ICE Detention Standards Compliance Review

Gregg County Detention Center

November 14-16, 2007

REPORT DATE – November 19, 2007



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

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November 19, 2007

MEMORANDUM FOR:

John P. Torres, Director

Office of Detention and Removal

FROM:

Reviewer-In-Charge

b6,b7c

SUBJECT:

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Detention Center

Initial Review

Creative Corrections conducted an Initial Review of the Gregg County Detention Center (GCDC) on November 14-16, 2007. The facility does not have a contract directly with Immigration and Customs Enforcement (ICE) but permits ICE to use a US Marshal's contract to house a minimal number of detainees involved in immigration proceedings. As noted on the attached documents, the team of Subject Matter Experts (SME) included; SME for Security; SME for Health Services; SME for Safety; SME for Food Services; and Frank Woods, Senior Project Manager.

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 currently accredited by the American Correctional Association (ACA), National Commission on Correctional Health Care (NCCHC) or the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). The Texas Commission on Jails has certified the Gregg County Detention Center.

Standards Compliance:

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

November 14-16, 2007, Revie	
Compliant	30
Deficient	7
At-Risk	1
Non Applicable	0

Tool Control - At Risk

It is the policy of all facilities that all employees shall be responsible for complying with the tool control policy. The Maintenance Supervisor shall maintain a computer generated or typewritten Master Inventory list of tools and equipment and the location in which tools are stored. These inventories shall be current, on file and readily available for tool inventory and accountability during an audit.

- GCDC does not have a comprehensive Tool Control Policy. Tools are not classified as restricted or not restricted.
- The facility Tool Control Policy does not address marking of individual tools to identify the storage/use location for the tool.
- Shadow boards are not being utilized to store and issue tools, and there is no daily tool accountability completed in a consistent manner.
- Tools and storage locations either have no inventories or the inventories are incorrect.

Recommendations

A Tool Control Policy should be developed and implemented in accordance with the ICE Detention Tool Control Standards and should include:

- The facility should develop and implement a tool classification system of accountability for the safety of staff and inmates.
- The facility should establish written procedures for marking tools, making them readily identifiable.
- All tools should be marked in every work location with a symbol signifying its storage location.
- The facility should maintain shadow boards and accurate inventories in all locations maintaining tools.

Access to Legal Materials - Deficient

Facilities holding ICE detainees shall permit detainees' access to a Law Library, and provide legal materials, facilities, equipment and document copying privileges, and the opportunity to prepare legal documents.

- GCDC does not have a Law Library.
- Access to legal materials is limited to copies available from the District Attorney's library if requests are not "burdensome".

- The facility will need to provide access to Lexis Nexis and/or the requisite materials from Attachment A of the Standard to be compliant.
- Access to materials will need to be in an acceptable setting with appropriate time allowances.

Food Service - Deficient

Every facility will provide detainees in its care with nutritious and appetizing meals, prepared in accordance with the highest sanitary standards.

- There is only one professionally trained staff member supervising the Food Service Department; however, on that staff member's off days, there is no trained staff on duty.
- b2High
- There are no detainee job position descriptions in place.
- There is no documentation indicating detainee workers are trained.
- The department is not using a 35-day cycle menu.
- The department is not operating a Common Fare program for religious diets.
- Food items on the satellite feeding trays are not being maintained at the proper temperatures.
- Satellite feeding trays are not being transported in locking carts.

Recommendations

- Provide relief staff with Certified Safety and Sanitation Training.
- Follow procedures outlined in the ICE standards for handling and securing knives.
- Develop and implement position descriptions for detainees.
- Develop and implement documentation showing detainee training is conducted. This documentation should be retained in the detainee file.
- Develop and implement a 35-day cycle menu that is certified by a Registered Dietician.
- Develop and implement the Common Fare program for religious diets.

- Monitor the food temperatures prior to and during preparation of the satellite feeding trays to ensure proper temperatures are being maintained.
- Follow the ICE standard for securing the satellite feeding trays during delivery.

Environmental Health and Safety - Deficient

Every facility will control flammable, toxic, and caustic materials through a hazardous materials program. The program will include, among other things, the identification and labeling of hazardous materials in accordance with applicable standards (e.g., National Fire Protection Association (NFPA); identification of incompatible materials, and safe handling procedures.

- There is no system for issuing and maintaining inventories of hazardous chemicals.
- Inventories are not maintained for flammable or caustic chemicals.
- There is no master Material Safety Data Sheet (MSDS) file that lists all storage areas and includes a plant diagram.
- There is no proper personal protective equipment for staff or detainees using hazardous chemicals.
- MSDS are not readily accessible to staff or detainees.
- Detainees are using hazardous chemicals without being properly supervised by staff.
- Flammable and corrosive chemicals are not being properly stored or secured.
- Vents throughout the jail need cleaning to ensure proper air circulation.
- Chemicals were observed in Food Service and Laundry that were not in their original containers or labeled.
- Detainees using chemicals have not received any training in their use.
- The outside exit area (northwest corner from north jail) from stairwell exit 6 does not meet NFPA standards. The ground leading away from the building was not level and hazardous, which could create confusion and panic in a fire emergency. There is also concern if exiting staff and detainees can move far enough away from the building as required by NFPA.
- No written guidelines address barbering operations and procedures to sanitize the clippers.
- There are no written procedures that regulate the handling and disposal of used needles and other sharp objects.

- Items such as unused needles that represent a security risk are not being inventoried on a weekly basis.
- The facility needs more detailed cleaning practices and procedures. Sanitation concerns were noted in several living units. In particular, many showers were in a very poor sanitary condition.
- A medical spill kit needs to be available to respond to blood spills.

- There needs to be a specific plan or policy on control of hazardous materials. This plan should include the types of chemicals to be controlled, supervision, training, labeling and accountability.
- Sanitation needs to be improved throughout the living units, in particular, the showers and vents. The Sanitation Plan needs more detail to provide cleaning instructions and a cleaning schedule.
- The stairwell 6 outside exit area needs evaluation by a Texas State Fire Marshal to develop recommendations to bring the exit discharge area into NFPA Life Safety Code compliance.
- Written procedures need to be developed in Medical Services to provide guidance in handling used needles and other sharps and inventorying unused sharps.
- A blood spill kit could be developed in-house for response to a blood spill incident.
- The City Fire Department should tour the GCDC to pre-plan for possible fire emergencies.
- It is recommended that the Fire Department review and approve the Jail Fire Plan.

Hunger Strikes - Deficient

All facilities will follow standard guidelines for the medical and administrative management of ICE detainees engaging in hunger strikes. By monitoring the health and welfare of the individual detainees, facilities will strive to sustain their lives.

- There is no policy or procedure that requires staff to isolate a detainee who is on a hunger strike from other detainees.
- The medical staff does not have any policies or procedures that mandate the recording of the weight and vital signs of a hunger–striking detainee at least every 24 hours.

- A policy does not exist for documenting when a hunger strike starts and that three meals per day were offered to the detainee.
- There is no policy that requires staff to record the striking detainee's fluid intake.
- There is no policy for the staff to document all treatment attempts, including informing the hunger striker of medical risks.
- Staff should be trained in the identification of hunger strikes. Staff should remain current in evaluation and treatment techniques.

- Develop a written policy for "Hunger Strikes" which follows accepted standards of care in the medical and administrative management of hunger striking detainees.
- The facility will do everything within their means to monitor and protect the health and welfare of a detainee who is on a hunger strike.
- The Facility will make every effort to obtain the hunger striker's informed consent for treatment, especially when the hunger strike is threatening his/her life-term health.

Key and Lock Control - Deficient

It is the policy of the ICE Service to maintain an efficient system for the use, accountability and maintenance of all keys and locks.

- There are no key and lock inventories maintained.
- Keys are not controlled by an accountability system.
- Keys are not categorized as "restricted".
- There is no written policy addressing the control of keys and locks.
- The keys are not counted on a regular basis.
- Several staff members have key rings that are taken off facility grounds at night or at the end of the shift. These key rings contain the keys to the entrances and exits of the institution.

- Immediately write and implement a Key and Lock Control Policy that will effectively monitor, establish accountability, require key counts, and establish maintenance program to ensure the keys and locks remain in good working condition.
- Secure keys in a controlled environment, and ensure staff account for all their keys and other issued security items daily.

Post Orders - Deficient

ICE provides officers all necessary guidance for carrying out their duties. This guidance includes the post orders established for every post, which are reviewed at least annually, and given to each officer upon assignment to that post.

• The facility has no formal Post Orders to identify the duties and expectations of staff assigned to each post.

Recommendations

GCDC should develop a set of Post Orders similar to those outlined in ICE Detention Standard, Post Orders:

- Section 1. Specific Post Orders that list activities chronologically with responsibilities clearly defined.
- Section 3. General Post Orders applicable to all posts.
- Section 4. Memoranda that change or update the Post Orders.
- Section 5. GCDC Standards, Policies, and Facility Practices relevant to the post.
- Section 6. Review and Signature Forms with the officer's name both printed and signed.

Use of Force – Deficient

The U.S. Department of Homeland Security authorizes the use of force only as a last alternative after all other reasonable efforts to resolve a situation have failed. Only that amount of force necessary to gain control of the detainee, to protect and ensure the safety of detainees, staff and others, to prevent serious property damage and to ensure institution security and good order may be used. Physical restraints necessary to gain control of a detainee who appears to be dangerous may be employed when the detainee:

• There are no written policies or procedures that provide direction for staff to follow regarding the appropriate Use of Force.

• Review documentation for a Use of Force incident is inadequate. There is no management oversight or review of the process to ensure staff performs their duties in an appropriate manner.

Recommendations

- Written Use of Force Policy and Procedures should be developed and implemented.
- Staff should receive in-depth training regarding the Use of Force policy. This annual training should include all medical staff, line staff and management staff.

RIC Issues and Concerns

Detainee Handbook

- The Detainee Handbook needs to be translated into Spanish.
- An annual review of the handbook needs to be completed.
- The Detainee Handbook needs additional clarification to include information on classification, special management cells, count and meal times, clothing exchange, medical and religious diets, barber procedures, religious programming, the work program, recreation, and visiting rules and regulations.

Detainee Grievance Procedures

- Expand the GCDC Grievance Plan to include guidance and wording to provide assistance to those who may seek help when preparing a grievance, and for those who are illiterate, disabled or non-English-speaking detainees.
- The last entry in the Grievance Log is May 2007. Grievances are not being logged as required by the Grievance Plan.
- Revising the policy should also include direction to forward any grievance that pertains to officer misconduct to a higher official, or to ICE.

Issuance and Exchange of Clothing, Bedding, and Towels

• Currently socks and underwear are laundered and exchanged every other day. New arrivals should be issued one pair of socks and one pair of underwear. To meet this standard the clothing exchange would need to be completed daily.

Funds and Personal Property

• No procedures exist for forwarding abandoned detainee property to ICE.

Volunteer Work Program

• The Volunteer Work Program should be amended to include specific job training for all work assignments. Training should include the proper use of equipment and supplies, and all training should be documented in the detainee's file.

Contraband

- There is no written Contraband Policy or Procedure for staff to follow addressing the control and handling of contraband.
- Disciplinary actions are taken as appropriate for possession of government property; however, the property is returned immediately.
- The facility does not have to consult a religious authority for direction, as only appropriate items are permitted as personal property.

Emergency Plans

- The current plan does not address/include:
 - Confidentiality
 - Accountability (copies and storage locations)
 - o Annual review procedures and schedule
- There is no "General Section" included
- There are no shut off valve locations identified for utilities
- There is no Emergency Medical Treatment Plan included.
- The written procedures do not cover:
 - A Work/Food Strike Plan
 - A Bomb Threat Plan
 - An Adverse Weather Plan
 - An Internal Search Plan

- o A Detainee Transportation System Plan
- An Internal Hostage Plan
- o A Civil Disturbance Plan

Hold Rooms

- The facility currently uses several single-person holding cells as suicide watch rooms for longer than 12 hours.
- There is no written Evacuation Plan with a designated staff member to remove detainees from the area.

Transportation

• No protective vests are available for Transportation Officers.

Population Counts

- Movement during the count should not be permitted.
- A face-to-photo count should follow any miscount.
- Written count procedures need to be developed and implemented.

Special Management Units

• Medical staff should visit the units on a regular basis, not just when requested.

Recommended Rating and Justification

It is the Reviewer-in-Charge (RIC) recommendation that the facility receive a rating of "Deficient." It is also recommended by the RIC that a Plan of Action be required for this facility identifying necessary corrective actions.

RIC Assurance Statement

All findings of this review have been documented on Form CC-324A and are supported by the written documentation contained in the review file.

Support:

Other Charges: (If None, Indicate N/A)

Security:

Significant Incident Summary Worksheet

For Creative Corrections to complete its review of your facility, the following information <u>must be completed</u> 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
	m (a 12 m)	Physical	Physical	Physical	Physical
Assault: Offenders on	Types (Sexual ² , Physical, etc.)	0	0	0	
Offenders on Offenders ¹	With Weapon	U		U	
		53	33	42	43
	With/Without Weapon	0	0	0	0
Assault:	Types (Sexual Physical, etc.)	Ŭ	0	0	
Detainee on		0	0	0	0
Staff	With Weapon	0	0	0	0
	Without Weapon	V	0		0
Number of Forced Moves,		0	0	0	0
incl. Forced Cell moves ³					ļ
Disturbances ⁴		0	0	0	0
Number of Times Chemical		9	4	1.	0
Agents Used			<u> </u>		
Number of Times Special Reaction Team		0	0	0	0
Deployed/Used					}
	Number/Reason (M=Medical,	0	0	0	0
# Times Four/Five Point	V=Violent Behavior, O=Other)				
Restraints applied/used	Type (C=Chair, B=Bed, BB=Board, O=Other)	0	0	0	0
Offender / Detainee Medical		0	0	0	0
Referrals as a result of					
injuries sustained.					
Escapes	Attempted	0	0	0	0
recahes	Audilpied	0	0	0	0
	Actual				
Grievances:	# D	2	5	0	2
	# Received # Resolved in favor of	0	0	0	0
	Offender/Detainee	V			
Deaths	Reason (V=Violent, I=Illness,	0	0	0	0
	S=Suicide, A=Attempted				
	Suicide, O=Other) Number	0	0	0	0
	TVGIIIUCI	V		•	
Psychiatric / Medical	# Medical Cases referred for	0	0	0	0
Referrals	Outside Care			· 	
	# Psychiatric Cases referred for	0	0	0	0
	Outside Care		l		<u> </u>

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

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.

Croot	iva Carrections Detention Standards Daview Summary Depart					
	ive Corrections Detention Standards Review Summary Report eptable 2. Deficient 3. At Risk 4. Repeat Finding 5. Not Applicable	-				
	Access Standards	1.	2.	3.	4.	5,
1.	Access to Legal Materials	\vdash	TØ	ΙП	ПП	12001
2.	Group Presentations on Legal Rights	卤	悄	十一	片	
3.	Visitation	図		愩	愩	
4.	Telephone Access	図	愩		厅	
Detair	nee Services					
5.	Admission and Release	X				
6.	Classification System					
7.	Correspondence and Other Mail					
8.	Detainee Handbook					
9.	Food Service					
10.	Funds and Personal Property	\boxtimes				
11.	Detainee Grievance Procedures	\boxtimes				
12.	Issuance and Exchange of Clothing, Bedding, and Towels					
13.	Marriage Requests	\boxtimes				
14.	Non-Medical Emergency Escorted Trip	X				
15.	Recreation	\boxtimes				
16.	Religious Practices	\boxtimes				
17.	Voluntary Work Program					
Healt	h Services					
18.	Hunger Strikes					
19.	Medical Care	X				
20.	Suicide Prevention and Intervention	\boxtimes				
21.	Terminal Illness, Advanced Directives and Death					
	ity and Control					
22.	Contraband					
23.	Detention Files	X				
24.	Disciplinary Policy		Ш			
25.	Emergency Plans		Щ	ᆜᆜ		
26.	Environmental Health and Safety				Ш	
27.	Hold Rooms in Detention Facilities	\boxtimes	╽ <u></u>	Ш	Ш	
28.	Key and Lock Control			<u> </u>	<u> </u>	
29.	Population Counts	Ø				
30.	Post Orders	빑	X	닏	닏	-
31.	Security Inspections	Ø	닏	ᄔ	닏	
32.	Special Management Units (Administrative Segregation)	X	ᄖ	Щ	닏	
33.	Special Management Units (Disciplinary Segregation)	Ø	╠	닠		
34.	Tool Control	Ц	닏		片	
35.	Transportation (Land management)	X	닏	┞╠┩		
36.	Use of Force	닞		 	닏	
37.	Staff / Detainee Communication (Added August 2003)	M	14	ᄖ	닏	
38.	Detainee Transfer (Added September 2004)	Ø	닏.			
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All findings (Deficient and At-Risk) require written comment describing the finding and what is necessary to meet compliance.

MC Meview 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.

Good Acceptab Deficient At-Risk	le
Recommended Rating:	
b6 / SME / Food Service	
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
b6 / SME / Health Services	b6 / SPM / Senior Project Manager
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location
b6,b7c SME / Security	
Print Name, Title, & Duty Location	Print Name, Title, & Duty Location 56.57c / SME / Safety
Team Members	
RIC, Creative Corrections	November 19, 2007
Title & Duty Location	Date
b6,b7c	b6,b7c
Reviewer-In-Charge: (Print Name)	Signature

nments: The facility did not have access to the Detention Standards prior to the review; however, they received the review in a very positive manner. The only Standard that presents an on-going problem for the facility is "Access to Legal Materials" as the facility does not have a Law Library. The requisite legal materials in Attachment A of the standard are not present and they do not have Lexis Nexis available. By implementing sound correctional policies and procedures, the facility can eliminate the security concerns noted in the report. It was noted that the facility has declined to accept detainees who have extensive medical issues or are terminally ill.