

COMMISSION ON ACCREDITATION FOR CORRECTIONS
STANDARDS COMPLIANCE TECHNICAL ASSISTANCE VISIT

Department of Homeland Security
San Pedro Processing Center
San Pedro, California

March 19-21, 2007

VISITING COMMITTEE MEMBERS

[REDACTED] Chairperson
Associate Director
Okmulgee County Criminal Justice Authority
315 West 8th Street
Okmulgee, Oklahoma 74447

[REDACTED]
Assistant Administrator
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MARCH 2007

A. Introduction

The technical assistance visit of the ICE San Pedro Service Processing Center, San Pedro, California was conducted on March 19-21, 2007, by the following team: [b6]

[b6]

Chairperson; and

[b6]

B. Facility Demographics

Rated Capacity: 450

Actual Population: 529 (midnight count)

Average Daily Population for the last 12 months: 532

Average Length of Stay: 45

Security/Custody Level: Security: Low / Custody Level 1, 2 & 3 (1 being the lowest)

Age Range of Offenders: 20 – 50 years old

Gender: Male & Female

Full-Time Staff: 229

12 Administrative, 11 Support, 5 Program, and 201 Security.

C. Facility Description

The Immigration and Customs Enforcement Service Processing Center at San Pedro, California is located on Terminal Island at the Port of Los Angeles. The facility was originally built in 1938 on what is called "Reservation Point" and opened in 1939 as a processing center for immigrants. In 1955 the processing center became the Western Regional Office of the Immigration and Naturalization Service (INS) and was used as such until 1988 when that office was moved to Laguna Niguel, California. In 1988 Immigration Naturalization Service officials caused the 44,000 square foot structure to be renovated and expanded to a 95,000 square foot building to again be used as a processing center. This new center formally opened on February 22, 1991 as the San Pedro Service Processing Center.

The San Pedro Service Processing Center houses those who have entered the United States illegally or are charged with violations of their immigration status. The purpose of the facility is to provide secure detention of aliens pending adjudication of their removal cases or pending release under various circumstances. Under federal statute, aliens can be detained until proceedings are completed in their case. Detention time can be as little as one (1) day or as long as one (1) year or more, depending on the complexity of the detainee's case.

Approximately 280 aliens are formally deported each month by this facility with the average length of stay being 45 days. At the time of the audit the facility count was 529 detainees. The rated capacity of this facility is 450, with an operational capacity of 382.

D. Pre-Audit Meeting

The team met at the assigned hotel in San Pedro, California to discuss the information provided by the Association staff and the officials from the San Pedro Service Processing Center.

The team conducted a technical visit, as such only the mandatory and selected files from each section was audited. This included files selected by compliance staff for review by the team. The files were neat, well organized and complete and would be considered satisfactory. The only criticism was that the pertinent information should be highlighted.

E. The Audit Process

1. Transportation

[REDACTED] Accreditation Manager, picked up the team at the hotel. Each day she would pick us up and deliver us back to the hotel.

2. Entrance Interview

The audit team proceeded to the Accreditation Office and met with Assistant Field Officer Director [REDACTED] the highest-ranking official assigned at the facility, Accreditation Manager [REDACTED] and Accreditation Manager [REDACTED]. The team expressed the appreciation of the Association for the opportunity to be involved with (facility) in the accreditation process. Outside of the accreditation office is a conference room where the formal entry meeting was held. It was explained that the goal of the visiting team was to be as helpful and non-intrusive as possible during the conduct of the audit. The chairperson emphasized the goals of accreditation toward the efficiency and effectiveness of correctional systems throughout the United States. The audit schedule was also discussed at this time.

The following persons were in attendance:

[REDACTED]	Assistant Field Office Director
[REDACTED]	Deputy Field Office Director
[REDACTED]	(SDDO) Supervisory Detention and Deportation Officer
[REDACTED]	(SDDO) Supervisory Detention and Deportation Officer
[REDACTED]	Supervisor Immigration Enforcement Agent
[REDACTED]	Incoming Health Service Administrator
[REDACTED]	Outgoing Health Service Administrator
[REDACTED]	Accreditation Manager

[REDACTED] b6 Accreditation Manager
[REDACTED] Accreditation Manager
[REDACTED] b6 Assistant Project Manager, MVM Inc. Contract Security
[REDACTED] b6 Acting Facility Manager
[REDACTED] b6 Facility Chaplain
[REDACTED] b6 Recreation Specialist – Programs Coordinator
[REDACTED] b6 Maintenance Mechanic

3. Facility Tour

The team toured the entire facility from 08:35 a.m. to 1130 a.m. The following persons accompanied the team on the tour and responded to the team's questions concerning facility operations:

[REDACTED] b6,b7c Assistant Field Office Director
[REDACTED] b6,b7c Deputy Field Office Director
[REDACTED] b6,b7c (SDDO) Supervisory Detention and Deportation Officer
[REDACTED] b6,b7c Supervisor Immigration Enforcement Agent
[REDACTED] b6 Accreditation Manager
[REDACTED] b6 Accreditation Manager
[REDACTED] Assistant Project Manager, MVM Inc. Contract Security

4. Conditions of Confinement/Quality of Life

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

Security

The entire perimeter is enclosed by a single chain link type fence approximately twenty-five in height and topped with razor wire. There are two points of entry into the facility, the employee and visitor entrance and the vehicle sally port. Internally, the staffing pattern is appropriate for the mission of each functional area and all staff members were knowledgeable of their duties. Security services are provided by a privately owned company. The only areas of concern were found in tool control and chemical accountability.

Environmental Conditions

Temperatures within the institution are appropriate for the seasons and there is more than adequate lighting and ventilation for comfortable living. The noise levels within the facility are within prescribed limits. Operating under regulatory

provisions concerning the number of restrooms and shower facilities in the housing units, the detainee population has easy access to toilets, showers and wash basins for proper personal hygiene.

Sanitation

The team found the facility in need of some general cleaning. There were areas in which there was "clutter." The staff was receptive to the suggestions regarding the cleanliness concerns.

Fire Safety

The entire facility is monitored by an electronic fire detection system, and automatic fire suppression sprinkler system is also in place. Fire drills are conducted and well documented. Appropriate procedures are in place to deal with potentially flammable materials. An effective emergency evacuation plan is in place and staff members appear to be familiar with them.

Food Service

The physical plant is sufficient to provide the services necessary for the population. Temperature levels were appropriate. The facility successfully passed the annual inspection by the local health authority. The team sampled meals served to the population and found them to be nutritious.

Medical Care

The medical department provides services on a 24 hour seven day a week schedule. The facility provides full time pharmacy services in addition to dental screening. All medical services are provided by the United States Public Health Services department.

Recreation

The facility provides outdoor recreation services to the population in one hour per day increments. Board games are provided in the living areas. The detainees are provided television services in the living areas.

Religious Programming

Religious programming is provided to the detainees in the living areas.

Offender Work Programs

Work programs are limited to facility upkeep and meal service. Detainees provide barber services for both male and female detainees.

Academic and Vocational Education

The facility does not provide vocational programming. There is a GED program in place. The facility provides alcohol and drug abuse programming. The effort to provide programs is impacted by the average length of stay, three weeks, for most detainees.

Social Service

Social services are limited to scheduling deportation hearings.

Visitation

Detainees are provided with non-contact visits on weekends. Attorney visits are provided on as needed basis.

Library Services

The facility provides a well stocked library. Legal reference materials are contained in a computerized law library.

Laundry

The facility provides for the detainees to launder their clothing twice weekly.

F. Examination of Records

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

1. Litigation

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

2. Significant Incidents/Outcome Measures

The outcome measures were generally within acceptable ranges with the exception of the number inmate assaults on inmates. The Significant Incident Summary indicated over a course of one year there were 76 incidents involving fights in the facility. There was one incident of an assault on a staff member and one incident of force involving the use of a chemical agent. There were no detainee deaths documented over the last 12-month period.

3. Departmental Visits

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

<u>Department Visited</u>	<u>Person(s) Contacted</u>
Facility Control	Officer [REDACTED] Contract Detention
	Officer [REDACTED] Contract Detention
Special Management Unit	Officer [REDACTED] Contract Detention
	Officer [REDACTED], Contract Detention
	Officer [REDACTED], Contract Detention
	Lt. [REDACTED] Contract Detention Supervisor
Recreation Movement	Officer [REDACTED], Contract Detention
	Lt. [REDACTED] Contract Detention
	Officer [REDACTED], Contract Detention
POD 1	Officer [REDACTED] Contract Detention
	Officer [REDACTED]
Processing	Agent [REDACTED] ICE
	Agent [REDACTED] ICE
Medical	Officer [REDACTED] Contract Detention
	Officer [REDACTED] Contract Detention
	Officer [REDACTED], Contract Detention
	Pharmacist [REDACTED] PHS
Kitchen	HSA [REDACTED] PHS
	HSA [REDACTED] PHS
	Officer [REDACTED], Contract Detention
POD 6	AFSA [REDACTED] ICE
	Officer [REDACTED], Contract Detention
Reading Room	Officer [REDACTED], Contract Detention
	Officer [REDACTED] Contract Detention
	Officer [REDACTED], Contract Detention
Laundry	Officer [REDACTED], Contract Detention
	Officer [REDACTED] Contract Detention

4. Shifts

a. Day Shift

The team was present at the facility during the day shift from 08:00 a.m. to 16:00 p.m. The team observed most on-duty staff members during the facility tour and found each of them to be well versed with their assigned duties.

b. Evening Shift

The team was present at the facility during the evening shift from 16:00 a.m. to 18:00 p.m. The team found the staff members encountered to be well versed in their assigned duties.

c. Night Shift

The team did not visit staff members on the night shift.

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

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

Standard #3-ALDF-1C-10

Previous Finding – The plan of action has not been accepted. An updated plan of action is required with completion dates. Current Status – This standard did not convert to the 4th edition.

Standard #3-ALDF-1D-16

Previous Finding – The plan of action has been accepted. Current Status – This standard was converted to 4-ALDF-7B-12. The anticipated start-up of the tactical unit training has been placed on hold pending the development of a national SOP for TIAC teams. The facility is showing the standard as Not Applicable.

Standard #3-ALDF-2C-01

Previous Finding – The waiver has been granted. Current Status – This standard was converted to 4-ALDF-1A-09. The facility is showing the standard as Non-Compliant and is asking for another waiver.

Standard #3-ALDF-2C-04

Previous Finding – The waiver has been granted. Current Status – This standard was converted to 4-ALDF-2A-35. The facility is showing the standard as Non-Compliant and is asking for another waiver.

Standard #3-ALDF-2C-05

Previous Finding – The plan of action has been accepted. Current Status – This standard was converted to 4-ALDF-2A-35. The facility is showing the standard as Non-Compliant and is asking for another waiver.

Standard #3-ALDF-2C-12

Previous Finding – The waiver has been granted. Current Status – This standard was converted to 4-ALDF-2A-51. The facility is showing the standard as Non-Compliant and is asking for another waiver.

Standard #3-ALDF-2D-03

Previous Finding – The waiver has been granted. Current Status – This standard was converted to 4-ALDF-2A-15. The facility is showing the standard as compliant.

Standard #3-ALDF-4E-40

Previous Finding – The waiver has been denied. However, it was accepted as a plan of action. Current Status – This standard did not convert to the 4th edition.

G. Interviews

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

1. Offender Interviews

During the facility tour the team informally interviewed approximately 20 detainees. The detainees reported that they felt secure and well cared for at facility. There were very few complaints and they were commonplace and routine.

2. Staff Interviews

During the site visit the team informally interviewed approximately 40 staff members. The team found them to be very professional and respectful of the audit process.

H. Exit Discussion

The exit interview was held at 16:00 pm. in the conference room with the following staff in attendance:

b6,b7c

Assistant Field Office Director

b6,b7c

(SDDO) Supervisory Detention and Deportation Officer

b6,b7c

, Supervisor Immigration Enforcement Agent

b6,b7c [redacted] Deportation Officer
b6 [redacted] Accreditation Manager
b6 [redacted] Accreditation Manager
b6 [redacted] Assistant Project Manager, MVM Inc. Contract Security

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

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

COMMISSION ON ACCREDITATION FOR CORRECTIONS
STANDARDS COMPLIANCE REACCREDITATION AUDIT

Department of Homeland Security
San Pedro Service Processing Center (ICE)
San Pedro, California

May 14-16, 2007

VISITING COMMITTEE MEMBERS

[REDACTED] b6, Chairperson
Assistant Deputy (Corrections Oversight)
U.S. Army Department of Corrections
3121 Terra Springs Drive
Fredericksburg, Virginia 22408

[REDACTED] b6

[REDACTED] b6
Jail Administrator
Livingston County Jail
844 West Lincoln
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[REDACTED] b6

[REDACTED] b6
Correctional Consultant
3659 Longfellow Road
Tallahassee, Florida 32311

[REDACTED] b6

MAY 2007

A. Introduction

The audit of the San Pedro Service Processing Center was conducted on May 14 – 16, 2007, by the following team: [REDACTED] (Chairperson); [REDACTED] (Member); and [REDACTED] (Member). The audit was conducted under Standards for Adult Local Detention Facilities, fourth edition and the 2006 Supplement.

B. Facility Demographics

Rated Capacity	: 450
Actual Population	: 578
Average Daily Population for the last 12 months	: 532
Average Length of Stay	: 35 days
Security/Custody Level:	Security: Low; Custody Level Minimum to Maximum
Age Range of Offenders	: 20 – 50 years old
Gender	: Male and Female.
Full-Time Staff	: 229
12 Administrative, 11 Support, 5 Program, 201 Security	

C. Facility Description

The San Pedro Service Processing Center at San Pedro, California is located on Terminal Island at the Port of Los Angeles. The facility is operated by Immigration and Customs Enforcement, one of three components under Department of Homeland Security. The facility was originally built in 1938 on what is called "Reservation Point" and opened in 1939 as a processing center for immigrants. In 1955 the processing center became the Western Region Office of the Immigration and Naturalization Service and was used as such until 1988 when that office was moved to Laguna Niguel, CA. In 1988 Immigration and Naturalization Service officials caused the 44,000 square foot structure to be renovated and expanded to a 95,000 square foot building to again be used as a processing center. The costs of the renovation were approximately 14 million dollars. This new center formally opened on February 22, 1991 as the San Pedro Service Center.

The mission of the San Pedro Service Processing Center is to house those who have entered the United States illegally or are charged with violations of their immigration status. The purpose of the facility is to provide secure detention of aliens pending adjudication of their removal cases or pending release under various circumstances. The facility detains male and female detainees. Under federal statute, aliens can be detained until proceedings are completed in their case. Detention time can be as little as one day or long as one year or more, depending on the complexity of the detainee's case. Approximately 250 aliens are formally deported each month by this facility with the average length of stay being 35 days.

Many types of criminals have been housed in this facility including among others, one alleged

b2High

b2High

The facility consists of two buildings. The main facility consists of three floors and a basement. The basement floor contains food service, booking and reception, medical services and supply. The first floor has the administrative offices, control center, special management housing, one general housing unit or POD (Place of Detention), MVM administration office, Supervisor Immigration Enforcement Agent office, lower recreation yard, visitation area, and the Executive Office of Immigration Review (two court rooms). The second floor has asylum offices, the barber shop, the legal and reading library, the religious service room and four PODs. The third floor has two Pods (Female Pods), Laundry, Upper Recreation Yard, and the MVM Supervisor Office.

Housing is dormitory style with glass enclosed structure in the center of each unit. The glass enclosed structure is the detention officer station. The officer station is surrounded by a sally port from the hallway, a housing area, day room and latrine. The detention officer station has visibility into all areas of the POD. Majority of the POD is double bunk beds, though there are some boats/cots in the male PODs. The dayrooms are equipped with televisions, tables, board games and phones. Some dayrooms also have boats. Dayrooms provide areas for meals, leisure time activities, telephone access, and television use. The Special Management Unit consists of 13 rooms and holds up to 28 detainees. Detainees are assigned to segregation at their own request (protective custody), for violating existing facility policies or for medical reasons.

There is a separate two story building, the first floor being the maintenance office and Armory, and the second floor being administrative offices to include the accreditation staff and the training room. The entire perimeter is enclosed by a single chain link type fence approximately twenty-five feet in height and topped with razor wire. There are two points of entry into the facility, the employee and visitor entrance and the vehicle sally port. The employee and visitor entrance is also used as a sally port for staff vehicles. Perimeter security is provided by the Federal Correctional Institution located across the street from the Processing Center. At the point of entry on Terminal Island, the Federal Bureau of Prisons, Homeland Security, and the Coast Guard share duties.

Immigration and Customs Enforcement (ICE) operates the building and provides Immigration and Enforcement Agents, Deportation Officers, Trial Attorneys, Food Service, Maintenance and Administrative staff. MVM Inc. is contracted by Immigration and Customs Enforcement to provide Detention Officers. Under guidance from the Contracting Officer's Technical Representative, the contract detention officers provide services ranging from 24 hour patrol of the housing units, escorts of detainees within the facility, court security, and highly sensitive posts such as the facility control room and the

special management Unit. The Division of Immigration Health Services provides 24 hours a day health services to the detainee population and is operated under the direction of Commissioned Corps Officers and contract staff.

The San Pedro Immigration Court falls under the jurisdiction of the Office of the Chief Immigration Judge, which is a component of the Executive Office for Immigration Review under the Department of Justice. The Executive Office for Immigration Review is responsible for adjudicating immigration cases. Specifically, under delegated authority of the Attorney General, they interpret and administer federal immigration laws by conducting immigration court proceedings, appellate reviews, and administrative hearings.

Asylum Officers, who work for the U.S. Citizenship and Immigration Services, interview certain detainees that may qualify for relief under Immigration Law. If eligible, detainees in removal proceedings can apply for various immigration benefits, which if granted, provide relief from removal, such as adjustment to permanent resident status, cancellation of removal, and certain waivers of inadmissibility. Eligible individuals may also seek asylum or withholding of removal, among other forms of protection relief.

D. Pre-Audit Meeting

The team met on 13 May 2007, in Long Beach, to discuss the information provided by the Association staff and the officials from San Pedro Services Processing Center.

The chairperson divided standards into the following groups:

Standards #1A-01 - #3A-02 to [REDACTED] (Chairperson)
Standards #4A, 5C-01 - #7F-07 to [REDACTED] (Member)
Standards #4B-01 - #5B-18 to [REDACTED] (Member)

E. The Audit Process

1. Transportation

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

2. Entrance Interview

The audit team proceeded to the training room and met with [REDACTED] ICE Assistant Field Office Director (chief executive officer). The chair expressed the appreciation of the Association for the opportunity to be involved with San Pedro Services Processing Center in the accreditation process. The chair and [REDACTED] reconfirmed the audit schedule.

Director Molinar escorted the team to the ACA conference room where the formal entry meeting was held.

The following persons were in attendance:

b6,b7c	ICE Assistant Field Office Director
b6,b7c	ICE Deputy Field Office Director
b6,b7c	ICE Supervisor Immigration Enforcement Agent/Accreditation Mgr.
b6,b7c	ICE Immigration Enforcement Agent/Accreditation Mgr.
b6	MVM Contract Officer/Accreditation Mgr.
b6,b7c	ICE Supervisor Detention and Deportation Officer
b6,b7c	, ICE Supervisor Detention and Deportation Officer
b6,b7c	ICE Supervisor Detention and Deportation Officer
b6	Health Service Administrator
b6	ICE Acting Food Service Administrator
b6,b7c	ICE Immigration Enforcement Agent
b6,b7c	ICE HQ Detention and Deportation Officer

ICE Assistant Field Office Director [b6,b7c] introduced his staff. The chair expressed the appreciation of the Association for the opportunity to be involved with San Pedro Services Processing Center in the accreditation process. It was explained that the goal of the visiting team was to be as helpful and non-intrusive as possible during the conduct of the audit. The chairperson emphasized the goals of accreditation toward the efficiency and effectiveness of correctional systems throughout the United States. Each team member introduced themselves. The chair stressed the team was only the eyes and ears of the Commission on Accreditation. The chair briefed he wanted to see all areas, talk to as many staff and inmates as possible, and that staff should highlight all the good things they do.

3. Facility Tour

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

b6,b7c	ICE Assistant Field Office Director
b6,b7c	ICE Deputy Field Office Director
b6,b7c	ICE Supervisor Immigration Enforcement Agent/Accreditation Mgr.
b6,b7c	ICE Immigration Enforcement Agent/Accreditation Mgr.
b6	MVM Contract Officer/Accreditation Mgr.
b6, b7c	ICE Supervisor Detention and Deportation Officer
b6,b7c	ICE HQ Detention and Deportation Officer

4. Conditions of Confinement/Quality of Life

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

Security

MVM Inc. provides detention officers that work as the officers in the general housing and special housing units, escorts of detainees within the facility, court security, and facility control room. Immigration and Customs Enforcement provides personnel for other security positions, to include booking and reception. Security staffing throughout the facility appears to be good to ensure safety and security of staff and detainees. Staff are augmented by a camera system observed in the control center. The assigned personnel possess a good knowledge of policy and demonstrated proficiency in operational procedures. Post orders were available at each post and staff had read and signed them upon assuming the post for the first time. Count was observed and performed IAW policies. Inmate movement was controlled and orderly. Security staff are equipped with a radio and the facility provides sufficient camera surveillance. Security staff were always observed in the open dorms with the detainees. Perimeter and access/egress control were compliant with all standards. Personnel in central control operate the main security doors, observe cameras, issue keys and security equipment, and monitor alarms. The processing of inmates, both in and out of the facility, at the reception and booking section was organized and efficiently accomplished. During the audit, staff members appeared to be experienced, knowledgeable regarding post orders, security policies and procedures, and emergency procedures. Tool control standards were met – however there was some initial problems noted and corrected. The armory was found to be extremely orderly and staffed by [REDACTED] b6,b7c, a very knowledgeable officer from the central office. Equipment, weapons and ammunition is maintained, inventoried, and controlled. Paperwork was accurate, complete and organized. Team work between MVM Inc and Immigration and Customs Enforcement was very evident during the audit. All the staff knew [REDACTED] b6,b7c [REDACTED] b6,b7c Supervisor Immigration Enforcement.

MVM Inc who provides officers to work in segregation and other security positions did not have written criteria to select staff working in segregation (Standard #4-ALDF-2A-54).

Environmental Conditions

Overall environmental conditions throughout the facility preserved the health and well being of detainees and staff members. A good maintenance program has

maintained this facility in good working condition and repair. One toilet was reported not working during the audit, a work order was submitted and the toilet was operational later that day. The following environmental conditions were found to be non-compliant. The count at the processing center (586) exceeds the rated capacity (450) (Standard #4-ALDF-1A-05). The quality of life is compromised by the utilization of "boat beds"; this jurisdiction calls them cots. Boat beds are used in the housing areas and day rooms (PODs 1 -5) to increase the number of beds available. PODS 1 - 5 have more than 64 occupants (Standard #4-ALDF-1A-10). PODs 1, 2 and 5 - 74; POD 3 - 78; POD 4 - 69. Day rooms provide less than 35 square feet per inmate: POD 1 and 2 - 12.7 square feet per inmate; POD 3 - 13.9 square feet per inmate; POD 4 and 5, 14 square feet per inmate; POD 6 and 7, 19 square feet per inmate (Standard #4-ALDF-1A-12). Segregation cells do not have access to natural light (Standard #4-ALDF-1A-15). Though the facility was relatively quiet noise levels exceed both daytime (70dba) and nighttime (45dba) required readings (Standard #4-ALDF-1A-18). Daytime reading POD 3 - 80. Night time readings POD 1 - 59; 2 - 61; 3 - 79; 4 - 61; 5 - 59; 6 - 64. POD 7 was not tested. POD 3 Airflow 10.1 cubic feet per inmate (Standard #4-ALDF-1A-19). Segregation cells provide less than 35 square feet of unencumbered space in segregation cell 176 (31.5 square feet of unencumbered space); cell 177 (29 square feet of unencumbered space); 186 (22.5 square feet of unencumbered space) and cell 187 (25.4 square feet of unencumbered space) (Standard #4-ALDF-2A-51). The facility did meet all other environmental standards.

Sanitation

A housekeeping plan was established and implemented. Work crews under staff supervision were observed maintaining the facility. All living areas were clean, the female dorms and the food service area were outstanding. The team found some areas to have clutter and in need of some general cleaning.

Fire Safety

The entire facility is monitored by an electronic fire detection system, and automatic fire suppression sprinkler system is also in place. Fire drills are conducted and well documented. Security personnel in the special housing area were very knowledgeable of fire evacuation procedures. Fire drills are well documented and response time from the local fire jurisdiction is five minutes. Fire evacuation diagrams and fire extinguishers are located throughout the facility. Fire extinguishers are inspected and serviceable. There were numerous issues with control and accountability of hazardous material and Standard #4-ALDF-1C-11 (M) was found to be in non-compliance. Control and proper inventories were not being conducted. All deficiencies were corrected during the audit and maintained

after being corrected.

Food Service

The food service department was very organized and efficient. The department has a sufficient kitchen space, cold and dry storage areas to prepare the meals. Sanitation and control of sharps in the kitchen was outstanding. The food is prepared in the central kitchen and moved to the housing units where it is maintained and served. One auditor observed the dietary service area, ensuring that temperature controls were maintained. Warmers were utilized to move trays to PODs. Food remained hot with warmers were 140 -170 temp. Detainees were observed picking up trays identifying special diets with a detainee photo on the lid of the tray for easy identification and to ensure the right detainee received the tray. The detainee had to sign for the tray. Detainees were clearly given enough time (20 plus minutes) to eat. Special meals are provided on the menu for religious holidays. Detainees were very complimentary of the quality of the food served. Detainees were observed wearing proper uniforms, safety shoes, serving gloves, and hairnets. Detainees working in the food service areas were properly groomed and all approved by medical as supported by documentation reviewed. They were active under the supervision of staff as they performed their duties in all phases of the food service operation. Temperature logs were maintained for all cold and dry storage areas, and the dishwasher machine. The team consumed two different meals and found the meals to be of good proportions wholesome and nutritionally adequate. There were no inmate complaints about food service, and it was obvious to the audit team food services was a vital link in the operation and one of the strengths of the facility.

Medical Care

Medical services are provided by the United States Public Health Services. The staff includes: one hospital administrator; four full-time RN's; three full time LVN's; two M.D.'s; two nurse practitioners; two medical records clerks; and one administrative assistant. Medical staff are on duty 24 hours a day, seven days a week. Sick call is performed five days a week, with emergency sick call available on the weekend. Two local hospitals are utilized for consulting services. There is a dental screening and dental services are contracted out.

There are monthly meetings of all health services staff and full time psychologist and psychiatrist on site. The policy manual for health services is site specific and reviewed annually. The working relationship among health service staff, detainees and facility staff appears to be excellent. An auditor observed detainees at pill call at the pharmacy, receiving TB counseling, and an initial screening. Outside referrals are made as needed. Medical files were found to be complete and

organized. The medical grievance procedures are handled by the health authority using the facility grievance procedure. The process seems to be working and per discussion with the health authority, the majority of the grievances concern sick call. The process for sick call is for the detainee to fill out the form and put the request in locked box. Only medical personnel have a key to the box. The grievance and complaints from the inmates during the audit are consistent. The detainees complained the sick call slips are destroyed by security staff, but the system does not allow it to happen.

There is a full-time pharmacy staffed with one pharmacist and one pharmacy technician. The pharmacy maintains two days supply of medication, while a local pharmacy is available for pickup of drugs not available in the facility pharmacy. Pharmaceutical services were very well organized. One auditor observed the entire pharmaceutical process from ordering the medication by a provider to processing of the order by the pharmacy tech to delivering of the medication to the pill line cart. Pills are placed in blister packs. Nurses dispense medication to the detainees during pill line. Medications were accounted for; one minor discrepancy was quickly corrected. Excellent control and accountability was in place for sharps and needles.

Recreation

Three large outside recreation areas with basket ball courts. One for segregation, one for male general population and one for female general population. Television, board games, and an arts program are provided in the day room. Detainees can watch the television 24 hours a day.

Religious Programming

One Chaplain and 140 volunteers serve the population. Materials for practicing one's faith were readily available. There is a small central worship area, but most religious programming is provided to the detainees in the living areas.

Offender Work Programs

Detainee work programs include laundry, food service, unit orderlies, facility orderlies, ground maintenance, and male and female barbers.

Academic and Vocational Education

The facility does not provide access to any education programs (Standard #4-ALDF-5A-09). The facility listed the standard as NA because the facility is a "short stay facility" and rehabilitation was not part of their mission or

function. They believed there was a statute prohibiting education but no statute could be produced during the audit. The team concluded academic programs should be offered because some inmates do stay in the facility for a long time and some are released back to U.S. society. The facility does not provide vocational programming.

Social Services

Staffed with one psychologist, two psychiatrists, and one social worker provide individual counseling, crisis counseling, and monitoring to include use of psychotropic drugs. AA/NA classes are the only group classes provided.

Visitation

Visitation is done on the weekends in a non-contact setting. Attorney visits are mainly on the weekdays though can also be held on the weekend.

Library Services

The facilities operate a general and law library seven days a week. Leisure material is available in a variety of languages to meet the needs of non-English speaking detainees to include Spanish, Chinese, Russian, and Vietnamese. Segregation inmates are brought to the library. The facility uses the LEXUS/NEXUS system for the law library.

Laundry

The centralized laundry is well organized and well equipped to provide adequate clean clothing to the population. Inmates are trained in the safety aspects of laundry procedures and the use of the machines. The liquid material for the washing machines is dispensed automatically.

Despite the overcrowding, use of cots (boat beds) and no education programs overall quality of life appears to be good as indicated by a quiet, content population.

F. Examination of Records

Following the facility tour, the team proceeded to the training room to review the accreditation files and evaluate compliance levels of the policies and procedures.

1. Litigation

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

2. Significant Incidents/Outcome Measures

The facility provided a significant incident summary for the period May 2006 – April 2007 and outcome measures for the period January 2006 – December 2006. The audit was initially scheduled for January 2007, and at the request of the facility was moved to May 2007. The outcome measures were not updated and the facility stated it could not be updated. Note the facility produced three years of outcome measures and provided a summarized sheet between the three years.

The numbers on the significant incident summary was found to be consistent with the overall mission and security level of the facility except for offender on offender assaults. The number of assaults between detainees is high for a low security facility, but the number does not match the atmosphere observed by the auditors nor the comments from the staff and detainees who feel safe in the facility. The numbers do match the mission of detainees. Staff also noted the changes in the classification system recently have decreased the number of assaults. Overall based on the mission the number of assaults does not raise a red flag.

The numbers on the outcome measures was found to be consistent with the overall mission and security level of the facility after some of the numbers were explained and clarified. The mission is unique and provides unique detainees. The 15 sanitation and health code violations noted in outcome measure 1A(6) were all minor issues upon review. All the health code violation identified in the last 12 months (1A(7)) had been corrected prior to the audit (note outcome measures did not cover the last four months of the audit period based on the date change of the audit). A majority of the 38 injuries listed in outcome measure 1A(11) were due to recreation injuries. The nine times the facility operations were suspended due to emergencies (1C(7)) was due medical injuries of which 911 was called for assistance. The 60 incidents involving harm to detainees were due to detainee fights (2A(1)). The 75 incidents of which staff were found to have violated facility policy (7c(1)) is not high when you consider they document minor violation to include mistakes in log books. Six individuals were terminated (7C(2)) of which two were for failed background check and failure to successfully complete probation. Both these numbers demonstrate a strict counseling and monitoring system of staff that terminates staff that should not be working in the facility. Such a system leads to less serious misconduct violations. This is officially their first set of outcome measures and will be used as a baseline.

The summarized sheet of the three year audit period demonstrates the average daily population has gone from 426 (2004) to 532 (2006), and the number of admissions has gone from 1631 (2004) to 6789 (2006) but overall the number of inmate injuries and health/sanitation and safety codes have remained the same or decreased.

3. Departmental Visits

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

<u>Department Visited</u>	<u>**Person(s) Contacted</u>
Maintenance	b6
Medical	b6
Supply (HAZMAT)	b6
Food Service	b6
Chemical Closet	b6
Armory	b6
ICE	b6
ACA Office	b6
MVM Inc	b6

The ACA Accreditation management team (b6) and (b6) were very knowledgeable in all aspects of the facility and ICE operations. Their initiative and professionalism was very helpful throughout the audit. They were quick in providing the team any additional documentation and

information that was required.

The food service team takes pride in the work. [b6] and [b6] need to be commended for the food service operation.

[b6] knowledge of the operation was outstanding and assisted the team throughout the audit. He was also instrumental in correcting deficiencies.

4. Shifts

a. Day Shift

The team was present at the facility during the day shift from 7:30 a.m. to 1 p.m. The atmosphere of the facility was controlled, calm, and orderly. The team observed daily activities in the housing units, religious services, food services, medical, court services, and in processing/booking. Staff were very professional and knowledgeable concerning their duties and responsibilities. Staff interacted well with the detainees. Supervisors were well known in the housing areas and interacted well with the detainees.

b. Evening Shift

The team was present at the facility during the evening shift from 1:00 p.m. to 9:00 p.m. The team attended recreation activities, roll call, visited detainees and staff in each housing area, control center, visitation, medical and food service. Staff were neat and well uniformed indicating a high degree of professionalism and pride. Staff were very professional in their performance of their duties and very upbeat about the facility and their jobs.

c. Night Shift

The team was present at the facility during the night shift from 9:00 p.m. to 11:30 p.m. The team visited detainees and staff in each housing area, and observed count procedures.

Status of Previously Non-compliant Standards/Plans of Action

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

Standard #4-ALDF-2A-35 (3-ALDF-2C-05). The Los Angeles Field Office has contracted other facilities to reduce the population, but the

population continues to grow. The standard remains in non-compliance.

Standard #4-ALDF-7B-12 (3-ALDF-1D-16). The facility was found NA. The facility does not have an emergency unit. The region will have a tactical unit.

Standard #3-ALDF-1C-10. This standard did not convert to the 4th edition. The facility did establish a probationary period of six months for MVM Inc. employees.

Standard #3-ALDF-4E-40. This standard did not convert to the 4th edition. The plan of action was put in place, AA meetings were established and maintained.

The audit team was informed all the other NC's were issued a waiver during the commission hearing.

G. Interviews

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

1. Offender Interviews

Approximately 95 detainees were interviewed. Reoccurring complaints centered on health care. Specifically sick call slips and medication. The audit team observed sick call, medication process, reviewed sick call slips and medical records and found the complaints as unfounded. The Hospital administrator was briefed, and though it was unfounded planned on changing the locks to the sick call boxes in the housing areas. A shortage of a specific shoe sizes was also a common complaint and the facility provided documentation demonstrating they already had the items on order. Some of the detainees complained about the overcrowding.

The detainees were generally very pleased with food service, their safety and professionalism of staff. The detainees stated the facility was safe and they were treated by staff with dignity. Security and management staff were observed interacting well with detainees.

One detainee wrote to ACA for an interview. The chair interviewed the detainee. He had some medical issues and issues with the deportation officers not assisting the detainees. He claimed to have other issues but would not discuss them. The chair discussed the medical issues with the medical staff. His file was reviewed. The medical demonstrated his issue was unfounded and they discussed them with

the detainee. He was very positive of food service and the detainee's safety inside the facility. He ended the interview by saying this facility was better than the county jail.

2. Staff Interviews

The visiting team interviewed approximately 45 staff members. Staff were satisfied with job environment, and took pride in their work. Staff operated as a team as evident throughout the audit. The staff felt safe working at the facility. Many staff had come from other state and federal agencies and viewed the facility as a better operation and a good career move for themselves.

H. Exit Discussion

The exit interview was held at 11:45 a.m. in the ACA conference room with the [REDACTED] ICE Assistant Field Office Director (chief executive officer) and 14 [REDACTED] staff in attendance.

The following persons were also in attendance:

Norma Bonales, ICE Deputy Field Office Director

Linda Thomas, ICE HQ Detention and Deportation Officer

The chairperson explained the procedures that would follow the audit. The team discussed the compliance levels of the mandatory and non-mandatory standards and reviewed their individual findings with the group. The chairperson informed the facility they did miss one mandatory standard, explaining specifically the issues. The team also highlighted the strengths of the facility which included food service and the team work between the three different agencies.

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

COMMISSION ON ACCREDITATION FOR CORRECTIONS
AND THE
AMERICAN CORRECTIONAL ASSOCIATION

COMPLIANCE TALLY

Manual Type	<i>Adult Local Detention Facilities, Fourth Edition</i>
Supplement	<i>2006 Standards Supplement</i>
Facility/Program	San Pedro Service Processing Center (ICE) - San Pedro, California
Audit Dates	14 - 16 May 2007
Auditor(s)	[b6] Chairperson [b6] and [b6] Members

	MANDATORY	NON-MANDATORY
Number of Standards in Manual	63	324
Number Not Applicable	0	40
Number Applicable	60	284
Number Non-Compliance	1	12
Number in Compliance	59	272
Percentage (%) of Compliance	98%	95.7%
<ul style="list-style-type: none"> • Number of Standards minus Number of Not Applicable equals Number Applicable • Number Applicable minus Number Non-Compliance equals Number Compliance • Number Compliance divided by Number Applicable equals Percentage of Compliance 		

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Department of Homeland Security
San Pedro Service Processing Center (ICE)
San Pedro, California

May 14-16, 2007

Visiting Committee Findings

Non-Mandatory Standards

Non-Compliance

Standard #4-ALDF-1A-05

THE NUMBER OF INMATES DOES NOT EXCEED THE FACILITY'S RATED BED CAPACITY.

FINDINGS

The count at the processing center (586) exceeds the rated capacity (450). Boat beds are used in the housing areas and day rooms to increase the number of beds available.

Standard #4-ALDF-1A-10

MULTIPLE-OCCUPANCY ROOMS/CELLS HOUSE BETWEEN TWO AND 64 OCCUPANTS AND PROVIDE 25 SQUARE FEET OF UNENCUMBERED SPACE PER OCCUPANT. WHEN CONFINEMENT EXCEEDS 10 HOURS PER DAY, AT LEAST 35 SQUARE FEET OF UNENCUMBERED SPACE IS PROVIDED FOR EACH OCCUPANT.

FINDINGS

PODS 1 – 5 have more than 64 occupants.
PODs 1, 2 and 5 – 74; POD 3 – 78; POD 4 – 69.

Standard #4-ALDF-1A-12

DAYROOMS WITH SPACE FOR VARIED INMATE ACTIVITIES ARE SITUATED IMMEDIATELY ADJACENT TO INMATE SLEEPING AREAS. DAYROOMS PROVIDE A MINIMUM OF 35 SQUARE FEET OF SPACE PER

INMATE (EXCLUSIVE OF LAVATORIES, SHOWERS, AND TOILETS) FOR THE MAXIMUM NUMBER OF INMATES WHO USE THE DAYROOM AT ONE TIME. NO DAYROOM ENCOMPASSES LESS THAN 100 SQUARE FEET OF SPACE, EXCLUSIVE OF LAVATORIES, SHOWERS, AND TOILETS.

FINDINGS

Day rooms provide less than 35 square feet per inmate: POD 1 and 2 - 12.7 square feet per inmate; POD 3 - 13.9 square feet per inmate; POD 4 and 5 - 14 square feet per inmate; POD 6 and 7 - 19 square feet per inmate.

Standard #4-ALDF-1A-15

ALL INMATE ROOMS/CELLS PROVIDE THE OCCUPANTS WITH ACCESS TO NATURAL LIGHT. (EXISTING, RENOVATION, ADDITION ONLY)

FINDINGS

Segregation cells do not have access to natural light.

Standard #4-ALDF-1A-18

NOISE LEVELS IN INMATE HOUSING UNITS DO NOT EXCEED 70 DBA (A SCALE) IN DAYTIME AND 45 DBA (A SCALE) AT NIGHT. MEASUREMENTS ARE DOCUMENTED BY A QUALIFIED, INDEPENDENT SOURCE AND ARE CHECKED NOT LESS THAN ONCE PER ACCREDITATION CYCLE.

FINDINGS

Noise levels exceed both daytime (70dba) and nighttime (45dba) required readings.

Daytime reading POD 3 - 80.

Night time readings POD 1 - 59; 2 - 61; 3 - 79; 4 - 61; 5 - 59; 6 - 64.

POD 7 was not tested.

Standard #4-ALDF-1A-19

A VENTILATION SYSTEM SUPPLIES AT LEAST 15 CUBIC FEET PER MINUTE OF CIRCULATED AIR PER OCCUPANT WITH A MINIMUM OF FIVE CUBIC FEET PER MINUTE OF OUTSIDE AIR. TOILET ROOMS AND CELLS WITH TOILETS HAVE NO LESS THAN FOUR AIR CHANGES PER HOUR UNLESS STATE OR LOCAL CODES REQUIRE A DIFFERENT NUMBER OF AIR CHANGES. AIR QUANTITIES ARE DOCUMENTED BY A

QUALIFIED INDEPENDENT SOURCE AND ARE CHECKED NOT LESS THAN ONCE PER ACCREDITATION CYCLE.

FINDINGS

POD 3 Airflow 10.1 cubic feet per inmate.

Standard #4-ALDF-2A-35

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

FINDINGS

Only 14 single cells for 450 bed capacity, thus only 3.3% single cells.

Standard #4-ALDF-2A-51

SEGREGATION HOUSING UNITS PROVIDE LIVING CONDITIONS THAT APPROXIMATE THOSE OF THE GENERAL INMATE POPULATION. ALL EXCEPTIONS ARE CLEARLY DOCUMENTED. SEGREGATION CELLS/ROOMS PERMIT THE INMATES ASSIGNED TO THEM TO CONVERSE WITH AND BE OBSERVED BY STAFF MEMBERS. CELLS/ROOMS USED FOR SEGREGATION ARE SINGLE OCCUPANCY AND ENCOMPASS AT LEAST 70 SQUARE FEET OF FLOOR AREA OF WHICH 35 SQUARE FEET IS UNENCUMBERED.

FINDINGS

Segregation cells provide less than 35 square feet of unencumbered space in segregation cell 176 (31.5 square feet of unencumbered space); cell 177 (29 square feet of unencumbered space); 186 (22.5 square feet of unencumbered space) and cell 187 (25.4 square feet of unencumbered space).

Standard #4-ALDF-2A-54

STAFF ASSIGNED TO WORK DIRECTLY WITH INMATES IN SPECIAL MANAGEMENT UNITS ARE SELECTED BASED ON CRITERIA THAT INCLUDES:

- COMPLETION OF PROBATIONARY PERIOD

- EXPERIENCE
- SUITABILITY FOR THIS POPULATION
STAFF IS CLOSELY SUPERVISED AND THEIR PERFORMANCE IS EVALUATED AT LEAST QUARTERLY. THERE ARE PROVISIONS FOR ROTATION TO OTHER DUTIES.

FINDINGS

MVM Inc who provides officers to work in segregation and other security positions did not have written criteria to select staff working in segregation. Initially the training officer (Ronald Edwards) stated there was no need for criteria because they train all officers to work in all positions and segregation should not be different than other housing positions. After pointing out that it was a ACA standard he stated they did not have anything that he knew of. Jeffrey Poplin (MVM Project Manager) explained there was a criteria though it was not written down. During the audit the team received a document dated 05/16/07 to schedulers and supervisors listing criteria and informing them they will use the criteria. There facility position was all the staff currently in segregation was their most experienced officers.

Standard #4-ALDF-4D-22-3

DETAINEES IDENTIFIED AS HIGH RISK WITH A HISTORY OF SEXUALLY ASSAULTIVE BEHAVIOR ARE ASSESSED BY A MENTAL HEALTH OR OTHER QUALIFIED PROFESSIONAL. DETAINEES WITH A HISTORY OF SEXUALLY ASSAULTIVE BEHAVIOR ARE IDENTIFIED, MONITORED, AND COUNSELED.

FINDINGS

There is no policy, procedure or practice in place.

Standard #4-ALDF-5A-09

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

FINDINGS

The facility does not provide access to any education programs. The facility listed the standard as NA because the facility is a "short stay facility" and rehabilitation was not part of their mission or function. They believed there was a statute prohibiting education but

no statute could be produced during the audit.

Standard #4-ALDF-7D-12

The facility or parent agency fiscal process includes an independent financial audit of the facility annually, or as stipulated by statute or regulation, but at least every three years.

FINDINGS

No financial audit of the facility is conducted. General Accounting Office conducts a Homeland Security audit that the facility does not have access to. The audit is not specific to the facility. The last financial audit performed by General Accounting Office was conducted on September 30 2006 and sent directly to the Department of Homeland Security Chief Financial Officer.

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Department of Homeland Security
San Pedro Service Processing Center (ICE)
San Pedro, California

May 14-16, 2007

Visiting Committee Findings

Mandatory Standards

Non-Compliance

Standard #4-ALDF-1C-11

FLAMMABLE, TOXIC, AND CAUSTIC MATERIALS ARE CONTROLLED AND USED SAFELY.

FINDINGS

HAZMAT were stored in two main areas, bulk storage area operated by ICE and cleaning closet operated by MVM. The bulk storage area count was inaccurate for 13 of 33 items. Review of inventory sheets demonstrated inventories were inaccurate for at least two years. Issuing and receiving of chemicals were not documented on the inventory sheets. Inventories were conducted sporadically and whatever the count was during the inventory was what was annotated on the inventory sheets. The area was not secure. All deficiencies were corrected within 24 hours, and maintained during the remainder of the audit. The cleaning supply area was not following the SOP in reference to having a running inventory and that the inventory is maintained separately for each substance. Inventory sheets could not be found for all days over the past two weeks. Initially one out of three inventories were incorrect. Chemicals were not properly stored in a chemical locker nor flammables in a flammable locker. All the deficiencies were re-inspected each of the days of the audit and all deficiencies had been corrected by the last day.

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Department of Homeland Security
San Pedro Service Processing Center (ICE)
San Pedro, California

May 14-16, 2007

Visiting Committee Findings

Non-Mandatory Standards

Not Applicable

Standard #4-ALDF-1A-16

INMATES IN THE GENERAL POPULATION WHO ARE CONFINED IN THEIR ROOMS/CELLS FOR 10 OR MORE HOURS DAILY HAVE ACCESS TO NATURAL LIGHT BY MEANS OF AN OPENING OR WINDOW OF AT LEAST THREE SQUARE FEET. INMATES IN THE GENERAL POPULATION WHO ARE CONFINED IN THEIR ROOMS/CELLS FOR LESS THAN 10 HOURS DAILY HAVE ACCESS TO NATURAL LIGHT THROUGH AN OPENING OR WINDOW AS DESCRIBED ABOVE OR THROUGH AN OPENING OR WINDOW OF AT LEAST THREE SQUARE FEET BETWEEN THEIR ROOM/CELL AND AN ADJACENT SPACE. (NEW CONSTRUCTION ONLY)

FINDINGS

The facility was constructed in 1939.

Standard #4-ALDF-2A-33

THE FACILITY SUPPORTS INMATE SEPARATION ACCORDING TO EXISTING LAWS AND REGULATION AND/OR ACCORDING TO THE FACILITY'S CLASSIFICATION PLAN. (ADDITION, NEW CONSTRUCTION)

FINDINGS

The facility was constructed in 1939.

Standard #4-ALDF-2A-36

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

FINDINGS

The facility does not have an education or work release program.

Standard #4-ALDF-2A-38

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

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

A WRITTEN STATEMENT IS PREPARED DESCRIBING THE SPECIFIC REASONS FOR HOUSING A YOUTHFUL OFFENDER OUTSIDE THE SPECIALIZED UNIT AND A CASE-MANAGEMENT PLAN SPECIFYING WHAT BEHAVIORS NEED TO BE MODIFIED AND HOW THE YOUTHFUL OFFENDER MAY RETURN TO THE UNIT. THE STATEMENT OF REASONS AND CASE-MANAGEMENT PLAN MUST BE APPROVED BY THE FACILITY ADMINISTRATOR OR HIS/HER DESIGNEE. CASES ARE REVIEWED AT LEAST QUARTERLY BY THE CASE MANAGER, THE ADMINISTRATOR OR HIS OR HER DESIGNEE, AND THE YOUTHFUL OFFENDER TO DETERMINE WHETHER A YOUTHFUL OFFENDER SHOULD BE RETURNED TO THE SPECIALIZED UNIT.

FINDINGS

The facility does not house youthful offenders.

Standard #4-ALDF-2A-39

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

FINDINGS

The facility does not house youthful offenders.

Standard #4-ALDF-2A-40

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

FINDINGS

The facility does not house youthful offenders.

Standard #4-ALDF-2A-41

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

FINDINGS

The facility does not house youthful offenders.

Standard #4-ALDF-2A-42

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

FINDINGS

The facility does not house youthful offenders.

Standard #4-ALDF-2A-43

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

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

FINDINGS

The facility does not house youthful offenders.

Standard #4-ALDF-2C-02

WHEN A CANINE UNIT IS OPERATED BY THE FACILITY:

- THERE IS A MISSION STATEMENT, INCLUDING GOALS AND OBJECTIVES
- THE CIRCUMSTANCES IN WHICH CANINE UNITS MAY BE USED ARE CLEARLY DEFINED
- EMERGENCY PLANS ARE INTEGRATED INTO THE OVERALL EMERGENCY PLANS OF THE FACILITY
- THERE ARE CRITERIA FOR SELECTING, TRAINING AND CARING FOR ANIMALS

- THERE ARE CRITERIA FOR THE SELECTION, TRAINING, AND PHYSICAL FITNESS OF HANDLERS
- THERE IS AN APPROVED SANITATION PLAN THAT COVERS INSPECTION, HOUSING, TRANSPORTATION AND DAILY GROOMING FOR THE ANIMALS
- THERE ARE DAILY AND CURRENT RECORDS ON TRAINING, CARE OF DOGS AND SIGNIFICANT EVENTS.

FINDINGS

The facility does not operate a canine unit.

Standard #4-ALDF-4A-14

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

FINDINGS

The facility does not grow any food products.

Standard #4-ALDF-4C-02

WHEN MEDICAL CO-PAYMENT FEES ARE IMPOSED, THE PROGRAM ENSURES THAT, AT A MINIMUM:

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

FINDINGS

The facility does not impose co-pay for medical services.

Standard #4-ALDF-4C-09

IF INFIRMARY CARE IS PROVIDED ONSITE, IT INCLUDES, AT A MINIMUM, THE FOLLOWING:

- DEFINITION OF THE SCOPE OF INFIRMARY CARE SERVICES AVAILABLE
- A PHYSICIAN ON CALL OR AVAILABLE 24 HOURS PER DAY
- HEALTH CARE PERSONNEL HAVE ACCESS TO A PHYSICIAN OR A REGISTERED NURSE AND ARE ON DUTY 24 HOURS PER DAY WHEN PATIENTS ARE PRESENT
- ALL INMATES/PATIENTS ARE WITHIN SIGHT OR SOUND OF A STAFF MEMBER
- AN INFIRMARY CARE MANUAL THAT INCLUDES NURSING CARE PROCEDURES
- AN INFIRMARY RECORD THAT IS A SEPARATE AND DISTINCT SECTION OF THE COMPLETE MEDICAL RECORD
- COMPLIANCE WITH APPLICABLE STATE STATUTES AND LOCAL LICENSING REQUIREMENTS.

FINDINGS

The facility does not have an infirmary on-site.

Standard #4-ALDF-4C-10

INMATES IN THE MEDICAL HOUSING UNIT OR INFIRMARY AREA HAVE ACCESS TO OPERABLE WASHBASINS WITH HOT AND COLD RUNNING WATER AT A MINIMUM RATIO OF ONE BASIN FOR EVERY 12 OCCUPANTS, UNLESS STATE OR LOCAL BUILDING OR HEALTH CODES SPECIFY A DIFFERENT RATIO.

FINDINGS

The facility does not have an infirmary or medical housing unit.

Standard #4-ALDF-4C-11

SUFFICIENT BATHING FACILITIES ARE PROVIDED IN THE MEDICAL HOUSING UNIT OR INFIRMARY AREA TO ALLOW INMATES TO BATHE DAILY. AT LEAST ONE BATHING FACILITY IS CONFIGURED AND EQUIPPED TO ACCOMMODATE INMATES WHO HAVE PHYSICAL IMPAIRMENTS OR WHO NEED ASSISTANCE TO BATHE. WATER FOR BATHING IS THERMOSTATICALLY CONTROLLED TO TEMPERATURES RANGING FROM 100 DEGREES FAHRENHEIT TO 120 DEGREES FAHRENHEIT.

FINDINGS

The facility does not have an infirmary or medical housing unit.

Standard #4-ALDF-4C-12

INMATES IN THE MEDICAL HOUSING UNIT OR INFIRMARY HAVE ACCESS TO TOILETS AND HAND-WASHING FACILITIES 24 HOURS PER DAY AND ARE ABLE TO USE TOILET FACILITIES WITHOUT STAFF ASSISTANCE. TOILETS ARE PROVIDED AT A MINIMUM RATIO OF ONE FOR EVERY 12 INMATES IN MALE FACILITIES AND ONE FOR EVERY EIGHT INMATES IN FEMALE FACILITIES. URINALS MAY BE SUBSTITUTED FOR UP TO ONE-HALF OF THE TOILETS IN MALE FACILITIES. ALL HOUSING UNITS WITH THREE OR MORE INMATES HAVE A MINIMUM OF TWO TOILETS. THESE RATIOS APPLY UNLESS STATE OR LOCAL BUILDING OR HEALTH CODES SPECIFY A DIFFERENT RATIO.

FINDINGS

The facility does not have an infirmary or medical housing unit.

Standard #4-ALDF-4D-04

THERE IS A WRITTEN PLAN FOR THE CONTROL OF VERMIN AND PESTS THAT INCLUDES, AT A MINIMUM, MONTHLY INSPECTIONS BY A QUALIFIED PERSON.

FINDINGS

Health care personnel are on duty 24 hours.

Standard #4-ALDF-4D-10

ANY STUDENTS, INTERNS, OR RESIDENTS DELIVERING HEALTH CARE IN THE FACILITY, AS PART OF A FORMAL TRAINING PROGRAM, WORK UNDER STAFF SUPERVISION COMMENSURATE WITH THEIR LEVEL OF TRAINING. THERE IS A WRITTEN AGREEMENT BETWEEN THE FACILITY AND TRAINING OR EDUCATIONAL FACILITY THAT COVERS THE SCOPE OF WORK, LENGTH OF AGREEMENT, AND ANY LEGAL OR LIABILITY ISSUES. STUDENTS OR INTERNS AGREE IN WRITING TO ABIDE BY ALL FACILITY POLICIES, INCLUDING THOSE RELATING TO THE SECURITY AND CONFIDENTIALITY OF INFORMATION.

FINDINGS

The facility does not use students or interns.

Standard #4-ALDF-5A-05

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

FINDINGS

The facility does not operate a therapeutic community treatment program.

Standard #4-ALDF-5A-06

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

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

FINDINGS

The facility does not operate a therapeutic community treatment program.

Standard #4-ALDF-5A-07

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

FINDINGS

The facility does not operate a therapeutic community treatment program.

Standard #4-ALDF-5A-08

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

FINDINGS

The facility does not operate a therapeutic community treatment program.

Standard #4-ALDF-5A-10

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

FINDINGS

The facility does not offer academic and vocational training program.

Standard #4-ALDF-5B-13

ALL INMATES HELD FOR 30 OR MORE DAYS WHO WILL BE RELEASED TO THE COMMUNITY ARE PROVIDED WITH PREPARATION FOR RELEASE THAT INCLUDES INFORMATION ABOUT COMMUNITY RESOURCES.

FINDINGS

More than 98% of the population are deported, and the remaining detainees are immediately released to the community once it has been determined they will not be

deported. No authorization nor practical to hold detainees in order to conduct pre-release courses.

Standard #4-ALDF-5B-14

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

FINDINGS

Detainees are administratively held pending hearing and there is no statutory requirement to conduct pretrial intervention or release service.

Standard #4-ALDF-5B-15

When a pretrial intervention program, diversion program, pretrial release program, or supervised release program is conducted in the facility, sufficient staff, space, and equipment are provided to service the program.

FINDINGS

Detainees are administratively held pending hearing and there is no statutory requirement to conduct pretrial intervention or release service.

Standard #4-ALDF-5B-16

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

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

FINDINGS

There is no temporary release program.

Standard #4-ALDF-5B-17

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

FINDINGS

There is no work or education release program.

Standard #4-ALDF-5C-07

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

FINDINGS

No sentenced detainees.

Standard #4-ALDF-5C-09

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

FINDINGS

Statute does not permit public works and community service projects.

Standard #4-ALDF-5C-13

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

FINDINGS

No industry program.

Standard #4-ALDF-5C-14

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

FINDINGS

No industry program.

Standard #4-ALDF-5C-15

THERE IS A COMPREHENSIVE QUALITY CONTROL PROCESS.

FINDINGS

No industry program.

Standard #4-ALDF-5C-16

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

FINDINGS

No industry program.

Standard #4-ALDF-6D-01

The facility provides services and opportunities that encourage inmates to take responsibility for their actions. Opportunities are based upon victim and community input and are fashioned in a way that seeks to ameliorate the harm done.

FINDINGS

Detainees on administrative hold and have no victims.

Standard #4-ALDF-7B-12

Correctional officers assigned to a specialized emergency unit have at least one year of experience as a correctional officer and 40 hours of specialized training before undertaking their assignments. Officers on emergency units receive 40 hours of training annually, at least 16 of which are specifically related to emergency unit assignment.

FINDINGS

The facility does not have a tactical unit. A regional tactical unit is being formed.

Standard #4-ALDF-7D-16

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

FINDINGS

The facility does not operate a inmate welfare fund or any inmate accounts.

Standard #4-ALDF-7F-02

Consistent with the laws of the jurisdiction, there is a system for providing notification to the registered victim(s) of a crime upon the release from confinement of the convicted inmate or in the event of an escape. Follow up notification to the victim(s) occurs when escapees are returned to custody.

FINDINGS

Detainees on administrative hold and have no victims.

Standard #4-ALDF-7F-03

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

FINDINGS

Due to mission there is no activities that contribute to the community.

Standard #4-ALDF-7F-07

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

FINDINGS

Volunteers are not provided to provide health care to the facility.