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Immigration and Customs Enforcement
Office of Professional Responsibility
Inspections and Detention Oversight Division
Washington, DC 20536-5501

Office of Detention Oversight Compliance Inspection

Enforcement and Removal Operations
ERO Miami Field Office
Wakulla County Jail
Crawfordville, Florida

June 21-23, 2016

**COMPLIANCE INSPECTION
for the
WAKULLA COUNTY JAIL
CRAWFORDVILLE, FLORIDA**

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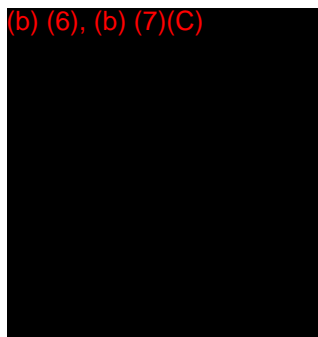
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EXECUTIVE SUMMARY

The Office of Detention Oversight (ODO) conducted a compliance inspection of the Wakulla County Jail (WCJ) in Crawfordville, Florida, from June 21 to 23, 2016.¹ WCJ opened in 1991 and is owned and operated by the Wakulla County Sheriff's Department. The Office of Enforcement and Removal Operations (ERO) began housing detainees at WCJ in 1994 pursuant to a United States Marshals Service (USMS) Intergovernmental Service Agreement (IGSA), under the oversight of ERO's Field Office Director (FOD) in Miami.

ERO staff members are assigned to the facility. A Detention Services Manager is not assigned to the facility. A WCJ Major is responsible for oversight of daily facility operations and is supported by personnel. Eagle Food Services of Jacksonville, Florida provides food services and Armor Correctional Healthcare provides medical services. The facility holds an accreditation with the Florida Corrections Accreditation Commission. The WCJ is not contractually obligated to comply with the ICE Performance-Based National Detention Standards (PBNDS) 2011, Sexual Abuse and Assault Prevention and Intervention (SAAPI) standard, though it has made efforts to comply.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	150
Average ICE Detainee Population ³	56
Male Detainee Population (as of 6/21/2016)	83
Female Detainee Population (as of 6/21/2016)	0

OVERALL FINDINGS

In February 2013, ODO conducted an inspection of the Wakulla County Detention Facility under the National Detention Standards (NDS) 2000, reviewing the facility's compliance with 23 standards finding the facility compliant with 18 standards. There were a total of eight deficiencies in the remaining five standards.

Inspection Results Compared	FY 2013 (NDS 2000)	FY 2016 (NDS 2000)
Standards Reviewed	23	15
Deficient Standards	5	8
Overall Number of Deficiencies	8	22
Corrective Action	0	6

In July 2016, ODO conducted an inspection of WCJ under the NDS 2000 and reviewed the facility's compliance with 15 standards. ODO found the facility compliant with seven standards. ODO found 22 deficiencies in the remaining eight standards, although there were no repeat deficiencies. Finally, ODO identified six opportunities where the facility initiated corrective action during the course of the inspection⁴.

¹ Male and female detainees with low, medium low, medium high and high security classifications levels are detained at the facility for longer than 72 hours.

² Data Source: ERO Facility List Report as of June 6, 2016.

³ *Ibid.*

⁴ Corrective actions where immediately implemented, best practices and ODO recommendations, as applicable have been identified in the Inspections Finding section and annotated with aa "C", "BP" or "R", respectively.

FINDINGS BY NDS 2000 MAJOR CATEGORIES

NDS 2000 STANDARDS INSPECTED ⁵	DEFICIENCIES
Part 1 – Detainee Services	
Access to Legal Material	2
Admission and Release	0
Detainee Classification System	0
Detainee Grievance Procedures	2
Detainee Handbook	0
Food Service	7
Funds and Personal Property	1
Staff-Detainee Communication	3
Telephone Access	4
Sub-Total	19
Part 2 – Security and Control	
Environmental Health and Safety	2
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	1
Use of Force	0
Sub-Total	3
Part 3 – Health Services	
Medical Care	0
Suicide Prevention and Intervention	0
Sub-Total	0
Total Deficiencies	22

⁵ For greater detail on ODO's findings, see the *Inspection Findings* section of this report.

COMPLIANCE INSPECTION PROCESS

Every fiscal year, ODO, a unit within U.S. Immigration and Customs Enforcement's (ICE) Office of Professional Responsibility (OPR), conducts compliance inspections at detention facilities in which detainees are accommodated for periods in excess of 72 hours and with an average daily population greater than ten to determine compliance with the ICE National Detention Standards (NDS) 2000, or the Performance-Based National Detention Standards (PBNDS) 2008 or 2011, as applicable.

During the compliance inspection, ODO reviews each facility's compliance with those detention standards that directly affect detainee health, safety, and/or well-being.⁶ Any violation of written policy specifically linked to ICE detention standards, ICE policies, or operational procedures that ODO identifies is noted as a deficiency. ODO also highlights any deficiencies found involving those standards that ICE has designated under either the PBNDS 2008 or 2011, to be "priority components."⁷ Priority components have been selected from across a range of detention standards based on their critical importance to facility security and/or the health and safety, legal rights, and quality of life of detainees in ICE custody.

Immediately following an inspection, ODO hosts a closeout briefing in person with both facility and ERO field office management to discuss their preliminary findings, which are summarized and provided to ERO in a preliminary findings report. Thereafter, ODO provides ERO with a final compliance inspection report to: (i) assist ERO in working with the facility to develop a corrective action plan to resolve identified deficiencies; and (ii) provide senior ICE and ERO leadership with an independent assessment of the overall state of ICE detention facilities. The reports enable senior agency leadership to make decisions on the most appropriate actions for individual detention facilities nationwide.

⁶ ODO reviews the facility's compliance with selected standards in their entirety.

⁷ Priority components have not been identified for the NDS.

DETAINEE RELATIONS

ODO interviewed 23 detainees each of whom volunteered to participate. None of the detainees made allegations of mistreatment or discrimination. The majority of detainees reported being satisfied with facility services, with the exception of the complaints below:

Detainee Handbook: 12 detainees stated they had not received the ICE National Detainee Handbook and/or the facility handbook.

- **Action Taken:** ODO reviewed the detainees' detention files and found that all of the detainees were issued and signed for both the ICE National Handbook and the facility handbook during their admission to the WCJ. Additionally, copies of the handbooks are located on each housing unit's kiosk system for detainees to review as needed.

Food Service: 18 detainees complained that the food is typically served cold and has a bad taste.

- **Action Taken:** ODO reviewed the facility menu and found that the WCJ uses a 35-day cyclical menu which was signed by a dietitian registered with the state of Florida. ODO used a digital thermometer to test food temperatures and found hot items fell below the required threshold of 140 degrees. The food items tested included baked turkey ham (129 degrees), mashed potatoes (127 degrees), lima beans (137 degrees), brown gravy (135 degrees), meatballs in tomato sauce (132 degrees), and egg noodles (127 degrees). The items were removed until the required temperatures were reached.
 - After bringing this issue to food service staff attention, the facility initiated corrective action to address this issue going forward. During subsequent days of the inspection, ODO observed staff members preheating the serving line and frequently testing food temperatures prior to placing the food trays in the pre-heated transport carts. *See* Inspection Findings section of this report under Food Service (C-2).

Telephone Access: 21 detainees complained that telephone calls at WCJ are too expensive and some claim all phone calls are cut off after fifteen minutes of talking.

- **Action Taken:** ODO reviewed the facility telephone contract and determined the facility telephone rates were fifteen cents higher than the federal rate cap, as identified in the Federal Communications Commission Telephone Rate Cap (FCC 15-136), dated 11/5/2015. However, during ODO's interview with the facility telephone representative it was found that several detention facility telephone service providers had filed motions with the United States Court of Appeals for the District of Columbia Circuit (D.C. Circuit) seeking a stay of the FCC 15-136 order. ODO was provided copies of the documents pertaining to the stay. ODO communicated the issue to the SDDO⁸. *See* the Inspection Findings section of this report, under Telephone Access.

⁸During the drafting of this report it was discovered that the court-ordered stays identified by the facility during the compliance inspection were subsequently denied by the court, therefore creating a deficiency for the facility in telephone access.

Medical Care: One detainee complained that he is not receiving correct medications for the treatment of diabetes and hypertension.

- Action Taken: ODO reviewed the detainee's medical and medication administration records and found the detainee arrived at the facility with a history of hypertension, diabetes, asthma, anxiety, depression, and a B-12 deficiency. Pharmacy and medical records indicate the detainee is receiving appropriate medications to address these medical conditions. Additionally, in order to assess appropriate diabetes control, the clinical director ordered blood sugar Accu-checks twice a day for seven days and ordered a diabetic 2000-calorie diet with a bedtime snack.

Medical Care: One detainee complained that the medication he arrived to the facility with was switched upon arrival, and the new medication causes hallucinations.

- Action Taken: ODO reviewed the detainee's medical file and determined the individual's medication was in fact changed upon intake. The detainee submitted a sick call request on May 15, 2016. He was seen by medical staff the following day. ODO found medical notes indicate the detainee refused to take his prescribed medication stating he did not need them. ODO's review of the medical file found no reference to a previous complaint of hallucinations. The medical record indicates the detainee was advised that his refusal to take his medication could delay his appointment with mental health. The detainee maintained his refusal. The detainee was seen again by the medical department on June 4, 2016 and again refused to take his medication. He was informed of the potential health consequences of not taking his medication. The detainee stated he did not want the medication and was provided his unsigned medication refusal form. On the second day of the inspection (June 22, 2016), ODO was informed and verified that the detainee was evaluated by a Psychiatrist on June 21, 2016, and his medication was changed.

Medical Care: One detainee complained that he requested medical care for hypertension and had not received a response to his request.

- Action Taken: ODO reviewed the detainee's medical file and determined he submitted a request in June of 2016, regarding hypertension. He was seen by medical staff the following day; the detainee received a physical examination which revealed normal vital signs. At that time, the detainee was scheduled for follow-up blood pressure checks and an evaluation with the medical director.

Medical Care: One detainee complained he requested medical services for a hernia problem but has not received a reply.

- Action Taken: ODO reviewed the detainee's medical record and determined he submitted a medical request in June 2016. The detainee was seen by medical staff on June 3, 2016, at which time his complaint of a hernia was confirmed and determined to be non-emergent, as it was not impacting any systemic functions. However, because the detainee was diabetic, the clinical director prescribed an abdominal binder and requested a routine surgical evaluation of the detainee.

INSPECTION FINDINGS

DETAINEE SERVICES

ACCESS TO LEGAL MATERIAL (ALM)

ODO reviewed the law library and recreation schedules for all five housing units to ensure detainees were afforded the opportunity to receive a minimum of five hours of law library time. ODO found that, due to a scheduling conflict, detainees housed in the A2 housing unit must forgo recreation time for law library time on Fridays at 9:30am (**Deficiency ALM-1**⁹).

ODO reviewed the WCJ inmate handbook and found that although the handbook informs detainees that a law library is available, it does not inform detainees of the procedures for requesting additional time in the law library, the procedure for requesting legal reference material not maintained in the law library, the schedule of hours for accessing the law library, the procedure for requesting access to the law library, or the procedure for notifying a designated employee that library material is missing or damaged. Additionally, the law library policies and procedures are not posted, nor is a list of the law library holdings (**Deficiency ALM-2**¹⁰).

Corrective Action: Prior to the completion of the inspection, the facility initiated corrective action to one of the elements of this finding by posting the library policies and procedures in the law library (**C-1**).

DETAINEE GRIEVANCE PROCEDURES (DGP)

ODO reviewed the facility's electronic grievance procedure and log and found that although the facility places the documented results of informal/oral grievances in the detainee's detention file, the facility does not document informal grievances that are resolved to the detainee's satisfaction (**Deficiency DGP-1**¹¹).

ODO reviewed the detainee handbook and found that formal grievance appeals are heard by the Detention Facility Administrator (DFA) who has five working days to respond to the appeal. Once the DFA reaches a decision, it is final. However, ODO determined the facility handbook

⁹ "Detainees may not be forced to forgo their minimal recreation time, as provided in "Detainee Recreation," standard to use the law library." See ICE NDS 2000, Standard, Access to Legal Material, Section (III)(G).

¹⁰ "The detainee handbook or equivalent, shall provide detainees with the rules and procedures governing access to legal materials, including the following information: the scheduled hours of access to the law library, the procedure for requesting access to the law library, the procedure for notifying a designated employee that library material are missing or damaged, and these policies and procedures shall also be posted in the law library along with a list of the law library's holding." See ICE NDS 2000, Standard, Access to Legal Material, Section (III)(Q)(2)(3)(6).

¹¹ "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." See ICE NDS 2000, Standard, Detainee Grievance Procedures, Section (III)(A)(1).

does not provide notice of the procedures for contacting ICE to appeal the decision of the Officer in Charge (OIC) of an IGSA facility (**Deficiency-DGP-2**¹²).

FOOD SERVICE (FS)

ODO reviewed the facility's food service menu and found that WCJ uses a 35-day cyclical menu. The signature of a dietitian registered by the state of Florida was present on the menu; however, the menu was not dated and did not include a statement of certification verifying its nutritional adequacy. Therefore, ODO was unable to verify if the WCJ menus were nutritionally adequate or if they were certified by the dietitian prior to implementation. (**Deficiency FS-1**¹³).

ODO observed the satellite feeding preparation and delivery of a lunch meal. During the preparation period, ODO observed apples being removed from cases and placed directly on trays without being washed (**Deficiency FS-2**¹⁴).

ODO reviewed the "Common-Fare" menu and procedures used for religious diets and found that WCJ serves a five-week vegetarian menu for common-fare diets. ODO observed meals being served on trays designed for satellite feeding in place of disposable plates (**Deficiency FS-3**¹⁵).

ODO reviewed facility-provided food cost documentation and was unable to determine the quarterly cost of meals served on the common-fare program (**Deficiency FS-4**¹⁶).

On multiple days of the inspection, ODO observed preparation of detainee meals, the plating process, and delivery of detainee food trays from the food service preparation area to the detainee housing units. ODO used a digital thermometer to test food temperatures and found that hot food items fell below the minimum temperature threshold of 140 degrees. The food items tested included baked turkey ham (129 degrees), mashed potatoes (127 degrees), lima beans (137 degrees), brown gravy (135 degrees), meatballs in tomato sauce (132 degrees), and egg noodles (127 degrees) (**Deficiency FS-5**¹⁷). Each of the items were removed until the required temperatures were reached. It should be noted that the State of Florida, County Health Department cited WCJ in its March 15, 2016 report for meatballs that were 90 degrees, well

¹² "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 procedures for contacting ICE to appeal the decision of the OIC of a CDF or an IGSA facility." *See* ICE NDS 2000, Standard, Detainee Grievance Procedures, Section (III)(G)(4).

¹³ "A registered dietitian shall conduct a complete nutritional analysis of every master cycle menu planned by the FSA. Menus must be certified by the dietitian before implementation." *See* ICE NDS 2000, Standard, Food Service, Section (III)(D)(2).

¹⁴ "Food service workers shall thoroughly wash fruits and vegetables with fresh water before cooking or serving raw." *See* ICE NDS 2000, Standard, Food Service, Section (III)(D)(2).

¹⁵ "The common-fare menu is based on a 14-day cycle, with special menus for the 10 Federal holidays. Common-fare meals shall be served with disposable plates and utensils, except when a supply of reusable plates and utensils has been set aside for common-fare service only. *See* ICE NDS 2000, Standard, Food Service, Section (III)(E)(2)(8).

¹⁶ "The FSA shall estimate quarterly costs for the common-fare program, including this figure in the quarterly budget. The FSA shall maintain a record of the actual costs of both edible and non-edible items." *See* ICE NDS 2000, Standard, Food Service, Section (III)(E)(12).

¹⁷ "To prevent bacteria growth, food must be prepared and held at the proper temperatures until plated... Foods in the potentially hazardous category should remain under refrigeration until cooking time and, after cooking, maintained at or above 140 degrees F." *See* ICE NDS 2000, Standard, Food Service, Section (III)(G)(1).

below the minimum temperature of 140 degrees. A follow-up inspection conducted by the county on July 26, 2016 found food temperatures were acceptable.

Corrective Action: Prior to completion of ODO's inspection, the facility initiated corrective action by preheating the serving line and frequently testing food temperatures prior to food being placed on trays as well as within the preheated carts **(C-2)**.

During the inspection no sack meals were available for an assessment of their contents. However, ODO interviews with facility food service staff found that sack meals consist of two sandwiches (one meat and one peanut butter), a dessert, and an apple. Staff members stated extras such as packaged fresh vegetables or commercially packaged snack foods are not included **(Deficiency FS-6¹⁸)**.

Corrective Action: Prior to the completion of the inspection, the facility initiated corrective action by posting a directive dated June 22, 2016 to increase the contents of sack meals to meet the standard **(C-3)**.

During the inspection ODO observed several trays with excessive stains, cracks, and chips on the food contact surface area **(Deficiency FS-7¹⁹)**. Cracks and chips allow for growth of bacteria, which may lead to food related illness.

Corrective Action: Prior to the completion of the inspection, the facility initiated corrective action by removing several defective trays and implementing a plan to begin phasing out all defective trays from service **(C-4)**.

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the facility handbook, finding that it outlines what property a detainee can and cannot have in their possession, how their property is stored, as well as how to file claims of lost or damaged property; however, the handbook does not explain how a detainee may obtain personal identification documents maintained in their A-files **(Deficiency F&PP-1²⁰)**.

¹⁸ "Each sack shall contain at least two sandwiches per meal, of which at least one will be meat (non-pork). In addition, each sack shall include; one piece of fresh fruit or properly packaged canned fruit (paper cup with lid), complete with a plastic spoon; one ration of a dessert item, e.g. cookies, doughnuts, fruit bars, extremely perishable items, e.g., fruit pie, cream pie, other items made with milk, cream, or other dairy ingredients shall be excluded; such extras as properly packaged fresh vegetables, e.g., celery sticks, carrot sticks, and commercially packaged "snack foods," e.g., peanut butter crackers, cheese crackers, individual bags of potato chips. These items enhance the overall acceptance of the lunches." See ICE NDS 2000, Standard, Food Service, Section (III)(G)(6)(c)(1)(2)(3).

¹⁹ "All food service equipment and utensils (including plastic ware) shall be designed and fabricated for durability under normal use. Such equipment shall be readily accessible, easily cleanable, and resistant to denting, buckling, pitting, chipping, and cracking." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(7)(c)(1).

²⁰ "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property, including: That, upon request, they will be provided an INS-certified copy of any identity document (passport, birth certificate, etc.) placed in their A-files." See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(J)(2).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO's interviews with facility staff found that although the facility has a process in place to forward detainee requests to the field office, it does not have a procedure in place for an expedited review of detainee requests deemed serious in nature (**Deficiency SDC-1**²¹).

ODO learned during interviews with facility staff that although they are utilizing a log specifically designed for recording detainee requests, the log did not capture the minimum requirements of the standard. The electronic log captured the date the detainee request was received, the detainee's name, A-number, the date of staff response/action, as well as the date the request was returned to the detainee, and site-specific information. However, the log did not capture the nationality of the detainee submitting the request or the name of the officer logging the request (**Deficiency SDC-2**²²).

ODO toured the five detainee housing units and observed postings highlighting the Detainee Reporting Information Line (DRIL), the Sexual Abuse and Assault Prevention and Intervention (SAAPI) policy, and the ERO Deportation Officer Visitation schedule. All of the postings were prominently posted in areas of the housing units where detainees can routinely see them; however, the Department of Homeland Security's, Office of Inspector General hotline posting was not posted in four of the five housing units, and the facility handbook failed to include the DHS OIG hotline and direct mailing information (**Deficiency SDC3**²³).

TELEPHONE ACCESS

ODO interviews with facility staff found that the detainee telephone system automatically terminates phone calls after 15 minutes, including phone calls to legal representatives (**Deficiency TA-1**²⁴).

ODO reviewed weekly Telephone Serviceability worksheets from December 28, 2016 through June 23, 2016 to verify if weekly checks were conducted and if records of the checks were maintained. Based on the documentation provided, ODO could not verify that telephone serviceability checks were completed weekly during the indicated timeframe. ODO's review of

²¹ "The detainee requests shall be forwarded to the ICE office of jurisdiction within 72 hours and answered as soon as possible and practicable, but not later than within 72 hours from receiving the request. If it appears that the request is serious in nature, procedures shall be in place for an expedited review and response to the detainee's request. See ICE NDS 2000, Standard, Staff Detainee Communication, Section (III)(B)(1)(b).

²² "All requests shall be recorded in a logbook specifically designed for that purpose and at a minimum contain: The date the detainee request was received; detainee's name; A-Number; nationality; officer logging the request; the date that the request, with staff response and action, is returned to the detainee; and any other site-specific pertinent information. In IGSA's the date the request was forwarded to ICE and the date it was returned shall also be recorded." See ICE NDS 2000, Standard, Staff Detainee Communication, Section (III)(B)(2).

²³ "Each Field Office Director shall ensure that the OIG Hotline is conspicuously posted in all units housing ICE detainees. This applies to all Service Processing Centers, Contract Detention Facilities and Inter-Governmental Service Agreement facilities. The OIG Hotline information is to be included in the detainee handbooks in each of the aforementioned locations. Until the detainee handbooks can be revised during the annual update, ICE staff shall ensure that each detainee in ICE custody is informed in writing the OIG contact information." See Change Notice Staff-Detainee Communication, dated June 15, 2007.

²⁴ "The facility shall not restrict the number of calls a detainee places to his/her legal representative, nor limit the duration of such calls by rule or automatic cut-off, unless necessary for security purposes or to maintain orderly and fair access to telephones. If time limits are necessary for such calls, they shall be no shorter than 20 minutes." See ICE NDS 2000, Telephone Access, Section (III)(F).

the worksheets found ten weeks with no documentation verifying telephone serviceability checks were conducted (**Deficiency TA-2²⁵**).

The phone system is setup to electronically monitor all detainee telephone calls. Detainees may request to make unmonitored legal calls by submitting a detainee request. However, ODO's tour of the detainee housing units found that notification of the procedures for obtaining an unmonitored telephone call to a court or legal representative was not posted at each monitored telephone (**Deficiency TA-3²⁶**).

Corrective Action: Prior to the completion of the inspection, the facility initiated corrective action by posting the procedures for requesting an unmonitored call at each monitored telephone station. (**C-5**).

During ODO detainee interviews, several detainees complained of the WCJ phone rates being too expensive. ODO's review of WCJ phone rates found that the facility fails to comply with the Federal Communication Commission's current rate cap of \$0.25 a call by charging detainees \$0.40 per minute for a long distance in-state call (**Deficiency TA-4²⁷**). Pay Tel is the telephone service provider. Detainees are issued a user name and password to use credits via their direct pay or PIN debit accounts. Local calls are \$0.20 a minute, long distance in-state calls are \$0.40 per minute, and long distance out-of-state calls are \$0.21 a minute. Ten digit international numbers are \$0.21 a minute and all other international calls start at \$0.95 per minute but these calls vary based on the country called.

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

WCJ chemicals are stored outside the secure perimeter and are inventoried by security personnel upon introduction into the facility. ODO's review of chemical inventories found the inventories were accurate, and up-to-date Material Safety Data Sheets (MSDS) were present at locations where chemicals are used. The master index of chemicals includes storage locations, facility diagram, emergency phone numbers, and documentation provided to the local fire department. However, ODO found that all chemicals on the kitchen inventory MSDSs were not included on the master index, nor was there any documentation provided that could verify that the index is reviewed on a semi-annual basis (**Deficiency EH&S-1²⁸**).

²⁵ "The Field Office Director (FOD) shall ensure that all phones in all applicable facilities are tested on a weekly basis." See Change Notice Detainee Telephone Services, dated April 4, 2004.

²⁶ "It shall also place a notice at each monitored telephone stating the procedure for obtaining an unmonitored call to a court, legal representative, or for the purposes of obtaining legal representation." See ICE NDS 2000, Standard, Telephone Access, Section (III)(K)(2).

²⁷ "Since Feb. 11, 2014 caps for interstate calls from prison are \$0.25 per minute for collect calls, \$0.21 per minute for debit or pre-paid calls. Charges on inmate calls that exceed these interim rate caps are in violation of federal rules. See FCC Telephone Rate Cap October 2015. Last Reviewed: 03/24/16.

²⁸ "The Maintenance Supervisor or designee will compile a master index of all hazardous substances in the facility, including locations, along with a master file of MSDSs. He/she will maintain this information in the safety office (or equivalent), with a copy to the local fire department. Documentation of the semi-annual reviews will be maintained in the MSDS master file." See ICE 2000 NDS, Standard, Environmental Health and Safety, Section (III)(C).

Review of facility documentation confirmed medical sharps are inventoried each shift. ODO observed the inventory process and confirmed the inventories were accurate. However, ODO's review found the sharps inventories are checked on a monthly basis rather than a weekly basis as required by the standard (**Deficiency EH&S-2**²⁹).

Corrective Action: Prior to the completion of the inspection, the facility initiated corrective action by implementing new procedures which provide for weekly verification and documentation of sharps inventories within a log book (**C-6**).

SPECIAL MANAGEMENT UNITS (DISCIPLINARY SEGREGATION) (SMU DS)

ODO's review of the records maintained by the disciplinary officer found that three detainees received disciplinary hearings in the year preceding the inspection. ODO confirmed disciplinary segregation orders were present in each record; however, there was no documentation present within the record to verify the required status reviews were conducted. Additionally a review of WCJ policy 7.01, Inmate Rules and Discipline, found there is no requirement for review of the status of detainees placed in disciplinary segregation (**Deficiency SMU DS-1**³⁰).

²⁹ "An inventory will be kept of those items that pose a security risk, such as sharp instruments, syringes, needles, and scissors. The inventory will be checked weekly by an individual designated by the medical facility Health Service Administrator (HSA) or equivalent." *See* ICE 2000 NDS, Standard, Environmental Health and Safety, Section (III)(Q)(1).

³⁰ "All facilities shall implement written procedures for the regular review of all disciplinary segregation cases." *See* ICE NDS 2000, Standard, Special Management Units, (Disciplinary Segregation), Section (III)(C).