U.S. Department of Homeland Security 500 12th Street, SW Washington, DC 20536



MAR 3 0 2009

MEMORANDUM FOR:

Kenneth L. Landgrebe

Field Office Director

FROM:



SUBJECT:

Polk County IAH Secure Adult Detention Facility

Annual Detention Review

The annual review of the Polk County IAH Secure Adult Detention Facility, conducted on January 27–29, 2009 in Livingston, Texas, has been received. A final rating of Acceptable has been assigned.

The G-324A worksheets provided by the Reviewer-in-Charge (RIC) indicated the facility did not have any deficient standards. However, a Plan of Action is required for the line item deficiencies noted in the Food Service, Emergency Plans, Hold Rooms in Detention Facilities, Key and Lock Control, Population Counts, and Security Inspections Standards.

The rating was based on the RIC Summary Memorandum and supporting documentation. The Field Office Director must initiate the following actions in accordance with the Detention Management Control Program:

- 1) The Field Office Director, Detention and Removal Operations, shall notify the facility within five business days of receipt of this memorandum. Notification shall include copies of the Form G-324A Detention Facility Review Form, the G-324A Worksheet, RIC Summary Memorandum, and a copy of this memorandum.
- 2) The Field Office Director is responsible for ensuring that the facility responds to all findings and a Plan of Action is submitted to the Review Authority (RA) within 30 days.
- 3) The RA will advise the Field Office Director once the Plan of Action is approved.
- 4) Once a Plan of Action is approved, the Field Office Director shall schedule a follow-up on the above noted deficiencies within 90 days.

Subject: Polk County IAH Secure Adult Detention Facility Annual Detention Review Page 2 of 2

The Field Office is responsible for assisting the Intergovernmental Service Agreement facility to respond to the Immigration and Customs Enforcement findings when assistance is requested. Notification to the facility shall include information that this assistance is available.

Should you or your staff have any questions regarding this matter, please contact

Detention and Deportation Officer at (202) 732- b6,b7c.

COLUMN OFFICIAL FILE.

cc: Official File ICE:HQDRO: b6,b7c :2-4453:2/18/09

ICE Detention Standards Compliance Review

Polk County IAH Secure Adult Detention Facility

January 27-29, 2009

REPORT DATE - February 6, 2009



Contract Number: ODT-6-D-0001 Order Number: HSCEOP-07-F-01016

Creative Corrections
6415 Calder, Suite B
Beaumont, TX 77706

U.S. Immigration and Customs Enforcement
Detention Standards Compliance Unit
500 12th St, SW
Washington, DC 20536



6415 Calder, Suite B • Beaumont, Texas 77706 409.866.9920 • www.correctionalexperts.com

Making a Difference!

February 6, 2009 James T. Hayes, Jr. MEMORANDUM FOR: Director Office of Detention and Removals Operations b6,b7c FROM: Reviewer-In-Charge Polk County IAH Secure Adult Detention Facility SUBJECT: Annual Detention Review Creative Corrections conducted an Annual Detention Review (ADR) of the Polk County IAH Secure Adult Detention Facility, operated by Community Education Centers (CEC), and located in Livingston, Texas, on January 27-29, 2009. As noted on the attached documents, the team of Subject Matter Experts included b6,67c for Security; for Health Services; for Environmental Health and Safety; and 66,670 for Food Services.

A closeout meeting was conducted on January 29, 2009, with Sheriff Ken Hammick, Warden

b6,b7c Deputy Director CEC; b6,b7c Special Assistant and a
number of department heads and supervisors. ICE staff in attendance included AFOD

b6,b7c and COTR

b6,b7c The closeout included a discussion of all aspects of this review.

Type of Review

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

Review Summary

The facility is not accredited by the National Commission on Correctional Health Care, the American Correctional Association, or the Joint Commission on Accreditation of Healthcare Organizations. The facility will undergo an American Correctional Association review on February 9-11, 2009, with a view toward accreditation.

Standards Compliance

The following statistical information provides a direct comparison of the 2008 ADR and this ADR conducted for 2009.

January 2008	Review		January 2009	Review
Compliant	36		Compliant	37
Deficient	1	tana di Kabupatèn Bandaran Kabupatèn Bandaran Kabupatèn Bandaran Kabupatèn Bandaran Kabupatèn Bandaran Kabupat Kabupatèn Bandaran Bandaran Kabupatèn Bandaran Kabupatèn Bandaran Kabupatèn Bandaran Kabupatèn Bandaran Kabupat	Deficient	0
At-Risk	0	•	At-Risk	. 0
Not-Applicable	1		Not-Applicable	. 1

Recommended Rating and Justification

It is the RIC recommendation that the facility receive a rating of "Acceptable." As there were no deficiencies noted above, no Plan of Action should be required.

RIC Assurance Statement

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

Department Of Homeland Security Immigration and Customs Enforcement

NA

			· · · .			
A. Type of Facility Reviewed	Estimated Man-c	days Per Year				
ICE Service Processing Center	90,000 plus					
ICE Service Processing Center ☐ ICE Contract Detention Facility ☐ ICE Intergovernmental Service Agreement						
ICE Intergovernmental Service Agreement	G. Accreditation	n Certificate	s			
<u> </u>	List all State or I	National Accr	editation[s] receive	ved:		
B. Current Inspection	·	•				
Type of Inspection	Check box is	f facility has n	o accreditation[s]		
☐ Field Office ☐ HQ Inspection		Ţ.		·		
Date[s] of Facility Review	H. Problems / C	Complaints (Copies must be	attached)		
January 27-29, 2009	The Facility is un					
	Court Order		Class Action Ord			
C. Previous/Most Recent Facility Review	The Facility has			- · · · · · · · · · · · · · · · · · · ·		
Date[s] of Last Facility Review	Major Litigat		Life/Safety Issue	S .		
January 29-31, 2008	Check if No					
Previous Rating						
☐ Superior ☐ Good ☒ Acceptable ☐ Deficient ☐ At-Risk	I. Facility His	tory				
	Date Built					
D. Name and Location of Facility	January 2005		_			
Name	Date Last Remo	deled or Upgr	aded			
Polk County IAH Secure Adult Detention Facility	July 2006	10				
Address (Street and Name)	Date New Const	ruction / Bed	space Added			
3400 FM 350 South	July 2007/528 new beds added.					
City, State and Zip Code	Future Construction Planned					
Livingston, Texas 77351	Yes □ No	Date: April 2	2009			
County Polk	Current Bed spa		Bed space (# Ne	w Beds only)		
Name and Title of Chief Executive Officer (Warden/OIC/Supt.)	Number: Date:					
b6,b7c Warden		'	,	4		
Telephone # (Include Area Code)	J. Total Facili	ity Populatio	1			
936-967. b6,b7c	Total Facility Int					
Field Office / Sub-Office (List Office with oversight responsibilities)	9070					
Houston	Total ICE Man-c	lays for Previo	ous 12 months			
Distance from Field Office	252,166	_				
50 Miles						
·	K. Classification	on Level (IC	E SPCs and CD	Fs Only)		
E. ICE Information		L-	1 L-2	L-3		
Name of Inspector (Last Name, Title and Duty Station)	Adult Male					
b6,b7c / RIC / Creative Corrections	Adult Female					
Name of Team Member / Title / Duty Location						
b6,b7c / SME / Security	•		•			
Name of Team Member / Title / Duty Location	L. Facility Cap	acity				
b6,b7c / SME / Medical Services		Rated	Operational	Emergency		
Name of Team Member / Title / Duty Location	Adult Male	800	1054	1061		
b6,b7c / SME / Food Service	Adult Female	0	0	0		
Name of Team Member / Title / Duty Location	☐ Facility holds	Juveniles Offe	enders 16 and old	er as Adults		
b6,b7c / SME / Environmental Health & Safety						
	M. Average Da	ily Populatio	n			
F. CDF/IGSA Information Only		IC		Other		
Contract Number Date of Contract or IGSA	Adult Male	65	1 119	69		
SROISA-07-0029 July 25, 2007	Adult Female	0	15	12		
Basic Rates per Man-Day	:					
\$57.65	N. Facility Sta	ffing Level				
Other Charges: (If None, Indicate N/A)	Security:	· · · · · · · · · · · · · · · · · · ·	Support:			

Significant Incident Summary Worksheet

For ICE to complete its review of your facility, the following information must be completed prior to the scheduled review dates. The information on this form should contain data for the past twelve months in the boxes provided. The information on this form is used in conjunction with the ICE Detention Standards in assessing your Detention Operations against the needs of the ICE and its detained population. This form should be filled out by the facility prior to the start of any inspection. Failure to complete this section will result in a delay in processing this report and the possible reduction or removal of ICE' detainees at your facility.

Incidents	Description	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault:	Types (Sexual ² , Physical, etc.)	P	P	P	P
Offenders on Offenders ¹	With Weapon	0	0	0	0
	Without Weapon	13	- 11	5	8
Assault:	Types (Sexual Physical, etc.)	P	P	P	P
Detainee on Staff	With Weapon	1	0	0	0
	Without Weapon	4	3	2	1
Number of Forced Moves, incl. Forced Cell moves ³		9	10	. 2	5
Disturbances ⁴		0	0	1	0
Number of Times Chemical Agents Used		5	3	1	3
Number of Times Special Reaction Team Deployed/Used		0	0	0	0
# Times Four/Five Point Restraints applied/used	Number/Reason (M=Medical, V=Violent Behavior, O=Other) Type (C=Chair, B=Bed,	0	0	0	0
Offender / Detainee Medical Referrals as a result of injuries sustained.	BB=Board, O=Other)	. 0	0	0	0
Escapes	Attempted	0	0	0 .	0
•	Actual	0	0	0	0
Grievances:	# Received	2	.0	1	0.
	# Resolved in favor of Offender/Detainee	0	0	0	. 0
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	I	0	0	0
	Number	, 1	0	0	0
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	6	14	11	5
	# Psychiatric Cases referred for Outside Care	0	0	1 .	0

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

Oral, anal or vaginal penetration or attempted penetration involving at least2 parties, whether it is consenting or non-consenting Routine transportation of detainees/offenders is not considered "forced"

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.

	/ICE Detention Standards Review Summary Report cceptable 2. Deficient 3. At Risk 4. Repeat Finding 5.Not Ap	nlicable				
	I Access Standards	1.		2. 3	4.	5.
1.	Access to Legal Materials				<u> </u>	7
2.	Group Presentations on Legal Rights			ĦĦ	٦Ħ	1
3.	Visitation			Ħi		
4.	Telephone Access					
Detai	inee Services					
5.	Admission and Release	×				
6.	Classification System	· 🔀		$\square \sqcup \llbracket$]
7.	Correspondence and Other Mail]
8.	Detainee Handbook					
9.	Food Service					
10.	Funds and Personal Property	∑] [
11.	Detainee Grievance Procedures					
12.	Issuance and Exchange of Clothing, Bedding, and Towels					
13.	Marriage Requests	. 🔯	1 [] [
14.	Non-Medical Emergency Escorted Trip] [] [2
15.	Recreation]
16.	Religious Practices	×] [
17.	Voluntary Work Program] [
	th Services					
18.	Hunger Strikes			_		
19.	Medical Care			<u> </u>		
20.	Suicide Prevention and Intervention	<u> </u>		_		
21.	Terminal Illness, Advanced Directives and Death	×		<u> </u> _ L		
	rity and Control		7 1			
22.	Contraband			=	╡├╞	
23.	Detention Files			<u> </u>	╛╎┾	╣
24.	Disciplinary Policy				╡╎╞	4 1
25.	Emergency Plans	×		[<u> </u>	
26.	Environmental Health and Safety	×	إإليا	 	4	
27.	Hold Rooms in Detention Facilities	×		<u> </u>	╅┼╞	_
28.	Key and Lock Control	<u> </u>	<u> </u>		<u> </u>	1 1
29.	Population Counts	×		44	4 -	
30.	Post Orders	×		4	- -	
31.	Security Inspections				- -	
32.	Special Management Units (Administrative Segregation)	· · · ×	<u> </u>	_		╁┋
33.	Special Management Units (Disciplinary Segregation)				╡┼╞	46
34.	Tool Control	<u> </u>		닠!!	╡┞╞	
35.	Transportation (Land management)				=	<u> </u>
36.	Use of Force		<u> </u>		╡┼╞	<u> </u>
37.	Staff / Detainee Communication (Added August 2003) Detainee Transfer (Added September 2004)			∐	<u> </u>	+ 6
38.					4 1 1	

All findings (Deficient and At-Risk) require written comment describing the finding and what is necessary to meet compliance.

RIC Review Assurance Statement

By signing below, the Reviewer-In-Charge (RIC) certifies that all findings of noncompliance with policy or inadequate controls contained in the Inspection Report are supported by evidence that is sufficient and reliable. Furthermore, findings of noteworthy accomplishments are supported by sufficient and reliable evidence. Within the scope of the review, the facility is operating in accordance with applicable law and policy, and property and resources are efficiently used and adequately safeguarded, except for the deficiencies noted in the report.

Reviewer-In-Charge: (Print Name)	Signature			
b6,b7c	Jp. 66,67c			
Title & Duty Location	Dafe b6,b7c			
RIC, Creative Corrections	January 29, 2009			
Team Members				
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location			
b6,b7c SME, Security	b6,b7c , SME, Medical			
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location			
b6,b7c SME, Environmental Health & Safety	b6,b7c , SME, Food Service			
Recommended Rating:				
Good				
Acceptabl	e			
Deficient	· v			

Comments: The facility experienced one death since the prior review. The death was a 45-year-old, non-ICE, detained who was being treated for HIV infection and pneumonia. He experienced what was believed to be a stroke and was transferred to the local hospital and placed on a respirator. Eight days later, he was removed from the ventilator, and he expired. The cause of death was listed as Respiratory Failure with HIV and Pneumonia listed as underlying causes.

The facility maintains a high level of sanitation and living areas are uncluttered.

The facility is seeking ACA accreditation and will undergo a standards compliance audit from ACA, February 9-11, 2009.

At-Risk

HEADQUARTERS EXECUTIVE REVIEW **Review Authority** The signature below constitutes review of this report and acceptance by the Review Authority. OIC/CEO will have 30 days from receipt of this report to respond to all findings and recommendations. HQDRO EXECUTIVE REVIEW: (Please Print Name) Title Date Acting Chief, Detention Standards Compliance Unit **Final Rating: Superior** Good Acceptable **Deficient** At-Risk **No Rating** Comments: The Review Authority concurs with the recommended rating of "Acceptable." A Plan of Action is required for the line item deficiencies in the Food Service, Emergency Plans, Hold Rooms in Detention Facilities, Key and Lock Control, Population Counts, and Security Inspections Standards.