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Inspections and Detention Oversight

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**Office of Detention Oversight
Compliance Inspection**

**Enforcement and Removal Operations
Dallas Field Office
Johnson County Law Enforcement Center
Cleburne, Texas**

January 8 – 10, 2013

**COMPLIANCE INSPECTION
JOHNSON COUNTY LAW ENFORCEMENT CENTER
DALLAS FIELD OFFICE**

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EXECUTIVE SUMMARY

The Office of Professional Responsibility (OPR), Office of Detention Oversight (ODO) conducted a Compliance Inspection (CI) of the Johnson County Law Enforcement Center (JCLEC) in Cleburne, Texas, from January 8 to 10, 2013. JCLEC opened in 1989 and is owned by Johnson County. The facility is operated by LaSalle Southwest Corrections (LSC) under contract with the Johnson County Sheriff's Office (JCSO). In February 2009, the U.S. Immigration and Customs Enforcement (ICE), Office of Enforcement and Removal Operations (ERO) began housing detainees at JCLEC under an Intergovernmental Service Agreement with Johnson County. Male detainees of all security classification levels (Level I – lowest threat, Level II – medium threat, Level III – highest threat) are detained at JCLEC for periods in excess of 72 hours. Female detainees are not housed at JCLEC. JCLEC has a total capacity of 871 beds, with 312 allocated to ICE detainees. The remaining bed space is reserved for State and local inmates. At the time of this CI, JCLEC housed 239 ICE detainees. The average daily ICE detainee population at JCLEC is 212. The average length of stay for a detainee is 37 days. LSC provides medical care. Five Star Correctional Services (Five Star) provides food service. JCLEC is accredited by the Texas State Commission on Jail Standards, but holds no national accreditations.

The ICE ERO Field Office Director (FOD) in Dallas, Texas (FOD Dallas) is responsible for ensuring facility compliance with ICE policies and the ICE National Detention Standards (NDS). An Assistant Field Office Director (AFOD) and a Supervisory Detention and Deportation Officer (SDDO) located at FOD Dallas oversee JCLEC. An ICE Immigration Enforcement Agent (IEA) is permanently stationed at JCLEC. An ERO Detention Service Manager conducts monthly visits to monitor facility compliance with the NDS.

The Warden is the highest-ranking official at JCLEC and is responsible for oversight of daily operations. In addition to the Warden, supervisory staff includes an Assistant Warden, a Major who serves as the Chief of Security, a Health Services Administrator (HSA), a Captain (b)(7)e Lieutenants, (b)(7)e Sergeants (b)(7)e Corporals, a Laundry Room Supervisor, a Maintenance Supervisor, a Chaplain, and (b)(7)e Administrative Managers. LSC non-supervisory staff is composed of (b)(7)e employees. Five Star staff is comprised of a Food Service Manager and (b)(7)e kitchen supervisors, supported by (b)(7)e county inmate workers. A JCSO Lieutenant is assigned to JCLEC to monitor contracted services and serve as a liaison officer between the facility and the JCSO. JCLEC has designated a Sergeant to serve as a full-time Compliance Officer to oversee NDS compliance, Texas Jail Standards compliance, and staff training. The JCLEC Compliance Sergeant and the ERO IEA interact daily to address detainee needs and NDS compliance issues.

In November 2009, ODO conducted a Focus Review at JCLEC. Of the 25 NDS reviewed, seven were in full compliance. ODO cited 39 deficiencies in the remaining 18 standards. In November 2010, ODO conducted a Follow-Up Review, and found corrective actions were made in 36 deficiencies covering 15 standards. Three repeat deficiencies were found in three standards.

In August 2012, ERO Detention Standards Compliance Unit contractor, the Nakamoto Group, Inc., conducted an annual review of the NDS at JCLEC. The facility received an overall rating of "Acceptable" and was found to be in compliance with 36 standards reviewed.

During this CI, ODO reviewed 17 NDS at JCLEC and found JCLEC compliant with 12 standards. ODO found 18 deficiencies in the following five standards: Detainee Grievance Procedures (2 deficiencies), Environmental Health & Safety (3), Food Service (10), Medical Care (2), and Use of Force (1). Six of the ten deficiencies identified under Food Service were the result of poor sanitation in the food service area.

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 18 identified deficiencies. These deficiencies were discussed with JCLEC personnel on-site during the inspection and with JCLEC management during the closeout briefing on January 10, 2013.

Overall, ODO found JCLEC security operations and medical services to be well managed. With the exception of the food service areas, sanitation throughout the facility was at an acceptable level. ODO found a number of deficiencies in the food service area, some involving poor sanitation and cleanliness.

The law library is located in a quiet, well-lit room, equipped with sufficient furnishings and office supplies to support legal research and case preparation, including a printer, a typewriter, and one computer with the most recent version of Lexis-Nexis. ODO confirmed required information regarding the law library is contained in the detainee handbook, and the law library schedule was conspicuously posted in all housing units.

Upon admission to JCLEC, detainees are medically screened, and classifications are reviewed to ensure appropriate housing assignments. During the admission process, detainees are issued appropriate clothing and hygiene supplies. Facility staff provides a verbal orientation informing detainees of rules and responsibilities, and procedures for submitting requests and filing grievances. Detainees are shown the ICE video "Know Your Rights," and are provided with copies of the ICE National Detainee Handbook and the facility handbook in English or Spanish, as appropriate. Funds and valuables are properly inventoried and securely stored.

Detainees are classified by ICE prior to arrival at JCLEC, and JCLEC staff generally adheres to the classification level determined by ICE. Upon admission, booking staff verifies classification information with the detainees, and a supervisor reviews, verifies, and approves the ICE classification and housing assignments. Review by ODO of 30 detention files confirmed proper classifications and appropriate supervisory approvals. ODO verified detainees were housed based on their classification level and in accordance with the standard. Procedures are in place at JCLEC to reclassify detainees when necessary. The facility handbook describes the classification process and procedures for appealing classification decisions.

ODO confirmed JCLEC policy addresses all requirements of the Detainee Transfers NDS. Review of the process and inspection of detention files for 15 detainees transferred from JCLEC to other facilities during the 12 months preceding the ODO inspection confirmed compliance with the standard.

JCLEC personnel attempt to resolve detainee grievances informally at the lowest level possible. Grievance forms are available in each detainee housing unit, and grievance procedures are

addressed in the ICE and the facility handbooks. The JCLEC grievance system allows detainees to file informal, formal, and emergency grievances, and to appeal grievance decisions. Detainees are free to bypass or terminate the informal grievance process and proceed directly to filing a formal grievance. The Grievance Coordinator oversees the grievance system and maintains a handwritten grievance log to document and track grievances filed by detainees. A review of the grievance log by ODO confirmed all written grievances are logged with pertinent information, including the nature of the grievance and the date of resolution. ODO found copies of grievances containing allegations of officer misconduct are not forwarded to ICE.

JCLEC received 265 grievances between January 1, 2012, and January 8, 2013. Of the 265 grievances reviewed, ODO noted 58 were complaints against staff, 47 concerned food service, and 35 involved medical care. ODO noted among the 58 complaints against staff, 14 involved complaints of unprofessional behavior and inappropriate language used by staff, which identified an actual officer. ODO confirmed the Warden counseled the staff members identified in the grievances. Meal portion size was the primary complaint related to food service. No trend was noted regarding medical care grievances. The remaining 125 grievances were complaints related to commissary supply, clothing, property, telephone access, sanitation, and other miscellaneous issues, with no trends identified.

Review of JCLEC policy by ODO confirmed prohibited acts are classified as minor and major, and can be referred for criminal prosecution if warranted. Graduated severity scales for prohibited acts and disciplinary consequences are in place, and policy requires that minor violations be informally settled whenever possible. Detainee rights under the disciplinary system, to include appeal rights, are addressed in the detainee handbook and posted in the housing units. ODO randomly selected and reviewed 11 disciplinary packets completed between August 2012 and January 2013. ODO verified incident reports in all 11 cases clearly documented rule violations and were properly investigated within 24 hours. Detainees were served with notices, and hearings were timely and properly conducted. Sanctions imposed were within established guidelines.

The JCLEC Maintenance Supervisor is responsible for safety compliance with JCLEC policy and the NDS. ODO confirmed all flammable, caustic, and toxic substances are accurately inventoried and stored, to include medical sharp objects and syringes. JCLEC has an approved fire prevention plan, and the facility is inspected annually by the Cleburne Fire Prevention Bureau. JCLEC staff conducts monthly fire and safety inspections; however, monthly fire drills are not conducted in each department. Additionally, ODO verified detainees are not evacuated during fire drills. ODO notes that evacuating detainees during a fire drill ensures both staff and detainees are prepared in the event of a fire emergency, and ensures emergency exits and exit plans are functional.

ODO found significant deficiencies and a poor level of sanitation and cleanliness in the food service area at JCLEC. Five Star manages food service operations under contract. Food service staff consists of a Food Service Manager, (b)(7)e kitchen supervisors, and a crew of (b)(7) county inmate workers. No ICE detainees work in food service. Review of documentation by ODO confirmed all inmate workers received medical clearances to work in food service; however, Five Star employees did not receive pre-employment medical examinations.

JCLEC has a satellite system of meal service involving preparation of meals in the kitchen and delivery to housing units on insulated trays. ODO observed the preparation of trays for one noon meal during the review, and accompanied the inmate workers transporting the carts to the housing units. The carts used to transport the trays have open metal shelves and are not secure.

ODO found the floor in the kitchen was slippery, with a greasy residue. Floor corners and walls had significant dirt build-up. Floor drains were obstructed with food remnants. Food particles and congealed liquids were found on surface areas of food preparation and work tables, with no evidence they had been wiped down after use to prevent cross-contamination. This presents a breeding ground for bacteria and potential food-borne illness. Food items were observed on the floor behind the steam kettles, ovens, and stove. Greasy build-up was found in ventilation hoods and on hood filters, posing a significant fire hazard. This also presents a breeding ground for bacteria. The drip pan for the stove contained burnt grease and food particles. During inspection of storage areas, ODO observed standing water in the chemical storage room. Height limits were not maintained for stacked boxes in the dry storage area, violating the requirement to maintain an 18-inch clearance underneath sprinklers. Storage of boxes within the required clearance may interfere with the effectiveness of the sprinklers. ODO also observed bags of bulk food items stacked high, which poses a safety hazard if they should topple. Food particles and trash littered the floors of the walk-in freezer and walk-in refrigerator. ODO noted a significant amount of frozen condensation on the ceiling, walls, and shelves of the freezer. A heavy fog was blowing from the condenser unit. These conditions signify a malfunction that should be identified and addressed to ensure the freezer is operating properly. ODO observed obstructions in aisles and passages, creating a safety hazard and preventing egress. ODO confirmed the Food Service Manager does not conduct weekly inspections as required by JCLEC policy and the NDS.

Detainees stated breakfast cereal containing bugs was served the week prior to the ODO inspection. The Food Service Manager and JCLEC management confirmed weevils were found in bran cereal served a week prior to the CI. Inspection by ODO confirmed the infested cereal came from packages freshly opened that morning, which traced to a singular bulk shipment received from a local distributor. Food service staff removed and disposed of the cereal, and notified the supplier. On the third day of this CI, weevils were again reported in cereal served during the morning meal. Food service personnel again traced the infested cereal to freshly-opened packages of bran cereal, and reported the second occurrence of infestation to the supplier. All food items stored in the area with the bags were inspected, and no insects were found. ODO confirmed pest control services are provided in the food service department and throughout the facility on a scheduled basis, and as needed. Though infestation of the cereal appears to have occurred prior to delivery to JCLEC and was unrelated to the sanitation concerns discussed in this report, ODO recommends that food service staff take steps to ensure delivered food items contain no evidence of insect or rodent infestation prior to preparation and service to detainees.

Healthcare is provided by LSC, with oversight by an on-site HSA. The JCLEC clinic is open 24 hours a day, seven days a week. ODO found staffing levels at the clinic are adequate to provide basic medical services for detainees. Nurses conduct routine intake screenings to identify chronic care, mental health, and medication needs. A physical exam is completed by a Registered Nurse (RN) within eight days of arrival. Detainees access health care services by completing a sick call request form. Forms are available in English and Spanish, and are deposited by detainees directly into a locked box located in each housing unit. Nurses collect

sick call requests once a day, and triage the requests for clinical priority. A Licensed Vocational Nurse (LVN) conducts sick call Monday through Friday using physician-approved protocols to provide treatment. Medical staff visits the Special Management Unit (SMU) twice a day to conduct face-to-face visits and respond to healthcare requests. There were no detainees in the administrative or disciplinary SMU during the ODO review. The Clinical Medical Authority is a contract physician who is on-site two days a week and on-call 24 hours a day. Mental health and dental services are contracted and performed off-site. ODO found JCLEC medical policy provides for routine dental care after 12 months of detention rather than six months as referenced in the NDS.

Observation of medication administration revealed a standard practice not within LSC's Medication Service policy. Housing unit officers are allowed to administer over-the-counter medications to detainees upon request. ODO found JCLEC officers are not trained in medication distribution, or recognizing chronic use or abuse of issued medications. Additionally, medications issued to detainees by officers are not reviewed by medical personnel or documented in the individual medical records. ODO found officer distribution of over-the-counter medication is contrary to instructions provided by LSC, and poses a medical risk to detainees. These medications may be misused and abused. Their use may be contraindicated by prescribed medications or the detainee's medical condition.

JCLEC has written procedures in place to temporarily segregate detainees for administrative and disciplinary reasons. The administrative and disciplinary SMU are maintained in a sanitary condition, and are appropriately ventilated, lit, and climate-controlled. No detainees were housed in SMU at the time of inspection. Review of policy and documentation confirmed security and medical staff are required to make rounds. Detainees housed in the SMU have regular access to recreation, legal materials, medical care, telephones, visitation, commissary, mail, religious services, clothing and bedding exchange, and hygiene items.

A comprehensive use of force policy addresses all requirements of the standard. The Major is responsible for maintaining all documentation on use of force incidents. Since January 2012, there have been two incidents involving immediate use of force on detainees, and no calculated use of force incidents. Review of documentation in both immediate use of force incidents confirmed full compliance with the standard, including after-action reviews, medical examinations of the detainees involved, and notifications to ICE. ODO reviewed staff training records and found all staff receive initial use of force training, but do not receive refresher or on-going training. ODO notes refresher training ensures JCLEC personnel understand their accountability for adherence to the policy.

JCLEC has policies and procedures in place that address suicide prevention and intervention. ODO verified detainees are screened for suicide potential during the intake process. A review of b(7) training files confirmed staff completes initial and ongoing suicide prevention training covering all required topics. The Healthcare Services Administrator stated and ODO confirmed there have been no detainee suicides at JCLEC, and no suicide attempts or suicide watches since the October 2009 ODO inspection. Additionally, there have been no detainee deaths at JCLEC.

JCLEC has policies and procedures in place to address prevention, intervention, and handling of alleged sexual abuse and sexual assault incidents. All staff is trained to properly address sexual

abuse and sexual assault at the entrance training for correction officers, and each staff member completes annual refresher training thereafter. In December 2012, JCLEC policy was revised to reflect full compliance with the Sexual Assault and Prevention and Intervention standard of the 2011 Performance-Based National Detention Standards. ODO review of related JCLEC policy confirmed written procedures are in place for reporting incidents through the chain-of-command, and referral to local law enforcement. Postings on prevention of sexual abuse and assault are conspicuously posted in each detainee housing unit. There were no incidents of alleged sexual abuse or sexual assault at JCLEC reported during calendar year 2012.

The IEA permanently assigned to JCLEC is on-site five days per week to address detainee requests, monitor living conditions, and conduct scheduled and unscheduled visits to each housing unit. The SDDO conducts regular scheduled visits at JCLEC each week to observe conditions of confinement. An ERO Detention Service Manager visits the facility on a monthly basis to monitor facility compliance with the NDS. A review of the ICE visitor's log showed an AFOD visited JCLEC four times from August 2012 to December 2012. ODO verified that ICE visitation schedules and ICE ERO staff contact information are conspicuously posted in each housing unit. JCLEC has written procedures for detainees to submit written questions, requests, or concerns to ICE. Detainee request forms are available in all housing units. ODO reviewed the electronic detainee request log from July 2012 through December 2012, and confirmed all requests were logged and responded to within 72 hours of receipt.

Detainees have reasonable and equitable access to telephones at JCLEC. The number of telephones in the general housing areas meets the requirements of the standard. ICE staff conducts weekly telephone serviceability checks to determine the operability of telephones in each of the housing units. During this CI, ODO tested the telephones, and all were in good working order.

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 JCLEC. In addition, ODO may focus its inspection based on detention management information provided by ERO Headquarters and ERO field offices, and on issues of high priority or interest to ICE executive management.

ODO reviewed the processes employed at JCLEC 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 Headquarters staff to prepare for the site visit at JCLEC.

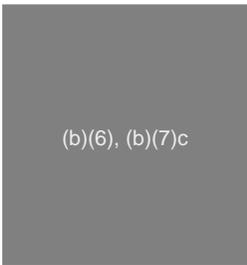
REPORT ORGANIZATION

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, Chicago
Special Agent	ODO, Houston
Special Agent	ODO, Atlanta
Contract Inspector	Creative Corrections
Contract Inspector	Creative Corrections
Contract Inspector	Creative Corrections

OPERATIONAL ENVIRONMENT

INTERNAL RELATIONS

ODO interviewed the JCLEC Warden, Assistant Warden, and Liaison Sergeant, as well as the ERO AFOD, SDDO, and IEA responsible for ICE oversight of JCLEC. All personnel stated the working relationship between JCLEC and ICE personnel is good. ODO observed positive interactions between JCLEC personnel and ICE staff. The Assistant Warden and the Liaison Sergeant conduct daily visits to each of the detainee housing units.

ICE personnel meet informally with JCLEC management on a weekly basis. The Warden stated morale among JCLEC staff is high. The AFOD and the SDDO stated morale among ICE personnel is high, and ERO has the resources necessary to carry out their duties and responsibilities at JCLEC.

DETAINEE RELATIONS

ODO interviewed 24 randomly-selected detainees to assess detention conditions at JCLEC. Eleven of 24 detainees stated they did not know the identity of their assigned Deportation Officer. ODO confirmed an SDDO and an IEA visit each detainee housing unit a minimum of once each week to observe living conditions and meet with detainees. ODO observed the ICE visitation schedule and contact information for ERO staff were conspicuously posted in each housing unit. ODO also reviewed logs, confirming the ICE visits. All detainees interviewed were aware of the grievance process, and stated the grievance system is fair and functions as described in the detainee handbook.

All detainees interviewed stated they had regular access to recreation, religious services, medical care, telephones, and visitation. Seven detainees stated they were unaware of the existence of a law library. ODO confirmed required information regarding the law library is contained in the facility handbook, and the law library schedule is conspicuously posted in all housing units.

Sixteen detainees complained that food portions are inadequate. ODO verified the portion sizes at each meal prepared during this CI met the minimum dietary guidelines. All detainees stated the week prior to the ODO inspection, bugs were in the breakfast cereal served at the morning meal. As reported in the Executive Summary and under the Food Service standard, JCLEC management and the contract Food Service Manager confirmed weevils were present in breakfast cereal served the prior week. An inspection conducted by JCLEC management determined the cereal came from newly-opened packages of bran cereal received from a single food distributor, and the items were contaminated prior to receipt by JCLEC.

ICE NATIONAL DETENTION STANDARDS

ODO reviewed a total of 17 NDS and found JCLEC fully compliant with the following 12 standards:

- Access to Legal Material
- Admission and Release
- Detainee Classification System
- Detainee Handbook
- Detainee Transfers
- Disciplinary Policy
- Funds and Personal Property
- Special Management Unit – Administrative Segregation
- Special Management Unit – Disciplinary Segregation
- Staff-Detainee Communication
- Suicide Prevention and Intervention
- Telephone Access

As these 12 standards were compliant at the time of the review, a synopsis for these standards is not prepared for this report.

ODO found deficiencies in the following five standards:

- Detainee Grievance Procedures
- Environmental Health and Safety
- Food Service
- Medical Care
- Use of Force

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

DETAINEE GRIEVANCE PROCEDURES (DGP)

ODO reviewed the Detainee Grievance Procedures standard at JCLEC 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, and reviewed policies and procedures, the detainee handbook, detention files, and the grievance log.

The grievance system at JCLEC allows detainees to file informal, formal, and emergency grievances, and to appeal grievance decisions. JCLEC staff attempts to resolve detainee grievances informally and at the lowest level possible. Grievance forms are available in all detainee housing units, and grievance procedures are addressed in the ICE and the facility handbook. All detainees interviewed were aware of the grievance system, and stated the grievance system is fair and functions as described in the detainee handbook. Detainees are free to bypass or terminate the informal grievance process and proceed directly to filing a formal grievance.

The Detainee Grievance Coordinator maintains a handwritten grievance log. When a written grievance is resolved, the original grievance is filed in the grievance log and a copy is placed in the individual detention file. Oral grievances are not documented in the grievance logbook (**Deficiency DGP-1**). A review of the grievance log confirmed written grievances are logged with all pertinent information, including the nature of the grievance and the date of resolution. As a matter of practice, staff advised that grievances involving staff misconduct are not forwarded to ICE (**Deficiency DGP-2**). ICE must be afforded the opportunity to independently review or investigate any allegation of officer misconduct.

JCLEC received 265 grievances between January 1, 2012, and January 8, 2013. A review of 30 randomly-selected grievances reflected all written grievances were addressed in a timely manner, and all resolutions were documented. ODO reviewed 20 randomly-selected detention files of detainees who had filed a grievance. Each file contained a copy of the grievance. Of the 265 grievances reviewed, ODO noted 58 were complaints against staff, 47 concerned food service, and 35 involved medical care. ODO noted among the 58 complaints against staff, 14 involved complaints of unprofessional behavior and inappropriate language used by staff, which identified an actual officer. ODO confirmed the Warden counseled the staff members identified in the grievances. Meal portion size was the primary complaint related to food service. No trend was noted regarding medical care grievances. The remaining 125 grievances were complaints related to commissary supply, clothing, property, telephone access, sanitation, and other miscellaneous issues, with no trends identified.

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 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)(F), the FOD must ensure staff must forward all detainee grievances containing allegations of officer misconduct to a supervisor or higher-level official in the chain of command. CDFs and IGSA facilities must forward detainee grievances alleging officer misconduct to INS. INS will investigate every allegation of officer misconduct.

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed the Environmental Health and Safety standard at JCLEC 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 the ICE NDS. ODO toured the facility, interviewed staff, and reviewed policies and documentation of inspections, hazardous chemical management, and fire drills.

During a tour of the facility, ODO found sanitation levels in the detainee housing units and medical department were good; however, sanitation in the food service department was poor. Additional related information is contained in the Food Service section of this report.

Inspection confirmed all chemicals, flammables, and combustible materials are stored and issued as required. Hazardous substances are strictly controlled and listed in the master index. The master index includes Material Safety Data Sheets for all hazardous substances in the facility, emergency contact information, and documentation of review. Material Safety Data Sheets are also present in areas where substances are stored and used. ODO confirmed running inventories of chemicals were accurate. During interviews, staff stated proper storage and handling of all chemicals is understood.

JCLEC has an extensive fire control plan, which has been approved by the Cleburne Fire Department. The City of Cleburne Fire Prevention Bureau completed the annual fire inspection on January 13, 2012, and A & C Fire Protection completed the annual inspection of the fire suppression system on June 14, 2012. An additional inspection was completed by Ideal Fire and Security of Fort Worth, Texas on November 9, 2012. No violations of applicable regulations were cited. The Compliance Officer provided documentation of required weekly and monthly fire and safety inspections by facility staff. During inspection of the food service department, ODO found the fire extinguisher immediately in front of the officer's station was not adequately charged. The gauge on the extinguisher clearly indicated the extinguisher was undercharged (**Deficiency EH&S-1**). During the review, a fully charged extinguisher was installed.

Monthly fire drills are not conducted in all departments as required by the NDS. Instead, the facility selects a minimum of four departments for fire drills each month. Review of documentation found the selected departments varied; however, all departments did not have fire drills every month (**Deficiency EH&S-2**). In addition, ODO confirmed detainees are directed to remain on their bunks and are not evacuated during fire drills, regardless of whether medical or security risks exist (**Deficiency EH&S-3**). Conducting fire drills in all areas of the facility every month and evacuating detainees ensures staff and detainees know what to do in the event of a fire emergency, and ensures emergency exits are functional.

JCLEC uses the city water and sewer system. Reports certify the drinking water is tested and meets federal standards. Facility staff tests emergency power generators biweekly and contracts Cantwell Power Solutions, LLC to perform quarterly generator inspections and maintenance. Review of documentation confirmed all required power generator testing was conducted.

The facility has a dedicated barbershop equipped with hot and cold running water, and appropriate equipment. Barbershop sanitation guidelines are conspicuously posted in the barbershop area. ODO observed barbers following sanitation protocols.

Review of documentation confirmed medical sharp objects and syringes are inventoried on each shift. ODO inspected the inventories and found them accurate. Bio-hazardous medical waste is removed by Stericycle, Inc., a licensed transporter. Blood-borne pathogens protection and clean-up kits, consisting of a spill clean-up and protective apparel, are located throughout the facility.

Detainees reported to ODO there was a presence of insects and rodents in the facility. ODO verified JCLEC contracts with Carson Pest Management for pest control inspections and eradication. Documentation supports that pest control inspections are conducted monthly, with the most recent service occurring on December 27, 2012. Additional related information is contained in the Food Service section of this report.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY EH&S-1

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(L)(3)(d), the FOD must ensure every institution will develop a fire prevention, control, and evacuation plan to include, among other things, the following: inspection, testing, and maintenance of fire protection equipment, in accordance with NFPA codes, etc.

DEFICIENCY EH&S-2

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(L)(4), the FOD must ensure monthly fire drills will be conducted and documented separately in each department.

DEFICIENCY EH&S-3

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(L)(4)(b), the FOD must ensure detainees will be evacuated during fire drills, except in areas where security would be jeopardized or in medical areas where patient health could be jeopardized or, in individual cases when evacuation of patients is logistically not feasible. Staff-simulated drills will take place instead in areas where detainees are not evacuated.

FOOD SERVICE (FS)

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

Food service operations at JCLEC are managed by contractor Five Star. Staff consists of a Food Service Manager, (b)(7)e kitchen supervisors, and a crew of (b)(7)e county inmate workers. No ICE detainees work in food service. Review of documentation found all inmate workers receive medical clearances to work in food service; however, the Five Star employees did not receive pre-employment medical examinations (**Deficiency FS-1**). Medical examinations serve the critical purpose of ensuring prospective food service workers do not have a communicable disease in any transmissible stage or condition.

JCLEC has a satellite system of meal service involving preparation of meals in the kitchen and delivery to housing units on insulated trays. ODO observed the preparation of trays for one noon meal during the review, and accompanied the inmate workers transporting the carts to the housing units. The temperature of the meal met the requirements of the NDS. The carts used to transport the trays have open metal shelves and are not secure (**Deficiency FS-2**). Food carts which are secure prevent food tampering and transference of contraband.

All visitors to the kitchen are required to wear hairnets, and beard nets for facial hair. Staff and inmate workers wear gloves, hairnets, and beard nets for facial hair. Staff and some inmate workers were observed wearing white kitchen uniforms. The uniforms were clean, but were stained and discolored, and some inmate workers were not wearing kitchen uniforms (**Deficiency FS-3**). All food service workers must wear uniforms which reflect high standards of cleanliness and sanitation in the food service department. Prior to beginning their shift, inmate workers are visually inspected by food service staff for proper grooming and any obvious health concerns. Review of documentation found, on several occasions, food service staff did not allow inmates to work because they had cold symptoms.

Knives are not used in the JCLEC food service department. ODO verified utensils are properly controlled, food temperature requirements are met, and the menu is certified by a registered dietitian based on a complete nutritional analysis of every master cycle menu. ODO sampled food items and confirmed the meals served during the review were consistent with the menu. The items were properly seasoned, of satisfactory taste, and portions were adequate. At the time of the review, three ICE detainees were receiving medical diets and two ICE detainees were receiving religious diets. ODO confirmed the special diets were approved and provided in accordance with the standard.

The food service operation was inspected by the City of Cleburne Environmental Health Department in April 2012. Two compliance issues were noted and corrected during the inspection, and no follow-up inspection was required. Though no violations were cited by the Health Department in April, at the time of this review, ODO found poor sanitation throughout the JCLEC food service area. Review of the food service policy at JCLEC confirmed it requires

the same sanitation and safety measures addressed in the ICE NDS; however, the conditions observed by ODO indicate neither the policy nor the standard was followed.

Observed conditions were as follows: During the initial tour of the kitchen, ODO found the floor was slippery, with a greasy residue. Floor corners and walls had significant dirt build-up. Inspection of floor drains found they were obstructed with remnants of food, such as macaroni. Food particles, and spilled and dried-on liquids were found on the surface areas of food preparation and work tables, with no evidence they had been wiped down after use to prevent cross-contamination. Food items were observed on the floor behind the steam kettles, ovens, and stove. Greasy build-up was found in ventilation hoods and on hood filters, posing a significant fire hazard. The drip pan of the stove contained burnt grease and food particles. During inspection of storage areas, ODO observed standing water in the chemical storage room. Height limits were not maintained for stacked boxes in the dry storage area, violating the requirement to maintain an 18-inch clearance underneath sprinklers. Storage of boxes within the required clearance may interfere with the effectiveness of the sprinklers if activated. In addition, ODO observed bags of bulk food items stacked high, posing a safety hazard should they topple or slide. Food particles and trash littered the floors of the walk-in freezer and walk-in refrigerator. ODO noted a significant amount of frozen condensation on the ceiling, walls, and shelves of the freezer. A heavy fog was blowing from the condenser unit. These conditions signify a malfunction that should be identified and addressed to ensure the freezer is operating properly. Obstructions were found in aisles and passages, creating a safety hazard and preventing egress. The conditions described herein violate environmental and safety standards specified in the Food Service NDS (**Deficiency FS-4**).

ODO noted basic supplies critical to maintaining food contact surfaces and worker sanitation were not available. Specifically, there were no moist cloths for wiping spills on kitchenware, food preparation table surfaces, and equipment (**Deficiency FS-5**); and soap dispensers at the hand washing stations were empty (**Deficiency FS-6**). ODO noted food items in the dry storage room were stored against the wall, less than six inches from the floor (**Deficiency FS-7**). Storage of food items without ensuring adequate clearance from walls and the floor promotes pest and rodent infestation in dry food items (**Deficiency FS-8**). Boxes of food in the dry storage area and in the freezer were not dated, and no stock rotation system was in place to ensure usage of items based on purchase date (**Deficiency FS-9**).

The Food Service Manager provided ODO with copies of a daily inspection form completed by kitchen supervisors. None of the inspection forms noted any concerns or deficiencies. The Food Service Manager does not conduct weekly inspections as required by JCLEC policy and the NDS (**Deficiency FS-10**). ODO concludes JCLEC does not have an effective sanitation program to ensure sanitation in the food service area is maintained at a high level at all times. Poor sanitation jeopardizes food safety, thereby exposing detainees to the risk of food-borne illnesses. ODO recommends the facility take immediate steps to improve sanitation in the food service department. In addition, ODO recommends implementation and enforcement of comprehensive sanitation measures on an on-going basis.

ODO conducted a second inspection of the kitchen on the third day of the review to determine if any sanitation deficiencies had been corrected. ODO found boxes in the dry storage area had been lowered below the 18-inch clearance requirement; and the walk-in cooler, the drip pan on

the stove, and the ventilation hoods had been cleaned. Soap dispensers at hand-washing stations had been filled, and moist cloths were available and soaking in a sanitizing solution. Boxes in the dry storage area, the freezer, and the cooler had been dated. These actions are noted as improvements; however, the overall sanitation of the food service area remained unsatisfactory.

During interviews, detainees reported insects were found in bran cereal served to detainees. ODO received confirmation from the Food Service Manager and the Five Star District Manager. Both stated insects were found in dry bran cereal served to detainees. When this was discovered, the trays were immediately returned to the kitchen, and all detainees were issued new trays. JCLEC management stated food service staff removed the bran cereal from the kitchen and notified the supplier. On the third day of the ODO review, facility and food service staff notified team members that insects had again been found in the bran cereal served that morning. JCLEC management reported the kitchen supervisor on duty did not see any insects when meal trays were prepared, but insects were found in the cereal when trays were delivered to the housing units. Consequently, the entire facility was issued another breakfast tray with different items, and the boxes containing the cereal were removed from the storage area and placed outside for disposal. The boxes of cereal were not the same as the boxes that had previously been discarded.

ODO confirmed the delivery dates and inspected the boxes, each of which contained 22-pound bags of cereal. Small black insects were found crawling on the flaps of one cardboard box. In two other unopened boxes, ODO observed insects crawling on the outside and inside of the plastic bags containing the cereal. The District Manager stated he reported the second occurrence of infestation to the supplier, and inspected all food items stored in the area with the bags. No insects were found. He also stated he requested the facility's pest control contractor conduct an immediate inspection and precautionary treatment of the storage area. As noted in the Environmental Health and Safety section, ODO confirmed pest control services are provided in the food service department and throughout the facility on a scheduled basis, and as needed. Though infestation of the cereal appears to have occurred prior to delivery to JCLEC and was unrelated to the sanitation concerns discussed in this report, ODO recommends food service staff take steps to ensure delivered food items contain no evidence of insect or rodent infestation prior to preparation and service to detainees.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY FS-1

In accordance with the ICE NDS, Food Service, section (III)(H)(3)(a), the FOD must ensure all food service personnel (both staff and detainee) shall receive a pre-employment medical examination. The purpose of this examination is to exclude those who have a communicable disease in any transmissible stage or condition. Detainees who have been absent from work for any length of time for reasons of communicable illness (including diarrhea) shall be referred to Health Services for a determination as to fitness for duty prior to resuming work.

DEFICIENCY FS-2

In accordance with the ICE NDS, Food Service, section (III)(C)(2)(g), the FOD must ensure 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.

DEFICIENCY FS-3

In accordance with the ICE NDS, Food Service, section (III)(H)(2)(a)(d), the FOD must ensure all food service personnel shall wear clean garments, maintain a high level of personal cleanliness, and practice good hygienic while on duty. Detainee food service workers shall be provided with and use clean white uniforms while working in a food preparation area or on the serving line.

DEFICIENCY FS-4

In accordance with the ICE NDS, Food Service, section (III)(H)(5)(a)(c-h)(k), the FOD must ensure all facilities shall meet the following environmental standards:

- a. Clean, well-lit, and orderly work and storage areas
- c. Routinely cleaned walls, floors, and ceilings in all areas.
- d. Ventilation hoods, to prevent grease buildup and wall/ceiling condensation that can drip into food or onto food-contact surfaces. Filters or other grease-extracting equipment shall be readily removable for cleaning and replacement.
- e. Eighteen-inch clearance (minimum) underneath sprinkler deflectors.
- f. Hazard-free storage areas:
 - bags, containers, bundles, etc., stored in tiers; stacked, blocked, interlocked, and limited in height for stability/security against sliding or collapsing
 - no flammable material; no loose cords, debris, or other obvious accident-causers (stumbling, tripping, falling, etc.); no pest-harborage.
- g. Aisles and passageways shall be kept clear and in good repair, with no obstruction that could create a hazard or hamper egress.
- h. To prevent cross-contamination, kitchenware and food-contact surfaces should be washed, rinsed, and sanitized after each use and after any interruption of operations during which contamination could occur.
- k. The premises shall be maintained in a condition that precludes the harboring or feeding of insects and rodents. Outside openings will be protected by tight-fitting screens, windows, and doors that are self-closing, controlled air curtains, etc.

DEFICIENCY FS-5

In accordance with the ICE NDS, Food Service, section (III)(H)(7)(e), the FOD must ensure moist cloths for wiping food spills on kitchenware and food-contact surfaces on equipment shall be clean, rinsed frequently in sanitizing solution, and used solely for this purpose. They shall soak in the sanitizing solution between uses.

DEFICIENCY FS-6

In accordance with the ICE NDS, Food Service, section (III)(H)(9)(c), the FOD must ensure soap or detergent and paper towels or a hand-drying device providing heated air shall be available at all times in each lavatory. Waste receptacles shall be conveniently placed near the hand-washing facilities.

DEFICIENCY FS-7

In accordance with the ICE NDS, Food Service, section (III)(J)(3)(e), the FOD must ensure the following procedures apply when receiving or storing food: store food items is at least two inches from the walls and at least six inches above the floor. Wooden pallets may be used to

store canned goods and other non-absorbent containers, but not to store dairy products or fresh produce.

DEFICIENCY FS-8

In accordance with the ICE NDS, Food Service, section (III)(J)(5), the FOD must ensure each facility shall establish a written stock-rotation schedule.

DEFICIENCY FS-9

In accordance with the ICE NDS, Food Service, section (III)(J)(7)(a)(3), the FOD must ensure proper care and control of the dry storeroom involves the following: vigilant housekeeping, to keep the room clean and free from rodents and vermin. A drain for flushing is desirable.

DEFICIENCY FS-10

In accordance with the ICE NDS, Food Service, section (III)(H)(13)(a), the FOD must ensure the facility shall implement written procedures for the administrative, medical, and/or dietary personnel conducting the weekly inspections of all food service areas, including dining, storage, equipment, and food-preparation areas. All components of the food service department, (ranges, ovens, refrigerators, mixers, dishwashers, garbage disposal, etc.) require frequent inspection to ensure their sanitary and operable condition. Staff shall check refrigerator and water temperatures daily, recording the results.

The FSA or CS of food service shall inspect food service areas weekly.

MEDICAL CARE (MC)

ODO reviewed the Medical Care standard at JCLEC 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 clinic, reviewed policies and procedures, verified all medical staff credentials, and interviewed health care and administrative staff. Medical records of 34 detainees falling in the following categories were examined: 20 healthy, eight chronic care, and six sick calls. All records were spot-checked for timeliness and reviewed for transfer documentation.

JCLEC currently holds no medical accreditations. Healthcare is provided by LSC. The clinic is open 24 hours a day, seven days a week, and is administered by an HSA, who is an RN. The Clinical Medical Authority is a contract physician who is on site two days a week, and on call 24 hours a day. Additional staff includes (b)(7)e LVNs, (b)(7)e Medical Assistant, (b)(7)e Medication Nurses, (b)(7)e Medication Aides, (b)(7)e Medical Secretary, and one Medical Records Technician. An RN is under contract to perform physical examinations and other duties when needed. Mental health services are provided by a contract psychiatrist on site two days per month, and a contract psychologist available two days per month and as needed via tele-medicine, also known as a video-conference. ODO confirmed all professional licenses were primary source verified. There were no vacancies at the time of the review. ODO determined staffing is adequate to provide basic health services for detainees.

Review of training records for ten custody and all medical staff confirmed current certification in cardio-pulmonary resuscitation and first aid. Detainees who require urgent or a higher level of medical care are sent to Huguley Hospital in Burleson, Texas or Texas Health Hospital in Cleburne, Texas. Detainees who require inpatient mental health treatment are sent to Huguley Hospital. A local dentist provides dental services. ODO notes, according to facility policy, routine dental care is provided to detainees in custody for 12 months rather than six months as required by the NDS (**Deficiency MC-1**).

The clinic is comprised of an administrative office, three observation rooms with negative pressure for tuberculosis isolation, one additional observation room, a secure medication room, and medical records area. The medication room and medical records area are accessible only to medical staff. Inspection of 34 detainee medical records found them complete. Supplementing space in the clinic are three examination/treatment rooms located next to the detainee housing units. Privacy of medical encounters is assured in all areas. Detainees are not charged a fee or co-pay for medical services.

Intake screening is performed by nursing staff using an LSC form to compile a health history, and identify chronic conditions and medication needs for each detainee. The physician is available by telephone for consultation or for medical orders. If a language barrier exists, DHS-Legacy INS Interpreter translation services are used for intake screening and all subsequent medical encounters. Tuberculosis testing is by purified protein derivative skin test or a chest X-ray. A review of 34 medical records confirmed completion of intake screening and tuberculosis testing at admission in all 34 cases.

Physical examinations are performed by an RN. ODO verified the physician trained both the HSA/RN and contract RN in conducting physical examinations. All 34 medical records reviewed documented completion of physical examinations within an average of eight days following arrival, within the required 14-day timeframe. ODO confirmed the examinations were thorough, and documented a hands-on evaluation of systems, health history, and appropriate health care plans. The physician reviewed and co-signed all 34 physical examinations. Review of eight chronic care records confirmed all included documentation of periodic evaluations and appropriate laboratory testing. Consent for Treatment forms were present in all medical records reviewed. Nurses make rounds in the SMU twice each day. ODO verified dental screenings were performed consistent with the NDS.

Detainees access health care services by completing sick call request forms available in English and Spanish. The forms are placed in secure boxes in each housing unit, and retrieved daily by medical staff. Review of six sick call forms contained in detainee medical records confirmed they were triaged for priority for care the same or next day. Sick call is conducted by an LVN using Physician Directed Standing Orders. In the six cases reviewed, ODO verified the detainees were seen for sick call within 48 to 72 hours of the request. Appropriate follow-up appointments and referrals were completed as required.

Over-the-counter medications are available on the housing units and may be administered to detainees by officers upon request. Available medications include Ibuprofen, Pepto-Bismol tablets, and “cold busters.” Though over-the-counter, these medications may be misused and abused; further, their use may be contraindicated by prescribed medications or the detainee’s medical condition. ODO notes JCLEC officers are not trained in medication distribution, or recognizing chronic use or abuse of issued medications. It is also noted medications issued to detainees by officers are not reviewed by medical personnel or documented in individual medical records. Officers record issuance of over-the-counter medications in the housing unit log, only. LSC training materials state, “All medications will be passed out by medical staff.” The LSC Medication Services policy states “All medication, including over-the-counter medication, are documented on the individual’s Medication Administration Record.” Officer distribution of over-the-counter medication is contrary to instructions provided by the health care provider (**Deficiency MC-2**), and the current procedure poses a medical risk.

ODO confirmed a medical/psychiatric alert system is in place to ensure detainees with chronic medical and mental health conditions receive clearance prior to release or transfer. Review of the records of three detainees being transferred from JCLEC confirmed copies of their medical records were placed in sealed envelopes marked “Medical Confidential,” and forwarded for transfer with the detainees.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY MC-1

In accordance with the ICE NDS, Medical Care, section (III)(E)(2), the FOD must ensure routine dental care may be provided to detainees for whom dental treatment is inaccessible for prolonged periods because of detention for over six months. Routine dental treatment includes amalgam and composite restorations, prophylaxis, root canals, extractions, x-rays, the repair and

adjustment of prosthetic appliances and other procedures required to maintain the detainee's health.

DEFICIENCY MC-2

In accordance with the ICE NDS, Medical Care, section (III)(I), the FOD must ensure distribution of medication will be according to the specific instructions and procedures established by the health care provider. Officers will keep written records of all medication given to detainees.

USE OF FORCE (UOF)

ODO reviewed the Use of Force standard at JCLEC to determine if necessary use of force 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 NDS. ODO toured the facility, inspected equipment, and reviewed the local policies, use of force files, training records, and other pertinent documentation.

JCLEC has a comprehensive written policy governing the use of force. ODO confirmed during the 12 months preceding the CI, there were two immediate use of force incidents involving ICE detainees. Review of documentation in both cases confirmed full compliance with the standard and facility policy, including medical examinations of the detainees, notification of ICE, and after action reviews. JCLEC management stated calculated force has never been used on a detainee, because confrontation avoidance techniques have always proven successful.

Review of (b)(7) training records confirmed staff is trained in use of force in pre-employment training; however, staff does not receive any training thereafter (**Deficiency UOF-1**). JCLEC management stated ongoing training in use of force is not provided, because the Response Team at the Sheriff's Department would be contacted should the need arise to conduct a cell extraction or other calculated use of force. ODO notes proper use of force training covers elements other than calculated force, including confrontation avoidance, self-defense tactics, prohibited use of force acts, and the requirement to use only the amount of force necessary to control the situation and prevent injuries to both staff and detainees. Refresher training on an on-going basis ensures personnel know and understand their accountability for adherence to the use of force policy.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY UOF-1

In accordance with the ICE NDS, Use of Force, section (III)(O), the FOD must ensure, to control a situation involving an aggressive detainee, all staff must be made aware of their responsibilities through ongoing training. All detention personnel shall also be trained in approved methods of self-defense, confrontation avoidance techniques, and the use of force to control detainees. Staff will be made aware of prohibited use-of-force acts and techniques.

Specialized training shall be required for certain non-lethal equipment e.g., OC spray/electronic devices. Staff members will receive annual training in confrontation avoidance procedures and forced cell-move techniques. Each staff member participating in a calculated use of force cell move must have documentation of annual training in these areas.

Training should also cover use of force in special situations. Each officer must be specifically certified to use a given device.

Among other things, training shall include:

1. Communication techniques;
2. Cultural diversity;

3. Dealing with the mentally ill;
4. Confrontation-avoidance procedures;
5. Application of restraints (progressive and hard); and
6. Reporting procedures.