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Office of Professional Responsibility
Management Inspections and Detention Oversight
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Office of Detention Oversight Compliance Inspection

Enforcement and Removal Operations
Dallas Field Office
Tulsa County Jail
Tulsa, Oklahoma

September 11 - 13, 2012

**COMPLIANCE INSPECTION
TULSA COUNTY JAIL
DALLAS FIELD OFFICE**

TABLE OF CONTENTS

EXECUTIVE SUMMARY	1
INSPECTION PROCESS	
Report Organization.....	6
Inspection Team Members.....	6
OPERATIONAL ENVIRONMENT	
Internal Relations	7
Detainee Relations	7
ICE NATIONAL DETENTION STANDARDS	
Detention Standards Reviewed.....	8
Access to Legal Material	9
Admission and Release	11
Detainee Classification System.....	13
Detainee Grievance Procedures	14
Environmental Health and Safety	16
Food Service	18
Funds and Personal Property	19
Medical Care	20
Telephone Access	22
Use of Force	24

EXECUTIVE SUMMARY

The Office of Professional Responsibility (OPR), Office of Detention Oversight (ODO) conducted a Compliance Inspection (CI) of the Tulsa County Jail (TCJ) in Tulsa, Oklahoma, from September 11 to 13, 2012. TCJ, which opened in August 1999, is owned by the Tulsa Criminal Justice Authority and operated by the Tulsa County Sheriff's Office. U.S. Immigration and Customs Enforcement (ICE), Office of Enforcement and Removal Operations (ERO) began housing detainees at TCJ in January 2008 under an intergovernmental service agreement (IGSA) between ICE and the Tulsa County Sheriff's Office. Male and female detainees of all security classification levels (Level I – lowest threat, Level II – medium threat, Level III – highest threat) are detained at the facility for periods in excess of 72 hours. TCJ has a total capacity of 1,714 beds, and can accommodate a maximum of 190 ICE detainees. At the time of the CI, TCJ housed 156 ICE detainees (154 males, 2 females). The average daily detainee population is 167. The average length of stay for an ICE detainee is 27 days. Aramark provides food service under contract. Correctional Healthcare Companies provides medical care under contract. TCJ holds accreditation from the American Corrections Association and the National Commission on Correctional Health Care.

The ICE ERO Field Office Director in Dallas, Texas (ERO Dallas) is responsible for ensuring facility compliance with ICE policies and the ICE National Detention Standards (NDS). An Assistant Field Office Director stationed at the ERO office in Oklahoma City, Oklahoma (ERO Oklahoma City) has oversight responsibility for TCJ. ICE staff permanently assigned to TCJ is comprised of (b)(7)e Supervisory Detention and Deportation Officer, (b)(7)e Deportation Officers, and (b)(7)e Immigration Enforcement Agent. There is no Detention Service Manager assigned to TCJ.

The Sheriff is the highest-ranking official at TCJ, followed by the Undersheriff. The TCJ Jail Administrator is responsible for oversight of daily facility operations. Supervisory staff at TCJ is comprised of (b)(7)e major (b)(7)e captains (b)(7)e sergeants, and (b)(7)e corporals. TCJ non-supervisory staff consists of (b)(7)e detention officers, (b)(7)e transportation officers, and jail administrative staff.

In July 2010, ODO conducted a Quality Assurance Review at TCJ. Of the 29 NDS reviewed, four were in full compliance. ODO cited 35 deficiencies in 25 of the 29 standards reviewed.

In May 2012, ERO Detention Standards Compliance Unit contractor, the Nakamoto Group, Inc., conducted an annual review of the ICE NDS at TCJ. The facility received an overall rating of "Acceptable," and was found compliant with all 36 standards reviewed.

During this CI, ODO reviewed 16 NDS. Six standards were determined to be fully compliant, while 19 deficiencies were identified in the following ten standards: Access to Legal Material (3 deficiencies), Admission and Release (3), Detainee Classification System (1), Detainee Grievance Procedures (3), Environmental Health and Safety (2), Food Service (1), Funds and personal Property (1), Medical Care (1), Telephone Access (3), and Use of Force (1). Four of these were repeat deficiencies from the 2010 ODO Quality Assurance Review, one each in Detainee Grievance Procedures, Environmental Health and Safety, Funds and Personal Property, and Telephone Access.

This report details all deficiencies and refers to the specific, relevant sections of the NDS. ERO will be provided a copy of this report to assist in developing corrective actions to resolve the 19 deficiencies. These deficiencies were discussed with TCJ management and ICE personnel during the inspection, as well as during the closeout briefing conducted on September 13, 2012. The majority of the deficiencies had minimal effects on detainee life-safety and the overall operational readiness of the facility.

ODO found the overall sanitation level of the facility acceptable, other than two showers in housing unit F-18 and one shower in F-19 with broken tiles, mildew, and a build-up of soap scum. The facility safety officer was present during the inspection, and placed a work order to have the showers cleaned and repaired. Repairs were not completed prior to the conclusion of the CI.

TCJ uses an electronic kiosk system which is located in each detainee housing area. Detainees use the system's English and Spanish options to request medical care, place commissary orders, file grievances, and make requests. ODO recognizes the use of the electronic kiosk system as a best practice, as it allows efficient and timely processing of these requests.

TCJ has a dedicated law library equipped with four computers, loaded with the most recent version of Lexis/Nexis software, and sufficient chairs and tables for detainee use. The library staff ensures that, upon request, detainees can access copying services, paper, and writing implements for a fee of \$.10 per item. Fees are deducted from individual commissary accounts prior to providing the requested supplies. Detainees without funds on account are considered indigent and are provided the requested supplies free of charge. These materials should be provided free of charge to all detainees. TCJ does not have written policies describing the procedures to assist illiterate and non-English speaking detainees. ODO noted TCJ does not post the law library schedule in detainee housing areas.

During the admissions process, detainees undergo a medical screening, attend a facility orientation, and receive the TCJ facility handbook and the ICE National Detainee Handbook. Both handbooks are available in English and Spanish. ODO verified ICE provides the information and forms needed for the classification process, and detainees are classified by TCJ staff upon arrival. Assigned classification levels are not reviewed by a supervisor for accuracy and completeness. ODO also observed ICE detainees are issued photo identification cards that do not identify or distinguish detainee classification levels. ODO advised facility staff that detainee classifications should be readily identifiable on-sight via color-coded detainee uniforms or wristbands that cannot be easily removed.

When detainees are released or transferred out of the facility, TCJ staff does not fingerprint detainees. TCJ staff stated they do not fingerprint detainees upon release, because this occurs during the admission process. During the release process, ODO observed TCJ staff identify ICE detainees only by name, date of birth, and mother's name, rather than by fingerprints.

TCJ has a grievance system that allows detainees to file emergency grievances, as well as formal and informal grievances, and to appeal grievance decisions. Responses to informal, verbal grievances are not documented and recorded in individual detention files. ODO verified formal grievances were responded to within five days of the grievance being filed. A review of the TCJ

grievance log verified formal or written grievances are logged with all pertinent information, including the nature of the grievance and the date of resolution. Log numbers are assigned in chronological order for each grievance; however, review of 20 detention files confirmed copies of the grievance forms are not maintained in individual detention files.

The TCJ facility handbook provides procedures for filing informal, formal, and emergency grievances, but the handbook does not provide instructions regarding how detainees can contact ICE to appeal a grievance decision made by the TCJ Jail Administrator, or file a complaint about officer misconduct directly with the Department of Homeland Security, Office of Inspector General (OIG). However, informational posters are conspicuously posted in all detainee housing units to advise detainees of the process for reporting misconduct allegations to the OIG.

ODO verified Material Safety Data Sheets and a master index of hazardous substances are available and complete. Reports for water quality and pest control services are available and current. Exit diagrams are posted throughout the facility. The diagrams are printed in English and Spanish, and show the locations of emergency equipment. Inventories of hazardous substances are accurate. Monthly fire drills are conducted in each area of the facility.

Aramark provides food service under contract, and is supported by a crew of ICE detainee and inmate workers. ODO verified all food service personnel receive medical clearances. ODO observed the staff was actively involved in the preparation and service of meals to ensure all food items were correctly prepared, served at the appropriate temperatures, and properly presented. ODO verified religious and medically prescribed meals are provided, with proper documentation on file. The kitchen is well equipped, food items are properly stored, and a high level of sanitation is maintained throughout the food service area. Inspection of the food carts used to deliver trays found they had hasps (fasteners), but did not have locks to prevent tampering or transference of contraband.

TCJ has written policies and procedures to provide for the control and safeguarding of the funds and personal property of detainees. Property is inventoried and logged during the intake process, and documented on a personal property form. This process was verified by inspecting five property forms attached to detainee property bags. Inspection confirmed detainee valuables are kept in plastic zippered property bags, sealed with numbered zip ties. ODO observed the property room was well-organized, clean, and secure.

Health services are provided 24 hours a day, seven days a week. The medical clinic is of adequate size and sufficiently equipped to serve the detainee population. Administrative oversight of the clinic is provided by the Health Services Administrator, and a full-time physician is the clinical medical authority. Additional full-time staff positions include a psychiatrist, an advanced practice registered nurse practitioner, a director of nursing, (b)(7)(e) licensed professional mental health counselors, (b)(7)(e) registered nurses, (b)(7)(e) licensed practical nurses, and (b)(7)(e) certified medication aides. At the time of the review, there were vacancies for (b)(7)(e) mental health counselor, (b)(7)(e) licensed practical nurse, and (b)(7)(e) advanced practice registered nurse practitioner. Part-time staff includes (b)(7)(e) dentist, (b)(7)(e) dental assistant, (b)(7)(e) registered nurses, (b)(7)(e) licensed practical nurses, (b)(7)(e) certified medication aides, and (b)(7)(e) obstetrics/gynecology physician. The medical staff is supported by (b)(7)(e) clerical staff. All

professional licenses were present and primary source verified. ODO determined staffing was adequate to meet the health needs of detainees at TCJ.

Review of (b)(7) custody staff training records found all hold current certification in cardiopulmonary resuscitation (CPR) and first aid. Review of training records for all medical staff found no record of CPR and first aid for the part-time physician. The physician was on extended leave, and the Correctional Healthcare Companies was unsuccessful in contacting her to verify current certification.

Nursing staff complete medical and mental health screening of detainees at intake. Screening includes testing for tuberculosis by way of tuberculin skin test. Consent for treatment is obtained during the intake process. A physical examination is completed by a designated registered nurse. ODO verified the registered nurse is trained, and a physician reviews and countersigns each physical examination. The medical record review confirmed a physical examination is completed within six days on average, well within the 14 days required by the standard. In addition, the record review confirmed each physical examination is hands-on and countersigned by the physician.

Detainees enter sick call requests via the electronic kiosk system in the housing units. TCJ staff stated sick call forms are available in hard copy format if the kiosk system malfunctions. The forms are deposited in a locked box and retrieved by medical staff twice daily. Nursing staff triage sick call requests upon receipt, and conduct daily sick call in a designated private room in each housing unit, or in the clinic.

ODO verified scheduled and unscheduled visits are conducted weekly by ICE management and staff. Detainees can submit written questions, requests, or concerns to TCJ and ICE staff by completing a request form via the kiosk system or by completing a hard copy detainee request form. The requests are collected by facility staff, and timely routed to ICE. Requests are filed in individual detention files, and responded to within 72 hours. ICE also maintains an electronic request log for documenting and tracking detainee requests submitted to ICE.

ODO observed a total of 180 telephones throughout the facility, including eight telephones in each housing unit designated for detainee use. Detainees confined to the special management unit also have access to telephones. ODO interviewed facility staff and ICE personnel, and learned the facility recently upgraded their telephone system with voice recognition technology. The system is set up to recognize and identify a detainee, and enable the detainee to make a telephone call from any telephone within the facility; however, the telephones in the detainee housing units were not working properly due to distortion issues with the voice recognition function. The telephone contractor responsible for the telephone system was working on the system during the CI.

There has never been a detainee death at TCJ. From January 2012 through September 2012, there had been four detainee suicide watches and one detainee suicide attempt. Records prior to 2012 were not available for review. The medical record of the detainee who attempted suicide confirmed mental health treatment and suicide watch management were consistent with the NDS and TCJ policy.

ODO reviewed the TCJ Sexual Abuse and Assault Prevention and Intervention policy. Information concerning sexual abuse and assault prevention and intervention is posted in English and Spanish in all housing units and other locations throughout the facility. TCJ has implemented total adherence to its policy, and the Tulsa County Sheriff's Office has a zero tolerance policy regarding inmate rape and sex-related offenses and attempts. TCJ staff advised ODO that there have been no allegations of detainee sexual abuse or assault.

No ICE detainees have been placed in disciplinary segregation during the 12 months preceding the CI. The special management unit consists of three single-cell units, one with 12 beds, the second with 14 beds, and the third with 22 beds. Each of the three units has its own dayroom and shower area. An outdoor recreation area is adjacent to the units. Review of TCJ policy confirmed disciplinary segregation is imposed as a sanction through the disciplinary process. The policy adequately addresses conditions of confinement and privileges required by the NDS.

TCJ staff receives annual training in use of force. This includes confrontation avoidance and the use of force team technique. Since September 2011, there has been only one use of force incident involving an ICE detainee. Review of documentation by ODO verified it was an immediate use of force incident involving a detainee who resisted being placed in restraints. Reports reflected the force used was minimal and appropriate. There were no injuries, and the detainee was examined by medical staff immediately following the incident. ERO Dallas was notified; however, TCJ management did not conduct an after-action review for 29 days following the incident, rather than within the required two working days of the detainee's release from restraints.

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, as applicable. The NDS apply to TCJ. In addition, ODO may focus its inspection based on detention management information provided by 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 TCJ 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, the ENFORCE Alien Booking Module, and the ENFORCE Alien Removal Module. ODO also gathered facility facts and inspection-related information from ERO HQ staff to prepare for the site visit at TCJ.

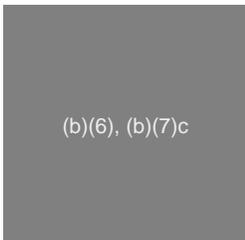
REPORT ORGANIZATION

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 actions and to assist in the on-going process of incorporating best practices in nationwide detention facility operations.

OPR defines a deficiency as a violation of written policy that can be specifically linked to the NDS, ICE policy, or operational procedure. When 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



Special Agent (Team Leader)	ODO, Houston
Special Agent	ODO, Houston
Special Agent	ODO, Headquarters
Contract Inspector	Creative Corrections
Contract Inspector	Creative Corrections
Contract Inspector	Creative Corrections

OPERATIONAL ENVIRONMENT

INTERNAL RELATIONS

ODO interviewed the TCJ Jail Administrator and the ERO Assistant Field Office Director. Both reported the working relationship between TCJ and ICE personnel is excellent, morale is high, and the working conditions are adequate to accomplish all required duties. The TCJ Jail Administrator stated she observes ICE staff visiting detainees in the housing units multiple times per week, communicating with detainees, and addressing detainee issues and concerns.

TCJ staff stated they do not receive any formal training regarding the ICE NDS.

DETAINEE RELATIONS

ODO interviewed 19 randomly-selected ICE detainees (17 male, 2 female) to assess the overall living and detention conditions at TCJ. Detainees did not express any complaints or concerns regarding the detainee handbook, recreation, food service, religious services, visitation, or the law library.

All detainees stated they did not know who their Deportation Officer was, but stated ICE personnel visit the housing units daily to speak with any detainees who have questions about their immigration cases. ODO did not observe Deportation Officer visitation schedules posted in the housing units.

All detainees complained the facility's telephones were not working properly. Facility staff stated the telephone system was experiencing problems. The TCJ telephone contractor was troubleshooting the issues during the CI, but the situation was not resolved prior to completion of the inspection.

Two detainees complained about not receiving timely medical care. ODO reviewed these complaints and determined both detainees received adequate and timely treatment.

ICE NATIONAL DETENTION STANDARDS

ODO reviewed a total of 16 NDS and found TCJ fully compliant with the following six standards:

- Detainee Handbook¹
- Disciplinary Policy
- Special Management Unit (Administrative Segregation)
- Special Management Unit (Disciplinary Segregation)
- Staff-Detainee Communication
- Suicide Prevention and Intervention

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

ODO found deficiencies in the following ten standards:

- Access to Legal Material
- Admission and Release
- Detainee Classification System
- Detainee Grievance Procedures
- Environmental Health and Safety
- Food Service
- Funds and Personal Property
- Medical Care
- Telephone Access
- Use of Force

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

¹ The detainee handbook met all the requirements in the Detainee Handbook NDS. Other, separate NDS also require certain information be in the handbook. The TCJ handbook was missing certain information specified in other NDS; these omissions are reported as **Deficiency ALM-1, Deficiency DGP-3, and Deficiency F&PP-1** under the relevant NDS.

ACCESS TO LEGAL MATERIAL (ALM)

ODO reviewed the Access to Legal Material standard at TCJ to determine if detainees have access to a law library, legal materials, courts, counsel, and document copying equipment to facilitate the preparation of legal documents, in accordance with the ICE NDS. ODO reviewed policies, procedures, and the detainee handbook, inspected the law library, and interviewed staff and detainees.

TCJ has a dedicated law library equipped with four computers, loaded with the most recent version of Lexis/Nexis software, and sufficient chairs and tables for detainee use. The library staff ensures that, upon request, detainees have access to copying services, paper, and writing implements for a fee of \$.10 per item. This fee is taken out of the detainee's account prior to providing the requested supplies. Detainees without funds on account are considered indigent, and are provided the requested supplies free of charge. The facility should provide these materials free of charge to all detainees (**Deficiency ALM-1**). TCJ does not have a written policy describing procedures to assist illiterate and non-English speaking detainees (**Deficiency ALM-2**).

The TCJ facility handbook does not inform detainees of the procedure for requesting legal reference materials not maintained in the library. The TCJ facility handbook also does not contain a description of the procedure for notifying a designated employee that library material is missing or damaged. ODO observed TCJ management did not post law library schedules in the ICE detainee housing units (**Deficiency ALM-3**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY ALM-1

In accordance with the ICE NDS, Access to Legal Material, section (III)(B), the FOD must ensure the law library shall provide an adequate number of typewriters and/or computers, writing implements, paper, and office supplies to enable detainees to prepare documents for legal proceedings.

The facility shall designate an employee with responsibility to inspect the equipment at least weekly and ensure that it is in good working order, and to stock sufficient supplies.

Equipment and office supplies shall generally include:

1. Typewriters with replacement typewriter ribbon and correction tape. Computers may also be provided for detainee use.
2. Carbon paper (unless a copier is available)
3. Writing implements
4. Writing tablets
5. Non-toxic liquid paper

DEFICIENCY ALM-2

In accordance with the ICE NDS, Access to Legal Material, section (III)(L), the FOD must ensure unrepresented illiterate or non-English speaking detainees who wish to pursue a legal

claim related to their immigration proceedings or detention and indicate difficulty with the legal materials must be provided with more than access to a set of English-language law books.

Facilities shall establish procedures to meet this obligation, such as:

1. helping the detainee obtain assistance in using the law library and drafting legal documents from detainees with appropriate language and reading-writing abilities; and
2. assisting in contacting *pro bono* legal-assistance organizations from the INS-provided list.

If such methods prove unsuccessful in providing a particular non-English-speaking or illiterate detainee with sufficient assistance, the facility shall contact the INS to determine appropriate further action.

DEFICIENCY ALM-3

In accordance with the ICE NDS, Access to Legal Material, section (III)(Q)(2)(5)(6), the FOD must ensure the detainee handbook or equivalent, shall provide detainees with the rules and procedures governing access to legal materials, including the following information:

2. the scheduled hours of access to the law library;
5. the procedure for requesting legal reference materials not maintained in the law library; and
6. the procedure for notifying a designated employee that library material is missing or damaged.

These policies and procedures shall also be posted in the law library along with a list of the law library's holdings.

ADMISSION AND RELEASE (AR)

ODO reviewed the Admission and Release standard at TCJ to determine if procedures are in place to protect the health, safety, security, and welfare of each person during the admission and release process, in accordance with the ICE NDS. ODO reviewed policies, procedures, and detention files; observed the admission process; and interviewed staff and detainees.

During intake processing, ODO noted detainees undergo medical screenings, answer questions, complete questionnaires and forms, attend facility site orientation, and receive a TCJ facility handbook and the ICE National Detainee Handbook. Both handbooks are available in English and Spanish. Detainees are provided with appropriate clothing and hygiene supplies at no cost.

ODO verified ICE detainees are issued identification cards, but the identification cards do not identify or distinguish the classification level of detainees. ODO advised facility staff that detainee classifications should be readily identifiable on sight via color-coded detainee uniforms or wristbands that cannot be easily removed (**Deficiency AR-1**). Inmates and detainees are classified in the same manner and neither population receives distinctive uniforms or wristbands. TCJ management stated they do not distinguish between ICE detainees and inmates in their facility for the protection of the detainees, because detainees may be treated differently by local inmates if they are easily identifiable.

TCJ personnel do not complete a missing property form when a newly-admitted detainee claims property has been lost or left behind at a previous facility (**Deficiency AR-2**). TCJ directs detainees who claim missing or lost property to contact ICE via telephone.

When detainees are released or transferred out of the facility, TCJ staff does not fingerprint detainees (**Deficiency AR-3**). TCJ staff stated they do not fingerprint detainees upon release, because this occurs during the admission process. During the release process, ODO observed TCJ staff identify ICE detainees only by name, date of birth, and mother's name, rather than by fingerprints.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY AR-1

In accordance with the ICE NDS, Admission and Release, section (III)(C), the FOD must ensure the classification process determines the appropriate level of custody for each detainee. Once this is established, staff can issue the detainee clothing/wristband in the appropriate color for his/her classification level.

DEFICIENCY AR-2

In accordance with the ICE NDS, Admission and Release, section (III)(I), the FOD must ensure the officer shall complete a Form I-387, "Report of Detainee's Missing Property" when any newly arrived detainee claims his/her property has been lost or left behind. IGSA facilities shall forward the completed I-387s to INS.

DEFICIENCY AR-3

In accordance with the ICE NDS, Admission and Release, section (III)(J), the FOD must ensure staff must complete certain procedures before any detainee's release, removal, or transfer from the facility. Necessary steps include completing and processing forms, closing files, fingerprinting; returning personal property; and reclaiming facility-issued clothing, bedding, etc. INS will approved [sic] the IGSA release procedures.

Note: The Admission and Release NDS has two "J" sections. This citation refers to the second "J," titled Releases.

DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO reviewed the Detainee Classification System standard at TCJ to determine if there is a formal classification process for managing and separating detainees based on verifiable and documented data, in accordance with the ICE NDS. ODO toured the booking area and classification department, interviewed staff, and reviewed classification documentation and local policy.

Newly-arrived ICE detainees are classified by TCJ booking staff. ODO verified ICE provides the information and forms necessary for the classification process. TCJ booking staff originates two files: one is maintained in booking and contains all forms provided by ICE; the second is maintained in the classification department and contains all classification documents. Inspection of 12 detainee classification files found none contained documentation of review by a supervisor (**Deficiency DCS-1**). Supervisory review assures classification levels are appropriately and objectively assigned.

Review of the facility's policy and detainee handbook confirmed required information and procedures are addressed. ODO verified detainees are assigned to housing units based on their classification level and in accordance with the NDS. Procedures are in place to reclassify detainees, if necessary.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DCS-1

In accordance with the ICE NDS, Detainee Classification System, section (III)(C), the FOD must ensure, in all detention facilities, a supervisor will review the intake/processing officer's classification files for accuracy and completeness. Among other things, the reviewing officer shall ensure that each detainee has been assigned to the appropriate housing unit.

In addition, the reviewing officer will recommend changes in classification due to:

1. incidents while in custody;
2. a classification appeal by a detainee or recognized representative (see below); or
3. specific, articulable facts that surface after the detainee's in-processing.

DETAINEE GRIEVANCE PROCEDURES (DGP)

ODO reviewed the Detainee Grievance Procedures standard at TCJ to determine if a process to submit formal or emergency grievances exists, and responses are provided in a timely manner, without fear of reprisal. In addition, the review was conducted to determine if detainees have an opportunity to appeal responses, and if accurate records are maintained, in accordance with the ICE NDS. ODO interviewed staff and detainees, reviewed policies and procedures and reviewed grievances, grievance responses, and the grievance log.

TCJ has a grievance system allowing detainees to file emergency grievances, as well as formal and informal grievances, and to appeal grievance decisions. Informal grievances are lodged and responded to verbally. Interviews with facility staff determined informal grievance responses are not documented and recorded in individual detention files (**Deficiency DGP-1**).

If the grievance is not resolved at the informal level, or if the detainee decides to skip the informal process, the detainee may proceed with submitting a formal grievance in writing. A grievance committee reviews the initial findings within five working days of the formal grievance and provides a written response to the detainee stating the decision and the reason for the decision. If a detainee agrees with the proposed resolution, the grievance form is signed and a copy is placed in the grievance logbook. If the detainee is not satisfied with the decision, an appeal can be filed with the TCJ Jail Administrator. The TCJ Jail Administrator reviews the appeal, and the detainee receives a written decision within five days.

Grievance forms are available upon request from TCJ housing unit staff. In addition, detainees are able to complete a grievance via the TCJ electronic kiosk system. ODO reviewed 20 grievances filed between January 2012 and September 2012. All grievances reviewed were responded to within five days of filing. A review of the grievance log demonstrated that grievances are logged with all pertinent information, including the nature of the grievance and the date of resolution. Log numbers are assigned in chronological order for each grievance. However, copies of the grievances were not placed in individual detention files (**Deficiency DGP-2**). This is a repeat deficiency from the July 2010 ODO inspection.

The TCJ facility handbook provides procedures for filing informal, formal, and emergency grievances, but the handbook does not provide instructions regarding how detainees can contact ICE to appeal a grievance decision made by the TCJ Jail Administrator, or file a complaint about officer misconduct directly with the Department of Homeland Security, Office of Inspector General (OIG) (**Deficiency DGP-3**). Informational posters are conspicuously posted in all detainee housing units to advise detainees of the process for reporting misconduct allegations to the OIG. ODO recommends TCJ revise the handbook to include grievance and appeal procedures applicable to ICE detainees, and the procedures for contacting the OIG to report misconduct allegations.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DGP-1

In accordance with the ICE NDS, Detainee Grievance Procedures, section (III)(A)(1), the FOD must ensure the detainee is free to bypass or terminate the informal grievance process, and

proceed directly to the formal grievance stage. If an oral grievance is resolved to the detainee's satisfaction at any level of review, the staff member need not provide the detainee written confirmation of the outcome, however the staff member will document the results for the record and place his/her report in the detainee's detention file.

DEFICIENCY DGP-2

In accordance with the ICE NDS, Detainee Grievance Procedures, section (III)(E), the FOD must ensure a copy of the grievance will remain in the detainee's detention file for at least three years. The facility will maintain that record for a minimum of three years and subsequently, until the detainees leaves INS custody.

DEFICIENCY DGP-3

In accordance with the ICE NDS, Detainee Grievance Procedures, section (III)(G)(4)(6), the FOD must ensure the facility shall provide each detainee, upon admittance, a copy of the detainee handbook or equivalent. The grievance section of the detainee handbook will provide notice of the following [among others]:

4. The procedures for contacting the INS to appeal the decision of the OIC of a CDF or an IGSA facility.
6. The opportunity to file a complaint about officer misconduct directly with the Justice Department.

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

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

ODO verified Material Safety Data Sheets and a master index of hazardous substances are available and complete. Inventories of hazardous substances are accurate. Reports for water quality and pest control services are available and current. Exit diagrams are posted throughout the facility. The diagrams are printed in English and Spanish, and show the locations of emergency equipment.

ODO found the overall sanitation of the facility was acceptable. However, during inspection of housing units and shower areas, ODO noted two showers in housing unit F-18 and one shower in F-19 had broken tiles, mildew, and a build-up of soap scum. The TCJ safety officer was present during the inspection, and placed a work order to have the showers cleaned and repaired. Repairs were not completed prior to conclusion of the CI.

Monthly fire drills are conducted in each area of the facility. Fire drill reports document the location, participants, and time each drill was announced and completed. Emergency keys are not drawn and tested during fire drills (**Deficiency EH&S-1**). Drawing and testing emergency keys supports staff familiarity with the keys, locks, and exit routes, and assures expeditious egress in the event of an emergency.

The facility does not have a dedicated barbering area. Barber operations are conducted in housing unit multi-purpose rooms, which are also used for passing out meal trays, interviews, educational activities, and group meetings. The rooms have hot and cold running water, and barbering supplies are made available, but sanitation regulations are not posted (**Deficiency EH&S-2**). This is a repeat deficiency from the 2010 ODO inspection and the 2012 ERO inspection. TCJ management stated barbering is conducted in the multi-purpose rooms to limit the movement of detainees throughout the facility.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY EH&S-1

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(L)(4)(c), the FOD must ensure emergency key drills will be included in each fire drill, and timed. Emergency keys will be drawn and used by the appropriate staff to unlock one set of emergency exit doors not in daily use. NFPA recommends a limit of four and one-half minutes for drawing keys and unlocking emergency doors.

DEFICIENCY EH&S-2

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(P)(1)(4), the FOD must ensure sanitation of barber operations is of the utmost concern because of the possible transfer of diseases through direct contact or by towels, combs and clippers. Towels must not be

reused after use on one person. Instruments such as combs and clippers will not be used successively on detainees without proper cleaning and disinfecting. The following standards will be adhered to:

1. The operation will be located in a separate room not used for any other purpose. The floor will be smooth, nonabsorbent and easily cleaned. Walls and ceiling will be in good repair and painted a light color. Artificial lighting of at least 50-foot candles will be provided. Mechanical ventilation of 5 air changes per hour will be provided if there are no operable windows to provide fresh air. At least one lavatory will be provided. Both hot and cold water will be available, and the hot water will be capable of maintaining a constant flow of water between 105 degrees and 120 degrees.
4. Each barbershop will have detailed hair care sanitation regulations posted in a conspicuous location for the use of all hair care personnel and detainees.

FOOD SERVICE (FS)

ODO reviewed the Food Service standard at TCJ to determine if detainees are provided with a nutritious and balanced diet, in a sanitary manner, in accordance with the ICE NDS. ODO reviewed policies and documentation, interviewed staff, inspected food storage and preparation areas, and observed meal preparation and service.

Food service is operated by contractor Aramark and supported by a crew of ICE detainee and inmate workers. ODO verified all food service personnel receive medical clearances. The staff ensures food items are correctly prepared, served at the appropriate temperature, and are properly presented. ODO verified religious and medically prescribed meals are provided, with proper documentation on file. A nutritional analysis of the master cycle menu and determination of adequacy were conducted by a registered dietician on April 13, 2012. Documentation of pest control services, and water and equipment temperature checks verified compliance with the standard. The kitchen is well equipped, food items are properly stored, and sanitation is at a high level throughout the food service area.

TCJ has a satellite system of meal service involving preparation of meals in the kitchen and delivery to housing units on trays. Inspection of the food carts used to deliver trays found they had hasps (fasteners), but did not have locks (**Deficiency FS-1**). Locks on food carts prevent food tampering and transference of contraband.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY FS-1

In accordance with the ICE NDS, Food Service, section (III)(C)(2)(g), the FOD must ensure, if the facility does not have enough equipment to maintain the minimum or maximum temperature required for food safety, the affected items (e.g., salad bar staples such as lettuce, meat, eggs, cheese) must be removed and discarded after two hours at room temperature.

Food will be delivered from one place to another in covered containers. These may be individual containers, such as pots with lids, or larger conveyances that can move objects in bulk, such as enclosed, satellite-feeding carts. Food carts must have locking devices.

All food safety provisions (sanitation, safe-handling, storage, etc.) apply without exception to food in transit.

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the Funds and Personal Property standard at the TCJ to determine if controls are in place to inventory, issue receipts for, maintain, and safeguard detainees' personal property, in accordance with the ICE NDS. ODO interviewed staff, reviewed policies and procedures, and inspected the property room.

TCJ has written policies and procedures which provide for the control and safeguarding of detainees' funds and personal property. Because no detainees were received or transferred from the facility during the review, ODO did not observe intake or release processing. Property is inventoried and logged during the intake process and documented on a personal property form. This process was verified by inspecting five property forms attached to detainees' property bags. Clothing is placed in hanging clothing bags on a rotating conveyor system in the secure property room. The property room was well-organized and clean. Valuables were placed in plastic zippered property bags secured with numbered zip ties. The bags were stored in a secure area. Inspection of the valuables bags for five detainees confirmed they were secure and in their assigned location.

Detainees do not keep money in their possession. Monies are placed in sealed envelopes and deposited in a drop-safe located in the detainee admission area. The envelopes are removed by a member of the accounting staff in the presence of the Intake Supervisor, and the funds are deposited into the detainees' commissary accounts the following business day.

The TCJ handbook does not state that, upon request, all detainees will be provided an ICE-certified copy of any identity document, such as a passport or birth certificate, placed in their respective A-files (**Deficiency F&PP-1**). This is a repeat deficiency from the July 2010 ODO inspection

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY F&PP-1

In accordance with the ICE NDS, Funds and Personal Property, section (III)(J)(2), the FOD must ensure the detainee handbook or equivalent notifies the detainees of facility policies and procedures concerning personal property, including upon request, detainees will be provided an ICE-certified copy of any identity document (passport, birth certificate, etc.) placed in their A files.

MEDICAL CARE (MC)

ODO reviewed the Medical Care standard at TCJ to determine if detainees have access to healthcare and emergency services to meet health needs in a timely manner, in accordance with the ICE NDS. ODO toured the medical clinic, reviewed policies and procedures, examined 25 medical records, verified medical staff credentials, and interviewed the Health Services Administrator, the director of nursing, the psychiatrist, and staff.

TCJ is accredited by the American Correctional Association and the National Commission on Correctional Health Care. The clinic is operated by contractor Correctional Healthcare Companies. Health services are provided 24 hours a day, seven days a week. Administrative oversight of the clinic is provided by the Health Services Administrator. A full-time physician is the clinical medical authority. Additional full-time staff positions include a psychiatrist, an advanced practice registered nurse practitioner, a director of nursing, (b)(7)e licensed professional mental health counselors, (b)(7)e registered nurses (b)(7)e licensed practical nurses, and (b)(7)e certified medication aides. At the time of the review, (b)(7)e mental health counselor, (b)(7)e licensed practical nurse, and (b)(7)e advanced practice registered nurse practitioner positions were vacant. Part-time staff includes (b)(7)e dentist, (b)(7)e dental assistant, (b)(7)e registered nurses, (b)(7)e licensed practical nurses, (b)(7)e certified medication aides, and (b)(7)e obstetrics/gynecology physician. The medical staff is supported by (b)(7)e clerical staff. All professional licenses are present and primary source verified. ODO determined staffing is adequate to meet detainee health needs.

Review of (b)(7)e custody staff training records found all hold current certification in cardiopulmonary resuscitation (CPR) and first aid. Review of training records for all medical staff found no record of CPR and first aid certifications for the part-time physician (**Deficiency MC-1**). The physician was on extended leave and Correctional Healthcare Companies could not verify current certification.

The medical clinic is sufficiently equipped to serve the detainee population. There are two exam rooms, a secure pharmacy, a radiology room, and a large nursing station. TCJ implemented an electronic medical records system in March 2011, and has scanned many earlier records into the system. There are 28 rooms available for patient care, including ten which have negative air pressure for tuberculosis isolation, and four designated for suicide watch.

Medical and mental health screening is completed by nursing staff at intake. Screening includes testing for tuberculosis by way of tuberculin skin test. Consent for treatment is obtained during the intake process. ODO verified documentation of screening, tuberculosis testing, and consent for treatment was present in all 25 medical records reviewed.

A physical examination is completed for each detainee by a designated registered nurse. ODO verified the registered nurse is trained, and a physician reviews and countersigns each physical examination. The medical record review confirmed a physical examination is completed within six days on average, well within the 14 days required by the standard. In addition, the record review confirmed all physical examinations were hands-on and counter-signed by the physician.

Detainees enter sick call requests into the kiosk system available in each of the housing units, which has a Spanish language option. During interviews, officers informed ODO that sick call

forms are available if the computer system malfunctions. The forms are deposited in a locked box and retrieved by medical staff twice daily. Nursing staff triage sick call requests upon receipt, and conduct daily sick call in a designated private room in each housing unit, or in the clinic. Detainees are not charged a fee for healthcare services.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY MC-1

In accordance with the ICE NDS, Medical Care, section (III)(H)(2), the FOD must ensure 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 [among others]:

2. The administration of first aid and cardiopulmonary resuscitation (CPR).

TELEPHONE ACCESS (TA)

ODO reviewed the Telephone Access standard at TCJ to determine if the facility provides detainees with reasonable and equitable access to telephones to maintain ties with family and others in the community, in accordance with the ICE NDS. ODO toured the facility, interviewed ERO and facility staff, as well as ICE detainees, and reviewed telephone serviceability records maintained by ERO.

ODO observed a total of 180 telephones throughout the facility, including eight telephones in each housing unit designated for detainee use. Detainees confined to the special management unit also have access to telephones. TCJ management stated emergency personal calls are allowed for detainees, and incoming messages are taken and provided to detainees. ICE staff provides telephone access in a private office for detainees to contact family members for emergencies, as well as for calls related to legal matters. All detainees interviewed stated they were provided ample access to telephones; however, detainees stated the telephones were not working properly.

ODO interviewed facility staff and ICE personnel, and learned the facility recently upgraded their telephone system with voice recognition technology. Detainees record a voice message to the system, and the system is supposed to recognize and identify a detainee, and enable the detainee to make a telephone call from any telephone within the facility. However, the telephones in the detainee housing units were not working properly, due to a voice recognition distortion issue (**Deficiency TA-1**). Detainees complained during interviews of having difficulty making telephone calls. ODO learned, due to the sensitive recording requirements to operate the telephones, Spanish-speaking detainees were having problems understanding the instructions in English. The telephone contractor responsible for the telephone system was troubleshooting the issue during the CI; however, repairs were not completed prior to the conclusion of the inspection.

The detainee handbook provides the rules for telephone usage; however, a written copy of the telephone rules was not posted in general areas of the housing units where detainees could easily see them (**Deficiency TA-2**). This is a repeat deficiency from the July 2010 ODO inspection. ODO also observed there were no notices posted on the telephones in the detainee housing areas indicating all telephone calls are subject to monitoring, or the procedures for obtaining an unmonitored call to a court, legal representative, or for obtaining legal presentation (**Deficiency TA-3**). These issues were not resolved prior to the conclusion of the inspection.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY TA-1

In accordance with the ICE NDS, Telephone Access, section (III)(D), the FOD must ensure the facility shall maintain detainee telephones in proper working order. Appropriate facility staff shall inspect the telephones regularly, promptly report out-of-order telephones to the repair service, and ensure that required repairs are completed quickly.

DEFICIENCY TA-2

In accordance with the ICE NDS, Telephone Access, section (III)(B), the FOD must ensure, as described in the “General Provisions” standard, the facility shall provide telephone access rules in writing to each detainee upon admittance, and also shall post these rules where detainees may easily see them.

DEFICIENCY TA-3

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. It shall also place a notice at each monitored telephone stating:

1. that detainee calls are subject to monitoring; and
2. the procedure for obtaining an unmonitored call to a court, legal representative, or for the purposes of obtaining legal representation.

A detainee’s call to a court, a legal representative, or for the purposes of obtaining legal representation will not be aurally monitored absent a court order. The OIC retains the discretion to have other calls monitored for security purposes.

USE OF FORCE (UOF)

ODO reviewed the Use of Force standard at TCJ to determine if necessary use of force and the use of restraints is employed only after all reasonable efforts have been exhausted to gain control of a subject, 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, in accordance with the ICE NDS. ODO toured the facility, inspected equipment, and reviewed local policies, training records, and use of force documentation.

TCJ has a comprehensive written policy governing the use of force. Staff receives annual training on the subject, including confrontation avoidance and use of force team technique. Review of (b)(7) training files confirmed completion of training requirements. A handheld video camera is available for use in calculated use of force situations.

ODO was informed, since September 2011, there has been only one use of force incident involving an ICE detainee. Review of documentation found it was an immediate force incident involving a detainee who resisted being placed in restraints. Reports reflected the force used was minimal and appropriate. There were no injuries, and the detainee was examined by medical staff immediately following the incident. ERO Dallas was notified; however, the facility did not conduct an after-action review for 29 days following the incident, rather than within the required two working days of the detainee's release from restraints (**Deficiency UOF-1**). Prompt completion of after-action reviews assures any necessary follow-up or investigation may be quickly initiated and appropriate action taken.

STANDARD/POLICY REQUIREMENT 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.

Report Completion

The After Action Review Team shall complete and submit its After-Action Review Report to the OIC within two working days of the detainee's release from restraints. The OIC shall review and sign the report, acknowledging its finding that the use of force was appropriate/inappropriate.