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Office of Detention Oversight Compliance Inspection

Enforcement and Removal Operations
San Francisco Field Office
Yuba County Jail
Marysville, California

April 24 – 26, 2012

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**COMPLIANCE INSPECTION
YUBA COUNTY JAIL
SAN FRANCISCO FIELD OFFICE**

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EXECUTIVE SUMMARY

The Office of Professional Responsibility (OPR), Office of Detention Oversight (ODO), conducted a Compliance Inspection (CI) of the Yuba County Jail (YCJ) in Marysville, California, from April 24 – 26, 2012. YCJ was opened in 1962 and a major structural addition to the facility was completed in 1994. The facility is owned by Yuba County and is operated by the Yuba County Sheriff's Department. The facility is approximately 70,000 square feet and is accredited by the California Board of Corrections. The U.S. Border Patrol began housing detainees at YCJ in 1994. On December 15, 2008, YCJ entered into an Intergovernmental Service Agreement (IGSA) with U.S. Immigration and Customs Enforcement (ICE) to house male and female detainees of all security classification levels (lowest threat; medium threat; highest threat) over 72 hours. YCJ has a maximum housing capacity of 428 beds, with 370 beds allocated for adult males and 58 beds for adult females. YCJ does not house detainees under the age of 18. During the CI, the facility housed a total of 215 ICE detainees of all classification levels, consisting of 188 males and 27 females. YCJ also houses U.S. Marshal Inmates, State parole violators, and prisoners from the Yuba County law enforcement jurisdiction. The average detainee population is 204 with an average length of stay of 71 days.

The ICE Office of Enforcement and Removal Operations (ERO), Field Office Director in San Francisco, California (FOD/San Francisco) is responsible for YCJ compliance with ICE policies and the ICE National Detention Standards (NDS). The ERO Assistant Field Office Director (AFOD) and support staff are located in Sacramento, California. An ICE Detention Service Manager (DSM) assigned to oversight responsibilities is physically located at YCJ. ODO found the DSM to be an asset in keeping the facility compliant with the NDS. The DSM was helpful and knowledgeable regarding all aspects of the operation at YCJ. Deportation Officers (DO) and ERO Management conduct scheduled and unannounced visits to the facility on a regular basis. The YCJ Jail Commander/Captain is the highest ranking official at YCJ and is responsible for oversight of daily operations. The total number of non-ICE personnel employed at YCJ is approximately 77. This number encompasses sworn deputies and employees who are not sworn law enforcement officers.

In May 2010, ODO conducted a Quality Assurance Review of 25 ICE NDS at YCJ. A total of 64 deficiencies were found across the 25 ICE NDS inspected. In May 2011, ODO conducted a Follow-up Inspection at YCJ. Seven of the 64 deficiencies (11 percent) found during the May 2010 inspection remained uncorrected.

In November 2011, the ERO Detention Standards Compliance Unit contractors, MGT of America, Inc., conducted an annual review of 36 ICE NDS at YCJ. YCJ was found compliant with every standard and received an "Acceptable" overall rating.

During this CI, ODO reviewed 18 NDS. YCJ was fully compliant with 12 standards. ODO found a total of ten deficiencies in the following six standards: Environmental Health and Safety (2 deficiencies), Food Service (2), Key and Lock Control (1), Medical Care (2), Telephone Access (1), and Use of Force (2).

This report details each deficiency and refers to specific, relevant sections of the NDS. ERO will be provided a copy of the report to assist in developing corrective actions to resolve the ten identified deficiencies. On April 26, 2012, ODO conducted a closeout briefing with YCJ and ERO Management.

Overall, ODO found YCJ to be well-managed.

Facility sanitation is maintained at an acceptable level. YCJ maintains a master index of all hazardous substances, including diagrams of their locations, and a master file of Material Safety Data Sheets (MSDS); however, ODO noted several significant deficiencies during a review of the Environmental Health and Safety NDS. Upon review of the master index of hazardous materials, the index did not contain emergency phone numbers, and there was no documentation of a semi-annual review. YCJ management stated that semi-annual reviews of the master index are not performed. During the CI, emergency phone numbers were added to the index, and facility policy was revised to require semi-annual reviews. YCJ performs bi-weekly testing of the emergency power generator, but an external company does not test the emergency generator quarterly as required by the NDS. Emergency generators serve a vital life-safety function in the event of a power outage; therefore, the prescribed preventive maintenance and testing are essential.

Food service is provided in-house by YCJ staff. Inmates, who are under YCJ staff supervision, perform all work associated with food preparation, and sanitation of the kitchen and dining room. ICE detainees do not work in the food service area. ODO inspected the sack meals, which are provided to detainees being transported to other facilities. The meals included four slices of bread wrapped together, a large peanut butter and jelly packet, fruit, a dessert item, and prepackaged potato chips or pretzels. The sack meal did not include at least one meat sandwich as required by the NDS. ODO found no written stock rotation schedule for items located in food storage areas, and those items were not marked with the date of delivery, which are NDS requirements. Stock rotation ensures that older food stocks are used prior to newer stocks; only milk had been properly rotated. Proper stock rotation ensures food items are used before the expiration dates. YCJ corrected this deficiency during the review by establishing a new internal policy and implementing a rotation schedule.

The Yuba County Health Department provides medical services at YCJ. There is no healthcare staff on duty at the medical clinic from 1:00 a.m. until 6:00 a.m. due to a current staff shortage. The Executive Assistant (EA) to the Medical Director is responsible for clinic administration. The Medical Director, who is on-call 24 hours a day, seven days a week, provides clinical oversight. A part-time dentist provides dental care on-site once a week. Mental health services are provided on a part-time basis by a psychiatrist who is on-site once weekly and a full-time Mental Health Counselor. (b)(7)e Registered Nurse (RN) and (b)(7)e Licensed Vocational Nurse (LVN) positions are allocated, but (b)(7)e RN and (b)(7)e LVN position are vacant. Additional staffing includes (b)(7)e certified medical assistants (CMA). Copies of all professional licenses were present and primary source-verified with the issuing agencies for authentication purposes. ODO recommends filling the current nursing staff vacancies to meet the staffing plan and to ensure health care services are maintained at an efficient level, because (b)(7)e vacancies constitute 40 percent of allocated nursing staff.

Detainees access health care services by completing sick call request forms in duplicate available in English and Spanish. The forms are given to the correctional officer assigned to the housing unit or to medical staff during dispensation of medication. Forms given to officers are signed by the officer then routed to the clinic. Officers read the sick call slips to ensure that proper forms are used for the right reasons and not for grievance or detainee requests. Although involvement of correctional staff in this process ensures efficient use of the sick call forms, it does not assure the privacy of detainee medical information. This is a repeat deficiency from the 2010 ODO inspection. ODO verified requests are triaged within 48 hours to determine priority for care, and detainees are seen for sick call in a timely manner. Nursing staff conduct sick call using Yuba County Public Health Department medical protocols. Follow-up appointments and referrals were completed as indicated.

YJC is charging detainees 50 cents for over-the-counter medication administered during sick call times at the housing units. This was cited in the 2010 ODO inspection. Per INS memorandum, "Fees for Services, Reimbursement Under Inter-governmental Service Agreements," dated May 18, 2001, this practice is prohibited for federally-housed detainees. The memorandum states that "pill fees or co-payments sometimes charged for preparing or dispensing medications, prescriptions, or 'over-the-counter' items directed by a medical authority cannot be charged to INS detainees regardless of any authority the facility may have to charge other non-Federal detainees or prisoners." Additionally, the YJC IGSA Contract DROIGSA-09-0005, Article VI, Medical Services, Section D, On-site Health Care, specifically states that on-site health care services are provided under this agreement and that this includes sick call coverage, provision of over-the-counter medications, among others. YJC Command staff corrected this on-site, and instructed the YJC Accounting Department to stop charging detainees for over-the-counter medication during sick call.

YJC utilizes a complete and thorough transfer summary form which is placed in an envelope with important information printed on the envelope. The information includes the name of the detainee, transport instructions, information on universal and respiratory precautions, and the following statement in large font: "Confidential Record Enclosed, To Be Opened by Authorized Health Personnel Only." ODO considers this a best practice, because it ensures the confidentiality of medical information.

YJC records all telephone conversations; however, privacy is afforded to detainees making legal calls. Detainees are provided use of the YJC supervisor office telephones or other rooms that provide privacy. Detainees are notified that telephone calls are recorded via electronic advisement on the telephones and in the YJC Detainee Handbook. Telephone service for detainees allows free, direct calls to specially designated groups. YJC does not have a written policy addressing monitored telephone calls as required by the NDS.

ODO was informed there have been no calculated use-of-force and four immediate use-of-force incidents involving detainees in the past year. By definition, an immediate use of force situation is created when the behavior of a detainee constitutes a serious and immediate threat to the detainee, staff, another detainee, property, or the security and orderly operation of the facility. Calculated use-of-force incidents are situations where no immediate threat is posed, and there is sufficient time to address the situation without using force. After Action reviews were not

conducted in any of the four immediate use-of-force cases. Review of the YCJ policy confirmed it contains no requirement for an After Action Review. This deficiency was also identified during the 2010 ODO inspection. An After Action Review provides critical analysis to determine if the force used was necessary, appropriate, and in compliance with policy.

Detainees at YCJ are able to file grievances with YCJ or ERO without fear of reprisal. Grievance forms are kept in the control rooms located within each housing unit. At the time of the ODO inspection, there were no unresolved grievances. Grievances are addressed within 72 hours as required by the NDS.

INSPECTION PROCESS

ODO inspections evaluate the welfare, safety, and living conditions of detainees. ODO primarily focuses on areas of noncompliance with the ICE NDS or the ICE Performance Based National Detention Standards (PBNDS), as applicable. The NDS apply to YCJ. In addition, ODO may focus its inspection based on detention management information provided by the ERO Headquarters (HQ) and ERO field offices, and on issues of high priority or interest to ICE executive management.

ODO reviewed the processes employed at YCJ to determine compliance with current policies and detention standards. Prior to the inspection, ODO collected and analyzed relevant allegations and detainee information from multiple ICE databases, including the Joint Integrity Case Management System (JICMS), the ENFORCE Alien Booking Module (EABM), and the ENFORCE Alien Removal Module (EARM). ODO also gathered facility facts and inspection-related information from ERO HQ staff to prepare for the site visit at YCJ.

REPORT ORGANIZATION

This report documents inspection results, serves as an official record, and is intended to provide ICE and detention facility management with a comprehensive evaluation of compliance with policies and detention standards. It summarizes those NDS that ODO found deficient in at least one aspect of the standard. ODO reports convey information to best enable prompt corrective action and to assist in the on-going process of incorporating best practices in nationwide detention facility operations.

OPR classifies program issues into one of two categories: Deficiencies and Areas of Concern. Specific Deficiencies and Areas of Concern are identified in bold with sequential numbers in this report. OPR defines a deficiency as a violation of written policy that can be specifically linked to the NDS, ICE policy, or operational procedure. OPR defines an Area of Concern as something that may lead to or risk a violation of the NDS, ICE policy, or operational procedure. Whenever possible, the report includes contextual and quantitative information relevant to the cited standard. Deficiencies are highlighted in bold throughout the report and are encoded sequentially according to a detention standard designator.

Comments and questions regarding the report findings should be forwarded to the Deputy Division Director, OPR, ODO.

INSPECTION TEAM MEMBERS

(b)(6), (b)(7)c

Special Agent (Team Leader)
Special Agent
Special Agent
Contract Inspector
Contract Inspector
Contract Inspector

ODO, Phoenix
ODO, Phoenix
ODO, Phoenix
Creative Corrections
Creative Corrections
Creative Corrections

OPERATIONAL ENVIRONMENT

INTERNAL RELATIONS

ODO interviewed ICE and YCJ supervisory staff, to include the ICE Supervisory Detention and Deportation Officer (SDDO); the YCJ Jail Commander and Chief of Security; and non-supervisory staff, to include (b)(7)e deputies. During the interviews, ICE and YCJ employees stated the working relationship between the two agencies is excellent, and morale is high.

The SDDO stated that the office is adequately staffed with (b)(7)e DO positions assigned to YCJ. The Jail Commander is knowledgeable regarding the NDS. The AFOD is in contact with the Jail Commander of the facility multiple times per week. Both offices work cooperatively to address issues of concern regarding ICE detainees.

The SDDO stated that the Executive Office for Immigration Review (EOIR) has been unable to maintain an Immigration Court hearing schedule that keeps pace with the population of detained aliens at YCJ. As a result, a video teleconference arrangement to accommodate Immigration Court has been approved. Installation of equipment is pending, but no date has been set.

DETAINEE RELATIONS

ODO interviewed ten randomly-selected ICE detainees (two females and eight males) of all security classification levels to assess the overall living and detention conditions at YCJ. The detainees had no complaints about recreation, access to telephones, or access to the law library, and all stated they were issued adequate hygiene supplies upon arrival. All detainees received a local detainee handbook upon admission. YCJ officials stated that a local detainee handbook is provided to each arriving detainee, and extra copies of the detainee handbook are available in the common areas of all housing units. ODO verified that copies of the detainee handbook, written in English and Spanish, are issued at admission and are available in the housing units.

All of the detainees interviewed stated there were no issues regarding communication with ICE and YCJ staff, and all stated they had regular access to a DO.

ICE NATIONAL DETENTION STANDARDS

ODO reviewed a total of 18 NDS and found YCJ fully compliant with the following 12 standards:

- Access to Legal Material
- Admission and Release
- Detainee Classification
- Detainee Handbook
- Detainee Grievance Procedures
- Detention Files
- Funds and Personal Property
- Special Management Unit (Administrative)
- Special Management Unit (Disciplinary)
- Staff Detainee Communication
- Suicide Prevention and Intervention
- Terminal Illness, Advance Directives, and Death

As these standards were compliant at the time of the review, a synopsis for these areas was not prepared for this report.

ODO found deficiencies in the following six standards:

- Environmental Health and Safety
- Food Service
- Key and Lock Control
- Medical Care
- Telephone Access
- Use of Force

ODO findings for each of these standards are presented in the remainder of this report.

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed the Environmental Health and Safety NDS at YCJ to determine if the facility maintains high standards of cleanliness and sanitation, safe work practices and control of hazardous materials and substances. ODO toured the facility, interviewed staff, and reviewed procedures and documentation of inspections, hazardous chemical management, and fire drills.

The sanitation of the facility is maintained at an acceptable level. The facility maintains a master index of all hazardous substances, including diagrams of their locations, and a master file of Material Safety Data Sheets (MSDS). ODO review of the master index confirmed that it does not have a list of emergency phone numbers, and there is no documentation of a semi-annual review (**Deficiency EH&S-1**). YCJ management stated that reviews of the master index are not performed. This deficiency was corrected on-site. During the inspection, emergency phone numbers were added to the index, and YCJ policy was revised to require semi-annual reviews.

YCJ performs bi-weekly testing of the emergency power generator, but an external company does not test the emergency generator quarterly as required by the NDS (**Deficiency EH&S-2**). Emergency generators serve a vital life-safety function in the event of a power outage; therefore, the prescribed preventive maintenance and testing done by an independent third party are essential.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY EH&S-1

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(C), the FOD must ensure the Maintenance Supervisor or designate will compile a master index of all hazardous substances in the facility, including locations, along with a master file of MSDSs. He/she will maintain this information in the safety office (or equivalent), with a copy to the local fire department. Documentation of the semi-annual reviews will be maintained in the MSDS master file.

The master index will also include a comprehensive, up-to-date list of emergency phone numbers (fire department, poison control center, etc.).

DEFICIENCY EH&S-2

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(O), the FOD must ensure the emergency generator will also receive quarterly testing and servicing from an external generator service company. Among other things, the technicians will check starting battery voltage, generator voltage and amperage output.

FOOD SERVICE (FS)

ODO reviewed the Food Service NDS at YCJ to determine if detainees are provided with a nutritious and balanced diet, in a sanitary manner. ODO interviewed staff, inspected storage areas, observed meal preparation, reviewed policy and relevant documentation, and observed meal service in four housing units and the booking area.

ODO sampled the lunch meal during the CI and found all food items are appropriately seasoned, at proper temperature, and consistent with the menu. Review of required inspections and temperature logs confirmed compliance with the standard. Religious and medically prescribed meals are provided, and proper documentation is on file. Knives are maintained and controlled in accordance with the tool control standard. All food service personnel are medically cleared to work in the food service operation. Three hot meals are served daily, and all meals are approved by a registered dietician. Required inspections are conducted by food service staff, facility staff, and the Yuba County Health Inspector.

ODO inspected the sack meals, which are provided to detainees being transported from the facility. The meals included four slices of bread wrapped together, a large peanut butter and jelly packet, fruit, a dessert item, and prepackaged potato chips or pretzels. The NDS require each sack meal to include at least one meat sandwich (**Deficiency FS-1**).

While inspecting the food storage areas, ODO found YCJ does not have a written stock rotation schedule for stored food products (**Deficiency FS-2**). Products are not marked with the date of delivery, and only milk is being rotated. Proper stock rotation ensures food items are used before the expiration dates. YCJ corrected this deficiency on-site by establishing a written stock rotation schedule.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY FS-1

In accordance with the ICE NDS, Food Service, section (III)(G)(6)(c), the FOD must ensure each sack shall contain at least two sandwiches per meal, of which at least one will be meat (non-pork).

DEFICIENCY FS-2

In accordance with the ICE NDS, Food Service, section (III)(J)(5), the FOD must ensure each facility shall establish a written stock-rotation schedule.

KEY AND LOCK CONTROL (K&LC)

ODO reviewed the Key and Lock Control NDS at YCJ to determine if facility safety and security is maintained by requiring keys and locks to be controlled and maintained. ODO interviewed staff, inspected emergency keys, reviewed policy and documentation, and observed use, accountability, and maintenance of keys and locks throughout the facility.

YCJ has a comprehensive written policy governing key and lock control. Responsibility for the key control program is assigned to the building Maintenance Technician who serves as the designated Security Officer for YCJ. The Maintenance Technician has not completed a locksmith training program (**K&LC-1**). This deficiency was identified during the 2010 ODO inspection and in also in the 2011 ODO Follow-up Inspection.

All facility staff is trained and accountable for key control. YCJ has established procedures for the safe handling of jail keys, accounting for keys and the maintenance of locks. Keys are maintained in a secure and responsible manner. Keys are inventoried and accounted for to ensure facility security and safety. Locks receive regular maintenance and are repaired or replaced when necessary. Missing keys are immediately reported to a supervisor and any compromised key is reported to the jail commander who may issue orders to re-key locks if necessary. Damaged keys are destroyed by maintenance personnel and documented on a "Destroyed Key" log. Maintenance personnel schedule and perform lock maintenance annually and as needed for all security locks.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY K&LC-1

In accordance with the ICE NDS, Key and Lock Control, section (III)(A)(2), the FOD must ensure all security officers shall successfully complete an approved locksmith-training program.

MEDICAL CARE (MC)

ODO reviewed the Medical Care NDS at YCJ to determine if detainees have access to healthcare and emergency services to meet health needs in a timely manner. ODO toured the clinic, reviewed policies and procedures, reviewed all medical staff credentials, interviewed health care and administrative staff, and examined 25 medical records of detainees falling into the following categories: chronic care needs, sick call log, and random healthy detainees. All records were checked for sick call timeliness and transfer documentation.

Detainees are initially screened by correctional staff trained to perform this function. ODO verified their training and confirmed documentation of screening was accurate and complete in all 25 records reviewed. ODO confirmed compliance with the local policy requiring that any chronic care conditions and medication needs identified at intake receive "priority intake" by medical staff within 24 hours.

A Purified Protein Derivative (PPD) skin test is performed on arrival to rule out Tuberculosis. If a chest x-ray (CXR) is required due to a past or present PPD test, YCJ uses a mobile x-ray service that comes to the facility on Mondays and Thursdays. This contract requires inclusion of any findings on the CXR, and does not limit the reading to rule out TB only. All 25 records contained screening for TB.

A physical examination (PE) is performed by the Medical Director. The medical record review confirmed 25 of 25 PEs were completed within the required 14-day timeframe, and IHSC performance improvement criteria were met.

Of the 25 records reviewed, 22 (88 percent) did not have a signed consent form for treatment. One file contained a consent form signed 51 days after the detainee had undergone medical examination (**Deficiency MC-1**).

Detainees access health care services by completing sick call request forms in duplicate which are available in English and Spanish. The forms are given to medical staff during medication pass or to the correctional officer assigned to the housing unit. Forms given to officers are signed by the officer then routed to the clinic. Officers read the sick call slips to ensure that proper forms are used. Involvement of correctional staff in this process ensures efficient use of sick call forms, but it potentially compromises the privacy of detainee medical information (**Deficiency MC-2**). This is a repeat deficiency from the 2010 ODO inspection. ODO confirmed that medical requests are triaged within 48 hours to determine priority for care, and detainees are seen for sick call in a timely manner. Nurses conduct sick call using Yuba County Public Health Department medical protocols. Follow-up appointments and referrals were completed as indicated.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY MC-1

In accordance with the ICE NDS, Medical Care, section (III)(L), the FOD must ensure the facility health care provider will obtain signed and dated consent forms from all detainees before any medical examination or treatment, except in emergency circumstances.

DEFICIENCY MC-2

In accordance with the ICE NDS, Medical Care, section (III)(M), the FOD must ensure all medical providers shall protect the privacy of detainees' medical information to the extent possible while permitting the exchange of health information required to fulfill program responsibilities and to provide for the well-being of detainees.

TELEPHONE ACCESS (TA)

ODO reviewed the Telephone Access NDS at YCJ to determine if the facility provides detainees with reasonable and equitable access to telephones to maintain ties with family and others in the community. ODO interviewed staff and detainees; reviewed facility policies, procedures, and the detainee handbook; and tested the telephones in detainee housing units.

YCJ records all telephone conversations; however, there is privacy allowed for detainees who wish to make a call to a legal representative. Detainees can use YCJ supervisor offices and other rooms available that provide privacy. Detainees are notified that telephone calls are recorded via electronic advisement on the telephones and in the YCJ detainee handbook. Detainee telephone service allows free, direct calls to specially designated groups. YCJ does not have a written policy addressing monitored telephone calls (**Deficiency TA-1**). This was corrected onsite. A copy of a revised local policy was provided to ODO prior to conclusion of the inspection.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY TA-1

In accordance with the ICE NDS, Telephone Access, section (III)(K), the FOD must ensure the facility shall have a written policy on the monitoring of detainee telephone calls. If telephone calls are monitored, the facility shall notify detainees in the detainee handbook or equivalent provided upon admission.

USE OF FORCE (UOF)

ODO reviewed the Use of Force NDS at YCJ to determine if necessary use of force is utilized only after all reasonable efforts have been exhausted to gain control of a detainee, while protecting and ensuring the safety of detainees, staff, and others, preventing serious property damage, and ensuring the security and orderly operation of the facility. ODO reviewed policies and use of force documentation, and inspected equipment and inventories. In addition, staff was interviewed to determine their level of knowledge and understanding of the circumstances warranting immediate and calculated uses of force.

ODO confirmed there have been no calculated use-of-force incidents and four immediate use-of-force incidents involving detainees in the past year. By definition, an immediate use-of-force situation is created when the behavior of a detainee constitutes a serious and immediate threat to the detainee, staff, another detainee, property, or the security and orderly operation of the facility. Calculated use-of-force incidents are situations where no immediate threat is posed, and there is sufficient time to diffuse the situation without resorting to force. An After Action Review was not conducted in any of the four immediate use-of-force cases (**Deficiency UOF-1**). Review of the YCJ policy confirmed it contains no requirement for an After Action Review. This deficiency was also identified during the 2010 ODO inspection. An After Action Review provides critical analysis to determine if the force used was necessary, appropriate, and in compliance with policy. The Jail Administrator stated that the written policy will be revised to address this deficiency. With the exception of the lone deficiency related to After Action Reviews, ODO found the YCJ policy governing use of force to be comprehensive in its coverage of NDS requirements.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY UOF-1

In accordance with the ICE NDS, Use of Force, section (III)(K), the FOD must ensure written procedures shall govern the use-of-force incident review, whether calculated or immediate, and the application of restraints. The review is to assess the reasonableness of the actions taken (force proportional to the detainee's actions), etc. IGSA will pattern their incident review process after INS. INS shall review and approve all After Action Review procedures.