

Immigration and Customs Enforcement  
Office of Detention and Removal Operations



Quality Assurance Surveillance Plan

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**QUALITY ASSURANCE SURVEILLANCE PLAN  
for the  
RESIDENTIAL CENTERS  
IMMIGRATION AND CUSTOMS ENFORCEMENT (ICE)  
OFFICE OF DETENTION AND REMOVAL (DRO)**

**1. INTRODUCTION**

The Government's Quality Assurance Surveillance Plan (QASP) is based on the premise that the contractor/service provider, and not the Government, is responsible for the day-to-day operation of the facility, the delivery of educational, medical and social services, and all the management and quality control actions required to meet the terms of the contract. The role of the Government in quality assurance is to ensure performance standards are achieved and maintained. The service provider is required to develop a comprehensive program of inspections and monitoring actions and to document its approach in a Quality Control Plan (QCP). The service provider's QCP, upon approval by the Government, will be made a part of the resultant agreement.

This QASP is designed to provide an effective surveillance method to monitor the service provider's performance relative to the requirements listed in the agreement. The QASP illustrates the systematic method the Government (or its designated on-site representative) will use to evaluate the services the service provider is required to furnish.

This QASP is based on the principle that the Government must validate that the contractor/service provider is complying with DRO-mandated quality standards in operating, maintaining, and repairing detention facilities. Performance standards address all facets of resident handling, including safety, health, legal rights, facility and records management, etc. Good management by the service provider and use of an approved QCP will ensure that the facility is operating within acceptable quality levels.

**2. DEFINITIONS**

**Performance Requirements Summary (Attachment 1):** The Performance Requirements Summary (PRS) communicates what the Government intends to qualitatively inspect. The PRS is based on ICE DRO Residential Standard. The PRS identifies performance standards grouped into ten functional areas, and quality levels essential for successful performance of each requirement. The PRS is used by the Government (or its designated representative) when conducting quality assurance surveillance to guide them through the inspection and review processes for assessing compliance in meeting Government standards.

**Functional Area:** A logical grouping of performance standards.

**Contracting Officer's Technical Representative (COTR):** The COTR interacts with the service provider to inspect and accept services/work performed in accordance with the technical standards prescribed in the agreement. The Contracting Officer issues a

written memorandum that appoints the COTR. Other individuals may be designated to assist in the inspection and quality assurance surveillance activities.

**Performance Standards:** The performance standards are established in the DRO Residential Standards. Other standards may also be defined in the agreement.

**Measures:** The method for evaluating compliance with the standards.

**Acceptable Quality Level:** The minimum level of quality that will be accepted by the Government in order to meet the performance standard.

**Withholding:** Amount of monthly invoice payment withheld pending correction of a deficiency. See Attachment 1 for information on percentage of invoice amount that may be withheld for each functional area. Funds withheld from payment are recoverable (See Sections 7 and 8) if the COTR and Contracting Officer confirm resolution/correction, and should be included in the next month's invoice.

**Deduction:** Funds may be deducted from a monthly invoice for an egregious act or event, or if the same deficiency continues to occur. The service provider will be notified immediately if such a situation arises. The Contracting Officer in consultation with the Program Office will determine the amount of the deduction. Amounts deducted are not recoverable. The assessment of deductions does not preclude the Contracting Officer from initiating other applicable contract actions and remedies, if applicable.

### 3. QUALITY CONTROL PLAN

As a part of its agreement with the Government, the service provider is required to develop, implement, and maintain a Quality Control Plan (QCP) that describes the methods it will use to review its performance to ensure it conforms to the performance requirements. (See Attachment 1 for a summary list of performance requirements.) Such reviews are performed by the service provider in order to validate its operations, and assure the Government that the services meet the performance standards.

The service provider's QCP should include monitoring methods that ensure and demonstrate its compliance with the performance standards. This includes inspection methods and schedules that are consistent with the regular reviews conducted by DRO. The reports and other results generated by the service provider's QCP activities should be provided to the COTR as requested.

The frequency and type of the service provider's reviews should be consistent with what is necessary in order to ensure compliance with the performance standards, but no less frequent than what is described in the Government's monitoring instrument/worksheets (See Attachment 3).

The contractor/service provider is encouraged not to limit its inspection to only the processes outlined in the Government's standard; however, certain key documents must be produced by the provider to assure the Government that the services meet the

performance standards. Some of the documentation that must be generated and made available to the COTR for inspection is listed below. The list is intended as illustrative and is not all-inclusive. The service provider must develop and implement a program that addresses the specific requirement of each standard and the means it will use to document compliance.

- Written policies and procedures to implement and assess operational requirements of the standard
- Documentation and record keeping ensuring ongoing operational compliance with the standards (e.g.; inventories, logbooks, register of receipts, reports, etc.)
- Staff training records
- Contract discrepancy reports (CDRs)
- Investigative reports
- Medical records
- Education curricula (in accordance with state education criteria and standards) and child development records
- Records of legal and counseling services (with consideration of attorney-client confidentiality)
- Records of investigative actions taken
- Equipment inspections
- System tests and evaluation

#### **4. METHODS OF SURVEILLANCE**

The Government will inspect the service provider's facility and operations using worksheets it developed for this purpose. All facilities will be subject to an annual full facility review using the procedures outlined in the ICE DRO Residential Standard. The Government's annual full facility reviews will use the monitoring instruments embedded in the standards.

All Family Residential Facilities will have an on-site COTR and/or designees who will perform regular and more frequent inspections using the worksheet in Attachment 3. This worksheet will help the COTR or designee assess overall performance, by reviewing specific items within the functional areas on a daily, weekly, monthly, and/or quarterly basis. Both annual and routine inspections will include a review of the service provider's QCP activities including the reports and results generated by them.

The COTR or designee will evaluate the service provider's performance by (a) conducting site visits to assess the facility and residential health and welfare conditions, (b) reviewing documentation, and (c) interviewing the service provider's personnel and/or residents. NOTE: For day-to-day activities, the Government will conduct its surveillance using the worksheets created for this purpose, along with the Contract Deficiency Reports (CDRs; See Attachment 2) and the "Contract Performance Monitoring Tool" set forth in Attachment 3. Where ICE/DRO standards are referenced

for annual review purposes, the “Monitoring Instruments” and “Verification Sources” identified in the DRO standard will be used.

**4.1 Site Visits:** Site visits are used to observe actual performance and to conduct interviews to determine the extent of compliance with performance standards, and to ensure any noted defects are effectively addressed and corrected as quickly as possible. All Family Residential sites will have an on-site COTR designee. Routine reviews may involve direct observation of the service provider personnel performing tasks, interacting with residents and other staff members, and/or reviewing documentation that demonstrates compliance with the DRO standards. On-site inspections may be performed by the ICE COTR or by other parties designated as representatives of ICE. Inspections may be planned or ad-hoc.

**4.2 Ad-Hoc:** These inspections are unscheduled and will be conducted as a result of special interests arising from routine monitoring of the service provider’s QCP, an unusual occurrence pertaining to the agreement or other ICE concerns. These inspections may also be used as a follow-up to a previous inspection. Inspection findings will be provided to the service provider as appropriate.

When visiting a site, either the COTR or a designated third party may conduct their own inspections of service provider performance activities, or accompany the service provider’s designated Quality Control Inspector (QCI) on scheduled inspections. The COTR may also immediately inspect the same area as soon as the QCI has completed the quality control inspection to determine if any surveillance areas were overlooked. The COTR may also inspect an area prior to the QCI and compare results. The COTR will record all findings; certain deficiencies noted will be provided in writing and must be corrected within a reasonable amount of time (See Attachment 2).

**4.3 Review of Documentation:** The service provider must develop and maintain all documentation as prescribed in the performance standards (e.g., post logs, policies, and records of corrective actions). In addition to the documentation prescribed by the standards, the service provider must also develop and maintain documentation that demonstrates the results of its own inspections as prescribed in its QCP. The COTR will review both forms of documentation to affirm that the facility conditions, policies/procedures, and handling of residents all conform to the performance standards stated herein. When reviewing the service provider’s documentation, the Government may review 100% of the documents, or a representative sample. Documentation may be reviewed during a site visit, or at periodic points throughout the period of performance.

**4.4 Interviews and Other Feedback:** The COTR will interview key members of the service provider’s staff, residents and other Government personnel to ascertain current practices and the extent of compliance with the performance standards.

## 5. FUNCTIONAL PERFORMANCE AREAS AND STANDARDS

To facilitate the performance review process, the required performance standards are organized into nine functional areas. Each functional area represents a proportionate share (i.e., weight) of the monthly invoice amount payable to the service provider based on meeting the performance standards. Payment withholdings will be based on these percentages and weights applied to the overall monthly invoice.

ICE may, consistent with the scope the agreement, unilaterally change the functional areas and associated standards affiliated with a specific functional area. The Contracting Officer will notify the service provider at least 30 calendar days in advance of implementation of the new standard(s). If the service provider is not provided with the notification, adjustment to the new standard must be made within 30 calendar days after notification. If any change affects pricing, the service provider may submit a request for equitable price adjustment in accordance with the “Changes” clause. ICE reserves the right to develop and implement new inspection techniques and instructions at any time during performance without notice to the service provider, so long as the standards are not more stringent than those being replaced.

## 6. FAILURE TO MEET PERFORMANCE STANDARDS

Performance of services in conformance with the PRS standards is essential for the service provider to receive full payment as identified in the agreement. The Contracting Officer may take deductions against the monthly invoices for unsatisfactory performance documented through surveillance of the service provider’s activities gained through site inspections, reviews of documentation (including monthly QCP reports), interviews and other feedback. As a result of its surveillance, the service provider will be assigned the following rating relative to each performance standard:

<b>Rating</b>	<b>Description</b>
Acceptable	Based on the measures, the performance standard is demonstrated.
Deficient	Based on the measures, compliance with most of the attributes of the performance standard is demonstrated/observed with some area(s) needing improvement. There are no critical areas of unacceptable performance
At-Risk	Based on the performance measures, the majority of a performance standard’s attributes are not met.

Using the above standards as a guide, the Contracting Officer will implement adjustments to the service provider’s monthly invoice as prescribed in Attachment 1

Rather than withholding funds until a deficiency is corrected, there may be times when an event or a deficiency is so egregious that the Government **deducts** (vs. “withholds”) amounts from the service provider’s monthly invoice. This may happen when an event

occurs, such as sexual abuse, when a particular deficiency is noted 3 or more times without correction, or when the service provider has failed to take timely action on a deficiency about which he/she was properly and timely notified. The amount deducted will be consistent with the relative weight of the functional performance area where the deficiency was noted. The deduction may be a one-time event, or may continue until the service provider has either corrected the deficiency, or made substantial progress in the correction.

Further, a deficiency found in one functional area may tie into another. If a resident escaped, for example, a deficiency would be noted in "Security and Control," but may also relate to a deficiency in the area of "Administration and Management."

## 7. NOTIFICATIONS

- (a) Based on the inspection of the service provider's performance, the COTR will document instances of deficient or at-risk performance (e.g., noncompliance with the standard) using the CDR located at Attachment 2. To the extent practicable, issues should be resolved informally, with the COTR and service provider working together. When documentation of an issue or deficiency is required, the procedures set forth in this section will be followed.
- (b) When a CDR is required to document performance issues, it will be submitted to the service provider with a date when a response is due. Upon receipt of a CDR, the service provider must immediately assess the situation and either correct the deficiency as quickly as possible or prepare a corrective action plan. In either event, the service provider must return the CDR with the action planned or taken noted. After the COTR reviews the service provider's response to the CDR including its plan/remedy, the COTR will either accept plan or correction or reject the correction/plan for revision and provide an explanation. This process should take no more than one week. The CDR should not be used as a substitute for quality control by the service provider.
- (c) The COTR and CO, in addition to any other designated ICE official, shall be notified immediately in the event of all emergencies. Emergencies include, but are not limited to the following: activation of disturbance control team(s); disturbances (including gang activities, group demonstrations, food boycotts, work strikes, work-place violence, civil disturbances/ protests); staff use of force including use of lethal and less-lethal force (includes inmates in restraints more than eight hours); assaults on staff/inmates resulting in injuries requiring medical attention (does not include routine medical evaluation after the incident); fights resulting in injuries requiring medical attention; fires; full or partial lock down of the facility; escape; weapons discharge; suicide attempts; deaths; declared or non-declared hunger strikes; adverse incidents that attract unusual interest or significant publicity; adverse weather (e.g., hurricanes, floods, ice/snow storms, heat waves, tornadoes); fence damage; power outages; bomb threats; Resident cases admitted to a community hospital; significant environmental



problems that impact the facility operations; transportation accidents (airlift, bus, etc.) resulting in injuries, death or property damage; and sexual assaults. Note that in an emergency situation, a CDR may not be issued until an investigation has been completed.

- (d) If the COTR concludes that the deficient or at-risk performance warrants a withholding or deduction, the COTR must include the CDR in its monthly report to DRO Headquarters, with a copy to the Contracting Officer. The CDR must be accompanied by the COTR's investigation report and written recommendation for any withholding. If contractual action including a withholding or deduction is appropriate, DRO headquarters will forward the CDR and supporting information to the Contracting Officer for action. The Contracting Officer will consider the COTR's recommendation and forward the CDR along with any relevant supporting information to the service provider in order to confirm or further discuss the prospective cure, including the Government's proposed course of action. As described in Section 6 above, portions of the monthly invoice amount may be withheld until such time as the corrective action is completed, *or* a deduction may be taken
- (e) Following receipt of the service provider's notification that the correction has been made, the COTR may re-inspect the facility. Based upon the COTR's findings, he/she will recommend that the Contracting Officer continue to withhold a proportionate share of the payment until the correction is made, or accept the correction as final and release the full amount withheld for that issue.
- (f) If funds have been withheld and either the Government or the service provider terminates the agreement, those funds will not be released. The service provider may only receive withheld payments upon successful correction of an instance of non-compliance. Further, the service provider is not relieved of full performance of the required services hereunder; the agreement may be terminated upon adequate notice from the Government based upon any once instance, or failure to remedy deficient performance, even if a deduction was previously taken for any inadequate performance.
- (g) The COTR will maintain a record of all open and resolved CDRs.

## **8. RESIDENT/MEMBER OF PUBLIC COMPLAINTS**

The resident and the public are the ultimate recipients of the services identified in this agreement. Any complaints made known to the COTR will be logged and forwarded to the service provider for remedy. Upon notification, the service provider will be given a pre-specified number of hours after verbal notification from the COTR to address the issue. The service provider will submit documentation to the COTR regarding the actions taken to remedy the situation. If the complaint is found to be invalid, the service provider will document its findings and notify the COTR.

**9. ATTACHMENTS**

- 1 Performance Requirements Summary
- 2 Contract Discrepancy Report
- 3 Performance Monitoring Tool
- 4 Staffing Plan

## Attachment 1- Performance Requirements Summary

FUNCTIONAL AREA/ WEIGHT	PERFORMANCE STANDARD	PERFORMANCE MEASURE	METHOD OF SURVEILLANCE	ACCEPTABLE QUALITY LEVEL	WITHHOLDING CRITERIA
<b>Administration and Management (10 %)</b>  (Addresses facility policy development, internal inspection and reviews, resident records, administration and orientation, personal property and monies, release and accommodations for the disabled)	ICE DRO Residential Management Standard <a href="http://www.ice.gov/pi/familyresidential/index.htm">http://www.ice.gov/pi/familyresidential/index.htm</a>	Performance measures are reflected in the monitoring instrument that accompanies each standard or in the supplemental performance monitoring tool issued by the COTR	<ul style="list-style-type: none"> <li>• Annual review of facility using Detention Management Control Program (DCMP) procedures and based upon the performance standard</li> <li>• Periodic reviews in accordance with the contract performance monitoring tool (see attached)</li> <li>• Monthly review of corrective action plan results.</li> <li>• Ad-hoc reviews as needed</li> <li>• Review of service provider's quality control program monitoring reports</li> <li>• CDRs</li> </ul>	Performance fully complies with all elements of standard at a level no less than acceptable (see Section 6 of the QASP)	A rating of Deficient on any three of the standards will result in a 10% withholding in the monthly invoiced per-diem day rate until compliance with the standard is established.  A rating of At-Risk on any of the standards will result in a 10% withholding in the monthly invoiced per-diem day rate until compliance with the standard is established.
	Accommodations for the Disabled, 4-ALDF-6B-04, 4-ALDF-6B-07				
	Contractor Quality Control/ Assurance Program (Contract) 4-ALDF-7D-02				
	<a href="http://www.ice.gov/doclib/pi/familyresidential/admission_and_release.pdf">Admission and Release/Orientation</a> (ICE Standard) <a href="http://www.ice.gov/doclib/pi/familyresidential/admission_and_release.pdf">http://www.ice.gov/doclib/pi/familyresidential/admission_and_release.pdf</a>				
	<a href="http://www.ice.gov/doclib/pi/familyresidential/residentialfile.pdf">Detainee Records/ Detention Files</a> (ICE Standard) <a href="http://www.ice.gov/doclib/pi/familyresidential/residentialfile.pdf">http://www.ice.gov/doclib/pi/familyresidential/residentialfile.pdf</a>				
	<a href="http://www.ice.gov/pi/familyresidential/index.htm">Detainee Handbook</a> (ICE Standard) <a href="http://www.ice.gov/pi/familyresidential/index.htm">http://www.ice.gov/pi/familyresidential/index.htm</a>				
	<a href="#">Internal Inspections and/or Reviews/ Detention Management &amp; Control Program</a> (ICE Standard)				

FUNCTIONAL AREA/ WEIGHT	PERFORMANCE STANDARD	PERFORMANCE MEASURE	METHOD OF SURVEILLANCE	ACCEPTABLE QUALITY LEVEL	WITHHOLDING CRITERIA
	<a href="http://www.ice.gov/doclib/pi/familyresidential/funds_and_personal.pdf">Funds &amp; Personal Property</a> (ICE Standard) <a href="http://www.ice.gov/doclib/pi/familyresidential/funds_and_personal.pdf">http://www.ice.gov/doclib/pi/familyresidential/funds_and_personal.pdf</a>				
	Policy Development and Monitoring 4-ALDF-7D-06				
<b>Health Care (15%)</b> (Addresses overall access to routine, chronic health care, mental health, emergency health , pharmaceuticals, and dental services provided by the institution)	ICE DRO Residential Management Standard <a href="http://www.ice.gov/doclib/pi/familyresidential/funds_and_personal.pdf">http://www.ice.gov/doclib/pi/familyresidential/funds_and_personal.pdf</a>	Performance measures are reflected in the monitoring instrument that accompanies each standard or in the supplemental performance monitoring tool issued by the COTR	<ul style="list-style-type: none"> <li>• Annual review of facility using Detention Management Control Program (DCMP) procedures and based upon the performance standard</li> <li>• Periodic reviews in accordance with the attached performance monitoring tool</li> <li>• Monthly review of corrective action plan results.</li> <li>• Ad-hoc reviews as needed</li> <li>• CDRs</li> </ul>	Performance fully complies with all elements of standard at a level no less than acceptable (see Section 6 of the QASP)	A rating of Deficient on any two of the standards will result in a 15% withholding in the monthly invoiced per-diem day rate until compliance with the standard is established.  A rating of At-Risk on any of the standards will result in a 15% withholding in the monthly invoiced per-diem day rate until compliance with the standard is established.
	Communicable Disease 4-ALDF-4C-14				
	<a href="http://www.ice.gov/doclib/pi/familyresidential/hungerstrikes.pdf">Detainee Hunger Strikes</a> (ICE Standard) <a href="http://www.ice.gov/doclib/pi/familyresidential/hungerstrikes.pdf">http://www.ice.gov/doclib/pi/familyresidential/hungerstrikes.pdf</a>				
	Experimental Research 4-ALDF-4D-18				
	<a href="http://www.ice.gov/doclib/pi/familyresidential/medicalcare.pdf">Medical, Dental, and Mental Health Appraisals/Medical Care</a> (ICE Standard) <a href="http://www.ice.gov/doclib/pi/familyresidential/medicalcare.pdf">http://www.ice.gov/doclib/pi/familyresidential/medicalcare.pdf</a> <a href="http://www.ice.gov/doclib/pi/familyresidential/suicide_prevention.pdf">Suicide Prevention</a> (ICE Standard) <a href="http://www.ice.gov/doclib/pi/familyresidential/suicide_prevention.pdf">http://www.ice.gov/doclib/pi/familyresidential/suicide_prevention.pdf</a> <a href="http://www.ice.gov/doclib/pi/familyresidential/terminal_illness_and_death.pdf">Terminal Illness, Advanced Directives and Death</a> (ICE Standard) <a href="http://www.ice.gov/doclib/pi/familyresidential/terminal_illness_and_death.pdf">http://www.ice.gov/doclib/pi/familyresidential/terminal_illness_and_death.pdf</a>				

**Comment [chw1]:** Recommend changing Healthcare to reflect that the vendor has adequate space for DIHS to provide medical care and adequate guard service for residents who require outside medical care.

FUNCTIONAL AREA/ WEIGHT	PERFORMANCE STANDARD	PERFORMANCE MEASURE	METHOD OF SURVEILLANCE	ACCEPTABLE QUALITY LEVEL	WITHHOLDING CRITERIA
<b>Security and Control (25%)</b> (Addresses post orders, permanent logs, security features, security inspections, control of contraband, resident searches, resident accountability, use of force, non-routine use of restraints, tool and equipment control, resident discipline, supervision for special housing, contingency and emergency plans.)	Detainee Searches 4-ALDF-2C-01-06	Performance measures are reflected in the monitoring instrument that accompanies each standard or in the supplemental performance monitoring tool issued by the COTR  • Annual review of facility using Detention Management Control Program (DCMP) procedures and based upon the performance standard • Periodic reviews in accordance with the contract performance monitoring tool (see attached)	• Monthly review of corrective action plan results. • Ad-hoc reviews as needed • CDRs • Review of service provider's quality control program monitoring reports and output data	Performance fully complies with all elements of standard at a level no less than acceptable (see Section 6 of the QASP)  A rating of Deficient on any three of the standards will result in a 25% withholding in the monthly invoiced per-diem day rate until compliance with the standard is established.	A rating of Deficient on any two of the standards will result in a 15% withholding in the monthly invoiced per-diem day rate until compliance with the standard is established.  A rating of At-Risk on any of the standards will result in a 25% withholding in the monthly invoiced per-diem day rate until compliance with the standard is established.
	Resident Census (ICE Standard) <a href="http://www.ice.gov/doclib/pi/familyresidential/residentcensus.pdf">http://www.ice.gov/doclib/pi/familyresidential/residentcensus.pdf</a>				
	<a href="http://www.ice.gov/doclib/pi/familyresidential/use_of_physical_force_and_restraints.pdf">Use of Physical Force</a> (ICE Standard) <a href="http://www.ice.gov/doclib/pi/familyresidential/use_of_physical_force_and_restraints.pdf">http://www.ice.gov/doclib/pi/familyresidential/use_of_physical_force_and_restraints.pdf</a>				
	<a href="http://www.ice.gov/doclib/pi/familyresidential/transfer_of_residents.pdf">Transfer of Residents</a> (ICE Standard) <a href="http://www.ice.gov/doclib/pi/familyresidential/transfer_of_residents.pdf">http://www.ice.gov/doclib/pi/familyresidential/transfer_of_residents.pdf</a>				
	<a href="http://www.ice.gov/doclib/pi/familyresidential/tool_control.pdf">Tool Control</a> (ICE Standard) <a href="http://www.ice.gov/doclib/pi/familyresidential/tool_control.pdf">http://www.ice.gov/doclib/pi/familyresidential/tool_control.pdf</a>				
	Weapon Control 4-ALDF-2B-04, 4-ALDF-2B-08, 4-ALDF-7B-14				
	<a href="http://www.ice.gov/doclib/pi/familyresidential/discipline_and_behavior_management.pdf">Discipline and Behavior Management</a> (ICE Standard) <a href="http://www.ice.gov/doclib/pi/familyresidential/discipline_and_behavior_management.pdf">http://www.ice.gov/doclib/pi/familyresidential/discipline_and_behavior_management.pdf</a>				

**Comment [chw2]:** There are no provisions for Special Management Units in the Residential Standards

FUNCTIONAL AREA/ WEIGHT	PERFORMANCE STANDARD	PERFORMANCE MEASURE	METHOD OF SURVEILLANCE	ACCEPTABLE QUALITY LEVEL	WITHHOLDING CRITERIA
	<p>)</p> <p><a href="http://www.ice.gov/doclib/pi/familyresidential/emergencyplans.pdf">Emergency Plan</a> (ICE Standard) (http://www.ice.gov/doclib/pi/familyresidential/emergencyplans.pdf)</p> <p><a href="http://www.ice.gov/doclib/partners/dro/opsmanual/contra.pdf">Contraband</a> (ICE Standard) (http://www.ice.gov/doclib/partners/dro/opsmanual/contra.pdf)</p> <p><a href="http://www.ice.gov/doclib/pi/familyresidential/postorders.pdf">Post Orders</a> (ICE Standard)( http://www.ice.gov/doclib/pi/familyresidential/postorders.pdf)</p> <p>Permanent Logs 4-ALDF-2A-11</p> <p><a href="http://www.ice.gov/doclib/pi/familyresidential/key_and_lockcontrol.pdf">Security Features</a> (ICE Standard) http://www.ice.gov/doclib/pi/familyresidential/key_and_lockcontrol.pdf</p> <p><a href="#">Security Inspections and/or Reviews</a> (ICE Standard)</p> <p>Sexual Assault 4-ALDF-4D-22-8 http://www.ice.gov/doclib/pi/familyresidential/sexual_abuse.pdf</p>				
FUNCTIONAL AREA/ WEIGHT	PERFORMANCE STANDARD	PERFORMANCE MEASURE	METHOD OF SURVEILLANCE	ACCEPTABLE QUALITY LEVEL	WITHHOLDING CRITERIA
	<p><a href="http://www.ice.gov/doclib/pi/familyresidential/transportation_by_land.pdf">Transportation (Land Transportation)</a> (ICE Standard) (http://www.ice.gov/doclib/pi/familyresidential/transportation_by_land.pdf)</p> <p>Weapons Control 4-ALDF-2B-04, 4-ALDF-2B-08, 4-ALDF-7B-14</p>				

<p><b>Food Service (10%)</b> (Addresses basic sanitation and adequacy of varied meals and special diets provided to residents)</p>	<p>ICE DRO Residential Management Standard (<a href="#">INSERT URL HERE</a>) <a href="#">Environmental Health &amp; Safety</a> (ICE Standard) (<a href="http://www.ice.gov/doclib/pi/familyresidential/environmentalhealth_and_safety.pdf">http://www.ice.gov/doclib/pi/familyresidential/environmentalhealth_and_safety.pdf</a>)  <a href="#">Food Service Standards</a> (ICE Standard) (<a href="http://www.ice.gov/doclib/pi/familyresidential/foodservice.pdf">http://www.ice.gov/doclib/pi/familyresidential/foodservice.pdf</a>)</p>	<p>Performance measures are reflected in the monitoring instrument that accompanies each standard or in the supplemental performance monitoring tool issued by the COTR</p>	<ul style="list-style-type: none"> <li>• Annual review of facility using Detention Management Control Program (DCMP) procedures and based upon the performance standard</li> <li>• Periodic review in accordance with the attached performance monitoring tool</li> <li>• Monthly review of corrective action plan results.</li> <li>• Ad-hoc reviews as needed</li> <li>• CDRs</li> </ul>	<p>Performance fully complies with all elements of standard at a level no less than acceptable (see Section 6 of the QASP)</p>	<p>A rating of Deficient on any of the standards will result in a 10% withholding in the monthly invoiced per-diem day rate until compliance with the standard is established.</p> <p>A rating of At-Risk on any of the standards will result in a 10% withholding in the monthly invoiced per-diem day rate until compliance with the standard is established.</p>
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FUNCTIONAL AREA/ WEIGHT	PERFORMANCE STANDARD	PERFORMANCE MEASURE	METHOD OF SURVEILLANCE	ACCEPTABLE QUALITY LEVEL	WITHHOLDING CRITERIA
<b>Staff and Resident Communications and Information Dissemination (2.5%)</b> (Addresses methods of communicating with residents, detention/correctional staff training in diversity, and the resident grievance process)	<a href="http://www.ice.gov/doclib/pi/familyresidential/grievancesystem.pdf">Detainee Grievances</a> (ICE Standard) (http://www.ice.gov/doclib/pi/familyresidential/grievancesystem.pdf)	Performance measures are reflected in the monitoring instrument that accompanies each standard or in the supplemental performance monitoring tool issued by the COTR	<ul style="list-style-type: none"> <li>• Annual review of facility using Detention Management Control Program (DCMP) procedures and based upon the performance standard</li> <li>• Periodic reviews in accordance with the attached performance monitoring tool</li> <li>• Monthly review of corrective action plan results.</li> <li>• Ad-hoc reviews as needed</li> <li>• CDRs</li> </ul>	Performance fully complies with all elements of standard at a level no less than acceptable (see Section 6 of the QASP)	A rating of Deficient on any two of the standards will result in a 2.5% withholding in the monthly invoiced per-diem day rate until compliance with the standard is established.  A rating of At-Risk on any of the standards will result in a 2.5% withholding in the monthly invoiced per-diem day rate until compliance with the standard is established.
	Diversity Training 4-ALDF-6A-08, 4-ALDF-7B-10				
	<a href="http://www.ice.gov/doclib/pi/familyresidential/resident_staff_communication.pdf">Resident and Staff Communication</a> (ICE Standard) (http://www.ice.gov/doclib/pi/familyresidential/resident_staff_communication.pdf)				
<b>Safety and Sanitation (10%)</b> (Addresses the adequacy of fire safety programs, the control of dangerous materials, the general facility environment (including air quality, noise levels, and sanitation and hygiene programs), the adequacy of clothing and bedding, and from infectious diseases)	<a href="http://www.ice.gov/doclib/pi/familyresidential/environmentalhealth_and_safety.pdf">Environmental Health &amp; Safety</a> (ICE Standard) http://www.ice.gov/doclib/pi/familyresidential/environmentalhealth_and_safety.pdf	Performance measures are reflected in the monitoring instrument that accompanies each standard or in the supplemental performance monitoring tool issued by the COTR	<ul style="list-style-type: none"> <li>• Annual review of facility using Detention Management Control Program (DCMP) procedures and based upon the performance standard</li> <li>• Periodic reviews in accordance with the attached performance monitoring tool</li> <li>• Monthly review of corrective action plan results.</li> <li>• Ad-hoc reviews as needed</li> <li>• CDRs</li> </ul>	Performance fully complies with all elements of standard at a level no less than acceptable (see Section 6 of the QASP)	A rating of Deficient on any two of the standards will result in a 10% withholding in the monthly invoiced per-diem day rate until compliance with the standard is established.  A rating of At-Risk on any of the standards will result in a 10% withholding in the monthly invoiced per-diem day rate until compliance with the standard is established.
	Personal Hygiene (ICE Standard) http://www.ice.gov/doclib/pi/familyresidential/personalhygiene.pdf				



FUNCTIONAL AREA/ WEIGHT	PERFORMANCE STANDARD	PERFORMANCE MEASURE	METHOD OF SURVEILLANCE	ACCEPTABLE QUALITY LEVEL	WITHHOLDING CRITERIA
<b>Services and Programs (5%)</b> (Addresses resident security classification, religious practices, work assignments, availability of exercise programs, access to legal materials, access to legal representation, access to a telephone, the handling of resident mail and other correspondence, and visitation privileges)	ICE DRO Residential Management Standard <a href="http://www.ice.gov/pi/familyresidential/index.htm">http://www.ice.gov/pi/familyresidential/index.htm</a>	Performance measures are reflected in the monitoring instrument that accompanies each standard or in the supplemental performance monitoring tool issued by the COTR	<ul style="list-style-type: none"> <li>• Annual review of facility using Detention Management Control Program (DCMP) procedures and based upon the performance standard</li> <li>• Periodic reviews in accordance with the attached performance monitoring tool</li> <li>• Monthly review of corrective action plan results.</li> <li>• Ad-hoc reviews as needed</li> <li>• CDRs</li> </ul>	Performance fully complies with all elements of standard at a level no less than acceptable (See Section 6 of the QASP)	A rating of Deficient on any two of the standards will result in a 10% withholding in the monthly invoiced per-diem day rate until compliance with the standard is established.  A rating of At-Risk on any of the standards will result in a 10% withholding in the monthly invoiced per-diem day rate until compliance with the standard is established.
	<a href="http://www.ice.gov/doclib/pi/familyresidential/1awlibraries.pdf">Access to Legal Material</a> (ICE Standard) <a href="http://www.ice.gov/doclib/pi/familyresidential/1awlibraries.pdf">http://www.ice.gov/doclib/pi/familyresidential/1awlibraries.pdf</a>				
	<a href="http://www.ice.gov/doclib/partners/dro/opsmanual/classif.pdf">Classification, Review, and Housing</a> (ICE Standard) <a href="http://www.ice.gov/doclib/partners/dro/opsmanual/classif.pdf">http://www.ice.gov/doclib/partners/dro/opsmanual/classif.pdf</a>				
	<a href="http://www.ice.gov/doclib/pi/familyresidential/correspondence.pdf">Detainee Mail &amp; Correspondence</a> (ICE Standard) <a href="http://www.ice.gov/doclib/pi/familyresidential/correspondence.pdf">http://www.ice.gov/doclib/pi/familyresidential/correspondence.pdf</a>				
	<a href="http://www.ice.gov/doclib/pi/familyresidential/egalrights.pdf">Group Legal Representation</a> (ICE Standard) <a href="http://www.ice.gov/doclib/pi/familyresidential/egalrights.pdf">http://www.ice.gov/doclib/pi/familyresidential/egalrights.pdf</a>				
	<a href="http://www.ice.gov/doclib/pi/familyresidential/marriagerequests.pdf">Marriage Requests</a> (ICE Standard) <a href="http://www.ice.gov/doclib/pi/familyresidential/marriagerequests.pdf">http://www.ice.gov/doclib/pi/familyresidential/marriagerequests.pdf</a>				
	<a href="http://www.ice.gov/doclib/pi/familyresidential/escortedtripsfornon_medicalemergency.pdf">Non-Medical Emergency Escorted Trips</a> (ICE Standard) <a href="http://www.ice.gov/doclib/pi/familyresidential/escortedtripsfornon_medicalemergency.pdf">http://www.ice.gov/doclib/pi/familyresidential/escortedtripsfornon_medicalemergency.pdf</a>				
	<a href="http://www.ice.gov/doclib/pi/familyresidential/recreation.pdf">Recreation</a> (ICE Standard) <a href="http://www.ice.gov/doclib/pi/familyresidential/recreation.pdf">http://www.ice.gov/doclib/pi/familyresidential/recreation.pdf</a>				

**Comment [chw3]:** This is the link for the entire Family Residential Standard

**Comment [chw4]:** Looking for equivalent

FUNCTIONAL AREA/ WEIGHT	PERFORMANCE STANDARD	PERFORMANCE MEASURE	METHOD OF SURVEILLANCE	ACCEPTABLE QUALITY LEVEL	WITHHOLDING CRITERIA
	<a href="http://www.ice.gov/doclib/pi/familyresidential/religiouspractices.pdf">Religious Practices</a> (ICE Standard) (http://www.ice.gov/doclib/pi/familyresidential/religiouspractices.pdf)				
	<a href="http://www.ice.gov/doclib/pi/familyresidential/telephone_access.pdf">Telephone Access</a> (ICE Standard) (http://www.ice.gov/doclib/pi/familyresidential/telephone_access.pdf)				
	<a href="http://www.ice.gov/doclib/pi/familyresidential/housekeeping_and_voluntarywork.pdf">Voluntary Work Program</a> (ICE Standard) (http://www.ice.gov/doclib/pi/familyresidential/housekeeping_and_voluntarywork.pdf)				
	<a href="http://www.ice.gov/doclib/pi/familyresidential/visitation.pdf">Visitation Privileges</a> (ICE Standard) (http://www.ice.gov/doclib/pi/familyresidential/visitation.pdf)				

FUNCTIONAL AREA/ WEIGHT	PERFORMANCE STANDARD	PERFORMANCE MEASURE	METHOD OF • SURVEILLANCE	ACCEPTABLE QUALITY LEVEL	WITHHOLDING CRITERIA
<b>Workforce Integrity (10%)</b> (Addresses the adequacy of the detention/correctional officer hiring process, staff training and licensing/certification and adequacy of systems to report and address staff misconduct)	Staff Background and Reference Checks (Contract) 4-ALDF-7B-03	Performance measures are reflected in the monitoring instrument that accompanies each standard or in the supplemental performance monitoring tool issued by the COTR	<ul style="list-style-type: none"> <li>• Annual review of facility using Detention Management Control Program (DCMP) procedures and based upon the performance standard</li> <li>• Periodic reviews in accordance with the attached contract performance monitoring tool</li> <li>• Monthly review of corrective action plan results.</li> <li>• Ad-hoc reviews as needed</li> <li>• CDRs</li> </ul>	Performance fully complies with all elements of standard at a level no less than acceptable (See Section 6 of the QASP)	A rating of Deficient on any three of the standards will result in a 15% withholding in the monthly invoiced per-diem day rate until compliance with the standard is established.  A rating of At-Risk on any of the standards will result in a 15% withholding in the monthly invoiced per-diem day rate until compliance with the standard is established.
	Staff Misconduct 4-ALDF-7B-01				
	Staffing Pattern Compliance within 10% of required (Contract) 4-ALDF-2A-14				
	Staff Training, Licensing, and Credentialing (Contract) 4-ALDF-4D-05, 4-ALDF-7B-05, 4-ALDF-7B-08				

**Comment [chw5]:** Juvenile Education is not a required element to Residential Standards.

FUNCTIONAL AREA/ WEIGHT	PERFORMANCE STANDARD	PERFORMANCE MEASURE	METHOD OF SURVEILLANCE	ACCEPTABLE QUALITY LEVEL	WITHHOLDING CRITERIA
<b>Discrimination Prevention (2.5%)</b> (Addresses the adequacy of policies and procedures to prevent discrimination against residents based on their gender, race, religion, national origin, or disability)	Discrimination Prevention 4-ALDF-6B-02-03	Performance measures are reflected in the monitoring instrument that accompanies each standard or in the supplemental performance monitoring tool issued by the COTR	<ul style="list-style-type: none"> <li>• Annual review of facility using Detention Management Control Program (DCMP) procedures and based upon the performance standard</li> <li>• Periodic reviews in accordance with the attached performance monitoring tool (see attached)</li> <li>• Monthly review of corrective action plan results.</li> <li>• Ad-hoc reviews as needed</li> <li>• CDRs</li> </ul>	Performance fully complies with all elements of standard at a level no less than acceptable (see Section 6 of the QASP)	A rating of Deficient on the standards will result in a 2.5% withholding in the monthly invoiced per-diem day rate until compliance with the standard is established.  A rating of At-Risk on any of the standards will result in a 2.5% withholding in the monthly invoiced per-diem day rate until compliance with the standard is established.

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## Attachment 2 - Contract Discrepancy Report

<b>CONTRACT DISCREPANCY REPORT</b>			1. CONTRACT NUMBER
<b>Report Number:</b>			<b>Date:</b>
2. TO: (Contractor and Manager Name)		3. FROM: (Name of COTR)	
<b>DATES</b>			
CONTRACTOR NOTIFICATION	CONTRACTOR RESPONSE DUE BY	RETURNED BY CONTRACTOR	ACTION COMPLETE
4. DISCREPANCY OR PROBLEM ( <i>Describe in Detail: Include reference in PWS / Directive: Attach continuation sheet if necessary.</i> )			
5. SIGNATURE OF CONTRACTING OFFICER'S TECHNICAL REPRESENTATIVE (COTR)			
6. TO: (COTR)		7. FROM: (Contractor)	
8. CONTRACTOR RESPONSE AS TO CAUSE, CORRECTIVE ACTION AND ACTIONS TO PREVENT RECURRENCE. ATTACH CONTINUATION SHEET IF NECESSARY. ( <i>Cite applicable Q.A. program procedures or new A.W. procedures.</i> )			
9. SIGNATURE OF CONTRACTOR REPRESENTATIVE			10. DATE
11. GOVERNMENT EVALUATION OF CONTRACTOR RESPONSE/RESOLUTION PLAN: ( <i>Acceptable response/plan, partial acceptance of response/plan, rejection: attach continuation sheet if necessary</i> )			
12. GOVERNMENT ACTIONS ( <i>Payment withholding, cure notice, show cause, other.</i> )			
<b>CLOSE OUT</b>			
CONTRACTOR NOTIFIED	NAME AND TITLE	SIGNATURE	DATE
COTR			
CONTRACTING OFFICER			

## Attachment 3 – Performance Monitoring Tool

**Detention and Removal Operations****Performance Monitoring Tool**

Facility Name: \_\_\_\_\_ Month/Year: \_\_\_\_\_


**U.S. Immigration  
and Customs  
Enforcement**

Frequency						Rating	Corrective Action Required /	Due Date
D	W	M	Q		DETENTION STANDARD	A/D/R	Comments	
					<b>1. Admission and Release</b>			
				A.	ICE information is available for initial classification			
				B.	Medical screening taking place within timeframes			
				C.	Inventory resident personal effects			
				D.	Resident funds accountability in place for admin/release			
				E.	All visual searches documented and are not routine in procedure			
				F.	Appropriate clothing and bedding issued			
				G.	Orientation material in English, Spanish or most prevalent second language			
					<b>2. Resident Classification System</b>			
				A.	All residents classified appropriately upon arrival			
				B.	Reassessment and reclassification process in place			
				C.	Housing assignments are based upon classification			
				D.	Work assignments are based upon classification system			
				E.	Residents are assigned color coded uniforms/wrist bands to reflect classification level			
					<b>3. Contraband</b>			
				A.	Policy in place for handling contraband			
				B.	Contraband disposed of properly and documented			
				C.	Facility staff make a concerted effort to control contraband			

D	W	M	Q		DETENTION STANDARD	Rating A/D/R	Corrective Action Required/ Comments	Due Date
					<b>4. Correspondence and Other Mail</b>			
				A.	Incoming mail screened and delivered daily			
				B.	Outgoing mail screened for contraband			
				C.	Legal mail opened in front of resident			
				D.	Incoming funds processed properly			
				E.	Rules for correspondence and other mail posted in housing unit or common areas, and resident handbook			
				F.	Facility has a system for residents to purchase stamps			
				G.	SMU has same correspondence privileges as general population			
					<b>5. Resident Handbook</b>			
				A.	Staff aware of handbook contents and follow procedures			
				B.	Available in both English and Spanish and/or second most prevalent language			
				C.	Handbook is updated as necessary			
				D.	Orientation material available to illiterate residents			
					<b>6. Detention Files</b>			
				A.	Detention file created for each new arrival			
				B.	Detention files contain documents generated during custody			
				C.	Detention files maintained in a secure area			
					<b>7. Disciplinary Policy</b>			
				A.	Rules of conduct/sanctions provided in writing			
				B.	Incident reports investigated within 24 hours			
				C.	Disciplinary panel adjudicate infractions			
				D.	Disciplinary sanctions are in accordance with standards			
				E.	Staff representation available			

D	W	M	Q		DETENTION STANDARD	Rating A/D/R	Corrective Action Required / Comments	Due Date
					<b>8. Emergency Plans</b>			
				A.	Staff trained			
				B.	Written plans			
				C.	Evacuation routes primary and secondary			
				D.	A complete set of emergency plans is available			
				E.	Staff work stoppage plan is available			
					<b>9. Environmental Health and Safety</b>			
				A.	System for storing/issuing/maintaining hazardous materials			
				B.	Complete inventories of hazardous materials maintained			
				C.	A complete list of MSDS readily accessible to staff and residents			
				D.	Fire prevention/control/evacuation plan			
				E.	Conduct fire/evacuation drills according to schedule/standard			
				F.	Staff trained to prevent contact with blood and bodily fluids			
				G.	Emergency generators are tested bi-weekly			
				H.	Every employee and resident using flammable, toxic, or caustic materials receives advance training in their use, storage, and disposal			
				I.	Safety Office (or officer) maintains files of inspection reports; Including corrective actions taken			
				J.	Facility appears clean and well maintained			
				K.	All flammable and combustible materials (liquid and aerosol) are stored and used according to label recommendations			

D	W	M	Q		DETENTION STANDARDS	Rating A/D/R	Corrective Action Required / Comments	Due Date
					<b>10. Non-Medical Emergency Escorted Trips</b>			
				A.	The Field Office Director considers and approves, on a case-by-case basis, trips to visit an immediate family member in accordance with standards			
					<b>11. Security Inspections</b>			
				A.	Staff are required to conduct security check of assigned areas			
				B.	All visitors officially recorded in a visitor log book			
				C.	Front entrance staff inspect ID of everyone entering/exiting			
				D.	Maintain a log of all incoming and departing vehicles			
				E.	Housing unit searches occur at irregular times			
				F.	Area searches documented in log book			
				G.	Daily/Monthly fence checks completed and logged			
				H.	Facility administrator or designee and department heads visit housing units and activity areas weekly			
				I.	Officers monitor all vehicular traffic entering and leaving the facility			
				J.	The facility has a written policy and procedures to prevent the introduction of contraband into the facility or any of its components			
				K.	Security officer posts located in or immediately adjacent to resident living areas to permit officers to see or hear and respond promptly to emergency situations. Personal contact and interaction between staff and residents is required and facilitated			
				L.	Daily procedures include: perimeter alarm system tests; physical checks of the perimeter fence; documenting the results			



D	W	M	Q		DETENTION STANDARDS	Rating A/D/R	Corrective Action Required/ Comments	Due Date
				M.	Tools being taken into the secure area of the facility are inspected and inventoried			
					<b>12. Food Service</b>			
				A.	Appropriate security measures for sharps are in place			
				B.	Appropriate food temperatures are maintained for both hot and cold food			
				C.	Food Service department maintained at a high level of sanitation			
				D.	Residents receive safety and appropriate equipment training prior to beginning work in department			
				E.	A minimum of two hot meals served daily			
				F.	Facility has a standard 35 day cycle menu			
				G.	A registered dietician conducts nutritional analysis			
				H.	All menu changes documented			
				I.	Common fare menu for authorized residents			
				J.	Weekly inspections conducted and documented			
					<b>13. Funds and Personal Property</b>			
				A.	Inventory personal property/funds is maintained			
				B.	Funds/valuables documented on receipt			
				C.	Residents property searched for contraband			
				D.	Staff forward arriving residents medication to medical staff			
				E.	Resident funds are deposited into the cash box			
				F.	Staff secure every container used to store property with a tamper-proof numbered strap			
				G.	Quarterly audits of resident baggage & luggage are conducted, verified, and logged			

D	W	M	Q		DETENTION STANDARDS	RATING A/D/R	Corrective Action Required/ Comments	Due Date
					<b>14. Resident Grievance Procedures</b>			
				A.	Grievance procedures in place			
				B.	Staff awareness of procedures for emergency grievances			
				C.	Grievance log is utilized			
				D.	Staff forward any grievances alleging staff misconduct to ICE			
				E.	Informal resolution to a resident grievance documented in detention file			
					<b>15. Hold Rooms in Detention Facilities</b>			
				A.	Residents are not held in hold rooms longer than 12 hours			
				B.	All residents pat searched prior to placement in hold room			
				C.	Maintain detention log for each resident in hold room			
				D.	Written evacuation plan posted for each hold room			
				E.	Hold rooms contain sufficient seating for the number of residents held			
				F.	No bunks/cots/beds or other related make shift sleeping apparatuses are permitted inside hold rooms			
				G.	Male and females are segregated from each other at all times			
				H.	Residents are provided with basic personal hygiene items such as water, soap, toilet paper, cups for water, feminine hygiene items, diapers and wipes			
				I.	Officers closely supervise the detention hold rooms. Hold rooms are irregularly monitored every 15 minutes			
					<b>16. Hunger Strikes</b>			
				A.	Procedures for referring resident to medical if verbally refused or observed refusing to eat beyond 72 hours			

D	W	M	Q		DETENTION STANDARDS	Rating A/D/R	Corrective Action Required / Comments	Due Date
				B.	Staff receive training in identification of hunger strike			
				C.	Process for determining reason for hunger strike			
					<b>17. Key and Lock Control</b>			
				A.	Maintain inventories of all keys/locks/locking devices			
				B.	Emergency keys are available for all areas of the facility			
				C.	Chit system used to issue security equip./keys/radios			
				D.	Policy regarding restricted keys present and followed by staff			
				E.	Facility has a key accountability policy and procedures to ensure key accountability. The keys are physically counted daily			
				F.	Locks and locking devices are continually inspected, maintained, and inventoried			
					<b>18. Access to Legal Material</b>			
				A.	Adequate equipment is available for residents			
				B.	Legal materials/law library current and available for residents			
				C.	Resident access provided to include SMU			
				D.	Denials documented			
				E.	Schedule for use implemented 5 hours weekly per resident			
				F.	Access to legal material within 24 hours of written request			
				G.	Indigent residents provided free stamps/envelopes for legal matters			
					<b>19. Group Presentations on Legal Rights</b>			
				H.	ICE/DRO approved videos played for all incoming residents			
				I.	Posters announcing presentation appear in common areas at least 48 hours prior to presentation			

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D	W	M	Q		DETENTION STANDARDS	Rating A/D/R	Corrective Action Required / Comments	Due Date
				J.	Residents in SMU receive separate presentation			
				K.	Facility ensures adequate presentations so all residents wanting to attend have the opportunity			
					<b>20. Marriage Requests</b>			
				A.	Marriage written requests approved by FOD			
					<b>21. Medical Care</b>			
				A.	Intake process includes medical and mental health screening			
				B.	Sick call procedures established			
				C.	Adequate medical staff available proportionate to population			
				D.	Pharmaceuticals stored in a secure area			
				E.	All residents receive physical examination/assessment within 14 days of arrival			
				F.	Sick call slips available in English, Spanish and/or most prevalent second language			
				G.	The facility has a written plan for 24 hour emergency health care when no medical staff are on-duty or when immediate outside medical attention is required			
				H.	Medical records are available and transferred with the resident			
				I.	Records are maintained of medication distribution			
				J.	All sharps are under strict control and accountability			
				K.	A sharps container is used to dispose of used sharps			
				L.	The medical department is maintained at a high level of sanitation			

D	W	M	Q		DETENTION STANDARDS	Rating A/D/R	Corrective Action Required / Comments	Due Date
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					<b>22. Issuance and Exchange of Clothing, Bedding, and Towels</b>			
				A.	Clothing provided upon intake and exchanged weekly			
				B.	Sheets and towels exchanged weekly			
				C.	Climate appropriate clothing issued and maintained in good repair			
				D.	Facility provides and replenishes personal hygiene items as needed, at no cost to resident			
				E.	Showers operate between 100 degrees and 120 degrees			
				F.	Showers meet ADA standards and requirements			
				G.	Food Service resident volunteers exchange garments daily			
					<b>23. Population Counts</b>			
				A.	Staff conduct formal count at least once per 8 hour shift/ 3x per day			
				B.	At least two officers participate in count for each area			
				C.	Recount conducted when incorrect count is reported			
				D.	Face to photo count conducted as necessary			
				E.	Each resident positively identified during count			
					<b>24. Post Orders</b>			
				A.	Every post has a post order, current & signed by the facility administrator			
				B.	Housing unit officers record all resident activity in a log			
				C.	Supervisor visits each housing area once per shift			
				D.	Staff sign post orders, regardless of whether the assignment is temporary, permanent, or due to an emergency			
				E.	Anyone assigned to an armed post qualifies with the post weapons before assuming post duty			

D	W	M	Q		DETENTION STANDARDS	Rating A/D/R	Corrective Action Required / Comments	Due Date
					<b>25. Recreation</b>			
				A.	Outdoor/indoor recreation is provided			
				B.	Access to recreation activities 1 hour x 5 days			
				C.	Staff conduct daily searches of recreation areas			
				D.	In unit sedentary activities are available			
					<b>26. Religious Practices</b>			
				A.	Residents are allowed to engage in religious services			
				B.	Authorized religious items are allowed in resident possession			
					<b>27. Special Management Unit (Administrative Segregation)</b>			
				A.	Written order accompany resident placed in SMU			
				B.	SMU reviews are conducted in a timely manner (3,7,14,30,60)			
				C.	Residents in SMU have access to legal materials			
				D.	Residents in SMU retain visiting privileges			
				E.	Maintain a permanent log regarding resident related activities			
				F.	SMU phone access same as general pop unless exception is made			
				G.	Residents in SMUs may shave and shower three times weekly and receive other basic services (laundry, hair care, barbering, clothing, bedding, linen) on the same basis as the general population			
				H.	The facility administrator (or designee) visits each SMU daily			
				I.	A health care provider visits every resident in a SMU at least 3x week, and residents are provided any medications prescribed for them			

D	W	M	T	F	S	SUN	DETENTION STANDARDS	Rating A/D/R	Corrective Action Required / Comments	Due Date
							J. Residents in the SMU are offered at least one hour of recreation per day, scheduled at a reasonable time, at least five days per week. Where cover is not provided to mitigate inclement weather, residents are provided weather-appropriate equipment and attire			
							K. When a resident has been held in Admin Segregation for more than 30 days, the facility administrator notifies the Field Office Director, who notifies the ICE/DRO Deputy Assistant Director, Detention Management Division			
							<b>28. Special Management Unit (Disciplinary Segregation)</b>			
							A. Written order accompany resident placed in SMU			
							B. SMU reviews are conducted in a timely manner (3,7,14,30,60)			
							C. Admin SMU residents enjoy same privileges as gen pop			
							D. Residents in SMU have access to legal materials			
							E. Residents in SMU retain visiting privileges			
							F. Maintain a permanent log regarding resident related activities			
							G. Written order accompany resident placed in disciplinary SMU			
							H. Residents in disciplinary SMU have access to legal materials			
							I. Residents in disciplinary SMU retain visiting privileges			
							J. Disciplinary SMU phone access limited to legal/consular calls			
							K. Residents in SMUs may shave and shower three times weekly and receive other basic services (laundry, hair care, barbering, clothing, bedding, linen) on the same basis as the general population			

D	W	M	Q		DETENTION STANDARDS	Rating A/D/R	Corrective Action Required / Comments	Due Date
				L.	The facility administrator (or designee) visits each SMU daily			
				M.	A health care provider visits every resident in a SMU at least 3x week, and residents are provided any medications prescribed for them			
				N.	Residents in the SMU are offered at least one hour of recreation per day, scheduled at a reasonable time, at least five days per week. Where cover is not provided to mitigate inclement weather, residents are provided weather-appropriate equipment and attire			
					<b>29. Staff-Resident Communication</b>			
				A.	Housing unit rounds conducted daily by security staff			
				B.	Housing unit rounds conducted daily by Deportation Staff			
				C.	Resident requests answered within 72 hours			
				D.	ICE SDC visit schedules are posted in housing unit			
				E.	Request forms are available to residents			
				F.	There is a secure box available for residents to place requests in for ICE staff that is checked on a daily basis			
				G.	Unannounced ICE staff housing unit visits occur weekly			
				H.	Visiting staff observe, document and communicate current climate and conditions of confinement			
					<b>30. Suicide Prevention and Intervention</b>			
				A.	The facility has a written suicide prevention and intervention program approved and signed by the health authority and facility administrator which is reviewed annually			
				B.	Every new staff member receives suicide-prevention training. Suicide-prevention training occurs during the employee orientation program and annually thereafter			
				C.	The facility has a designated and approved isolation room for evaluation and treatment			



D	W	M	Q		DETENTION STANDARDS	Rating A/D/R	Corrective Action Required / Comments	Due Date
				D.	Staff observes and documents the status of a suicide-watch resident at least once every 15 minutes			
					<b>31. Telephone Access</b>			
				A.	Upon intake, residents are made aware of phone policies			
				B.	Out of order phones reported to service provider			
				C.	Telephones inspected regularly by staff			
				D.	Telephone access rules posted in each housing unit			
				E.	The number for the ICE OIG is posted in housing units			
				F.	The pro bono list is posted in housing units			
				G.	Emergency phone call messages delivered to residents			
				H.	Special access calls are available to residents			
				I.	Notification of telephone monitoring posted by unit phones			
					<b>32. Terminal Illness, Advanced Directives, and Death</b>			
				A.	Residents who are chronically or terminally ill are transferred to an appropriate off-site facility			
				B.	The facility has written plans for addressing organ donations			
				C.	There is a policy addressing Do Not Resuscitate Orders			
				D.	The facility has written procedures detailing the proper notifications			
					<b>33. Tool Control</b>			
				A.	Tool inventories conducted as specified			
				B.	Tools marked and readily identifiable			
				C.	Procedures for issuance of tools to staff and residents			
				D.	Inventory made of all tools by contractors prior to enter and exit			

D	W	M	Q		DETENTION STANDARDS	Rating A/D/R	Corrective Action Required / Comments	Due Date
				E.	There is an individual who is responsible for developing a tool control procedure and an inspection system to ensure accountability			
				F.	A metal or plastic chit is taken in exchange for all tools issued, and when a tool is issued from a shadow board the receipt chit shall be visible on the shadow board			
				G.	Broken or worn out tools are surveyed and disposed of in an appropriate and secure manner			
				H.	Department heads are responsible for implementing proper tool control procedures as described in the standard			
					<b>34. Resident Transfer</b>			
				A.	Resident provided with resident transfer notification form			
				B.	Health records/transfer summary accompany resident			
				C.	Funds and personal property accompany resident			
				D.	A-File/work folder accompany resident			
					<b>35. Transportation (Land Transportation)</b>			
				A.	Documentation indicating safety repairs are completed immediately and vehicles are not used until they have been repaired and inspected, is available for review			
				B.	Officers use a checklist during every vehicle inspection			
				C.	Transporting officers limit driving time to 10 hours in any 15 hour period when transporting residents			
				D.	Two officers with valid Commercial Drivers Licenses, (CDL's) required in any bus transporting residents			
				E.	Policies and procedures are in place addressing the use of restraining equipment on transportation vehicles			

D	W	M	T	F	S	S	Rating A/D/R	Corrective Action Required / Comments	Due Date
						F.	Vehicles have 2 way radios, cellular telephones, equipment boxes in accordance with the Use of Force standard		
						G.	Vehicles have written contingency plans on board		
							<b>36. Use of Force</b>		
						A.	Policy governing immediate/calculated use of force		
						B.	All use of force incidents documented and reviewed		
						C.	Video tapes of incidents preserved/catalogued for 2 1/2 yrs		
						D.	Resident is seen by medical immediately after incident		
						E.	Facility subscribes to prescribed confrontation avoidance procedures		
						F.	Staff trained in use of force techniques		
						G.	Appropriate procedures in place for using 4 point restraints		
						H.	Medical staff consulted prior to deploying OC spray in calculated use of force situations		
						I.	All electronic stun devices inventoried and used by facility must be approved by ICE National Firearms and Tactical Training Unit		
							<b>37. Visitation</b>		
						A.	Written visitation schedule posted and accessible to the public		
						B.	General visitation log book maintained		
						C.	Visitor dress code enforced		
						D.	Legal visitation available 7 days a week		
						E.	Facility complies with visitation schedule		
						F.	Visitors are searched and identified per standards		
						G.	Current list of Pro Bono services posted in resident housing		

D	W	M	Q		DETENTION STANDARDS	Rating A/D/R	Corrective Action Required / Comments	Due Date
					<b>38. Voluntary Work Program</b>			
				A.	Facility has a voluntary work program			
				B.	Maintain a written chart with work assignments/classification level			
				C.	Facility complies with work hour and pay requirements for residents			
				D.	Residents are medically screened to participate			
				E.	Residents receive proper training and safety equipment			
				F.	Resident housekeeping meets standards for neatness, cleanliness and sanitation			
					<b>39. Juvenile Education</b>			
				A.	Classrooms are equipped, including desks, chairs, grade-appropriate text books, activity supplies, chalk boards and audio/visual equipment.			
				B.	Lesson plans are in place and have clearly stated objectives and measures for student performance.			
				C.	Curricula and materials meet US Dept. of Education, state and county requirements.			
				D.	At least one hour of daily grade-appropriate instruction is provided in the following core subjects: Science, Social Studies, Math, Language Arts (Reading/Writing), and Physical Education.			
				E.	Teacher credentials meet state English as a Second Language (ESL) requirements.			
				F.	Teachers identify, address and refer counseling and special needs of students.			

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