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May 29, 2008

MEMORANDUM FOR:

Gary E. Mead, Acting Director

Office of Detention and Removal Operations

FROM:

Reviewer-In-Charge

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SUBJECT:

Guadalupe County Adult Detention Center

Annual Detention Review

Creative Corrections conducted the Annual Detention Review (ADR) of the Guadalupe County Adult Detention Center, located in Seguin, Texas, on May 22-23, 2008. The facility has an Intergovernmental Service Agreement (IGSA) with Immigration Customs Enforcement (ICE).

As noted on the attached documents, my team of Subject Matter Experts (SME) included:

SME for Health Services;

SME for Environmental Health and Safety;

SME for Food Service; and

SME for Security.

A review closeout was conducted on Friday, May 23, 2008 with the following staff present: Arnold Zwicke; Sheriff, b6,b7c Jail Administrator, b6,b7c Lieutenant of Operations and b6,b7c Immigration Enforcement Agent. During the closeout all deficiencies, observations, and recommendation were discussed.

#### Type of Review:

This review is a scheduled Detention Standard Review to determine general compliance with established ICE National Detention Standards for facilities used under 72 hours.

#### **Review Summary:**

The facility is not accredited by the American Correctional Association (ACA), the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or the National Commission on Correctional Health Care (NCCHC).

#### **Standards Compliance:**

The following information summarizes the standards reviewed and the overall compliance for this annual review.

May 23-24, 2008	Review
Compliant	27
Deficient	. 0
At-Risk	0
Non-Applicable	1

### **RIC Observations**

#### Environmental Health and Safety:

Spray bottles should replace aerosol cans throughout the facility. Corrosive chemicals in the food service storage room are secured but should be inventoried. All hazardous chemicals should be controlled with general safety and security in mind.

## **Recommended Rating and Justification**

It is the Reviewer-in-Charge (RIC) recommendation, the facility receive a rating of "Acceptable" based on the overall operation of the facility.

Sheriff Arnold Zwicke and his staff at this facility are sincerely committed to continuing a working relationship with ICE. Staff showed genuine interest in corrective action and took initiative when able.

#### **RIC Assurance Statement**

All findings of this review have been documented on the Detention Review Worksheet attached and are supported by the written documentation contained in the review file.



# **DETENTION FACILITY INSPECTION FORM**

**FACILITIES USED LESS THAN 72 HOURS** 

					_ <del></del>
A. TYPE OF FACILITY REVIE		Basic Rates per I	Man-Day		
ICE Service Processi		\$40.00/day			<u></u>
☐ ICE Contract Detent ☐ ICE Intergovernmen		Other Charges:			•
	ICE Intergovernmental Service Agreement ; ; ; N/A				
		Estimated Man-c	lays per Year		
B. CURRENT INSPECTION		Not Available		·	
Type of Inspection	_	<b>a</b>			•
☐ Field Office ☐ HQ Inspe	ction	G. ACCREDITA			
Date[s] of Facility Review		List all State or N			ved:
May 22-23, 2008		Texas Commissi	on On Jail Sta	andards	
C. Province Management	T	И Вроргемс	COMPLAINT	e (Corres miles	ne (mar (men)
C. PREVIOUS/MOST RECENT		H. PROBLEMS A			
Date[s] of Last Facility Review	1	Court Order		Class Action Fin	
No previous inspection.		The Facility has			
Previous Rating					
Superior Good Acc	eptable Deficient At-Risk	Major Litigat	1011	Life/Safety Issue	<u> </u>
D. NAME AND LOCATION OF	E A CHI 100V	None None			
Name	FACILITY	I. FACILITY H	ICTODY		
	tion Conton	Date Built	ISTORY		
Guadalupe County Adult Deten Address	uon Center	June 2001			
	į	Date Last Remo	dalad ou I Ince	- dod	<del></del>
2611 N. Guadalupe Street		June 2001	deled of Opgi	aded	
City, State and Zip Code			mation / Dad	Coope Added	· · · · · · · · · · · · · · · · · · ·
Seguin, Texas 78155		Date New Const	ruction / Bea	Space Added	•
County		N/A	Dl 1		
Guadalupe County		Future Construct			
Name and Title of Chief Execu	tive Officer	Yes No		D 10 (// ) /	<del></del>
(Warden/OIC/Superintendent)		Current Bed space		Bed Space (# No	ew Beds only)
Arnold S. Zwicke, Sheriff and	b6,b7c Jail Administrator	504	Numb	er: None Date:	
Telephone Number (Include Ar	ea Code)	I Town Fro	II WWW DODIN	ATTON	
(830) b6,b7c			LITY POPUL		<del></del>
Field Office / Sub-Office (List	Office with Oversight)	Total Facility Int	ake for Previo	ous 12 months	
San Antonio, Texas	<u> </u>	<u> </u>	f D	101	
Distance from Field Office		Total ICE Man I	bays for Previ	ous 12 months	
40 miles		0			
E ICE I TOTAL		K. CLASSIFICA	TION I EVEL	CE SPCs AND	CDFc (Mr v)
E. ICE INFORMATION	Ti'd 15 (C)	II. CLASSIFICA	L-		L-3
Name of Inspector (Last Name,		Adult Male	N/.		
	-In-Charge / Administration	Adult Female	N/.		N/A N/A
Name of Team Member / Title		Addit Pennale	187	A INA	IV/A
b6,b7c / SME / Security		L. FACILITY C	APACITY		
Name of Team Member / Title	-	Z. Theibit C	Rated	Operational	Emergency
b6 SME / Health		Adult Male	500	404	N/A
Name of Team Member / Title / Duty Location		Adult Female	100	100	N/A
	mental Health and Safety			enders 16 and Ole	
Name of Team Member / Title		L Facility 110108	Gaveniles Off	chuers to and Off	ici as Auulls
b6 / SME / Food Servi		M. AVERAGE D	AILY POPUL	ATION	
Name of Team Member / Title	Duty Location		IC		Other
/		Adult Male	0	67	30
E CDE/ICCA INCORRECTOR	ONT	Adult Female	0	9	7
F. CDF/IGSA INFORMATION					
Contract Number	Date of Contract or IGSA	N. FACILITY ST	TAFFING LEV	EL	
USMS J-D80-M-126	April 1, 1985	C		10	

Security:

Support:

## SIGNIFICANT INCIDENT SUMMARY WORKSHEET

In order for Creative Corrections to complete its review of your facility, you <u>must</u> complete the following worksheet prior to your scheduled review dates. This worksheet must contain data for the past twelve months. We will use this worksheet in conjunction with the ICE Detention Standards to assess your detention operations with regard to the needs of ICE and its detainee population. Failure to complete this worksheet will result in a delay in processing this report, and may result in a reduction or removal of ICE detainees from your facility.

INCIDENTS	DESCRIPTION	Jan – Mar	Apr – Jun	Jul – Sep	Oct – Dec
Assault:	Types (Sexual <sup>2</sup> , Physical, etc.)	Physical	Physical	Physical	Physical
Offenders on Offenders <sup>1</sup>	With Weapon	0	0	0	0
	Without Weapon	14	12	12	12
Assault:	Types (Sexual Physical, etc.)	Physical	Physical	Physical	Physical
Detainee on Staff	With Weapon	0	0	0	0
	Without Weapon	2	1	0	1
Number of Forced Moves, incl. Forced Cell Moves <sup>3</sup>		Unavailable	Unavailable	Unavailable	Unavailable
Disturbances <sup>4</sup>		Unavailable	Unavailable	Unavailable	Unavailable
Number of Times Chemical Agents Used		0	0	0	0
Number of Times Special Reaction Team Deployed/Used		63	41	47	70
# Times Four/Five Point	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	Unavailable	Unavailable	Unavailable	Unavailable
Restraints Applied/Used	Type (C=Chair, B=Bed, BB=Board, O=Other)	Unavailable	Unavailable	Unavailable	Unavailable
Offender / Detainee Medical Referrals as a Result of Injuries Sustained.		Unavailable	Unavailable	Unavailable	Unavailable
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	74	158	198	88
ſ	# Resolved in Favor of Offender/Detainee	Unavailable	Unavailable	Unavailable	Unavailable
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	0	0	0	0
	Number	0	0	0	0
Psychiatric / Medical Referrals	# Medical Cases Referred for Outside Care	4	5	4	5
	# Psychiatric Cases Referred for Outside Care	1	0	0	2

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

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

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

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

# DHS/ICE DETENTION STANDARDS REVIEW SUMMARY REPORT

1. Ac	CCEPTABLE	2. DEFICIENT	3. AT-RISK	4. REPEAT FINDING	5. NOT APPLICABLE					
LEGAL ACCESS STANDARDS						1.	2.	3.	4.	5.
1.	Visitation									
2.	Telephone	Access				$\boxtimes$				
DETA	AINEE SERV	ICES			•					
3.	Admission	and Release				$\boxtimes$				
4.	Classificat	ion System				$\boxtimes$				
5.	Detainee H	Iandbook	,							
6.	Food Servi	ice		No.		$\boxtimes$				
7.		Personal Property				$\boxtimes$				
8.		Frievance Procedures				$\boxtimes$				
9.	Issuance an	nd Exchange of Cloth	ing, Bedding, and To	wels		$\boxtimes$				
10.	Religious l	Practices	<u> </u>							
HEAL	LTH SERVIC									
11.	Medical Ca	are				$\boxtimes$				
12.	Suicide Pro	evention and Intervent	tion	·.		$\boxtimes$				
SECU	RITY AND	CONTROL								
13.	Contrabano	d				$\boxtimes$				
14.	Detention 1	Files				$\boxtimes$				
15.	Disciplina	ry Policy				$\boxtimes$				
16.	Emergency					$\boxtimes$				
17.	Environme	ental Health and Safet	y			$\square$				
18.	Hold Roon	ns in Detention Facilit	ties							
19.	Key and L	ock Control				$\boxtimes$				
20.	Population	Counts				$\boxtimes$				
21.	Security In	-				$\boxtimes$				
22.	•	anagement Units (Ad		•						
23.		anagement Units (Dis	ciplinary Segregation	n)		$\boxtimes$				
24.	Tool Contr	rol								
25.		tion (Land manageme	ent)							
26.	Use of For					$\boxtimes$				
27.	Staff / Detainee Communication (Added August 2003)				$\boxtimes$					
28.	Detainee T	ransfer (Added Septe	ember 2004)			$\boxtimes$				

ALL FINDINGS OF DEFICIENT AND AT-RISK REQUIRE WRITTEN COMMENT DESCRIBING THE FINDING AND WHAT IS NECESSARY TO REACH COMPLIANCE.

# RIC REVIEW ASSURANCE STATEMENT

By signing below, the Reviewer-In-Charge (RIC) certifies that:

All findings of non-compliance with policy or inadequate controls, and findings of noteworthy accomplishments, contained in this Inspection Report, are supported by evidence that is sufficient and reliable; and

Within the scope of this review, the facility is operating in accordance with applicable law and policy, and property and resources are being efficiently utilized and adequately safeguarded, except for any deficiencies noted in the report.

Revie	wer-In-Charge
Reviewer-In-Charge: (Print Name)	Signature
b6,b7c	b6,b7c b6,b7c
Title & Duty Location	Date
Reviewer-In-Charge	May 23, 2008
TE	AM MEMBERS
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
b6,b7c SME- Security and Control	SME- Health Services
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
b6,b7c SME- Enviornmental Health and Safety	SME- Food Service
RECOMMENDED RATING: Superior	
GOOD	
ACCEPTABLE	
DEFICIENT	
AT-RISK	

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**COMMENTS:** 

MANAGEMENT REVIEW						
	R	eview Authority				
	below constitutes review of this report and ac report to respond to all findings and recor		v Authority. OIC/CEO	will have 30 days from		
HQDRO MANA	AGEMENT REVIEW: (Please Print Name)	Signature	b6,b7c			
Title Acting Chief	, Detention Standards Compliance Unit	Date	7/11/68			
Final Rating:	☐ Superior ☐ Good ☑ Acceptable ☐ Deficient ☐ At-Risk					
Comments:	The Review Authority concurs with the rerequired. This review is closed.	ecommended rating of	'Acceptable". No Plan o	f Action is		