



**U.S. Department of Homeland Security**  
Immigration and Customs Enforcement  
Office of Professional Responsibility Inspections and  
Detention Oversight Division  
Washington, DC 20536-5501

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## Office of Detention Oversight Compliance Inspection

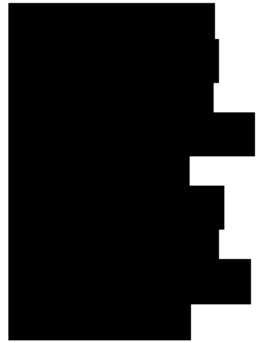
Enforcement and Removal Operations  
ERO Dallas Field Office  
Johnson County Corrections Center  
Cleburne, Texas

March 26-28, 2019

**COMPLIANCE INSPECTION**  
**of the**  
**JOHNSON COUNTY CORRECTIONS CENTER**  
Cleburne, Texas  
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## FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection of the Johnson County Corrections Center (JCCC) in Cleburne, Texas, from March 26-28, 2019.<sup>1</sup> The facility was opened in February 1989 and began housing ICE detainees in 1998. The facility is owned by Johnson County and operated by LaSalle Southwest Corrections. The facility operates under the ICE Performance-Based National Detention Standards (PBNDS) 2011.

A full-time ICE Office of Enforcement and Removal Operations (ERO) Detention Services Manager (DSM) is assigned to the facility. The Administrator of the facility handles daily facility operations and is supported by [REDACTED] personnel. JCCC houses male detainees of low, medium and high classification levels in addition to U.S. Marshals and County/Municipal inmates. Five Star Correctional provides food services and Johnson County provides commissary products and services. A JCCC Registered Nurse of LaSalle Southwest Corrections is the designated Health Services Administrator (HSA). The facility is accredited by the Texas Commission on Jail Standards, and the American Correctional Association.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	As Needed
Average ICE Detainee Population <sup>3</sup>	342
Male Detainee Population (as of 03/18/2019)	250
Female Detainee Population (N/A)	N/A

ODO conducted its last inspection of the facility in 2016.<sup>4</sup> During that inspection, ODO reviewed the facility for compliance with requirements of the National Detention Standards (NDS) 2000. ODO found GCDC compliant with 10 standards. ODO found a total of 10 deficiencies in the remaining six standards: Food Service (1); Staff-Detainee Communication (1); Telephone Access (2); Environmental Health and Safety (1); Use of Force (1); and Medical Care (4).

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<sup>1</sup> This facility holds male detainees with low, medium, and high security classification levels for periods greater than 72 hours.

<sup>2</sup> Data Source: ERO Facility List dated March 18, 2019.

<sup>3</sup> *Ibid.*

<sup>4</sup> At the time of ODO's 2016 inspection, the JCCC was named Johnson County Law Enforcement Center.

## FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 MAJOR CATEGORIES

PBNDs 2011 STANDARDS INSPECTED <sup>5</sup>	DEFICIENCIES
<b>Part 1 – Safety</b>	
Environmental Health and Safety	2
<b>Sub-Total</b>	<b>2</b>
<b>Part 2 – Security</b>	
Admission and Release	4
Custody Classification System	1
Funds and Personal Property	0
Sexual Abuse and Assault Prevention and Intervention	5
Special Management Units	3
Staff-Detainee Communication	1
Use of Force and Restraints	1
<b>Sub-Total</b>	<b>15</b>
<b>Part 4 – Care</b>	
Food Service	0
Disability, Identification, Assessment, and Accommodation	3
Medical Care	8
Medical Care (Women)	N/A
Significant Self-harm and Suicide Prevention and Intervention	3
<b>Sub-Total</b>	<b>14</b>
<b>Part 5 – Activities</b>	
Recreation	0
Religious Practices	0
Telephone Access	3
Visitation	0
<b>Sub-Total</b>	<b>3</b>
<b>Part 6 – Justice</b>	
Detainee Handbook	0
Grievance System	2
Law Libraries and Legal Materials	0
<b>Sub-Total</b>	<b>2</b>
<b>Total Deficiencies</b>	<b>36</b>

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

## COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, and where detainees are housed for over 72 hours, to assess compliance with ICE national detention standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.<sup>6</sup> ODO identifies violations outlined in ICE detention standards, ICE policies, or operational procedures, as “deficiencies.”

For facilities governed by either the PBNDS 2008 or 2011, ODO specifically notes deficiencies related to ICE-designated “priority components” which are considered critical to facility security and the legal and civil rights of detainees. ODO also highlights instances when the facility resolves deficiencies prior to completion of the ODO inspection. Where applicable, these corrective actions are annotated with “C” under the Inspection Findings section of this report.

Upon completion of each inspection, ODO conducts a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is also shared with ERO management officials. Thereafter, ODO provides ICE leadership with a final compliance inspection report to: (i) assist ERO in developing and initiating corrective action plans, and (ii) provide senior executives with an independent assessment of facility operations. Additionally, ODO’s findings inform ICE executive management in order to aid in the decision-making processes to better allocate resources across the agency’s entire detention inventory.

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<sup>6</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## DETAINEE RELATIONS

ODO interviewed 35 detainees who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below.

*Religious Practices:* One detainee stated he submitted a request for a bible and had not yet received a response.

- Action Taken: ODO determined the detainee had submitted a request for a Spanish bible on March 22, 2019 and that his request was in a pending status with the facility's Chaplain. On March 26, 2019, before ODO's departure from the facility, the Chaplain delivered a bible, printed in Spanish, to the detainee.

*Medical Care:* The following detainees expressed concerns about medical care: One detainee stated he had ongoing left shoulder pain for which he received an X-ray, but medical staff had not yet discussed the results with him.

- Action Taken: ODO reviewed the detainee's medical file and discussed the issue with medical staff. ODO determined the detainee got a shoulder X-ray on March 20, 2019, after complaining of shoulder pain. On March 26, 2019, medical staff showed the detainee his X-ray and explained the results to him. The X-ray showed mild arthritic changes of the shoulder joint.

One detainee stated he requested a low-sodium diet for cardiac issues but the facility did not provide it.

- Action Taken: ODO reviewed the detainee's medical file and discussed the detainee's concern with medical staff. ODO determined that on March 19, 2019, an American Heart Association (AHA) diet was ordered; however, because the facility had gone through a significant transition of kitchen staff prior to the inspection, the order was misplaced and never processed. While ODO was onsite, medical staff advised kitchen staff the detainee required a special diet. On March 28, 2019, medical staff also spoke to the detainee, and he began receiving his special diet that day.

One detainee stated he was not getting proper medical treatment for high blood pressure.

- Action Taken: ODO reviewed the detainee's medical file and discussed the detainee's concern with medical staff. ODO found the detainee was admitted to the facility on February 22, 2019, that his intake screening noted high blood pressure, and that he arrived with medications to treat high blood pressure, which were continued. On February 26, 2019, the detainee underwent a full physical and chronic care assessment by a Nurse Practitioner (NP). The detainee was added to the hypertension chronic care clinic and received a chronic care follow-up assessment on March 19, 2019.

# COMPLIANCE INSPECTION FINDINGS

## SAFETY

### ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO observed lack of proper sanitation and buildup of soap scum and hard water stains on the shower floors and walls, sinks, and stools in the bathroom and shower areas of housing units C1 Read East and West, as well as standing water on the floors of the C1 bathroom areas and rust stains on several stools and sinks (**Deficiency EH&S-1<sup>7</sup>**).

While inspecting the medical department, ODO also found the facility does not maintain documentation that sharps are properly inventoried and accounted for on a weekly basis (**Deficiency EH&S-2<sup>8</sup>**). Although facility staff developed a Bulk Weekly Sharps Cabinet Inventory sheet, they do not complete it on a regular basis; the facility was only able to produce one completed inventory sheet, dated December 4, 2018.

## SECURITY

### ADMISSION AND RELEASE (A&R)

ODO found that because the facility's booking area does not have any shower facilities, detainees are not able to shower until placed into their assigned housing unit (**Deficiency AR-1<sup>9</sup>**).

Upon admission, detainees are provided information about the Prison Rape Elimination Act (PREA), facility rules, visitation, barbering services, laundry, and law library schedules via the detainee handbook and postings throughout the facility. ODO viewed the facility's orientation videos and confirmed they were thorough, informed detainees about their rights, and provided information about PREA. Although JCCC's orientation procedures were comprehensive, ODO found no documentation that ERO approved them (**Deficiency AR-2<sup>10</sup>**).

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<sup>7</sup> "The facility administrator shall ensure that staff and detainees maintain a high standard of facility sanitation and general cleanliness." See ICE PBNDS 2011, Standard, *Environmental Health and Safety*, Section (V)(A)(3).

<sup>8</sup> "Items that pose a security risk, such as sharp instruments, syringes, needles and scissors, shall be inventoried and checked weekly by an individual designated by the medical facility's Health Service Administrator (HSA) or equivalent." See ICE PBNDS 2011, Standard, *Environmental Health and Safety*, Section (V)(D)(4).

<sup>9</sup> "As detailed below, each facility is required to implement written policies and procedures for the intake and reception of newly arrived detainees, and to provide these detainees with information about facility policies, rules and procedures. At intake, detainees shall be searched, and their personal property and valuables checked for contraband, inventoried, receipted and stored. Each detainee's identification documents shall be secured and given to ICE/ERO. Medical screening protects the health of the detainee and others in the facility, and the detainee shall be given an opportunity to shower and shall be issued clean clothing, bedding, towels and personal hygiene items." See ICE PBNDS 2011, Standard, *Admission and Release*, Section (V)(A).

<sup>10</sup> "All facilities shall have a method to provide ICE/ERO detainees an orientation to the facility as soon as practicable, in a language or manner that detainees can understand. Orientation procedures in CDFs [Contract



- *Corrective Action:* Prior to the completion of the inspection, ERO took corrective action by providing a memorandum approving JCCC’s admission and orientation procedures (**C-1**).

JCCC booking officers use the ICE Custody Classification worksheet, information provided by ERO (Order to Detain or Release Form I-203), and the detainee’s criminal history to complete detainee classification. The classification is signed by the booking supervisor. ODO reviewed 25 randomly-selected detainee files and found the Form I-203 does not consistently contain a signature of the authorizing official (**Deficiency AR-3<sup>11</sup>**).

ODO found that JCCC policy outlines the release process and that booking staff understand the steps involved in a detainee release; however, the release procedures were not approved by ERO (**Deficiency AR-4<sup>12</sup>**).

- *Corrective Action:* Prior to the completion of the inspection, ERO took corrective action by providing a memorandum approving the release procedures (**C-2**).

## **CUSTODY CLASSIFICATION SYSTEM (CCS)**

ODO reviewed 30 randomly-selected detention files and confirmed classification reviews were completed within the appropriate timeframes; however, ODO’s review of the detention files for three detainees sanctioned to disciplinary segregation demonstrated that the detainees were not reclassified prior to being released from the Special Management Unit (SMU) (**Deficiency CCS-1<sup>13</sup>**).

## **SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)**

The JCCC SAAPI policy defines all forms of sexual abuse and sexual harassment of inmates/detainees. The policy provides guidelines to prevent, detect, and respond to sexual abuse within the facility and maintain a zero-tolerance policy for all forms of sexual abuse and harassment. However, upon review of the policy, ODO noted it lacked both information

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Detention Facilities] and IGSA [Intergovernmental Service Agreements] must be approved in advance by the local ICE/ERO Field Office.” See ICE PBNDS 2011, Standard, *Admission and Release*, Section (V)(F).

<sup>11</sup> “An Order to Detain or an Order to Release the detainee (Form I-203 or I-203a), bearing the appropriate ICE/ERO Authorizing Official signature, must accompany each newly arriving detainee.” See ICE PBNDS 2011, Standard, *Admission and Release*, Section (V)(E).

<sup>12</sup> “Facility staff assigned to processing must complete certain procedures before any detainee’s release, removal, or transfer from the facility. Necessary steps include, but are not limited to: completing out-processing forms; closing files and fingerprinting; returning personal property; reclaiming facility-issued clothing, identification cards, handbooks, and bedding; and checking wants and warrants. ICE/ERO shall approve all facility release procedures.” See ICE PBNDS 2011, Standard, *Admission and Release*, Section (V)(H).

<sup>13</sup> “Special Reclassification Assessments – Staff shall complete a special reclassification within 24 hours before a detainee leaves the Special Management unit (SMU), following an incident of abuse or victimization, and at any other time when warranted based upon the receipt of additional, relevant information, such as after a criminal act, or if a detainee wins a criminal appeal, is pardoned or new criminal information comes to light.” See ICE PBNDS 2011, Standard, *Custody Classification System*, Section (V)(H)(3).

regarding the facility's responsibility to inform ICE ERO of any allegation of sexual assault or abuse (**Deficiency SAAPI-1<sup>14</sup>**), and information regarding the facility's responsibility to coordinate with ICE OPR on investigations into allegations of sexual assault and/or abuse (**Deficiency SAAPI-2<sup>15</sup>**).

JCCC's contractor and volunteer PREA training does not address the prevention, recognition, and appropriate response to allegations or suspicions of sexual assault involving detainees with mental or physical disabilities (**Deficiency SAAPI-3<sup>16</sup>**). Additionally, while reviewing contractor training records, ODO found four instances in which contractors signed a PREA acknowledgement form but had not completed PREA training (**Deficiency SAAPI-4<sup>17</sup>**).

ODO found through staff interviews that intake staff were not consistently using a language line for newly arriving detainees who do not speak English or Spanish, including communication of orientation materials on PREA/SAAPI (**Deficiency SAAPI-5<sup>18</sup>**).

## **SPECIAL MANAGEMENT UNITS (SMU)**

There were three detainees in the SMU on the first day of the inspection; one in administrative segregation (AS) and two in disciplinary segregation (DS). ODO's review of documentation confirmed disciplinary sanctions did not exceed 30 days, and each detainee received a copy of the AS/DS orders. Additionally, segregation records, including medical rounds, were documented in accordance with the standard. ODO noted that although all three detainees in the

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<sup>14</sup> "Each facility shall have written policy and procedures for a Sexual Abuse or Assault Prevention and Intervention Program....This policy must...include, at a minimum...procedures for immediate reporting of sexual abuse allegations through the facility's chain of command, from the reporting official to the highest facility official as well as the Field Office Director...." See ICE 2011 PBNDS, Standard, *Sexual Abuse and Assault Prevention and Intervention*, Sections (V)(A) and (V)(A)(2)(a). **This is a priority component.**

<sup>15</sup> "Each facility shall have written policy and procedures for a Sexual Abuse or Assault Prevention and Intervention Program....This policy must...include, at a minimum...procedures for coordination of internal administrative investigations with the assigned criminal investigative entity to ensure non-interference with criminal investigations, as well as coordination with the ICE Office of Professional Responsibility (OPR)." See ICE 2011 PBNDS, Standard, *Sexual Abuse and Assault Prevention and Intervention*, Sections (V)(A) and (V)(A)(5)(c). **This is a priority component.**

<sup>16</sup> "Training on the facility's Sexual Abuse or Assault Prevention and Intervention Program...shall include: prevention, recognition and appropriate response to allegations or suspicions of sexual assault involving detainees with mental or physical disabilities." See ICE 2011 PBNDS, Standard, *Sexual Abuse and Assault Prevention and Intervention*, Section, (V)(E)(11). **This is a priority component.**

<sup>17</sup> "The facility shall ensure that all volunteers and other contractors who have contact with detainees have been trained on their responsibilities under the facility's sexual abuse prevention, detection, intervention and response policies and procedures. The level and type of training for volunteers and contractors will be based on the services they provide and their level of contact with detainees; however, all volunteers and contractors who have any contact with detainees must be notified of the facility's zero-tolerance policy...." See ICE 2011 PBNDS, Standard, *Sexual Abuse and Assault Prevention and Intervention*, Section (V)(E). **This is a priority component.**

<sup>18</sup> "Detainee notification, orientation and instruction must be in a language or manner that the detainee understands." See ICE 2011 PBNDS, Standard, *Sexual Abuse and Assault Prevention and Intervention*, Section, (V)(F). **This is a priority component.**

SMU understood English, not all written materials provided to detainees in the SMU had been translated into Spanish (**Deficiency SMU-1<sup>19</sup>**).

ODO observed that JCCC maintains a separate log for SMU visitors that lists the time and date of visit; however, the SMU visitor log does not provide a space to note any unusual activity or behavior of a detainee (**Deficiency SMU-2<sup>20</sup>**). The SMU visitor log shows that although the shift supervisor/lieutenant makes SMU rounds during each shift, s/he does not consistently see each segregated detainee daily, including weekends and holidays (**Deficiency SMU-3<sup>21</sup>**).

## **STAFF-DETAINEE COMMUNICATION (SDC)**

ODO reviewed ERO's detainee request logs for the months of October 2018, December 2018, and February 2019, and found the logs do not contain the date the detainee made the request (**Deficiency SDC-1<sup>22</sup>**).

## **USE OF FORCE AND RESTRAINTS (UOF&R)**

Inspection of audio-visual recording equipment found the camera in [REDACTED] is appropriately maintained and fully charged; however, the [REDACTED] cameras in [REDACTED] and [REDACTED] were not fully charged at the time of the inspection (**Deficiency UOF&R-1<sup>23</sup>**).

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<sup>19</sup> "All written materials provided to detainees shall generally be translated into Spanish. Where practicable, provisions for written translation shall be made for other significant segments of the population with limited English proficiency. Oral interpretation or assistance shall be provided to any detainee who speaks another language in which written material has not been translated or who is illiterate." See ICE PBNDS 2011, Standard, *Special Management Units*, Section (V)(A)(2)(e).

<sup>20</sup> "A separate log shall be maintained in the SMU of all persons visiting the unit. This separate record shall include notation of: ... b. any unusual activity or behavior of an individual detainee, with a follow-up memorandum sent through the facility administrator to the detainee's file." See ICE PBNDS 2011, Standard, *Special Management Units*, Section (V)(D)(2).

<sup>21</sup> "In addition to the direct supervision performed by unit staff: 1. The shift supervisor shall see each segregated detainee daily, including on weekends and holidays." See ICE PBNDS 2011, Standard, *Special Management Units*, Section (V)(N).

<sup>22</sup> "All requests shall be recorded in a logbook (or electronic logbook) specifically designed for that purpose. At a minimum, the log shall record: ... (f) date that the request, with staff response and action, was returned to the detainee."

See ICE PBNDS 2011, Standard, *Staff-Detainee Communication*, Section (V)(B)(2)(a).

<sup>23</sup> "Staff shall store and maintain audiovisual recording equipment under the same conditions as "restricted" tools. The equipment must be kept in a secure location elsewhere in the facility. Since audiovisual recording equipment must often be readily available, each facility administrator shall designate and incorporate in one or more post orders responsibility for:

1. maintaining cameras and other audiovisual equipment;
2. regularly scheduled and documented testing to ensure all parts, including batteries, are in working order; and
3. keeping back-up supplies on hand (e.g., batteries, tapes or other recording media, lens cleaners)."

See ICE PBNDS 2011, Standard, *Use of Force and Restraints*, Section (V)(K).

## CARE

### **DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION (DIA&A)**

ODO found that although JCCC has a written Disability Identification, Assessment, and Accommodation (DIAA) policy, it is not based on requirements within the ICE PBNDS 2011 (**Deficiency DIA&A-1**<sup>24</sup>).

ODO found that while JCCC provides staff training on disability and reasonable accommodations, facility contractors and volunteers who have contact with detainees are not provided training or notified of the facility's disability accommodations policy (**Deficiency DIA&A-2**<sup>25</sup>).

Although both the JCCC local facility handbook and orientation program generally inform detainees of their right to an accommodation based on a disability, neither informs detainees how to request a reasonable accommodation (**Deficiency DIA&A-3**<sup>26</sup>). ODO notes that during the inspection, the facility posted ERO's Detention Reporting and Information Line (DRIL) poster, which includes general information on reasonable accommodations, in both English and Spanish.

### **MEDICAL CARE (MC)**

ODO reviewed the credential files for medical staff and found not all health care staff had a timely, verifiable license or certification on file and not all credential documents were on site or readily available (**Deficiency MC-1**<sup>27</sup>). ODO learned that as a standard practice, LaSalle Southwest Corrections keeps licenses, certifications and registrations in personnel folders at their company headquarters location. During the inspection, the licenses, certifications, and

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<sup>24</sup> "The facility shall develop written policy and procedures, including reasonable timelines, for reviewing detainees' requests for accommodations related to a disability and for providing accommodations (including interim accommodations), modifications, and reassessments. These policies and procedures shall be consistent with the processes outlined in this standard." See ICE PBNDS 2011, Standard, *Disability Identification, Assessment, and Accommodation*, Section (V)(B)(1).

<sup>25</sup> "The level and type of training for volunteers and contractors will be based on the services they provide and their level of contact with detainees; however, all volunteers and contractors who have any contact with detainees must be notified of the facility's disability accommodations policy." See ICE PBNDS 2011, Standard, *Disability Identification, Assessment, and Accommodation*, Section (V)(I).

<sup>26</sup> "The facility orientation program required by standard 2.1, "Admission and Release," and the detainee handbook required by standard 6.1, "Detainee Handbook," shall notify and inform detainees about the facility's disability accommodations policy, including their right to request reasonable accommodations and how to make such a request. The facility will post other documents for detainee awareness in detainee living areas and in the medical unit, as requested by the local ICE/ERO Field Office." See ICE PBNDS 2011, Standard, *Disability Identification, Assessment, and Accommodation*, Section (V)(J).

<sup>27</sup> "All health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements. Copies of the documents must be maintained on site and readily available for review. A restricted license does not meet these requirements." See ICE PBNDS 2011, Standard, *Medical Care*, Section (V)(I). **This is a priority component.**

registrations were made available for ODO's review on March 28, 2019, and ODO confirmed all documents were current.

ODO's review of training records of medical staff and [REDACTED] correctional staff found staff are not consistently provided with training for cardio pulmonary resuscitation (CPR) (**Deficiency MC-2<sup>28</sup>**).

JCCC conducts tuberculosis (TB) screening by way of purified protein derivative or chest X-ray. ODO's review of files found detainees are not consistently screened for TB prior to admission into the general population (**Deficiency MC-3<sup>29</sup>**).

ODO observed the medication refrigerator thermometer has designated zones demarcated by colors: yellow for temperatures considered too low, green for temperatures considered adequate and red for temperatures considered too warm. ODO observed the temperature reading was in the red zone during the first and last days of the inspection, signifying the temperature in the refrigerator was too warm (**Deficiency MC-4<sup>30</sup>**).

ODO interviewed the HSA, who reported that because JCCC's health services department is not always notified in advance of a detainee's release or transfer (**Deficiency MC-5<sup>31</sup>**), a medical summary or copy of the detainee's medical record is not always prepared and does not always accompany outgoing detainees (**Deficiency MC-6<sup>32</sup>**).

ODO reviewed the medical file of a detainee who had been in custody for over one year and found that while his initial screening and physical assessment were completed timely, there was no documentation that he received a comprehensive annual physical exam, for which he was due in December 2018 (**Deficiency MC-7<sup>33</sup>**). Additionally, the detainee's medical record reflected

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<sup>28</sup> "Each facility shall have a written emergency services plan for delivery of 24-hour emergency health care. This plan shall be prepared in consultation with the facility's CMA or the has, and must include the following: d. all detention and medical staff shall receive cardio pulmonary resuscitation (CPR, AED), and emergency first aid training annually." See ICE PBNDS 2011, Standard, *Medical Care*, Section (V)(T)(1)(d) and National Commission on Correctional Health Care (NCCHC) guideline J-C-04. **This is a priority component.**

<sup>29</sup> "All new arrivals shall receive TB screening within 12 hours of intake and in accordance with CDC guidelines (www.cdc.gov/tb)." See ICE PBNDS 2011, Standard, *Medical Care*, Section (V)(C)(2). **This is a priority component.**

<sup>30</sup> "Each detention facility shall have and comply with written policy and procedures for the management of pharmaceuticals, to include: 4. procurement, receipt, distribution, storage, dispensing, administration and disposal of medications." See ICE PBNDS 2011, Standard, *Medical Care*, Section (V)(G)(4) and NCCHC guidelines J-D-01. **This is a priority component.**

<sup>31</sup> "The HSA shall be given advance notice by ICE/ERO prior to the release, transfer or removal of a detainee, so that medical staff may determine and provide for any medical needs associated with the transfer, release or removal." See ICE PBNDS 2011, Standard, *Medical Care*, Section (V)(BB)(4)(b). **This is a priority component.**

<sup>32</sup> "Upon transfer to another facility, the medical provider shall prepare and provide a Medical Transfer Summary as required by "C. Responsibilities of the Health Care Provider at the Sending Facility," found in Standard 7.4 "Detainee Transfers." In addition, the medical provider shall ensure that at least 7 day (or, in the case of TB medications, 15 day and in the case of HIV/AIDS medications, 30 day) supply of medication shall accompany the detainee as ordered by the prescribing authority." See ICE PBNDS 2011, Standard, *Medical Care*, Section (V)(Z).

<sup>33</sup> "Any detainee in ICE custody for more than one year continuously shall receive health examinations on an annual basis. Such examinations may occur more frequently for certain individuals, depending on their medical history

that he repeatedly requested a dental cleaning in December 2018, February 2019, and March 2019, but his record showed no evidence that he received any dental prophylaxis as of the date of ODO's inspection (**Deficiency MC-8<sup>34</sup>**).

## **SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SS-H&SPI)**

JCCC has a written policy and a comprehensive suicide prevention training program that meets the requirements of the standard and states training is provided for new staff and annually thereafter. ODO reviewed the training records of all medical and [REDACTED] correctional staff and found the HSA did not have documentation of the required suicide prevention training (**Deficiency SS-H&SPI-1<sup>35</sup>**).

ODO's review of medical documentation found JCCC placed seven detainees on suicide watch during the year preceding the inspection. ODO reviewed all seven files and found six did not contain suicide watch logs documenting checks and continuous monitoring or checks by clinical staff at least [REDACTED]. Additionally, ODO found JCCC did not consistently provide one-to-one monitoring for three detainees who were assigned to continuous watch (**Deficiency SS-H&SPI-2<sup>36</sup>**).

ODO's file review found two of the seven files for detainees on suicide watch did not contain documentation specific to the date when the watch was discontinued or who gave the order to release the detainee from suicide watch (**Deficiency SS-H&SPI-3<sup>37</sup>**).

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and/or health conditions. Detainees shall have access to age- and gender-appropriate exams annually, including re-screening for TB." See ICE PBNDS 2011, Standard, *Medical Care*, Section (V)(Q).

<sup>34</sup> "Routine dental treatment may be provided to detainees in ICE custody for whom dental treatment is inaccessible for prolonged periods because of detention for over six months, including 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. Dental exams and treatment shall be performed only by licensed dental personnel." See ICE PBNDS 2011, Standard, *Medical Care*, Section (V)(R)(2).

<sup>35</sup> "All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive suicide prevention training, during orientation and at least annually." See ICE PBNDS 2011, Standard, *Significant Self-harm and Suicide Prevention and Intervention*, Section (V)(A). **This is a priority component.**

<sup>36</sup> "The qualified mental health professional may place the detainee in a special isolation room designed for evaluation and treatment with continuous monitoring that must be documented every [REDACTED] or more frequently if necessary. All suicidal detainees placed in an isolated confinement setting will receive continuous one-to-one monitoring, welfare checks at least every [REDACTED] conducted by clinical staff, and daily mental health treatment by a qualified clinician." See ICE PBNDS 2011, Standard, *Significant Self-harm and Suicide Prevention and Intervention*, Section (V)(F). **This is a priority component.**

<sup>37</sup> "Only the mental health professional, CMA, or designee may terminate a suicide watch after a current suicide risk assessment is completed. A detainee may not be returned to the general population until this assessment has been completed." See ICE PBNDS 2011, Standard, *Significant Self-harm and Suicide Prevention and Intervention*, Section (V)(D).

## **ACTIVITIES**

### **TELEPHONE ACCESS (TA)**

ODO observed that JCCC appropriately posted free legal services information, pro bono lists, consulate lists, and the Department of Homeland Security Office of Inspector General (OIG) poster in every housing unit; however, ODO found the pro bono lists were outdated (January 2018) (**Deficiency TA-1<sup>38</sup>**).

- *Corrective Action:* Prior to the completion of the inspection, the facility initiated corrective action by obtaining an updated pro bono list and posting it in each housing unit (**C-3**).

The facility's free call platform was not up-to-date, having been updated most recently on February 28, 2018 (**Deficiency TA-2<sup>39</sup>**).

- *Corrective Action:* Prior to the completion of the inspection, the facility initiated corrective action by obtaining an updated free call platform list and posting it in each housing pod (**C-4**).

The facility's telephone system has a recorded message that advises detainees their calls are subject to monitoring; however, ODO found that four of the nine housing units were missing notices that detainee calls are subject to monitoring (**Deficiency TA-3**). Directions for unmonitored calls were also not posted in each housing unit.

- *Corrective Action:* Prior to the completion of the inspection, the facility initiated corrective action by posting notices that calls are subject to monitoring, as well as guidance on how to obtain an unmonitored call, in each housing unit (**C-5**).

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<sup>38</sup> "ICE/ERO headquarters shall maintain and provide Field Offices a list of telephone numbers for current free legal service providers, consulates and the Department of Homeland Security's (DHS) Office of the Inspector General (OIG), as determined by ICE. All Field Offices are responsible for ensuring facilities which house ICE detainees under their jurisdiction are provided with current pro bono legal service information." See ICE PBND 2011, Standard, *Telephone Access*, Section (V)(A)(3).

<sup>39</sup> "Even if telephone service is generally limited to collect calls, each facility shall permit detainees to make direct or free calls to the offices and individuals listed below. The Field Office Director shall ensure that all information is kept current and is provided to each facility. Updated lists need to be posted in the detainee housing units." See ICE PBND 2011, Standard, *Telephone Access*, Section (V)(E). **This is a priority component.**

## **JUSTICE**

### **GRIEVANCE SYSTEM (GS)**

ODO found that JCCC does not maintain a copy of detainee grievances in the detainee's folder (**Deficiency GS-1<sup>40</sup>**).

ODO also found that while JCCC responds to medical grievances in a timely fashion, copies of resolved medical grievances are not placed in detainee medical files (**Deficiency DGP-2<sup>41</sup>**).

## **CONCLUSION**

During this inspection, ODO reviewed the facility's compliance with 19 standards under the ICE PBNDS 2011. ODO found the facility to be compliant with seven standards and identified 36 deficiencies in the remaining 12 standards. Within those deficient standards, ODO identified 16 deficient priority components, including five priority component deficiencies in the Medical Care standard and two in the Significant Self-Harm - Suicide Prevention and Intervention standard.

The HSA informed ODO that because JCCC's health services department is not always notified in advance of a detainee's release or transfer, a medical summary or copy of the detainee's medical record is not always prepared and does not always accompany the outgoing detainee. ODO notes an up-to-date and accurate medical summary will help to ensure adequate continuity of care for those detainees being transferred or released. ODO also notes that JCCC utilizes a paper medical records system and that medical files are not organized uniformly, which makes it difficult to navigate and find documents. To ensure consistency of care, ODO recommends JCCC organize medical records uniformly and maintain chronological notes. Additionally, ODO recommends ERO and the JCCC senior corrections staff work closely with the HSA and facility medical staff to ensure detainee medical records are available for departing detainees.

The transition from the ICE NDS 2000 standards to the PBNDS 2011 standards has potentially been difficult for the facility as demonstrated by the increased number of deficiencies and the number of deficient priority components. The facility was fully cooperative with the ODO inspections team and in five instances took immediate corrective action to resolve a deficiency.

ODO recommends ERO work closely with the facility to complete the facility's transition to PBNDS 2011 and remedy any deficiencies that remain outstanding in accordance with contractual obligations.

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<sup>40</sup> "A copy of the grievance disposition shall be placed in the detainee's detention file and provided to the detainee within five days." See ICE PBNDS 2011, Standard, *Grievance System*, Section (V)(D). **This is a priority component.**

<sup>41</sup> "Medical grievances shall be maintained in the detainee's medical file." See ICE PBNDS 2011, Standard, *Grievance System*, Section (V)(D). **This is a priority component.**



<b>Compliance Inspection Results Compared</b>	<b>FY 2016 (NDS 2000)</b>	<b>FY 2019 (PNDS 2011)</b>
Standards Reviewed	16	19
Deficient Standards	6	12
Overall Number of Deficiencies	10	36
Deficient Priority Components	N/A	16
Corrective Actions	4	5