



U.S. Department of Homeland Security

Immigration and Customs Enforcement

Office of Professional Responsibility

Inspections and Detention Oversight

Washington, DC 20536-5501

**Office of Detention Oversight
Compliance Inspection**

**Enforcement and Removal Operations
San Antonio Field Office
Coastal Bend Detention Center
Robstown, Texas**

December 3 - 5, 2013

**COMPLIANCE INSPECTION
COASTAL BEND DETENTION CENTER
SAN ANTONIO FIELD OFFICE**

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INSPECTION PROCESS

The U.S. Immigration and Customs Enforcement (ICE), Office of Professional Responsibility (OPR), Office of Detention Oversight (ODO) conducts broad-based compliance inspections to determine a detention facility's overall compliance with the applicable ICE National Detention Standards (NDS) or Performance-Based National Detention Standards (PBNDS), and ICE policies. ODO bases its compliance inspections around specific detention standards, also referred to as core standards, which directly affect detainee health, safety, and well-being. Inspections may also be based on allegations or issues of high priority or interest to ICE executive management.

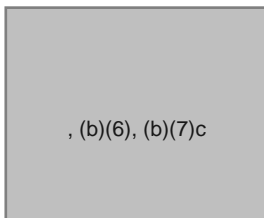
Prior to an inspection, ODO reviews information from various sources, including the Joint Intake Center (JIC), Enforcement and Removal Operations (ERO), detention facility management, and other program offices within the U.S. Department of Homeland Security (DHS). Immediately following an inspection, ODO hosts a closeout briefing at which all identified deficiencies are discussed in person with both facility and ERO field office management. Within days, ODO provides ERO a preliminary findings report, and later, a final report, to assist in developing corrective actions to resolve identified deficiencies.

REPORT ORGANIZATION

ODO's compliance inspection reports provide executive ICE and ERO leadership with an independent assessment of the overall state of ICE detention facilities. They assist leadership in ensuring and enhancing the safety, health, and well-being of detainees and allow ICE to make decisions on the most appropriate actions for individual detention facilities nationwide.

ODO defines a deficiency as a violation of written policy that can be specifically linked to ICE detention standards, ICE policies, or operational procedures. Deficiencies in this report are highlighted in bold and coded using unique identifiers. Recommendations for corrective actions are made where appropriate. The report also highlights ICE's priority components, when applicable. Priority components have been identified for the 2008 and 2011 PBNDS; priority components have not yet been identified for the NDS. Priority components, which replaced the system of mandatory components, are designed to better reflect detention standards that ICE considers of critical importance. These components have been selected from across a range of detention standards based on their importance to factors such as health and safety, facility security, detainee rights, and quality of life in detention. Deficient priority components will be footnoted, when applicable. Comments and questions regarding this report should be forwarded to the Deputy Division Director, OPR ODO.

INSPECTION TEAM MEMBERS



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

EXECUTIVE SUMMARY

ODO conducted a compliance inspection of the Coastal Bend Detention Center (CBDC) in Robstown, Texas, from December 3 to 5, 2013. CBDC, which opened in 2009, is owned and operated by LCS Corrections Service Inc. (LCS). ERO began housing detainees at CBDC in July 2012 under an Intergovernmental Service Agreement (IGSA) with LCS and the U.S. Marshals Service. Male and female detainees of all security classification levels (Level I - lowest threat, Level II - medium threat, Level III - highest threat) are detained at the facility for periods in excess of 72 hours.

ICE/ERO began housing only female detainees in August 2013. The inspection evaluated CBDC's compliance with the 2008 PBNDS.

Capacity and Population Statistics	Quantity
Total Bed Capacity	1,176
ICE Detainee Bed Capacity	740
Average Daily Population	950
Average ICE Detainee Population	700
Average Length of Stay (Days)	45
Male Detainee Population Count (as of 12/3/13)	0
Female Detainee Population Count (as of 12/3/13)	670

The ERO Field Office Director (FOD) in San Antonio, Texas, is responsible for ensuring facility compliance with 2008 PBNDS and ICE policies. (b)(7)e

ICE employees are temporarily located at CBDC. No ERO Detention Service Manager (DSM) is assigned to CBDC.

The LCS Warden is responsible for oversight of daily facility operations and is supported by (b)(7)e LCS personnel. CBDC provides food services and transportation, and Correctional Healthcare Companies (CHC) provides medical services. CBDC holds no accreditations.

This inspection represented ODO's first visit to CBDC. ODO reviewed 16 standards and found CBDC compliant with seven. ODO found 33 deficiencies in the following nine standards, 10 of which relate to priority components:¹ Admission and Release (7 deficiencies), Food Service (5), Funds and Personal Property (1), Law Libraries and Legal Material (3), Medical Care (3), Personal Hygiene (5), Sexual Abuse and Assault Prevention and Intervention (1), Staff-Detainee Communication (6), and Telephone Access (2). ODO made three recommendations regarding facility policy and procedures.

This report details all deficiencies and refers to the specific, relevant sections of the 2008 PBNDS. ERO will be provided a copy of this report to assist in developing corrective actions to resolve all identified deficiencies. ODO discussed these deficiencies with CBDC and ICE personnel during the inspection and at a closeout briefing conducted on December 5, 2013.

During the admissions process, ODO observed 30 ICE female detainees admitted to CBDC. Each detainee was patted down and had her property inventoried, receipted, and stored. All detainees were allowed to make one telephone call. ODO observed that CBDC intake officers were unable to answer detainee questions during the admission process, because the officers could not speak Spanish. ODO observed several detainees sign forms and return to the holding

¹ Deficient priority components were found in the following eight standards: Admission and Release, Food Service, Funds and Personal Property, Medical Care, Personal Hygiene, Sexual Abuse and Assault Prevention and Intervention, Staff-Detainee Communication, and Telephone Access. None of the deficiencies in the Law Libraries and Legal Material standard was a priority component.

room area without their questions being answered. ODO notified the intake shift supervisor, who stated she would assign more Spanish-speaking officers to the intake process. ERO was notified of the findings.

Medical, dental, X-ray, mental health, and sexual abuse screenings were not performed within the intake area. No medical personnel were present during intake. ODO observed one female awaiting processing who appeared to be pregnant, and very ill and experiencing body aches, and two females reporting themselves as pregnant, who were not seen in a timely fashion by medical personnel during intake. ODO notified the intake supervisor, who stated she would have the three women evaluated by medical staff. One was later determined not to be pregnant. ERO was notified of the findings.

ODO notes the CBDC intake area lacks enough space to process the number of detainees and other federal inmates who arrive and depart the facility daily. A total of three holding rooms (maximum capacities of 23, 20, and 12) were observed being used for both ICE and U.S. Marshals Service processing at the same time. One holding room was being used over the maximum capacity (capacity 20 vs. 23 observed) and two other holding rooms were being used at full capacities. ODO also observed ICE detainees sitting on the hallway floors and inside the patio while waiting for processing.

The facility provides an orientation video to ICE detainees during intake. The video is available in English and Spanish inside the intake holding cell, but the video cannot be seen or heard due to poor video quality. Also, the orientation video does not provide information on the “Know Your Rights” or SAAPI program for detainees. ODO observed detainees signing for the facility handbook; however, handbooks were not being handed out by CBDC staff during this inspection. Although the facility had no releases performed during the inspection, ODO reviewed CBDC’s admission and release policies. Review of documentation contained in detainee files were found in compliance with the standard.

ODO notes that the facility does not have a procedure in place to inventory identity documents, such as passports and birth certificates, in detainees’ possession when they enter the facility. CBDC personnel stated that these documents are normally retained in the detainee’s property at the facility. CBDC staff stated they will start returning detainee identification documents to the arresting officer or ICE staff for placement in detainees’ A-Files.

CBDC has a comprehensive policy addressing classification of detainees. Detainees are classified by ERO prior to admission at the facility, and the classification is reviewed by facility staff prior to placement in a housing unit. A review of 21 detention files and 21 A-Files verified all contained necessary documentation supporting proper assignment of classification levels. ODO’s review of detainee rosters found all detainees were classified as Level 1. Procedures are in place for reclassification of detainees housed over 60 days and when necessary.

The detainee handbook addresses prohibited acts, sanctions, the disciplinary process, appeals, and detainee rights. ODO was informed no detainees have received infractions for rule violations in the past year. The facility’s policy addresses all requirements of the Disciplinary System standard with one exception: it states investigations must be concluded within 48 hours instead of 24 hours as required by the 2008 PBNDS. A deficiency is not cited because there

were no disciplinary actions wherein the requirement was violated. However, ODO recommended that the facility modify the policy to support compliance with the standard in the event of any required disciplinary sanctions in the future. The policy was revised prior to completion of the review.

The food service department is managed by CBDC personnel. Staffing consists of the supervisor (b)(7)e sergeants, and (b)(7)e corrections cooks, supported by a crew of (b)(7)e to (b)(7)e U.S. Marshal Service inmates. No ICE detainees work in food service. ODO's review of documentation maintained by the food service supervisor confirmed staff and inmate workers received medical clearances prior to working in the kitchen. Both staff and inmates were observed wearing hairnets, beard guards, aprons, gloves, and rubber-soled footwear. ODO found the food service area was maintained in a sanitary condition, and documentation supporting required inspections by staff was conducted.

CBDC has a satellite meal service operation where meals are prepared and placed on insulated trays in the kitchen, then delivered to the housing units on non-insulated carts. During observation of the lunch meal on the second day of the inspection, ODO noted staff routinely taking food temperatures. ODO's testing found hot foods were 141 degrees and cold items were 38 when placed on trays; however, all hot items did not maintain the minimum required temperature of 120 degrees when served to detainees. ODO's testing found that upon service, hot items ranged between 100 to 140 degrees when served.

The facility has three lavatory facilities for food service workers. Hand washing instructions were posted. However, there were no signs specifically indicating staff and inmates must wash their hand before returning to work. In addition, there were no trash baskets in the lavatories. When brought to the attention of the food service supervisor, he had new signs and trash baskets placed in the lavatories.

ODO confirmed CBDC policy addresses all requirements for safeguarding detainees' personal property and funds. Detainees are informed of procedures relating to property and funds during intake by facility staff, in the orientation video, and by way of the detainee handbook. CBDC uses an electronic booking system which generates an inventory of detainees' personal property and issues a receipt. The tie strap number and personal property number assigned are entered into the database. The receipt is printed out and the detainees signs and retains a copy for her records. One copy is then placed with the property bag and another copy is placed in the detainee's detention file. The bottom (Part III) of the I-77 is signed and given to the detainee. A review of 30 randomly selected detention files (20 active files and 10 inactive files) confirmed funds and property inventories, and receipts were present in all 30 files.

ODO interviewed the CBDC funds officer and learned that after detainees are removed, any remaining detainee funds held by CBDC are not turned over to ERO. The Warden was informed and ordered his accounting staff to audit and notify ERO to take custody of the funds.

Information on informal and formal grievance procedures are provided in the detainee handbook and the facility's orientation video in both English and Spanish. ODO's review of the facility grievance policy confirmed it addresses all requirements. Review of training files for (b)(7)e

randomly selected staff confirmed completion of initial and annual training in grievance procedures, including procedures for identifying and handling emergency grievances.

A lieutenant is CBDC's designated grievance coordinator. Informal and formal grievance logs are maintained. A review of the logs found there were no formal or informal grievances filed in the past year. According to ICE management, the Deputy Warden, the grievance coordinator, and facility staff, there were no allegations of staff misconduct.

CBDC has a designated law library furnished with sufficient tables and chairs, located in a well-lit room isolated from noisy areas. Detainees have access to writing implements and other supplies necessary to prepare documents for legal proceedings; however, only one computer and one printer is available to the average daily population of 670 ICE detainees. The facility policy regarding the law library did not describe procedures to assist illiterate and non-English speaking detainees. The facility detainee handbook does not inform detainees of the scheduled hours for accessing the law library; the procedures for requesting additional time, access to computers, printers, and other supplies; the procedure to request legal reference materials, and whom to notify of missing or damaged materials.

Medical services are provided by the contractor Correctional Healthcare Companies (CHC). Clinic staffing includes the full time Health Services Administrator (HSA) who is also a registered nurse (RN); the medical director, who is on-site eight hours on Tuesdays and Thursdays and on call 24 hours a day; a nurse practitioner on-site eight hours on Wednesday; and a psychologist who serves as the director of mental health and is on-site eight hours on Saturdays and Sundays. Nursing staff consists of a full-time RN who functions as the nursing supervisor, and (b)(7)(e) full-time licensed practical nurses (LPN). Additional staff includes (b)(7)(e) medical records clerks, (b)(7)(e) primary care technicians, and (b)(7)(e) medication technician. There were no vacancies at the time of the review. Licenses and credential documentation are maintained in the HSA's office. ODO verified professional credentials including licensure, insurance, DEA registration, and other applicable certifications for all medical staff were current and primary-source verified. ODO was informed 70 percent of the medical staff is fluent in Spanish. When necessary, a telephone language interpretation service is used for other languages.

The clinic has three separate examination rooms and an emergency treatment room, all of which afford adequate patient privacy. There are two separate waiting areas on opposite sides of the clinic, one used for females and the other for males. The areas are supervised and drinking water and toilets are accessible.

Medical, dental, and mental health screening is performed by nursing staff at the time of detainee arrival. Screenings are completed in private examination rooms in the intake area. The intake process includes tuberculosis (TB) symptom screening and purified protein derivative (PPD) skin tests. Positive PPD tests are followed up by a chest X-ray. Detainees are informed how to access medical services and sign consent forms for routine medical treatment during intake processing. ODO's review of 15 detainee medical records confirmed the intake screening was completed within 12 hours of arrival and reviewed by the physician in all cases.

Health appraisals are completed by the physician, nurse practitioner, or RNs. All 15 medical records reviewed showed documentation of the health appraisals and included a physical

examination with hands-on review of systems, dental screening and pregnancy testing. However, four detainees did not have health appraisals within the required 14 days of arrival. The health appraisals were instead completed 16, 18, 23, and 60 days following the detainees' arrival.

ODO's review of training records for (b)(7)e randomly selected correctional staff confirmed annual training and current certification in first aid, automated external defibrillator use, and cardio-pulmonary resuscitation (CPR). Medical personnel comply with the Texas requirements for CPR training every two years in order to maintain an active license; however, ODO found (b)(7)e out of (b)(7)e medical staff had not completed training in a one-year period as required by the 2008 PBNDS. During the review, the HSA incorporated CPR training into the annual training program for all health care staff.

During the intake process ODO observed staff issuing one and sometimes two undergarments to detainees. CBDC is low on inventory and supply of uniforms, undergarments, and towels. While clothing stored within the processing and laundry facilities appeared to be clean, ODO observed 30 new detainees issued worn, stained, and torn undergarments, uniforms, and towels. The Warden informed ODO that the ICE contract does not cover the funds for new uniforms, new undergarments, or towels, and this is why detainees will continue to receive used and old uniforms. Detainee-issued personal hygiene items consist of a bar of soap, toilet paper, toothpaste, and tooth brush. CBDC replenishes soap, toilet paper, toothpaste at no cost to detainees every Friday. Other personal hygiene items are available to detainees through purchase at the commissary.

ODO toured the detainee housing units and observed Level I detainees in general population housing units are given access to disposable razors only three days a week. ODO observed detainees sharing ten razors among 48 female detainees in two of the housing units. CBDC exchanges sheets and pillowcases weekly, and blankets monthly. Detainees place soiled undergarments and linens in individual bags. The facility then launders and returns bags to detainees twice a week; however, the facility does not provide daily exchange of socks and undergarments as required for health and sanitation reasons.

The facility's contract requires compliance with the 2008 SAAPI PBNDS, but by the end of the inspection, the local policy was revised to include all 2011 SAAPI PBNDS components. CBDC has a comprehensive written policy that provides for the prevention, reporting, and investigation of sexual assaults. The lieutenant in charge of intake is the designated Sexual Abuse and Assault Prevention and Intervention (SAAPI) Coordinator for the facility. Staff is required to attend pre-service and annual training on the SAAPI program. ODO reviewed (b)(7)e staff training records and verified all were current. A review of the training curriculum confirmed (b)(7)e it is comprehensive and inclusive of all required elements. Staff interviews confirmed they are knowledgeable about the SAAPI program and how to handle any reports or observations concerning possible sexual abuse or assault. The SAAPI coordinator stated there were no incidents of reported sexual abuse in past year.

Detainees are screened during the medical intake process for sexual abuse victimization history, as well as for predatory history to identify potential sexual aggressors. Procedures are in place to

refer information obtained during screening to mental health professionals and to the SAAPI coordinator as necessary.

During the tour of the facility, ODO verified information regarding the SAAPI program was posted in English and Spanish, to include hotline numbers and other methods for reporting incidents of sexual assault and abuse. However, the detainee handbook did not contain all information required by the standard. Specifically, it did not address prevention and intervention, definitions and examples of sexual abuse, reporting procedures and the investigation process, self-protection, prohibition against retaliation, and treatment or counseling services. Furthermore, though the facility's policy requires that detainees receive and sign for a SAAPI pamphlet, no pamphlet is available at CBDC. During interviews, the SAAPI coordinator acknowledged no written materials are issued to detainees. He informed ODO he verbally provides SAAPI information to detainees when he is present during intake, but discussion of the SAAPI program is not part of the facility's orientation. Prior to completion of the review, the facility produced a revision to the handbook addressing all information required by the 2008 and 2011 PBNDS. ODO recommends that the new handbook be issued to current detainees and that staff hold sessions reviewing SAAPI information for detainees.

ODO was informed no detainees have been placed in administrative or disciplinary segregation in the past year. A review of the facility's policies confirmed they address all requirements of the 2008 PBNDS, including segregation orders, reviews, living conditions and privileges, access to medical services and rounds, monitoring, and documentation. CBDC does not have a housing unit designated as the SMU; however, certain cells in the buildings where detainees are housed would be used for segregation purposes, if necessary. ODO's inspection of the cells confirmed they meet all requirements of the standard.

Detainees stated that they did not know who their assigned Deportation Officer is during detainee interviews. Detainees also stated there is little personal interaction with ICE staff and, in most cases, ICE staff does not address detainee requests or concerns unless a request has been filed. ERO visitation schedules are not posted in detainee housing units or other areas accessible to detainees.

CBDC has written procedures for detainees to submit written questions, requests, or concerns to ICE. The facility has a form located in the housing units for use by detainees to submit requests. Detainees cannot submit their own requests into the drop box, because the box is located away from the housing unit near the control center. ODO could not verify responses to detainees' questions or requests are completed due to ERO's not keeping a logbook documenting their responses.

ERO staff conducts one scheduled and multiple unscheduled visits weekly at CBDC to monitor conditions of confinement and interact with facility staff. These visits are not documented on ICE Facility Liaison Visit Checklists; therefore, ODO could not verify these visits. The Supervisory Detention and Deportation Officer (SDDO) visited the facility in the past month, but no documentation of visits to the facility was documented. ICE does not have staff permanently located at CBDC. However, ERO San Antonio has assigned (b)(7) temporary officers at CBDC to conduct oversight and prepare documentation for credible fear and asylum interviews of detainees.

The HSA staff reported there have been no detainee suicide watches in the past year. Facility policy addresses the requirements of the standard, including notification to ICE in the event of a detainee suicide attempt or death. Per policy, only a qualified mental health professional is authorized to remove a detainee from suicide watch. The observation area of the clinic has two rooms designated for suicide watch. ODO's inspection confirmed the rooms are suicide-resistant and both have large glass panels in the doors to allow for direct visual observation of the entire room at all times.

Telephone guidelines are addressed in policy, the detainee handbook, and in a laminated booklet titled "ICE Activity Schedules" found in each housing unit. In addition, the guidelines were posted in the housing units. Phones are available for detainee use from 7:00 a.m. to 10:30 p.m. on weekdays, and 7:00 a.m. to midnight on weekends and holidays. CBDC housing units have one phone for every eight detainees. Staff-approved confidential calls are placed using a phone in an unoccupied closed cell located in every unit.

Daily inspection and testing of all telephones is documented on checklists by facility staff, as confirmed by ODO's review. During an interview, the SIEA informed ODO that on-site ERO personnel complete random checks of phones when in the housing areas daily; however, there was no documentation supporting checks are done at least weekly. ERO staff stated they do not document their serviceability checks. Listings of required direct and toll-free phone numbers were posted in all housing units. A random test of these telephone numbers found them operable with one exception. When first tested, the toll-free number for the Immigration Court Hotline was not functional. CBDC staff was notified and ODO verified the problem was corrected prior to completion of the review.

According to staff and documentation, there was no immediate or calculated use of force incidents involving ICE detainees in the past year. ODO's review of CBDC's use of force policy confirmed it addresses all requirements of the PBNDS, including confrontation avoidance and using force only as a last resort. Notification of ICE, medical examinations, and after action review following use of force incidents is required. A review of (b)(7)e randomly selected training records confirmed current training in the use of force, cell extraction, application of restraints, and oleo capsicum (OC) spray. Electro-muscular disruption devices are not used at CBDC. ODO's inspection of the armory area and the central control room confirmed inventories of OC spray and restraint equipment were accurate.

OPERATIONAL ENVIRONMENT

INTERNAL RELATIONS

ODO interviewed the Warden, (b)(7)(e) assistant wardens, the Assistant Field Office Director (AFOD), and the Supervisory Immigration Enforcement Agent (SIEA) regarding the working relationship between ERO and CBDC. The Warden expressed no concerns about facility staff's relationship with ERO. Both assistant wardens reported receiving immediate responses from ERO San Antonio following the submission of requests for assistance or information. The Warden stated that ERO officers visit detainee housing units every day including weekends. (b)(7)(e) ICE employees are temporarily located at CBDC, (b)(7)(e) SIEA and (b)(7)(e) Immigration Enforcement Agents (IEA). The AFOD expressed no concerns about the working relationship with CBDC, and stated there is sufficient staff to support mission requirements.

DETAINEE RELATIONS

ODO randomly selected and interviewed 20 Level I female detainees regarding conditions of detention at CBDC. No male detainees were present at the facility during the inspection. Among the 20 detainees interviewed, three indicated they did not receive the ICE National Detainee Handbook and thirteen detainees stated they did not receive the local detainee handbook upon arrival (some handbooks were given to detainees one day prior to this inspection). During admission, ODO did not observe handbooks being handed out although detainees were required to sign for them. ODO cited this as a deficiency.

None of the detainees knew who their Deportation Officer (DO) was (no visits were documented). ODO observed and verified DOs did not visit any of the detainees in the housing pods. ODO cited this as a deficiency.

Ten detainees expressed concerns about the taste of food and meal trays being served cold. ODO observed food service operations and found meals arriving below required temperatures in housing units. ODO cited this as a deficiency.

Although detainees seemed generally satisfied with the medical care, their main complaint was delays in medical treatment; specifically, 10 out of 20 expressed having urinary tract and vaginal infections, and treatment delays were so long that they had to purchase sanitary items from the facility commissary for relief. ODO looked into the complaint of urinary tract and vaginal infections and learned through medical staff interviews, that some females were allegedly sharing a foreign object made out of soap and were introducing it into their vaginas. One detainee stated (crying) she submitted several requests to see medical staff for a urinary infection but allegedly was ignored. ODO had this detainee referred to medical where she tested positive for a urinary tract infection and was given medical attention and medication as required. During intake processing, ODO spoke with two female detainees who reported being pregnant and requiring medical attention. ODO verified that both detainees were seen by medical personnel and treated as required by the standard. Both detainees were tested for pregnancy; only one result was positive.

All detainees stated CBDC issues old, used, dirty, stained and oversized undergarments. ODO found the undergarments issued from the intake area to be clean, but also torn, worn out, or indelibly stained. ODO cited this as a deficiency.

All detainees reported having to share razors blades with one another. ODO observed ten razors being shared among 48 detainees. ODO cited this as a deficiency. Because of personal hygiene concerns, CBDC staff stated they will immediately discontinue the practice of sharing razor blades.

All detainees claimed they have sent in several requests to ERO trying to find out when they would have their next court hearing, but ERO will not respond to them. Detainees claimed having tried to call the immigration court toll-free number for information regarding their hearings, but the telephone number was not working. ODO cited this as a deficiency. ODO referred this issue to CBDC staff and phones were updated with the correct toll-free number before completion of the inspection.

All detainees complained about lights being left on at night and during the early morning count, and waking up for breakfast at 3:30 am, interrupting their sleep. ODO addressed the issue with the Warden. He immediately issued memos instructing his staff to use flashlights rather than turning lights on inside dorms during night counts. The facility also changed the last count to 10 p.m., and implemented a new meal schedule serving breakfast at 6 a.m., lunch at 11 a.m. and dinner at 6 p.m.

Two detainees complained about not receiving their mail on time for their court hearings, which caused unnecessary court cancellations or unfavorable decisions to their immigration case. ODO verified CBDC delivers mail on time and staff stated that due to immigration court hearings held far from the facility, detainees are transported early in the morning to their hearing and may have missed mail call. No other detainee complaints concerning mail were found.

ICE 2008 PERFORMANCE-BASED NATIONAL DETENTION STANDARDS

ODO reviewed a total of 16 PBNDS and found CBDC fully compliant with the following seven standards:

1. Classification System
2. Detainee Handbook
3. Disciplinary System
4. Grievance System
5. Special Management Units
6. Suicide Prevention and Intervention
7. Use of Force

As the standards above were compliant at the time of the review, a synopsis for these standards is not included in this report.

ODO found 33 deficiencies in the following nine standards.

1. Admission and Release
2. Food Service
3. Funds and Personal Property
4. Law Libraries and Legal Materials
5. Medical Care
6. Personal Hygiene
7. Sexual Abuse and Assault Prevention and Intervention
8. Staff-Detainee Communication
9. Telephone Access

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

ADMISSION AND RELEASE (AR)

ODO reviewed the Admission and Release standard at CBDC to determine if procedures are in place to protect the health, safety, security, and welfare of each person during the admission and release process, in accordance with the ICE PBNDS. ODO reviewed facility policies and detention files, interviewed staff and detainees, and observed the admission process. ODO could not observe the facility release procedures due to time constraints.

ODO found CBDC has standard operating procedures in place for admission and release. CBDC's admission process involves property inventory, clothing exchange, and orientation to the facility. The facility did not have a procedure to inventory identity documents, such as passports and birth certificates. CBDC personnel stated detainee documents are normally retained in the detainee's property at the facility (**Deficiency AR-1**). The facility staff will start giving all detainee documents to ICE to put in the A-Files. ERO was notified of the findings.

ODO observed 30 ICE female detainees being admitted to CBDC. Every detainee was patted down and property was inventoried, receipted, and stored. All detainees were allowed to make one telephone call. Several CBDC intake officers were unable to answer detainee questions during the admission process, because they could not speak Spanish. One of the officers responded to detainee questions, "I no speak-a Spanish; oh well" (**Deficiency AR-2**). ODO observed several detainees sign forms and return to the bench holding area without their questions answered. ODO notified the shift supervisor at intake; the shift supervisor stated she would assign more Spanish speaking officers to the intake process. ERO was notified of the findings.

Newly admitted detainees were not receiving documented medical, dental, and mental health screenings upon intake. ODO observed one female who was experiencing chills and appeared ill and two females reporting they were pregnant who were not screened by medical personnel during intake (**Deficiency AR-3**). ODO notified the intake supervisor, who stated she would have the females seen by medical staff. (One was later determined not to be pregnant.) ERO was notified of the findings.

ODO notes CBDC's intake area is not large enough and lacks space to process the amount of detainees and other federal inmates who arrive and depart the facility. A total of three holding rooms with maximum capacities of 23, 20, and 12, were observed being used for processing both ICE and other federal inmates at the same time. ODO observed one holding room with a maximum capacity of 20 which contained 23 people while the other two holding rooms were at full capacity. ODO observed 10 of the 30 ICE detainees escorted to the outside patio awaiting admission processing into the facility. ODO inquired why detainees were escorted to the outside patio, the shift supervisor indicated all holding cells were full and that detainees were kept outside temporarily until they could be processed. Detainees were under supervision while waiting to be processed. ERO was notified of the findings.

Forms I-203, which authorizes detention and release of detainees, were not maintained in the detention files (**Deficiency AR-4**). ODO reviewed 30 detention files and found staff failed to place a copy of Form I-203 in all 30 files.

Detainees were issued stained, torn, and incorrect size undergarments, along with torn towels during intake (**Deficiency AR-5**). ODO spoke with the Warden who stated he was not going to change the policy of issuing used clothing because the ICE contract does not cover the costs for new undergarments or uniforms.

The facility provides an orientation video to ICE detainees during orientation to inform new arrivals about the facility. The video is available in English and Spanish inside the intake holding cell, but the video cannot be seen or heard. Also, the orientation video does not provide information of the Know Your Rights or Sexual Abuse and Assault Prevention and Intervention Program for detainees (**Deficiency AR-6**).²

The facility provides detainees with the ICE National Detainee Handbook; however, no facility-specific handbook was handed out during processing. ODO observed detainees signing for the facility-specific handbook even though detainees were not given the book (**Deficiency AR-7**).

Detainees entering CBDC are not strip searched unless there is reasonable suspicion of contraband. According to CBDC staff circumstances leading to a possible strip search are referred to CBDC supervisory staff, and ERO is notified. CBDC's written policy on strip searches was found to be compliant with the 2008 PBNDS. Detainee interviews corroborated ODO's findings that CBDC does not conduct routine strip searches.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY AR-1

In accordance with ICE PBNDS, Admission and Release, section (V)(A), the FOD must ensure "each detainee's identification documents shall be secured in the detainee's A-file."

DEFICIENCY AR-2

In accordance with the ICE PBNDS, Admission and Release, section (V)(F), the FOD must ensure the facility "shall have a method to provide ICE detainees an orientation to the facility as soon as practicable, in a language or manner that detainees can understand."

DEFICIENCY AR-3

In accordance with the ICE PBNDS, Admission and Release, section (V)(B)(7), the FOD must ensure "each facility shall medically screen each newly arrived detainee, in accordance with the Detention Standard on **Medical Care**."

DEFICIENCY AR-4

In accordance with the ICE PBNDS, Admission and Release, section (V)(B)(8), the FOD must ensure "as part of the admission process, staff shall open a detainee detention file that shall contain all paperwork generated by the detainee's stay at the facility. Reference is made to the Detention Standard on Detention Files."

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DEFICIENCY AR-5

In accordance with the ICE PBNDS, Admission and Release, section (V)(C), the FOD must ensure “staff shall issue those clothing and bedding items that are appropriate for the facility environment and local weather conditions.”

DEFICIENCY AR-6

In accordance with the ICE PBNDS, Admission and Release, section (V)(F), the FOD must ensure “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 IGSAAs must be approved in advance by the ICE/ERO office of jurisdiction.”

DEFICIENCY AR-7

In accordance with ICE PBNDS, Admission and Release, section (V)(G)(1), the FOD must ensure “every facility shall issue to each newly admitted detainee a copy of the ICE National Detainee Handbook and local supplement that fully describes all policies, procedures, and rules in effect at the facility.”

FOOD SERVICE (FS)

ODO reviewed the Food Service standard at CBDC to determine if detainees are provided with a nutritious and balanced diet, in a sanitary manner, in accordance with the ICE PBNDS. ODO toured the facility and the food service area, observed preparation and service of meals, reviewed policy and documentation of inspections, and interviewed staff.

The food service department is managed by CBDC personnel. Staffing consists of the food service supervisor, (b)(7)e food service sergeants, and (b)(7)e corrections cooks, supported by a crew of (b)(7)e to (b)(7)e U.S. Marshals Service inmates. No detainees work in food service. ODO's review of documentation maintained by the food service supervisor confirmed staff and inmate workers received medical clearance. All were observed wearing hairnets and beard guards for facial hair, aprons, gloves, and rubber-soled footwear. Inspections found the food service area was maintained in a sanitary condition, and documentation supported required inspections by staff were conducted.

CBDC has a satellite meal service operation where meals are prepared and placed on insulated trays in the kitchen, and then delivered to the housing units on non-insulated golf carts. During observation of preparation of the lunch meal on the second day of the inspection, ODO noted food service staff routinely taking food temperatures. ODO's testing found hot foods were 141 degrees and cold items were 38 when placed on trays; however, all hot items did not maintain the minimum required temperature of 120 degrees when served to detainees. ODO's testing found that upon service, hot items ranged from a low of 100 degrees to 140 degrees (**Deficiency FS-1**).³

The facility has three lavatory facilities for food service workers. Hand washing instructions were posted, however, there were no signs specifically indicating staff and inmates must wash their hands before returning to work (**Deficiency FS-2**). In addition, there were no trash baskets in the lavatories (**Deficiency FS-3**). When brought to the attention of the food service supervisor, he had new signs and trash baskets placed in the lavatories.

ODO's review of documentation confirmed regular and special diet menus were reviewed and approved for nutritional adequacy by a licensed dietician every six months. During the review, there were no detainees on religious diets and between three and 16 detainees per unit on medical diets. ODO's review of procedures for approval of religious diets found the "Authorization of Common Fare Participation" form required by the standard is not used (**Deficiency FS-4**). Instead, the general detainee request form is completed by detainees and sent to the Chaplain for review and approval.

Inspection of the dry storage room found it was clean, orderly, and secured by a lock, and products were stored as required by the standard. The food service supervisor reported product is routinely rotated; however, there is no written stock rotation schedule (**Deficiency FS-5**). All coolers and freezers were found to be clean and orderly with thermometers both inside and outside. ODO observed temperature requirements were met and documentation supported ongoing temperature monitoring and recording. Required sanitizing equipment was in use in the

³ Priority Component

kitchen, and food service personnel were observed following sanitary guidelines. The food service operation was last inspected by the Texas Department of State Health Services Retail Food Establishment Inspection Report on March 7, 2013 with no violations cited. Documentation supported pest control services are provided on a bi-weekly basis.

STANDARD/POLICY REQUIREMENT FOR DEFICIENT FINDINGS

DEFICIENCY FS-1

In accordance with ICE PBNDS Food Service section (V)(D)(2)(a) the FOD must ensure, “Before and during the meal, the [Cook Supervisor] in charge shall inspect the food service line to ensure:

- Sanitary guidelines are observed, with hot foods maintained at a temperature of at least 140 F degrees (120 in food trays).”

DEFICIENCY FS-2

In accordance with ICE PBNDS Food Service section (V)(J)(2)(b) the FOD must ensure, “Staff and detainees shall not resume work after visiting the toilet facility without first washing their hands with soap or detergent. The FSA shall post signs to this effect.”

DEFICIENCY FS-3

In accordance with ICE PBNDS Food Service section (V)(J)(9) the FOD must ensure, “Waste receptacles shall be conveniently placed near hand washing facilities.”

DEFICIENCY FS-4

In accordance with ICE PBNDS Food Service section (V)(G)(1) the FOD must ensure, “To participate in the religious diet program, the detainee shall initiate an Authorization for Common Fare Participation form (Attachment A) for consideration by the chaplain.”

DEFICIENCY FS-5

In accordance with ICE PBNDS Food Service Section (V)(K)(5) the FOD must ensure, “Each facility shall establish a written stock rotation schedule.”

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the Funds and Personal Property standard at CBDC to determine if controls are in place to inventory, issue receipts for, store, and safeguard detainees' personal property in accordance with the ICE 2008 PBNDS. ODO toured the facility, reviewed local policies, the detainee handbook, and detention files, interviewed staff, toured the intake and release area, and inspected areas where detainee property and valuables are stored.

ODO confirmed CBDC policy addresses all PBNDS requirements for safeguarding detainees' personal property and funds. Detainees are informed of procedures relating to property and funds during intake by staff, in an orientation video, and by way of the detainee handbook. CBDC uses an electronic booking system which generates an inventory of detainees' personal property and a receipt. The tie strap number and personal property number assigned are entered into the database. The receipt is printed out, and the detainee signs and retains a copy for her record. One copy is placed with the property bag and another copy is placed in the detainee's detention file. The bottom (Part III) of the I-77 is signed and given to the detainee. A review of 30 randomly selected detainee detention files (20 active files and 10 inactive files) confirmed funds and property inventories, and receipts were present in all 30 files.

ODO interviewed the CBDC funds officer and learned that after detainees are removed, any remaining detainee funds held by CBDC are not turned over to ERO (**Deficiency F&PP-1**).⁴ ODO informed the Warden of the detainees' funds held by CBDC; the Warden then requested his headquarters conduct an audit of all funds left behind by removed detainees. The Warden stated that the audit will provide a list of removed detainees' funds and CBDC will notify ERO to take custody of the funds.

STANDARD/POLICY REQUIREMENTS DEFICIENT FINDINGS

DEFICIENCY F&PP-1

In accordance with ICE PBNDS 2008, Funds and Personal Property, section (V) (M), the FOD must ensure "All CDFs and IGSA facilities shall report and turn over to ICE/ERO all detainee abandoned property."

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LAW LIBRARIES AND LEGAL MATERIAL (LL&LM)

ODO reviewed the Law Library and Legal Material standard at the CBDC to determine if detainees have access to a law library, legal materials, courts, counsel, and equipment to facilitate the preparation of legal documents, in accordance with the ICE PBNDS. ODO reviewed policies and procedures, inspected the areas designated for law library use, and interviewed staff and detainees.

CBDC has a spacious law library, with tables and chairs, located in a well-lit room isolated from noisy areas. Detainees have access to writing implements and other supplies necessary to prepare documents for legal proceedings. The law library has one computer and one printer available for the average daily population of 670 detainees (**Deficiency LL&LM-1**). The only computer is used by detainees daily. ODO interviewed the Warden and he stated he was aware of the single computer for ICE detainees' use. The Warden stated ICE has provided only one computer even though the facility has 16 connections available for more computers in the library, but the facility does not have the funds to purchase computers at this time. Facility policy regarding the law library does not describe procedures to assist illiterate and non-English speaking detainees (**Deficiency LL&LM-2**). The policy and procedures were not posted in the law library however; ODO verified postings of policy, procedures and library holdings were placed in the library during the inspection.

The detainee handbook does not inform detainees of the scheduled hours of access to the law library; the procedure for requesting additional time in the law library, access to computers, printers, and other supplies; the procedure for requesting legal reference materials not maintained in the library; and the procedure for notifying a designated employee that library material is missing or damaged (**Deficiency LL&LM-3**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY LL&LM-1

In accordance with the ICE PBNDS, Law Libraries and Legal Material, section (V)(D), the FOD must ensure "each facility administrator shall designate an employee to inspect the equipment at least weekly and ensure it is in good working order and to stock sufficient supplies.

The law library shall provide an adequate number of computers with printers, access to one or more photocopiers and sufficient writing implements, paper, and related office supplies to enable detainees to prepare documents for legal proceedings. Typewriters, carbon paper, and correction tape may be substituted for computers and printers only if approved by ICE/ERO.

Detainees shall be provided with a means of saving any legal work in a secure and private electronic format so that they may return at a later date to access previously saved legal work product, consistent with the safety and security needs of the detainee and the facility."

DEFICIENCY LL&LM-2

In accordance with the ICE PBNDS, Law Libraries and Legal Material, section (V)(J), the FOD must ensure "unrepresented illiterate or non-English speaking detainees who wish to pursue a legal claim related to their immigration proceeding or detention, and who indicate difficulty with

the legal materials, must be provided with more than access to a set of English-language law books. To the extent practicable and consistent with the good order and security of the facility, all efforts will be made to assist disabled persons in using the law library.

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

- Helping the detainee obtain assistance in using the law library and drafting legal documents from detainees with appropriate language, reading and writing abilities; and
- Assisting in contacting pro bono legal-assistance organizations from the ICE/ERO-provided list.

If such attempts are unsuccessful in providing the detainee sufficient assistance, the facility shall contact the ICE/ERO Field Office to determine appropriate further action.”

DEFICIENCY LL&LM-3

In accordance with the ICE PBNDS, Law Libraries and Legal Material, section (V)(O), the FOD must ensure that “the Detainee Handbook or supplement shall provide detainees with the rules and procedures governing access to legal materials, including the following information:

1. That a law library is available for detainee use;
2. The scheduled hours of access to the law library;
3. The procedure for requesting access to the law library;
4. The procedure for requesting additional time in the law library (beyond the 5-hours-per-week minimum);
5. The procedure for requesting legal reference materials not maintained in the law library; and
6. The procedure for notifying a designated employee that library material is missing or damaged.
7. Required access to computers, printers, and other supplies.
8. If applicable, that Lexis/Nexis is being used at the facility and that instructions for its use are available.

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

MEDICAL CARE (MC)

ODO reviewed the Medical Care standard at CBDC to determine if detainees have access to healthcare and emergency services to meet health needs in a timely manner, in accordance with the ICE PBNDS. ODO reviewed policies, procedures, and detainee medical records, and interviewed staff.

CBDC holds no accreditations. Medical services are provided by contractor Correctional Healthcare Companies (CHC). Clinic staffing includes the full-time Health Services Administrator (HSA) who is also a registered nurse (RN); the medical director, who is on site eight hours on Tuesdays and Thursdays and on call 24 hours a day; a nurse practitioner on site eight hours on Wednesday; and a psychologist who services as the director of mental health and is on site eight hours on Saturdays and Sundays. Nursing staff consists of a full-time RN who functions as the nursing supervisor, and (b)(7)(e) full-time licensed practical nurses (LPN). Additional staff includes (b)(7)(e) medical records clerks, (b)(7)(e) primary care technicians, and (b)(7)(e) medication technician. There were no vacancies at the time of the review. Licenses and credential documentation are maintained in the HSA's office. ODO verified professional credentials including licensure, insurance, DEA registration, and other applicable certifications for all medical staff were current and primary-source verified. ODO was informed 70 percent of the medical staff is fluent in Spanish. When necessary, a telephone language interpretation service is used for other languages.

The clinic has three separate examination rooms and an emergency treatment room, all of which afford adequate patient privacy. There are two separate waiting areas on opposite sides of the clinic, one for females and the other for males. The areas are supervised and drinking water and toilets are accessible.

Medical, dental, and mental health screening is performed by nursing staff at the time of detainee arrival. Screenings are completed in private examination rooms in the intake area. The intake process includes tuberculosis (TB) symptom screening and purified protein derivative (PPD) skin test. Positive PPD tests are followed up by a chest X-ray. Detainees are informed how to access medical services and sign consent for routine medical treatment forms during intake processing. ODO's review of 15 detainees' medical records confirmed the intake screening was completed within 12 hours of arrival and reviewed by the physician in all cases.

Health appraisals are completed by the physician, the nurse practitioner, or RNs. All 15 medical records reviewed documented the health appraisals included a physical examination with hands-on review of systems, dental screening, and pregnancy testing. However, four detainees did not have health appraisals within 14 days of arrival (**Deficiency MC-1**).⁵ The health appraisals were instead completed 16, 18, 23, and 60 days following the detainees' arrival. All four of these detainees arrived at CBDC prior to October 1, 2013, the hire date of the current HSA. The HSA informed ODO he instituted new procedures to ensure health appraisals are completed in the required timeframe. The medical records of detainees received after October 1, 2013, documented health appraisals were completed nine days after arrival on average, and all within the required 14 days. ODO's review confirmed physical examinations

⁵ Priority Component

performed by the nurse practitioner and RNs were cosigned by the physician. A review of training records confirmed the RNs completed training prior to performing physical examinations, and competency training annually.

The medical record review and chronic care rosters found no records of detainees in the hypertension/cardiac, diabetic, asthma, or infectious disease clinics. ODO identified five detainees who were mental health patients, all of whom were referred and received mental health evaluations as required by the PBNDS. Treatment plans for medication, education, and monitoring were documented in the records, and consent for treatment specific to psychotropic medications was included in all five records.

Detainees access health care services by submitting written request forms available in English and Spanish. The detainees deposit the requests in a locked box secured to the wall near the control center of each housing unit building. The boxes are divided into three sections: one for ICE requests, one for general facility requests, and one for medical requests. The ICE section is locked and accessible only by ERO staff; the other two have one lid secured by a single padlock. Security, unit management staff, and medical personnel all have access to requests deposited in these two sections (**Deficiency MC-2**). Access by correctional staff does not ensure the privacy of medical information documented by detainees on medical request forms. When this was brought to the attention of the facility staff, the situation was remedied by having the lid cut in two and securing each section with separate padlocks. Only medical staff was given a key to the medical section and they will retrieve requests at least daily, according to the HSA. ODO's review of seven sick call requests found they were triaged by nursing staff within 24 hours and the detainees were seen for sick call within 24 to 48 hours. ODO confirmed nursing protocols used for sick call are reviewed and approved annually by the physician.

The facility does not have a pharmacy. Pharmacy service is provided by Contract Pharmacy Services, with medication delivered the day after ordered, six days a week. Emergency medication is provided by CVS pharmacies in the two closest local communities. Secured medication carts are used by nurses to pass medications within detainee housing units. Rounds are made twice daily, or more often when indicated. The facility maintains medication administration records. Bulk medications are stored in a secured room within the medical clinic, which is also where the medication carts are stored when not in use. Only medical staff has access to this room. There is no bulk storage of narcotics or controlled substances.

ODO's review of training records for (b)(7)e randomly selected correctional staff confirmed annual training and current certification in first aid, automated external defibrillator use, and cardio-pulmonary resuscitation (CPR). Medical personnel comply with Texas requirements for CPR training every two years in order to maintain an active license; however, ODO found (b)(7)e of (b)(7)e medical staff had not completed training in a one-year period as required by the PBNDS (**Deficiency MC-3**).⁶ During the review, the HSA incorporated CPR training into the annual training program for all health care staff.

⁶ Priority Component

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY MC-1

In accordance with ICE PBNDS, Medical Care, section (V)(J), the FOD must ensure, “Each facility’s health care provider shall conduct a health appraisal including a physical examination on each detainee within 14 days of the detainee’s arrival.”

DEFICIENCY MC-2

In accordance with ICE PBNDS, Medical Care, section (V)(U)(2), the FOD must ensure, “All medical providers shall protect the privacy of detainees’ medical information in accordance with established guidelines and applicable laws. These protections apply, not only to records maintained on paper, but also to electronic records where they are used. Staff training must emphasize the need for confidentiality and procedures must be in place to limit access to health records to only authorized individuals and only when necessary.”

DEFICIENCY MC-3

In accordance with ICE PBNDS, Medical Care, section (V)(O), the FOD must ensure, “All detention staff shall receive cardio pulmonary resuscitation (CPR/AED) and emergency first aid training annually.”

PERSONAL HYGIENE (PH)

ODO reviewed the Personal Hygiene standard at CBDC to determine if detainees are able to maintain acceptable personal hygiene practices through the provision of adequate bathing facilities and the issuance and exchange of clean clothing, bedding, linens, towels, and personal hygiene items in accordance with the ICE 2008 PBNDS. ODO toured the intake area, housing units, and laundry facilities; reviewed policies and documents; and interviewed staff and detainees.

During the intake process ODO observed staff issue old, torn, worn out, and one or sometimes two undergarments to detainees. The Warden admitted CBDC is low on inventory and supply of uniforms, undergarments, and towels (**Deficiency PH-1**). While clothing stored in the processing and laundry facilities appeared to be clean, ODO observed 30 new detainees issued worn out, stained, and torn undergarments, uniforms, and towels (**Deficiency PH-2**). The Warden informed ODO that the contract with ICE does not cover the funds for new uniforms, undergarments, or towels and this is why detainees will continue to receive used, old uniforms.

During detainee interviews, ODO was informed and shown the towels issued and all had several holes, shredded sides, and stains. The Warden informed ODO ICE contract does not allow funds for new bedding, linens, or towels (**Deficiency PH-3**).

CBDC exchanges sheets and pillowcases weekly, and blankets monthly. Detainees place soiled undergarments and linens in individual bags. The facility then launders and returns bags to detainees twice a week; however, the facility does not provide daily exchange of socks and undergarments as required for health and sanitation reasons (**Deficiency PH-4**).⁷

Detainee-issued personal hygiene items consist of a bar of soap, toilet paper, toothpaste, and tooth brush. CBDC replenishes soap, toilet paper, toothpaste at no cost to detainees every Friday. Other personal hygiene items are available to detainees through purchase at the commissary. CBDC staff is not providing each detainee with disposable razors on a daily basis as required by the standard. ODO observed detainees sharing 10 razors among 48 detainees in two of the housing units. Razors must be strictly controlled. Disposable razors should be provided to detainees on a daily basis and collected daily by staff. Detainees should not be permitted to share razors (**Deficiency PH-5**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY PH-1

In accordance with the ICE PBNDS, Personal Hygiene, section (V)(A), the FOD must ensure “detention facility shall have a written policy and procedures for the regular issuance and exchange of clothing, bedding, linens, towels, and personal hygiene items. The supply of these items shall exceed the minimum required for the number of detainees to prevent delay in replacing the items.

⁷ Priority Component

To be prepared for unforeseen circumstances, it is good practice for a detention facility to maintain an excess clothing inventory that is at least 200 percent of the maximum funded detainee capacity.”

DEFICIENCY PH-2

In accordance with the ICE PBNDS, Personal Hygiene, section (V)(B), the FOD must ensure “new detainees shall be issued clean, indoor/outdoor temperature-appropriate, size appropriate, presentable clothing during in-processing at no cost to the detainee.”

DEFICIENCY PH-3

In accordance with the ICE PBNDS, Personal Hygiene, section (V)(G), the FOD must ensure “all detainees shall be issued clean bedding, linens, and a towel and be held accountable for those items.”

DEFICIENCY PH-4

In accordance with the ICE PBNDS, Personal Hygiene, section (V)(H), the FOD must ensure “detainees shall be provided with clean clothing, linen and towels on the following basis:

- A daily change of socks and undergarments. An additional exchange of undergarments shall be made available to detainees if necessary for health or sanitation reasons.
- At least twice weekly exchange of outer garments (with a maximum of 72 hours between changes). An additional exchange of outer garments shall be made available to detainees if necessary for health or sanitation reasons.
- At least weekly exchange of sheets, towels, and pillowcases.”

DEFICIENCY PH-5

In accordance with the ICE PBNDS, Personal Hygiene, section (V)(D), the FOD must ensure “staff shall provide male and female detainees personal hygiene items appropriate for their gender and shall replenish supplies as needed. The distribution of hygiene items shall not be used as reward or punishment.

Razors must be strictly controlled. Disposable razors will be provided to detainees on a daily basis. Razors will be issued and collected daily by staff. Detainees will not be permitted to share razors.”

SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)

ODO reviewed the Sexual Abuse and Assault Prevention and Intervention standard at CBDC to determine if facilities act to prevent sexual abuse and assaults on detainees; provide prompt and effective intervention and treatment for victims of sexual abuse and assault; and control, discipline, and prosecute the perpetrators, in accordance with the ICE 2008 PBNDS. In addition, ODO reviewed the facility's program to assess the facility's level of compliance with the ICE 2011 SAAPI PBNDS. ODO reviewed policy and procedures, the detainee handbook, and staff training records; interviewed staff and detainees; and inspected informational postings throughout the facility.

The CBDC has a comprehensive written policy that provides for the prevention, reporting, and investigation of sexual assaults. The lieutenant in charge of intake processing is the designated SAAPI coordinator for the facility. Staff is required to attend pre-service and annual training in the SAAPI program. ODO reviewed (b)(7) staff training records and verified current training. The training curriculum is comprehensive and includes required elements. Staff interviews supported they are knowledgeable about the SAAPI program and how to handle any reports or observations concerning possible sexual abuse or assault.

The SAAPI coordinator stated there were no incidents of reported sexual abuse in the past year. ODO found no records of any incidents in JICMS.

Detainees are screened during the medical intake process for sexual abuse victimization history, as well as for predatory history to identify potential sexual aggressors. Procedures are in place to refer information obtained during screening to mental health professionals and the SAAPI coordinator for necessary follow-up.

Information regarding SAAPI was posted in English and Spanish, to include hotline numbers and other methods for reporting incidents of sexual assault and abuse. However, the detainee handbook did not contain all of the information required by the standard. Specifically, it did not address prevention and intervention; definitions and examples of detainee-on-detainee sexual abuse, staff-on-detainee sexual abuse, and coercive sexual activity; explanation of the ways of reporting sexual abuse or assault and the investigation process; self-protection; prohibition against retaliation; and treatment and counseling services (**Deficiency SAAPI-1**).⁸ The only reference to sexual abuse and assault in the detainee handbook was in the prohibited acts section. Although the facility's policy requires that detainees receive and sign for a SAAPI pamphlet, no pamphlet is available at CBDC. The SAAPI coordinator acknowledged no written materials are issued to detainees. He informed ODO he verbally provides SAAPI information to detainees when he is present during intake processing, but discussion of SAAPI is not part of the facility's orientation. Because the handbook is the primary means of notification to detainees and provides information for reference throughout the period of detention, it is critical that SAAPI information be included. It is also critical that SAAPI be covered in facility orientation to ensure the information is verbally conveyed consistently. Prior to completion of the review, the facility produced a revision to the handbook addressing all information required by the PBNDS 2008

⁸ Priority Component

and 2011. In addition to issuing the new handbook to future detainees, ODO recommends that it be issued to current detainees and that staff hold sessions reviewing SA-API information for detainees.

When the inspection began, CBDC did not have a Sexual Assault Response Team (SART) as required by the PBNDS 2011, and a SART was not addressed in the facility's policy. Prior to completion of the review, the policy was revised to include the addition of the multidisciplinary SART.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SA-API-1

In accordance with the ICE PBNDS, Sexual Abuse and Assault Prevention and Intervention, section (V)(G), the FOD shall ensure, "The facility administrator shall ensure that the orientation program required by the Detention Standard on Admission and Release, and the detainee handbook required by the Detention Standard on Detainee Handbook, notify and inform detainees about the facility's Sexual Abuse and Assault Prevention and Intervention Program and that they include (at a minimum):

- Prevention and intervention;
- Definitions and examples of detainee-on-detainee sexual abuse, staff-on-detainee sexual abuse, and coercive sexual activity.
- Explanation of the ways of reporting sexual abuse or assault, and the investigation process.
- Self-protection
- Prohibition against retaliation
- Treatment and counseling."

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the Staff-Detainee Communication standard at CBDC to determine if procedures are in place to allow formal and informal contact between detainees and key ICE and facility staff; and if ICE detainees are able to submit written requests to ICE staff and receive responses in a timely manner, in accordance with the ICE PBNDS. ODO interviewed ICE and CBDC staff and detainees; and attempted to review the facility liaison visit checklists, housing unit postings, the ICE detainee request logbook, and CBDC housing unit logbooks.

All detainees ODO interviewed stated they did not know their assigned Deportation Officer. Detainees also stated there is little personal interaction with ICE staff; and, in most cases, ICE staff does not address detainee requests or concerns unless a request has been filed (**Deficiency SDC-1**).⁹ ICE ERO visitation schedules are not posted in detainee housing units or other areas accessible to detainees (**Deficiency SDC-2**). ICE detainees should have the opportunity to contact their Deportation Officer to gain general information concerning the immigration removal process, ask questions, make requests, and express concerns regarding care and treatment.

CBDC has written procedures for detainees to submit written questions, requests, or concerns to ICE. The facility has a form located in the housing unit for use by detainees to submit requests. Detainees cannot submit their own requests into the drop box, because the box is located away from the housing unit near the control center (**Deficiency SDC-3**).¹⁰ ODO could not verify any detainee requests received by ICE from January 2013 to December 2013. ODO could not review ERO staff responses to detainee's question or requests, since ERO did not maintain a logbook documenting their responses (**Deficiency SDC-4**).

During interviews, ODO confirmed ICE staff does not verify serviceability of all telephones in the detainee housing units by conducting random calls to pre-programmed numbers posted on the pro bono/consulate list. ICE staff has not been interviewing detainees and reviewing written detainee complaints regarding detainee telephone access. ERO is not properly conducting, maintaining, and documenting the weekly Telephone Serviceability Worksheet's (**Deficiency SDC-5**).

ICE does not have staff permanently located at CBDC. According to facility and ERO staff, temporarily assigned ERO staff conducts one scheduled and multiple unscheduled visits weekly at CBDC to monitor conditions of confinement and interact with facility staff. These visits are not documented on ICE Facility Liaison Visit Checklists (**Deficiency SDC-6**). ODO recommends that San Antonio ERO Standards Compliance Unit complete the Facility Liaison Visits Checklists and implement specific procedures for documenting each visit as required by the PBNDS.

⁹ Priority Component

¹⁰ Priority Component

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SDC-1

In accordance with the ICE PBNDS, Staff-Detainee Communication, section (V)(A) the FOD shall ensure ICE/ERO detainees shall have frequent informal access to and interaction with key facility staff members, as well as key ICE/ERO staff, in a language they can understand. As detailed below, Field Office Director shall assign Deportation Officers, Immigration Enforcement Agents (IEAs), and Supervisory Immigration Enforcement Agents (SIEAs) to visit detention facilities. Detainees will be advised how to contact local ICE personnel.

Often detainees in ICE/ERO custody are unaware of or do not comprehend the immigration removal process, and staff should explain the general process without providing specific legal advice on individual cases. Staff should provide general information to detainees pertaining to the immigration court process. At a minimum, this information should include the types of hearings such as master calendar and merits hearings. Legal advice will not be provided by ICE/ERO staff.

DEFICIENCY SDC-2

In accordance with the ICE PBNDS, Staff-Detainee Communication, section (V)(A)(2)(b), the FOD shall ensure “schedules are posted in detainee living and other appropriate areas. During such contact visits, ICE/ERO staff shall:

- Visit every housing unit where there are ICE/ERO detainees, including Special Management Units.
- Record the visit in the log.
- Announce their presence so ICE/ERO detainees know they are there.
- Interview detainees.
- Monitor housing conditions.
- Review all records, and
- Review grievance logs.

Each Field Office Director shall have specific written procedures for documenting each visit.”

DEFICIENCY SDC-3

In accordance with the ICE PBNDS, Staff-Detainee Communication, section (V)(B), the FOD must ensure “the facility shall provide a secure drop box for ICE detainees to correspond directly with ICE management. Only ICE personnel shall have access to the drop box.”

DEFICIENCY SDC-4

In accordance with the ICE PBNDS, Staff-Detainee Communication, section (V)(B)(2), the FOD shall ensure “all requests shall be recorded in a logbook (or electronic logbook) specifically designed for that purpose. The log, at a minimum, shall record:

- a. The date of receipt;
- b. Detainee’s name;
- c. Detainee’s A-number;

- d. Detainee's nationality;
- e. Name of staff member who logged the request;
- f. Date that the request, with staff response and action, was returned to the detainee; and
- g. Any other pertinent site-specific information.

In IGSA's, the date the request was forwarded to ICE/DRO and the date it was returned shall also be recorded.”

Copies of confidential requests shall be maintained in the A-file.

DEFICIENCY SDC-5

In accordance with the ICE PBNDS, Staff-Detainee Communication, Section (V)(C), the FOD shall ensure “that all phones for detainee use are tested at least weekly. To verify the serviceability of all telephones in detainee housing units by ICE/ERO staff shall:

- Make random calls to pre-programmed numbers for attorney ad consulate services.
- Interview a sampling of detainees regarding telephone services, and
- Review written detainee complaints regarding telephone services.
- Check that TTY or other reasonable accommodation (e.g., Federal Relay Service) is working and available for hearing-impaired detainees.

Staff shall report any telephone serviceability problem within 24 hours to the appropriate ICE point of contact.

Staff shall document each serviceability test on a form that has been provided by ERO, and each field office shall maintain those forms, organized by month, for three years. The detention Standards Compliance Unit shall conduct random audits of field office compliance.”

DEFICIENCY SDC-6

In accordance with the ICE PBNDS, Staff-Detainee Communication, section (V)(E) the FOD shall ensure “a Model Protocol ERO Officer Facility Liaison Visits, along with associated documentation forms, are accessible via the website of the Headquarters Detention Standards Compliance Unit. The Model Protocol is designed to standardize an approach to conducting and documenting facility liaison visits, observing living and working conditions, and engaging in staff-detainee communications.

In accordance with the required frequency of liaison visits described above in the section on Scheduled Contact with Detainees, Model Program forms shall be:

- Completed weekly for SPCs, CDFs, and regularly used IGSA facilities, and for each visit to intermittently used IGSA facilities.
- Submitted annually with the required Annual Detention Reviews.”

TELEPHONE ACCESS (TA)

ODO reviewed the Telephone Access standard at CBDC to determine if the facility provides detainees with reasonable and equitable access to telephones to maintain ties with family and others in the community, in accordance with the ICE 2008 PBNDS. ODO toured the facility; tested telephones; reviewed policy, the telephone contract, and logs; and interviewed facility and ERO staff.

Telephone guidelines are addressed in policy, the detainee handbook, and in a laminated booklet titled “ICE Activity Schedules” found in each housing unit. In addition, the guidelines were posted in the housing units. Telephone services are provided by American Phone Systems, LLC. Phones are available for detainee use from 7:00 a.m. to 10:30 p.m. on weekdays, and 7:00 a.m. to midnight on weekends and holidays. Personal calls must be placed collect or pre-paid by way of the detainee’s commissary account. Per American Phone Systems documentation, the cost of collect calls is \$6.15 for 15 minutes; detainee pre-paid calls are \$5.15 for 15 minutes; and international calls are \$1.50 per minute.

CBDC housing units have one phone for every eight detainees. Staff-approved confidential calls are placed using a phone in an unoccupied closed cell located in every unit. ODO tested the phones and found all were operable. Each phone was equipped with an adjustable volume control. A text telephone (TTY) device is available, and there are four telephone numbers for accessing language interpretation services.

Daily inspection and testing of all telephones is documented on checklists by facility staff. ODO’s review of 25 telephone work orders for the past year found they were completed the same day or within no more than five days, depending on the nature of repair required. ODO tested all telephones and found them operable. During interview of the SIEA, ODO was informed on-site ERO personnel complete random checks of phones when in the housing areas on a daily basis; however, there was no documentation supporting checks are done at least weekly. ERO stated they do not document their serviceability checks (**Deficiency TA-1**).

ODO observed listings of required direct and toll-free phone numbers were posted in all housing units. A random test of the telephone numbers found them operable with one exception. When first tested, the toll-free number for the immigration court was not functional (**Deficiency TA-2**).¹¹ CBDC staff was notified and ODO verified the problem was corrected prior to completion of the review.

STANDARD/POLICY REQUIREMENT FOR DEFICIENT FINDINGS

DEFICIENCY TA-1

In accordance with ICE PBNDS Telephone Access section (V)(A)(4)(b), the FOD shall ensure, “In accordance with the Detention Standard on Staff-Detainee Communication, designated ICE field office staff members are required to verify the serviceability of all telephones at least weekly. Therefore, Field Office Directors shall ensure that all phones for detainee use are tested at least weekly by visiting ICE staff.” “Staff shall document each serviceability test on a form

¹¹ Priority Component

that has been provided by ERO, and each field office shall maintain those forms, organized by month, for three years.”

DEFICIENCY TA-2

In accordance with ICE PBNDS Telephone Access section (V)(E), the FOD must ensure, “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 FOD will ensure that all information is kept current and provided to each facility. Updated lists need to be posted in the detainee housing units. A facility may place reasonable restrictions on the hours, frequency and duration of such direct and/or free calls, but may not limit a detainee’s attempt to obtain legal representation.

- The local immigration court and the Board of Immigration Appeals.”