DETENTION STANDARD

MEDICAL CARE

I. POLICY

All detainees shall have access to medical services that promote detainee health and general well-being.

Medical facilities in service processing centers and contract detention facilities will maintain current accreditation by the National Commission on Correctional Health Care. Each medical facility will strive for accreditation with the Joint Commission on the Accreditation of Health Care Organizations.

II. APPLICABILITY

The standards provided in this Detention Standard shall apply to the following facilities housing INS detainees:

1. Service Processing Centers (SPCs);
2. Contract Detention Facilities (CDFs); and
3. State or local government facilities used by INS through Intergovernmental Service Agreements (IGSAs) to hold detainees for more than 72 hours; referred to as “IGSA facilities.”

Within the document there are additional implementing procedures that are identified for SPCs and CDFs. IGSA facilities may find such procedures useful as guidelines. IGSAs may adopt, adapt or establish alternatives to, the procedures specified for SPCs/CDFs, provided they meet or exceed the objective represented by each standard

See the separate “Definitions” Standard for the meaning of certain terms used in this document.

III. STANDARDS AND SPC/CDF PROCEDURES

A. General

Every facility will provide its detainee population with initial medical screening, cost-effective primary medical care, and emergency care. The OIC will also arrange for specialized health care, mental heath care, and hospitalization within the local community.

All facilities will employ, at a minimum, a medical staff large enough to perform basic exams and treatments for all detainees. The OIC, with the cooperation of the Clinical Director, will negotiate and keep current arrangements with nearby medical facilities or health care providers to provide required health care not available within the facility. These arrangements will include securing appropriate custodial officers to transport and remain with the detainee for the duration of any off-site treatment or hospital admission.

A health care specialist shall determine medical treatment, except when there is disagreement on the type or extent of treatment that is medically necessary. In such cases, INS will make the determination, in consultation with the Chief of Medical Staff and in accordance with the medical policies of the U.S. Public Health Service's Division of Immigration Health Services.

In SPCs/CDFs, the health care program and the medical facilities will be under the direction of a Health Services Administrator (HSA) and will be in compliance with the standards of the National Commission on Correctional Health Care (NCCHC). Each medical facility will maintain current NCCHC accreditation and strive to achieve and maintain accreditation from the Joint Commission on the Accreditation of Health Care Organizations (JCAHO).

B. Facilities

Adequate space and equipment will be furnished in all facilities so that all detainees may be provided basic health examinations and treatment in private.

Medical records will be kept separate from detainee records and stored in a securely locked area within the medical unit.

In SPCs/CDFs, medical facilities will be located within the primary secure perimeter in an area restricted from general detainee access. The medical facility will have its own perimeter to ensure restricted access.

A holding/waiting area will be located at the entrance to the medical facility. This area will be under the direct supervision of custodial officers and not medical staff. A detainee toilet and drinking fountain will be accessible from the holding/waiting area.

All pharmaceuticals in SPCs or INS contract detention facilities will be stored in a secure area with the following features:

1. A secure perimeter;
2 Access limited to authorized medical staff (never detainees);
3. A locking pass-through window;
4. Solid walls from floor to ceiling and a solid ceiling;
5. A solid core entrance door with a high security lock (with no other access); and
6. A secure medication storage area.

C. Medical Personnel

The health care staff will have a valid professional licensure and or certification. The USPHS, Division of Immigration Health Services, will be consulted to determine the appropriate credentials requirements for health care providers.

In SPCs/CDFs, medical personnel credentialing and verification will comply with the standards established by the NCCHC and JCAHO.

D. Medical Screening (New Arrivals)

All new arrivals shall receive initial medical and mental health screening immediately upon their arrival by a health care provider or an officer trained to perform this function.

This screening shall include observation and interview items related to the detainee's potential suicide risk and possible mental disabilities, including mental illness and mental retardation.

For further information concerning suicide intervention and prevention see the "Detainee Suicide Prevention and Intervention" Standard.

The health care provider of each facility will conduct a health appraisal and physical examination on each detainee within 14 days of arrival at the facility. If there is documented evidence of a health appraisal within the previous 90 days, the facility health care provider may determine that a new appraisal is not required.

All new arrivals shall receive TB screening by PPD (mantoux method) or chest x-ray. The PPD shall be the primary screening method unless this diagnostic test is contraindicated; then a chest x-ray is obtained.

All detainees shall be evaluated through the initial screening for their use of or dependence on mood and mind-altering substances - alcohol, opiates, hypnotics, sedatives, etc.

Detainees reporting the use of such substances shall be evaluated for their degree of reliance on and potential for withdrawal. The Clinical Director (CD) or contract equivalent, shall establish guidelines for evaluation and treatment of new arrivals who require detoxification. Treatment and supportive measures shall permit withdrawal with minimal physiological and physical discomfort.

A detainee will be hospitalized only on the order of a physician and with administrative notification. Detainees experiencing severe, life-threatening alcohol or drug withdrawal will be immediately transferred to an acute care facility.

Detoxification will be carried out only at facilities qualified to do so in accordance with local, state, and federal laws.

All non-INS facilities shall have policy and procedure to ensure the initial health screening and assessment is documented.

Health appraisals will be performed according to NCCHC and JCAHO standards.

If language difficulties prevent the health care provider/officer from sufficiently communicating with the detainee for purposes of completing the medical screening, the officer shall obtain translation assistance. Such assistance may be provided by another officer or by a professional service, such as a telephone translation service. In some cases, other detainees may be used for translation assistance if they are proficient and reliable and the detainee being medically screened consents. If needed translation assistance cannot be obtained, medical staff will be notified or the screening form will be filled out to refer the detainee to medical personnel for immediate attention.

If a detainee requires emergency medical care, the officer will immediately take steps to contact a health care provider through established procedures. Where the officer is unsure whether emergency care is required, the officer should immediately notify the on-duty supervisor. If the on-duty supervisor has any doubt whether emergency care is required, the on-duty supervisor will immediately take steps to contact a health care provider, who will make the determination whether emergency care is required.

Detainees with symptoms suggestive of TB will be placed in an isolation room and promptly evaluated for TB disease. If the initial screening is negative, the detainee will be allowed to join the general population.

Detainees diagnosed with a communicable disease shall be isolated according to local medical operating procedures.

In SPCs/CDFs:

The health screening will be conducted during in processing and prior to the detainee's placement into a housing unit. The health care provider or officer will complete the

In Processing Health Screening Form (I-794) and all findings of the medical screening process will be recorded.

Upon completion, the In-Processing Health Screening Form will be forwarded to the facility medical staff for appropriate action. The facility health care provider will be responsible for promptly reviewing all I-794s, and deciding whether the detainee should receive prompt medical attention.

For other facilities that do not use the INS In-Processing Health Screening Form (I-794), the INS Health Services Division must approve any substitute form.

E. Dental Treatment

An initial dental screening exam should be performed within 14 days of the detainee's arrival. If no

on site dentist is available, the initial dental screening may be performed by a physician, physician's assistant or nurse practitioner.

Detainees shall be afforded only authorized dental treatment defined as follows:

1. Emergency dental treatment, which includes those procedures directed toward the immediate relief of pain, trauma and acute oral infection that endangers the health of the detainee. It also includes repair of prosthetic appliances to prevent detainee suffering.
2. Routine dental treatment may be provided to detainees for whom dental treatment is inaccessible for prolonged periods because of detention for over six months. Routine dental treatment includes amalgam and composite restorations, prophylaxis, root canals, extractions, x-rays, the repair and adjustment of prosthetic appliances and other procedures required to maintain the detainee's health.

F. Sick Call

Each facility will have a mechanism that allows detainees the opportunity to request health care services provided by a physician or other qualified medical officer in a clinical setting.

All facilities must have a procedure in place to ensure that all request slips are received by the medical facility in a timely manner. If necessary detainees will be provided with assistance in filling out the request slip, especially detainees who are illiterate or non-English speaking.

Each facility will have regularly scheduled times, known as sick call, when medical personnel will be available to see detainees who have requested medical services. Sick call will be regularly scheduled in accordance with the following minimum standards:

1. Facilities with fewer than 50 detainees - a minimum of 1 day per week;
2. Facilities with 50 to 200 detainees - a minimum of 3 days per week;
3. Facilities with over 200 detainees - a minimum of 5 days per week.

The health care provider will review the request slips and determine when the detainee will be seen.

All detainees, including those in Special Management Units, regardless of classification, will have access to sick call. In addition to sick call, all facilities will have emergency procedures for medical treatment as provided below.

In SPC/CDFs:

Request slips will be made freely available by the facility staff for detainees to request health care services on a daily basis. The request slip will be made available in English and the foreign languages most widely spoken among the detainees. The slip will be completed by the detainee and will contain the detainee's name, A-number, sex, age, country of nationality, and reason for requesting a medical visit. The slip will be dated and signed by the detainee. If necessary, detainees will be provided with assistance in filling out the request slip, especially detainees that are illiterate or non-English speaking.

G. 24-Hour Emergency Medical Treatment

Each facility will have a written plan for the delivery of 24-hour emergency health care when no medical personnel are on duty at the facility, or when immediate outside medical attention is required.

In SPCs/CDFs, a plan will be prepared in consultation with the facility's routine medical provider. The plan will include an on-call provider; a list, available to all staff, of telephone numbers for local ambulances and hospital services; and procedures for facility staff to utilize this emergency health care consistent with security and safety.

H. First Aid and Medical Emergencies

In each detention facility, the designated health authority and the OIC will determine the availability and placement of first aid kits consistent with the American Correctional Association requirements.

Detention staff will be trained to respond to health-related emergencies within a 4-minute response time. This training will be provided by a responsible medical authority in cooperation with the OIC and will include the following:

1. The recognition of signs of potential health emergencies and the required response;
2. The administration of first aid and cardiopulmonary resuscitation (CPR);
3. The facility plan and its required methods of obtaining emergency medical assistance;
4. The recognition of signs and symptoms of mental illness (including suicide risk) retardation, and chemical dependency; and

5. The facility's established plan and procedures for providing emergency medical care including, when required, the safe and secure transfer of detainees for appropriate hospital or other medical services.

Whenever an officer is unsure whether a detainee requires emergency care by a health care provider, the officer should contact a health care provider or an on-duty supervisor immediately.

I. Delivery of Medication

Distribution of medication will be according to the specific instructions and procedures established by the health care provider. Officers will keep written records of all medication given to detainees.

In SPCs/CDFs, medication will not be delivered or administered by detainees. In facilities that are medically staffed 24 hours a day, the health care provider will distribute medication. In facilities that are not medically staffed 24 hours a day, medication may be distributed by detention officers who have received proper training by the health care provider, only when medication must be delivered at a specific time when medical staff is not on duty. Distribution of medication by detention officers will be according to the specific instructions and procedures established by the health care provider. Officers will keep written records of all medication they deliver to detainees.

J. Special Needs

The medical care provider for each facility will notify the OIC in writing when a detainee has been diagnosed as having a medical or psychiatric condition requiring special attention (e.g. pregnancy, special diet, medical isolation, AIDS, etc.).

In SPCs/CDFs, the medical care provider for each facility will notify the OIC, using a Detainee Special Need Form (I-819), when a detainee has been diagnosed as having a medical or psychiatric condition requiring special attention (e.g. pregnancy, special diet, medical isolation, etc.).

K. HIV/AIDS

To the extent possible, the accurate diagnosis and medical management of HIV infection among detainees will be promoted. The diagnosis of AIDS is established only by a licensed physician based on a medical history, current clinical evaluation of signs and symptoms, and laboratory studies. HIV cannot be transmitted by normal office or household contacts with AIDS patients or persons in the high risk groups. Persons, who must feed, escort, directly supervise, interview or conduct routine office work with AIDS patients are not considered at risk of infection. However, persons regularly exposed to blood are at risk.

1. When it is determined that current symptoms are suggestive of HIV infection, the following will be implemented:
    a. Clinical evaluation will determine the medical need for isolation.

       USPHS will not recommend to INS that the detainee be separated from the general population, either pending a test result or after a test report, unless clinical evaluation reveals a medical need for isolation.

b. Following clinical evaluation if a detainee manifests symptoms requiring treatment beyond the facility's capability, the provider will recommend the detainee be transferred to a hospital, or other appropriate facility for further medical testing, final diagnosis, and acute treatment as needed, consistent with local operational procedures.

c. HIV positive detainees should be hospitalized until any acute treatment deemed necessary is completed.

   When the attending physician determines that a detainee is in remission from his/her illness and/or no longer requires off-site care, he/she will be returned to the detention facility. The physician must make a recommendation as to whether the detainee should be housed in the general population or, in another location.

d. An HIV positive diagnosis must be reported to government bodies according to State and Federal requirements. Please note that only reports of AIDS, and not HIV infection, are required by the CDC. State laws differ considerably. The Clinical Director is responsible for insuring that all applicable state requirements are met.

e. Any detainee with tuberculosis (active) should be evaluated for possible HIV infection.

2. Staff Risk/Responsibility

a. Staff will not be excused from carrying out their regular duties and responsibilities with respect to detainees who are suspected or diagnosed as having HIV infection, unless the staff member is at high risk for infection because of compromised immune status (e.g. HIV infection or immuno-suppressive disorder).

b. If a staff member believes that they are at risk, they are responsible for discussing this issue with their supervisor.

c. Staff member's concerns will be evaluated and if appropriate, an attempt to adjust the individual's work responsibilities may be made.

   In SPC/CDFs, the HSD Director will advise the OIC if the adjusting of an individual's work responsibilities is necessary.

3. Exposure

Staff or detainee's exposure to potentially infectious body fluids, such as through needle sticks or bites shall be reported as soon as possible to the Clinical Director.

4. Precautions

Universal precautions are to be used at all times when caring for detainees. All detainees should be assumed to be infectious for blood-borne pathogens. No additional special precautions are required for the care of HIV positive detainees.

L. Informed Consent

As a rule, medical treatment will not be administered against the detainee's will. 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. If a

detainee refuses treatment, the INS will be consulted in determining whether forced treatment will be administered, unless the situation is an emergency. In emergency situations, the INS shall be notified as soon as possible.

In SPCs/CDFs, if the detainee refuses to consent to treatment, medical staff will make reasonable efforts to convince the detainee to voluntarily accept treatment. The medical risks faced if treatment is declined will be explained to the detainee. Medical staff will document their treatment efforts and the refusal of treatment in the detainee's medical record. The detainee refusing examination or treatment will be segregated from the general population when recommended by the medical staff. Forced treatment is a decision made only by medical staff under strict legal restrictions. (See also the "Hunger Strikes" standard.)

M. Confidentiality and Release of Medical Records

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.

Where a detainee is covered by the Privacy Act, specific legal restrictions govern the release of medical information or records.

Copies of health records may be released by the facility health care provider directly to a detainee, or any person designated by the detainee, upon receipt by the facility health care provider of a written authorization from the detainee. (Form I-813 may be used for this purpose).

In absence of the I-813, a written request may serve as authorization for the release of health information if it includes the following (and meets any other requirements of the facility health care provider):

1. Address of the facility to release the information;
2. Name of the individual or institution that is to receive the information;
3. Detainee's full name, alien number, date of birth and nationality;
4. Purpose or need for the information to be released;
5. Nature of the information to be released with inclusive dates of treatment; and
6. Detainee's signature and date.

Following the release of health information, the written authorization will be retained in the health record, and a copy placed in the detainee's A-file. IGSA facilities shall notify INS each time a detainee medical records are released.

Detainees who indicate that they wish to obtain copies of their medical records will be provided with the appropriate form. The INS will provide the detainee with basic assistance in making the written request (if needed) and will assist in transmitting the request to the facility health care provider.

If INS receives a request for a detainee's medical records, the request should be forwarded to the facility health care provider or the requester, (if other than a detainee) should be advised to redirect their request and provided with the appropriate name and address.

N. Transfer and Release of Detainees

INS shall be notified when detainees are to be transferred or released.

Medical/Psychiatric Alert.When the medical staff determines that a detainee's medical or psychiatric condition requires either clearance by the medical staff prior to release or transfer, or requires medical escort during deportation or transfer, the OIC will be so notified in writing.

Notification of Transfers, Releases, and Removals. The facility health care provider will be given advance notice prior to the release, transfer, or removal of a detainee, so that medical staff may determine and provide for any medical needs associated with the transfer or release.

Transfer of Health Records. When a detainee is transferred to another detention facility, the detainee's medical records, or copies, will be transferred with the detainee. These records should be placed in a sealed envelope or other container labeled with the detainee's name and A-number and marked "MEDICAL CONFIDENTIAL."

O. Medical Experimentation

Detainees will not be used in medical, pharmaceutical or cosmetic experiments or research.

This will not preclude an individual detainee from receiving a medical procedure not generally available, but determined medically necessary by the primary health care provider. In IGSA facilities, USPHS' Division of Immigration Health Services shall be notified.

P. Quarterly Administrative Meetings:

In SPCs/CDFs, formal, documented meetings will be held at least quarterly between the OIC of each facility and the HSA of the medical facility. Other members of the facility staff and medical staff will be included as appropriate. Minutes of the meeting will be recorded and kept on file. The meeting agenda will include, but not be limited to, the following:

1. An account of the effectiveness of the facility health care program;
2 Discussions of health environment factors that may need improvement;
3. Changes effected since the previous meetings; and
4. Recommended corrective actions, as necessary.

IV. AMERICAN CORRECTIONAL ASSOCIATION STANDARDS REFERENCED:

American Correctional Association, 3rd Edition, Standards for Adult Detention Facilities:

3-ALDF-4E-01, 3-ALDF-4E-02, 3-ALDF-4E-03, 3-ALDF-4E-04,
3-ALDF-4E-06, 3-ALDF-4E-07, 3-ALDF-4E-08, 3-ALDF-4E-09,
3-ALDF-4E-10, 3-ALDF-4E-11, 3-ALDF-4E-13, 3-ALDF-4E-17,
3-ALDF-4E-19, 3-ALDF-4E-20, 3-ALDF-4E-24, 3-ALDF-4E-25,
3-ALDF-4E-26, 3-ALDF-4E-30, 3-ALDF-4E-43

United States Public Health Service (USPHS) Division of Immigration Health Services (DIHS) Policies and Procedures Manual (1996)

National Commission on Correctional Health Care, Standards for Health Services in Jails (1996)

Approval of Standard

SEP 20 2000

Michael D. Cronin **Date**
Acting Executive Associate Commissioner
Office of Programs

SEP 20 2000

Michael A. Pearson **Date**
Executive Associate Commissioner
Office of Field Operations

U.S. Immigration and Naturalization Service

NATIONAL DETENTION STANDARDS
MONITORING INSTRUMENT

Policy: Every facility will establish and maintain an accredited/accreditation-worthy health program for the general well-being of INS detainees.

MEDICAL CARE			
Components	**Yes**	**No**	**Remarks**
1. Does a Health Services Administrator (HSA) position exist? a. If yes, does this administrator direct both the health care program and medical facilities?			
2. Is the health program in compliance with NCCHC standards?			
3. Does the medical facility currently have NCCHC accreditation?			
4. Does the medical facility currently have JCAHO accreditation?			
5. Does the facility's in-processing of arriving detainees include medical screening? a. If yes, as standard procedure?			
6. Do all detainees receive medical care?			
7. Is the health program cost-effective? a. Including the emergency-care component?			
8. Has the facility made specialized health care and hospitalization arrangements in the local community?			
9. Is the medical staff large enough to provide examine and treat the facility's detainee population?			
10. Does the facility have sufficient space and equipment to afford each detainee privacy when receiving health care?			
11. Does the medical facility have its own restricted-access area? a. Within the primary secure perimeter? b. Has any detainee gained access, despite the restrictions?			

MEDICAL CARE			
Components	**Yes**	**No**	**Remarks**
12. Does the medical facility entrance area include a holding/waiting room?			
13. Is the medical facility's holding/waiting room under the direct supervision of : a. Medical Staff b. Custodial officers?			
14. Do detainees in the holding/waiting room have access to: a. A toilet? b. A drinking fountain?			
15. Are medical records kept apart from other files? a. Secured in a locked area within the medical unit? b. With physical access restricted to authorized medical staff? c. Procedurally, are copies made and placed in detainee files?			
16. Are pharmaceuticals stored in a secure area? a. If yes, meeting all requirements of the INS standard?			
17. Does medical screening include a Tuberculosis (TB) test? a. Does every arriving detainee receive a TB test? b. At a specified time during the admission process? c. Has a detainee's TB-screening ever occurred more than one business day after his/her arrival at the facility? d. Does the OIC house a detainee without TB-screening results with the general population, pending completion of his/her classification process?			
18. Do the position descriptions of certain staff members include TB-screening detainees? a. If yes, do written procedures provide for other staff members' providing assistance as needed?			

MEDICAL CARE			
Components	**Yes**	**No**	**Remarks**
19. Do all detainees receive mental-health screening upon arrival? a. Conducted by a health care provider or specially trained officer? b. Before a detainee's assignment to a housing unit?			
20. Does the screener record all findings on the in-processing health screening form (I-794)?			
21. Does the facility health care provider promptly review all I-794s to identify detainees needing medical attention?			
22. Does the health care provider physically examine/assess arriving detainees within 14 days of admission?			
23. Has the OIC granted any detainee requests for health care services in a clinical setting?			
24. Do detainees in the Special Management Unit have access to health care services?			
25. Does staff provide detainees health-services request slips daily, upon request? a. Are the request slips available in the languages other than English, including every language spoken by a sizeable number of the facility's detainee population? b. Are service-request slips delivered in timely fashion to the health care provider? c. As a matter of standard, written procedure?			
26. Is sick call scheduled in accordance with the guideline in paragraph VIII section E?			
27. Does the facility have a written plan for the delivery of 24-hour emergency health care when no medical personnel are on duty at the facility, or when immediate outside medical attention is required?			
28. Does the plan include an on-call provider?			

MEDICAL CARE			
Components	**Yes**	**No**	**Remarks**
29. Does the plan include a list of telephone numbers for local ambulances and hospital services?			
30. Does the plan include procedures for facility staff to utilize this emergency health care consistent with security and safety?			
31. Has the health authority approved the contents, number, location, and procedures for monthly inspection of the first-aid kit(s)?			
32. Has the health authority developed written procedure for use of the first-aid kits by non-medical staff?			
33. Is detention staff trained to respond to health-related emergencies within a 4-minute response time?			
34. Does the training contain at least the five mandated elements in paragraph VIII section G?			
35. Do detention officers distribute medication to the detainees?			
36. Does a health care provider properly train these officers?			
37. Do they keep written records of medication that is distributed?			
38. Is the I-819 used to notify the OIC of a detainee that has special medical needs?			
39. Is a signed and dated consent form obtained from a detainee before medical treatment is administered?			
40. Do detainees use the I-813 to authorize the release of confidential medical records to outside sources?			
41. If not, does the written request from the detainee contain the six elements in paragraph VIII section K?			
42. Is a copy of this request placed in the detainee's A-file?			
43. Does the INS assist the detainee in filling out this request and forwarding it to the health care provider?			

MEDICAL CARE			
Components	**Yes**	**No**	**Remarks**
44. Is the OIC notified, in writing, by the medical staff when a detainee needs medical clearance prior to being transferred or released?			
45. Does this notification will come from the HSA or Clinical Director of the medical facility on a Medical/Psychiatric Alert form (I-834)?			
46. When an alert has been received on a detainee, is the detainee's Booking Record (I-385) appropriately flagged to ensure appropriate consultation with medical staff before release or transfer?			
47. Is the facility health care provider given advance notice prior to the release, transfer, or removal of a detainee?			
48. Are the detainee's medical records or a copy thereof, transferred with the detainee?			
49. Are these records placed in a sealed envelope or other container labeled with the detainee's name and A-number and marked "MEDICAL CONFIDENTIAL"?			
50. Are formal, documented meetings held at least quarterly between the OIC of the facility and the HSA of the medical facility?			
51. Do the meetings cover the four mandated elements in paragraph VIII section?			

U.S. Immigration and Naturalization Service
NATIONAL DETENTION STANDARDS
MONITORING INSTRUMENT

MEDICAL CARE

Verification Sources:

The following may serve as sources of information for auditors verifying the facility's compliance with this detention standard:

SOURCE	TIME	DATE	LOCATION
A. Detainee handbook			
B. A-file			
C. Forms			
D. Sick-call logbook			
E. Facility's written policy and procedures			
F. Inspecting medical area(s)			
F. IGSA provisions			
G. MOU(s) provisions			
H. Observing the detainee-intake process			
I. Quarterly-meeting minutes			
J. Detainee and staff Interviews			

Facilities must complete the attached Plan of Action for bringing operations into compliance. For each element found out of compliance, the plan of action will specify remedial action and the estimated timetable for compliance.

Remarks*:* *(Record significant facts, observations, other sources used, etc.)*

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Auditor's Signature

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Date