOAP Note
 ORE_N0V1_0213_EDR v3.rpt v1.00
 Printed By :EDR - Event Driven Routing

© 2003-2017 Siemens Medical Solutions USA, Inc. All rights reserved.
 Crystal Reports © 2017 Business Objects SA. All rights reserved.

@siemenscopyright

Generated On: 6/10/2017 5:55:05PM

Jersey City Medical Center;PN;Clinical Notes Report;1715900237(b)(6); (b)(7)(C) MD;06102017 0906;

Pt Name: (b)(6); (b)(7)(C)
 Pt ID: (b)(6); (b)(7)(C)
 DOB: 10/24/1970
 Adm DTime: 06/08/2017 09:08
 Nurs Sta: Intensive Care Unit
 Entity Name: Jersey City Medical Center
 Dx:
 Allrg: No Known Drug Allergies

MRN: (b)(6); (b)(7)(C)
 Acct No: (b)(6); (b)(7)(C)
 Age/Sex: 46Y/M
 Attn Dr: (b)(6); (b)(7)(C) ID
 Rm & Bed: ICU30

Critical Care Medical (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 06/10/2017 09:06

Neuro:
 GCS 3 T
 mutisystem involvement with very poor prognosis

Respiratory:
 pt intubated during EGD for airway protection
 CXR b/l infiltrates
 Pt going into ARDS requiring high PEEP and FIO2

GI:
 melena likely from upper GI bleed
 several episode of melena while in the ER
 labs noted for Hb of 4 >6.2>8->10.6->9.3, with INR of 4.5>4.35>2.8>2.5>3.81 and platelet of 50>80
 AST: 3593->, alt: 1690
 BILI 4,6
 Pt went hemorrhagic shock and had massive transfusion.
 in total received 10 PRBC, 5 FFP and 3 platelet, will transfuse another 2 UFFP today as per GI
 still hypotensive initially with MAP low 60 to 50's and started on pressors prior to EGD
 GI bleed is suspicious of upper GI, potentially variceal bleed, in the context of liver cirrhosis as evident from the LFT and history
 Dr. (b)(6); (b)(7)(C) consulted, ans EGD done at the bed side showed blood clot in the esophaguS with significant collection of blood, lost about 1 L.during the procedure, grade 1 varice with sclerosing agent injected around the lower esophagus
 Significantly worsening of LFT
 Pt currently DNR with no aggressive management considering the futile status with very poor prognosis
 c/w supportive and comfort

Cirrhosis:
 unknown etiology likeley alcohol as pt admitted to excessive drinking prior to intubation
 worsening LFT
 shock liver from hemorrhagic shock!

Pt Name: (b)(6); (b)(7)(C)
 Rm/ Bed: ICU30

MRN: (b)(6); (b)(7)(C)
 Page 21 of 23

Soarian@ Inpatient SOAP Note
 QRE_NOV1_0213_EDR v3.rpt v1.00
 Printed By :EDR - Event Driven Routing

© 2003-2017 Siemens Medical Solutions USA, Inc. All rights reserved.
 Crystal Reports © 2017 Business Objects SA. All rights reserved.

@siemenscopyright

Generated On:6/10/2017 5:55:05PM

Jersey City Medical Center;PN;Clinical Notes Report;1715900237;(b)(6); (b)(7)(C) ID;06102017 0906;

Pt Name: (b)(6); (b)(7)(C)
 Pt ID: [Redacted]
 DOB: 10/24/1970
 Adm DTime: 06/08/2017 09:08
 Nurs Sta: Intensive Care Unit
 Entity Name: Jersey City Medical Center
 Dx:
 Alrg: No Known Drug Allergies

MRN: (b)(6); (b)(7)(C)
 Acct No: [Redacted]
 Age/Sex: 46Y/M
 Atn Dr: (b)(6); (b)(7)(C) MD
 Rm & Bed: ICU30

Critical Care Medical (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 06/10/2017 09:06

Renal:
 pt is anuric
 worsening renal function
 AKI from hemorrhagic shock

Endocrine:
 h/o DM on metformin
 c/w RISS

Social:
 Received call from immigration case manager, Jennifer, and updated about the ongoing medical issue and prognosis. Stated that staffs from immigration might be visisting this weekend, and to notify her if pt expires. administrative consent was obtained by Dr. (b)(6); (b)(7)(C) and Dr. (b)(6); (b)(7)(C) for DNR status in light of poor prognosis , multiple organ failure and futile efforts no family present

D/w Dr. (b)(6); (b)(7)(C) agreed with the above plan

Supervisory Note

Supervisory Note For
 Resident I performed a history and physical examination of the patient and discussed the management with the resident. I reviewed the resident's note and agree with the documented findings and plan of care. Yes.

Pt Name: (b)(6); (b)(7)(C)
 Rm/ Bed: ICU30

MRN: (b)(6); (b)(7)(C)
 Page 22 of 23

Scarian© Inpatient SOAP Note
 ORE_N0V1_0213_EDR v3.rpt v1.00
 Printed By :EDR - Event Driven Routing

© 2003-2017 Siemens Medical Solutions USA, Inc. All rights reserved.
 Crystal Reports © 2017 Business Objects SA. All rights reserved.

Generated On:6/10/2017 5:55:05PM

@siemenscopyright

Jersey City Medical Center;PN;Clinical Notes Report;171590023 (b)(6); (b)(7)(C) MD;06102017 0906;

Pt Name: (b)(6); (b)(7)(C)
Pt ID: (b)(6); (b)(7)(C)
DOB: 10/24/1970
Adm DTimo: 06/08/2017 09:08
Nurs Sta: Intensive Care Unit
Entity Name: Jersey City Medical Center
Dx:
Alrg: No Known Drug Allergies

MRN: (b)(6); (b)(7)(C)
Acct No: (b)(6); (b)(7)(C)
Age/Sex: 46Y/M
Atn Dr: (b)(6); (b)(7)(C) MD
Rm & Bed: ICU30

Critical Care Medical (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 06/10/2017 09:08

Electronically signed by (b)(6); (b)(7)(C) MD on 06/10/2017 12:52

Electronically cosigned by (b)(6); (b)(7)(C) MD on 06/10/2017 17:55

Pt Name: (b)(6); (b)(7)(C)
Rm/ Bed: ICU30

MRN: (b)(6); (b)(7)(C)
 Page 23 of 23

Soarian® Inpatient SOAP Note
 ORE_N0V1_0213_EDR v3.rpt v1.00
 Printed By :EDR - Event Driven Routing

© 2003-2017 Siemens Medical Solutions USA, Inc. All rights reserved.
 Crystal Reports © 2017 Business Objects SA. All rights reserved.

@siemenscopyright

Generated On:6/10/2017 5:55:05PM

Jersey City Medical Center;PN;Clinical Notes Report;1715900237 (b)(6); (b)(7)(C) MD;06102017 0906;

JERSEY CITY MEDICAL CENTER
355 GRAND STREET, JERSEY CITY, NJ 07302

Patient: (b)(6); (b)(7)(C)
30-35 HACKENSACK AVE
KEARNY NJ 07032

MR#: (b)(6); (b)(7)(C)
Acco: (b)(6); (b)(7)(C)

Age: 46Y BD: 10/24/70 Sex: M Location: JER PAT TYPE: JER
RADIOLOGY/IMAGING DEPARTMENT

Check-in No. 2660292 Check-in Date/Time 06/08/17 0729

Ordering Physician (b)(6); (b)(7)(C)
rectal bleed

Chk-in #	Order	Exam	Ord Diag
2660292	0002	0045	XR CHEST PORT 1 VIEW
06/08/17	0832		rectal bleed

EXAM: CHEST 1 VIEW PORTABLE 06/08/2017 8:32 AM

CLINICAL INDICATION: rectal bleed
rectal bleed

No prior radiographs are available for comparison.

FINDINGS:

Single portable chest is submitted. The heart and mediastinum are unremarkable. Trachea is in its normal position. There is no evidence of hilar or mediastinal adenopathy.

Hemidiaphragms are smooth the costophrenic angles are sharp.

Lung fields are fully expanded no infiltrate or effusion is noted. There is no evidence of a pneumothorax.

Soft tissue and bony thorax as visualized are normal for the patient's age.

Impression: No active disease

Transcriptionist: (b)(6); (b)(7)(C)
Reading Radiologist: (b)(6); (b)(7)(C)
Releasing Radiologist: (b)(6); (b)(7)(C)
Released Date Time: 06/08/17 0943

KOCH, PETER B
355 GRAND STREET
DEPT OF EM
JERSEY CITY NJ

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

07302

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

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

JERSEY CITY MEDICAL CENTER
355 GRAND STREET, JERSEY CITY, NJ 07302

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

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

30-35 HACKENSACK AVE
KEARNY NJ 07032

Accd

Age: 46Y BD: 10/24/70 Sex: M
RADIOLOGY/IMAGING DEPARTMENT

Location: JER

PAT TYPE:JER

Check-in No. 2660292 Check-in Date/Time 06/08/17 0729

rectal bleed

Ordering Physician (b)(6); (b)(7)(C)

Checkin-Exam Code Summary
2660292-0045

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

355 GRAND STREET
DEPT OF EM
JERSEY CITY NJ

07302

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

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

JERSEY CITY MEDICAL CENTER
355 GRAND STREET, JERSEY CITY, NJ 07302

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

MR#: (b)(6); (b)(7)(C) 77-30

30-35 HACKENSACK AVE
KEARNY NJ 07032

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

Age: 46Y BD: 10/24/70 Sex: M Location: ICU-077-30 PAT TYPE: JIA
RADIOLOGY/IMAGING DEPARTMENT

Check-in No. 2660511 Check-in Date/Time 06/08/17 1254

Ordering Physician (b)(6); (b)(7)(C)

Chk-in #	Order	Exam	
(b)(6); (b)(7)(C)	0005	0045	XR CHEST PORT 1 VIEW
	06/08/17 1307		Ord Diag: gi bleed

EXAM: CHEST 1 VIEW

CLINICAL INDICATION: gi bleed
gi bleed

TECHNIQUE: A single view of the chest was obtained.

COMPARISON: This morning.

IMPRESSION:

Postsurgical changes/Catheters and Support Devices:
New nasogastric tube. New central venous catheter via the right aspect
of the neck with tip at the RA/SVC junction.

Lungs and Pleural Spaces:
No change.

Heart/Mediastinum:
No change.

Other:
No change.

Summary:
New nasogastric tube and central venous catheter. No acute
cardiopulmonary abnormalities.

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

355 GRAND STREET
DEPARTMENT OF MEDICINE
JERSEY CITY NJ

07302

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

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

JERSEY CITY MEDICAL CENTER
355 GRAND STREET, JERSEY CITY, NJ 07302

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

MR#: (b)(6); (b)(7)(C) 077-30

30-35 HACKENSACK AVE
KEARNY NJ 07032

Accou

Age: 46Y BD: 10/24/70 Sex: M
RADIOLOGY/IMAGING DEPARTMENT

Location: ICU-077-30 PAT TYPE:JIA

Check-in No. (b)(6); (b)(7)(C)

Check-in Date/Time 06/08/17 1254

Ordering Physician

gi blood
(b)(6); (b)(7)(C)

Checkin-Exam Code Summary
2660511-0045

Transcriptionist: (b)(6); (b)(7)(C)
Reading Radiologist: (b)(6); (b)(7)(C)
Releasing Radiologist: (b)(6); (b)(7)(C)
Released Date Time: 06/08/17 1714

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

355 GRAND STREET
DEPARTMENT OF MEDICINE
JERSEY CITY NJ

07302

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

115883590

JERSEY CITY MEDICAL CENTER
355 GRAND STREET, JERSEY CITY, NJ 07302

Patient: (b)(6); (b)(7)(C)
30-35 HACKENSACK AVE
KEARNY NJ 07032
Age: 46Y BD: 10/24/70 Sex: M
RADIOLOGY/IMAGING DEPARTMENT

MR#: (b)(6); (b)(7)(C)
Account: (b)(6); (b)(7)(C)

Location: ICU-077-30 PAT TYPE:JIA

Check-in No. (b)(6); (b)(7)(C) Check-in Date/Time 06/08/17 0837

GI bleed with pain abdomen

Ordering Physician (b)(6); (b)(7)(C)

Chk-in #	Order	Exam	
(b)(6); (b)(7)(C)	0003	1018	US ABD ABDOMEN COMPLETE
06/08/17 1706			Ord Diag: GI bleed with pain abdomen

EXAM: ABDOMINAL ULTRASOUND COMPLETE

CLINICAL INDICATION: GI bleed with pain abdomen

TECHNIQUE: Complete abdominal ultrasound.

COMPARISON: No pertinent prior studies have been submitted for comparison.

FINDINGS:

Livor: No significant parenchymal abnormalities.

Bile ducts: No significant dilation. Common bile duct not visualized

Gallbladder: Gallstone. Mild pericholecystic fluid

Pancreas: Not visualized

Spleen: Spleen is enlarged measuring 15.5 cm

Right kidney: Not seen

Left Kidney: 10 cm. No significant abnormalities. No hydronephrosis.

Aorta: Not visualized

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

355 GRAND STREET
FAMILY PRACTICE
JERSEY CITY NJ

07302

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

115883590

JERSEY CITY MEDICAL CENTER
355 GRAND STREET, JERSEY CITY, NJ 07302

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

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

30-35 HACKENSACK AVE
KEARNY NJ 07032

Accou

Age: 46Y BD: 10/24/70 Sex: M Location: ICU-077-30 PAT TYPE:JIA
RADIOLOGY/IMAGING DEPARTMENT

Check-in No. (b)(6); (b)(7)(C) Check-in Date/Time 06/08/17 0837

GI bleed with pain abdomen

Ordering Physician (b)(6); (b)(7)(C)

Checkin-Exam Code Summary
2660340-1018

IVC: Visualized IVC has no significant abnormalities.

Other: Ascites.

IMPRESSION: Limited study as patient is in the ICU and unresponsive.

Cholelithiasis. Pericholecystic fluid.

Ascites

Transcriptionist: (b)(6); (b)(7)(C)
Reading Radiologis
Releasing Radiolog
Released Date Time: 06/08/17 1000

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

355 GRAND STREET
FAMILY PRACTICE
JERSEY CITY NJ

07302

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

115883590

JERSEY CITY MEDICAL CENTER
355 GRAND STREET, JERSEY CITY, NJ 07302

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

MR#: (b)(6); (b)(7)(C) 077-30

30-35 HACKENSACK AVE
KEARNY NJ 07032

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

Age: 46Y BD: 10/24/70 Sex: M Location: ICU-077-30 PAT TYPE: JIA
RADIOLOGY/IMAGING DEPARTMENT

Check-in No. 2660734 Check-in Date/Time 06/08/17 2318

s/p NGT placement

Ordering Physician (b)(6); (b)(7)(C)

Chk-in #	Order	Exam	
(b)(6)	0009	0045	XR CHEST PORT 1 VIEW
	06/08/17 2346		Ord Diag: s/p NGT placement

EXAM: CHEST 1 VIEW

CLINICAL INDICATION: s/p NGT placement
s/p NGT placement

TECHNIQUE: A single view of the chest was obtained.

COMPARISON: Earlier today.

IMPRESSION:

Postsurgical changes/Catheters and Support Devices:
New endotracheal tube with tip in the thoracic inlet. Nasogastric tube
in the stomach unchanged. Right IJ central venous catheter in the SVC
unchanged.

Lungs and Pleural Spaces:
No pneumothorax. No new airspace disease.

Heart/Mediastinum:
No change.

Transcriptionist: (b)(6); (b)(7)(C)
Reading Radiologist: (b)(6); (b)(7)(C)
Releasing Radiologist: (b)(6); (b)(7)(C)
Released Date Time: 06/09/17 0918

(b)(6); (b)(7)(C)
355 GRAND STREET
DEPT OF MEDICINE
JERSEY CITY NJ

07302

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

115883590

JERSEY CITY MEDICAL CENTER
355 GRAND STREET, JERSEY CITY, NJ 07302

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

MR#: (b)(6); (b)(7)(C) 77-30

30-35 HACKENSACK AVE
KEARNY NJ 07032

Acco: [Redacted]

Age: 46Y BD: 10/24/70 Sex: M Location: ICU-077-30 PAT TYPE: JIA
RADIOLOGY/IMAGING DEPARTMENT

Check-in No. 2660687 Check-in Date/Time 06/09/17 0321

Ordering Physician Dyspnea
(b)(6); (b)(7)(C)

Chk-in #	Order	Exam	
(b)(6); (b)(7)(C)	0008	0045	XR CHEST PORT 1 VIEW
	06/09/17 0516		Ord Diag: Dyspnea

EXAM: CHEST 1 VIEW

CLINICAL INDICATION: Dyspnea
Dyspnea

TECHNIQUE: A single view of the chest was obtained.

COMPARISON: Yesterday 11:00 PM.

IMPRESSION:

Postsurgical changes/Catheters and Support Devices:
Unchanged endotracheal tube, nasogastric tube, and right neck central venous catheter.

Lungs and Pleural Spaces:
New airspace disease involving the left lower lung zone may be representing pneumonia or atelectasis. Right lung remains normally aerated. No pneumothorax.

Heart/Mediastinum:
No change.

Transcriptionist: (b)(6); (b)(7)(C)
Reading Radiologist: [Redacted]
Releasing Radiologist: [Redacted]
Released Date Time: 06/09/17 0920

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

355 GRAND STREET
FAMILY PRACTICE
JERSEY CITY NJ

07302

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

115883590