



U.S. Department of Homeland Security
U.S. 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 Houston Field Office

Coastal Bend Detention Center
Robstown, Texas

February 25-27, 2020

COMPLIANCE INSPECTION
of the
COASTAL BEND DETENTION CENTER
Robstown, Texas

TABLE OF CONTENTS

FACILITY OVERVIEW	4
COMPLIANCE INSPECTION PROCESS	5
FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2008 MAJOR CATEGORIES	6
DETAINEE RELATIONS	7
COMPLIANCE INSPECTION FINDINGS	8
SAFETY	8
Environmental Health and Safety	8
SECURITY	8
Admission and Release	8
Classification System.....	9
Funds and Personal Property	10
Special Management Units	11
Use of Force and Restraints	11
CARE	11
Food Service	11
Medical Care.....	12
ACTIVITIES	12
Visitation.....	12
CONCLUSION	12

COMPLIANCE INSPECTION TEAM MEMBERS



Acting Team Lead

Inspections and Compliance Specialist

Inspections and Compliance Specialist

Contractor

Contractor

Contractor

Contractor

ODO

ODO

ODO

Creative Corrections

Creative Corrections

Creative Corrections

Creative Corrections

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 Coastal Bend Detention Center (CBDC) in Robstown, Texas, from February 25 to 27, 2020.¹ The facility opened in 2009 and is owned and operated by the GEO Group, Inc. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at CBDC in 2012 under the oversight of ERO’s Field Office Director (FOD) in Houston (ERO Houston). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2008.

ERO Deportation Officers (DOs) nor a Detention Services Manager (DSM) are assigned to the facility. A CBDC Facility Administrator handles daily facility operations and is supported by [REDACTED] personnel. Single Source provides food services, GEO Group, Inc. provides medical care, and Forecomm Solutions, LLC provides commissary services at the facility. The facility was accredited by the American Correctional Association in 2017 and received Department of Justice Prison Rape Elimination Act certification in 2017.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	[REDACTED]
Average ICE Detainee Population ³	[REDACTED]
Male Detainee Population (as of 2/25/2020)	[REDACTED]
Female Detainee Population (as of 2/25/2020)	[REDACTED]

During its last inspection, in FY 2018, ODO found 18 deficiencies in the following areas: Environmental Health and Safety (2); Admission and Release (1); Funds and Personal Property (3); Food Service (1); Medical Care (7); Staff-Detainee Communication (2); and Use of Force (2).

¹ This facility holds male detainees with low, medium-low, medium-high, and high security classification levels for periods longer than 72 hours. No female detainees are housed at the facility.

² Data Source: ERO Facility List Report as of February 18, 2020.

³ *Ibid.*

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 longer than 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.⁴

ODO identifies violations of 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 in which the facility resolves deficiencies prior to completion of the ODO inspection. Where applicable, these corrective actions are annotated with “C” under the *Compliance 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 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. ODO’s findings inform ICE executive management in their decision-making to better allocate resources across the agency’s entire detention inventory.

⁴ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2008 MAJOR CATEGORIES

PBNDs 2008 Standards Inspected ⁵	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	2
Sub-Total	2
Part 2 – Security	
Admission and Release	5
Classification System	2
Funds and Personal Property	5
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	12
Part 4 – Care	
Food Service	1
Medical Care	1
Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	2
Part 5 – Activities	
Recreation	0
Religious Practices	0
Telephone Access	0
Visitation	1
Sub-Total	1
Part 6 – Justice	
Grievance Systems	0
Law Libraries and Legal Materials	0
Sub-Total	0
Total Deficiencies	17

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

DETAINEE RELATIONS

ODO interviewed nine 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 concern listed below:

Admissions and Release: Two of the detainees interviewed stated they were “strip-searched” upon arriving at CBDC from the United States Marshals Service (USMS) custody.

- Action Taken: During the inspection, ODO observed the in-processing of one new detainee admission and found he was not strip-searched upon intake. ODO also interviewed intake officers, the intake lieutenant and the major, and verified strip searches are not conducted. Additionally, ODO reviewed facility policy and found it does not include strip-searching detainees during processing. ODO determined the detainees’ statements were unsubstantiated.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO toured the food service area and observed the eyewash station did not meet Occupational Safety and Health Administration standards; namely it was not located in proximity to the chemical storage area (**Deficiency EH&S-1⁶**).

ODO reviewed CBDC's fire-drill documentation and found fire drills are conducted quarterly and properly documented; however, the time it takes to draw the emergency keys is not included on the completed fire drill form (**Deficiency EH&S-2⁷**).

SECURITY

ADMISSION AND RELEASE (A&R)

ODO reviewed training records of all intake staff and determined documentation did not exist for [REDACTED] intake staff having received training on the admissions process (**Deficiency A&R-1⁸**).

ODO reviewed [REDACTED] detainee detention files and found [REDACTED] files did not contain a Form I-203, Order to Detain (**Deficiency A&R-2⁹**).

ODO observed CBDC's detainee orientation process and found that ERO has not approved the facility's orientation procedures and the facility orientation video does not include information on how detainees may contact the DO handling their docket. Additionally, there is no question-and-answer session following the orientation video (**Deficiency A&R-3¹⁰**).

Corrective Action: Prior to the completion of the inspection, ERO provided written documentation dated February 25, 2020, approving orientation procedures (**C-1**).

⁶ "Eyewash stations that meet the standards of the OSHA shall be installed in designated areas throughout the facility, and all employees and detainees in those areas shall be instructed in their use." See ICE PBNDS 2008, Standard, Environmental Health and Safety, Section (VI)(B).

⁷ "Emergency-key drills shall be included in each fire drill, and timed." See ICE PBNDS 2008, Standard, Environmental Health and Safety, Section (VII)(D)(3).

⁸ "Staff members shall be provided with adequate training on the admissions process at the facility." See ICE PBNDS 2008, Standard, Admission & Release, Section (V)(B)(1).

⁹ "An Order to Detain or Release the detainee (Form I-203 or I-203a), bearing the appropriate ICE/DRO Authorizing Official signature, must accompany each newly arriving detainee." See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(H)(1). **This is a Repeat Deficiency.**

¹⁰ "Orientation procedures in IGSA's must be approved in advance by the ICE/DRO office of jurisdiction. ...

1. At a minimum, each video must provide the following material, which may appear in any order as long as the presentation is coherently organized and edited, with smooth transitions between subjects. The facility administrator may supplement the required information with explanations of particular policies, rules, and procedures. ... How the detainee can contact the deportation officer handling his or her docket; ...

"Following the video, staff shall conduct a question-and-answer session." See ICE PBNDS 2008, Standard, Admissions and Release, Section (V)(F).

ODO reviewed CBDC's detainee release process and found ERO had not approved the release procedures and [REDACTED] files reviewed for released detainees had a Form I-203a, Orders to Release, not addressed to CBDC or the facility name was left blank (**Deficiency A&R-4¹¹**).

Corrective Action: Prior to the completion of the inspection, ERO provided written documentation dated February 25, 2020, approving CBDC's detainee release procedures; correcting one of the two issues identified in the deficiency (**C-2**).

ODO reviewed detainee files for [REDACTED] detainees who arrived with funds and found [REDACTED] were missing documentation of funds being returned at release; and [REDACTED] files for detainees who arrived with valuables were missing documentation of return of valuables at release (**Deficiency A&R-5¹²**).

ODO reviewed the detainee intake process and found showers are not provided during intake. Detainees have the opportunity to shower once assigned to their housing unit; however, during intake, detainees sign prechecked forms stating, "Detainee declined to shower in the intake area." ODO notes this as an **Area of Concern**.

ODO reviewed the detainee intake process and found detainees sign a form at intake stating, "I have also received a three-minute phone call provided to all detainees," when in fact phone calls are not provided during intake but in the housing unit. ODO notes this as an **Area of Concern**.

ODO reviewed the detainee intake process and found detainees sign a form at intake stating, "I have watched the orientation video and received a copy of the Detainee Handbook.... I had the opportunity to ask questions about any concerns with the video or handbook." The video is not shown during intake but rather in the housing unit. ODO notes this as an **Area of Concern**.

CLASSIFICATION SYSTEM (CS)

ODO reviewed training records of all classification staff and found documentation did not exist reflecting [REDACTED] classification staff received training on the classification process (**Deficiency CS-1¹³**).

ODO reviewed [REDACTED] detainee detention files and found [REDACTED] did not contain a Form I-213, Record of Deportable/Inadmissible Alien, or other documents allowing staff to conduct criminal history

¹¹ "ICE/DRO shall approve IGSA release procedures. ...

1. A detainee's out-processing begins when release processing staff receive the Form I-203, "Order to Detain or Release," signed by an authorizing official."

See ICE PBNDS 2008, Standard, Admissions and Release, Section (V)(H).

¹² "The processing officer shall compare the blue and pink copies of the G-589 with the white copy presented by the detainee. If the detainee's documentation is in order, the officer shall return the detainee's funds and secure the detainee's signature confirming receipt of the inventoried property on the blue copy of the G589. The facility shall retain all three copies (blue, pink, and white) of the closed out G-589 in the detainee's detention file." See ICE PBNDS 2008, Standard, Admissions and Release, Section (V)(H)(10).

¹³ "Each facility administrator shall require that the facility's classification system ensures the following: ...All facility staff assigned to classification duties shall be adequately trained in the facility's classification process." See ICE PBNDS 2008, Standard, Classification System, Section (V)(A).

checks. This restricts staff's ability to adequately use facts and other objective, credible evidence documented in a detainee's A-file, criminal history checks, or work-folder during the classification process (**Deficiency CS-2¹⁴**).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the facility's detainee handbook and found it does not inform detainees that upon request they will be provided an ERO certified copy of identity documents; the procedures for claiming property upon release, transfer, or removal; or how to access personal funds to pay for legal services (**Deficiency F&PP-1¹⁵**).

ODO reviewed the detainee personal property storage area and found there was no property receipt log or verification of valuables being placed into the secured valuables storage area (**Deficiency F&PP-2¹⁶**).

ODO observed detainees rolling-over from USMS custody to ICE custody sign for the return of their property from USMS (which is not secured in a tamper-resistant manner) and re-inventory property as an ICE detainee (stored in tamper-resistant laundry bags), when the property is never removed from the property room nor re-inventoried prior to custody transfer. There is no logbook maintained in the property room documenting receipt of all detainee property, garment bag number, date received, nor date returned (**Deficiency F&PP-3¹⁷**).

ODO reviewed the detainee personal property inventory process and found there is no audit of valuables, the quarterly audit of property is not conducted in a manner which reflects the results of the audits or that all valuables and property are accounted for (**Deficiency F&PP-4¹⁸**).

¹⁴ "Staff shall use facts and other objective, credible evidence documented in the detainee's A-file, criminal history checks, or work-folder during the classification process. Relevant considerations include current offense(s), past offense(s), escape(s), institutional disciplinary history, documented violent episodes and incidents, medical information, and a history of victimization while in detention." See ICE PBNDS 2008, Standard, Custody Classification System, Section (V)(E). **This is a Priority Component.**

¹⁵ "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property, including: ... That, upon request, they shall be provided a ICE/DRO-certified copy of any identity document (passport, birth certificate, etc.) placed in their A-files; ... The procedure for claiming property upon release, transfer, or removal; ... Access to detainee personal funds to pay for legal services." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(C).

¹⁶ "The supervisory security officer or equivalent shall remove the contents of the drop safe during his or her shift and initial the G-589 accountability log. The supervisor shall:

2. Verify the proper disposition of funds and valuables by checking the sealed envelopes in the cash box, the property envelopes in the safe, and the safekeeping of all large valuables in the designated secured locked area."

See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(H)(3).

¹⁷ "An itemized inventory of all detainee baggage and personal property (separate from funds and valuables) shall be completed during admissions processing using the personal property inventory form. Each facility should inventory all property even if the property was previously inventoried by another facility and is contained in a sealed bag. ... A logbook shall be maintained listing detainee name, A-number or facility detainee number, I-77 number, security tie-strap number, property description, date issued and date returned." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(I).

¹⁸ "Where physical custody of, or access to, detainee funds, property envelopes, and large valuables changes with facility shift changes, both on-coming and off-going supervisors shall simultaneously conduct an audit of these

ODO reviewed CBDC's F&PP policy and found it does not contain procedures for reporting and investigating incidents of detainee property loss or damage, and for reimbursing detainees for all validated property losses caused by facility negligence. Facility staff were unaware of procedures for processing incidents of detainees' damaged or lost personal property (**Deficiency F&PP-5¹⁹**).

SPECIAL MANAGEMENT UNIT (SMU)

ODO reviewed CBDC's SMU post orders in the detainee housing units and found it directs facility staff to visually search and place detainees in security restraints (handcuffs and leg irons) upon placement in SMU (Administrative Segregation status). However, corresponding CBDC SMU policy states detainees will not be restrained and/or visually searched, and interviews with facility staff indicated they do not restrain or visually search detainees during placement in SMU. ODO notes this as an **Area of Concern**.

Corrective Action: Prior to the completion of the inspection, the Chief of Security updated SMU post orders, with the Facility Administrator's approval, that clarified to assigned staff that ICE detainees are not to be routinely placed in restraints or subjected to visual searches when placed in Administrative Segregation. ODO notes that the corresponding CBDC SMU and UOF policies were in compliance with both standards (**C-3**).

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO observed procedures for ensuring accountability of required protective equipment for Calculated UOF situations (cell extractions) and found they were insufficient due to the area having a dual-purpose that involves many staff using the area regularly for computer training between scheduled inventory times. ODO notes this as an **Area of Concern**.

Corrective Action: Prior to the completion of the inspection, the Chief of Security updated the inventory schedule for protective extraction equipment, with the Facility Administrator's approval, from weekly to daily (**C-4**).

CARE

FOOD SERVICE (FS)

ODO observed safety shoes are not provided to food service personnel (**Deficiency FS-1²⁰**).

items. ... An inventory of detainee baggage and other non-valuable property shall be conducted by the facility administrator's designee at least once each quarter." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(J).

¹⁹ "All CDFs and IGSA facilities shall have and follow a policy for loss of or damage to properly receipted detainee property, as follows: All procedures for investigating and reporting property loss or damage shall be implemented as specified in this Standard; ..." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(L)(3).

This is a Priority Component.

²⁰ "All food service personnel working in the food service department shall be provided with and required to use approved rubber soled safety shoes." See ICE PBNDS 2008, Standard, Food Service, Section (V)(J)(2)(f).

MEDICAL CARE (MC)

ODO observed CBDC's administrative health authority has not implemented procedures that provide for continuity of medical care in the event of a detainee's change in detention placement or status; specifically, the in-transit medical review form (**Deficiency MC-1**²¹).

Corrective Action: Prior to the completion of the inspection, facility medical staff implemented a "USMS to ICE Rollover Review" form which will provide transfer of detainee medical information from USMS custody to ICE custody and upon release (**C-5**).

ACTIVITIES

VISITATION (V)

ODO observed CBDC's visitation process and found procedures required that general visitors (detainee immediate family, other relatives, friends, etc.) and legal visitors utilize the same visitor log to record visits (**Deficiency V-1**²²).

ODO observed that in practice the facility does not require approved visitor lists from detainees; however, CBDC's policy for Detainee Visiting - Official Visits, IV.B.3., page 2, requires detainees to have attorneys on the "Detainee's Visitor List as Attorney of Record." ODO notes this as an **Area of Concern**.

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 16 standards under PBNDS 2008 and two standards under PBNDS 2011 and found the facility in compliance with nine out of 18 standards. ODO found 17 deficiencies in the remaining nine standards. ODO commends facility staff for their responsiveness during this inspection and notes there were five instances where staff initiated immediate corrective action during the inspection. ODO also notes that on the final day of the inspection, the facility provided proposed corrective actions for all remaining findings; absent requiring food service personal wear safety shoes. The facility stated it would never provide inmates, who comprise the food service staff, with steel-toed shoes as required by the definition of "safety shoes."

Most detainees at CBDC are initially USMS inmates who upon conclusion of a court appearance, are transferred to ICE custody, and remain at the facility on average 24-72 hours. ODO noted six **Areas of Concern**, which included accountability of required protective equipment for Calculated UOF situations. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations

²¹ "The facility administrative health authority must ensure that a plan is developed that provides for continuity of medical care in the event of a change in detention placement or status. ...Upon transfer to another facility or release, the medical provider shall ensure that all relevant medical records and at least 7 days' (or, in the case of TB medications, 15 days') supply of medication shall accompany the detainee." See ICE PBNDS 2008, Standard, Medical Care, Section (V)(S).

²² "Each facility shall maintain a log of all general visitors, and a separate log of legal visitors..." See ICE PBNDS 2008, Standard, Telephone Access, Section (V)(D).

Compliance Inspection Results Compared	FY 2018 (PBNS 2008)	FY 2020 (PBNS 2008)
Standards Reviewed	14	18
Deficient Standards	7	9
Overall Number of Deficiencies	18	17
Deficient Priority Components	5	2
Repeat Deficiencies	2	1
Corrective Actions	4	8