



**U.S. Department of Homeland Security**

Immigration and Customs Enforcement

Office of Professional Responsibility

Inspections and Detention Oversight

Washington, DC 20536-5501

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**Office of Detention Oversight  
Compliance Inspection**

**Enforcement and Removal Operations  
Houston Field Office  
Houston Contract Detention Facility  
Houston, Texas**

**November 19 – 21, 2013**

**COMPLIANCE INSPECTION  
HOUSTON CONTRACT DETENTION FACILITY  
HOUSTON 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, such as 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 replace 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

(b)(6), (b)(7)c	Senior Special Agent (Team Leader)	ODO, Houston
	Senior Special Agent	ODO, Houston
	Inspections and Compliance Specialist	ODO, Headquarters
	Inspections and Compliance Specialist	ODO, Headquarters
	Contract Inspector	Creative Corrections

(b)(6), (b)(7)c

Contract Inspector  
Contract Inspector

Creative Corrections  
Creative Corrections



## EXECUTIVE SUMMARY

ODO conducted a Compliance Inspection (CI) of the Houston Contract Detention Facility (HCDF) in Houston, Texas, from November 19 to 21, 2013. Established in 1984, HCDF is owned and operated by the Corrections Corporation of America (CCA). In 2009, ICE signed an intergovernmental service agreement (IGSA) with CCA to house ICE male and female detainees of all security classification levels (Level I – lowest threat; Level II – medium threat; Level III – highest threat) for periods in excess of 72 hours. The CI evaluated HCDF's compliance with the then-applicable 2008 Performance Based National Detention Standards (PBNDS) and the 2011 PBNDS Sexual Abuse and Assault Prevention and Intervention (SAAPI) standard. On December 6, 2013, HCDF transitioned to the 2011 PBNDS.

Capacity and Population Statistics	Quantity
Total Bed Capacity	1000
Average Daily Population	924
Average Length of Stay (Days)	64
Male Population Count (as of November 19, 2013)	804
Female Population Count (as of November 19, 2013)	190

The ERO Field Office Director (FOD), in Houston, Texas (ERO Houston), is responsible for ensuring facility compliance with the PBNDS and ICE policies. An Assistant Field Office Director (AFOD) and a Supervisory Detention and Deportation Officer (SDDO) and (b)(7)e other ERO staff oversee standards compliance. An ERO Detention Service Manager (DSM) conducts weekly inspections and annual reviews of the facility. (b)(7)e ERO Contracting Officer Representatives (COR) oversee the daily operations at HCDF.

The Warden is the highest-ranking official at HCDF and is responsible for oversight of daily operations and supported by (b)(7)e CCA supervisory staff and (b)(7)e non-supervisory staff.

Trinity Services Group manages food service operations and ICE Health Service Corps manages health care operations with contractor InGenesis. HCDF received accreditations from the American Correctional Association (ACA) for the period of October 2013 to October 2016, and the National Commission on Correctional Health Care (NCCHC) for the period of March 2011 to March 2014.

In August 2010, ODO conducted an inspection of HCDF under the 2008 PBNDS. ODO reviewed 41 standards and found HCDF compliant in 21 standards and cited 32 deficiencies in the remaining 20 standards. In July 2011, ODO conducted a follow-up inspection of HCDF and confirmed that 31 of the 32 deficiencies were corrected. ODO found one repeated deficiency with the Classification System involving the commingling of Level 1 and Level 2 detainees.

During this CI, ODO reviewed 17 standards and found HCDF compliant with 10. ODO found seven deficiencies total (two of which are priority components),<sup>1</sup> one in each of the following seven standards: Classification System, Detainee Handbook, Funds and Personal Property, Law Libraries and Legal Material, Medical Care, Telephone Access, and Use of Force.

<sup>1</sup> The Classification System and Medical Care deficiencies are Priority Components.

This report details all deficiencies and refers to the specific, relevant sections of the 2008 PBNDS. ERO will be provided with a copy of this report to assist in developing corrective actions to resolve all identified deficiencies. These deficiencies were discussed with HCDF and ICE personnel during the inspection, and at a closeout briefing conducted on November 21, 2013.

HCDF has procedures in place to protect the health, safety, security, and welfare of detainees during the admission and release processes. The admission process at HCDF includes recording detainees' personal information, criminal history checks, photographs and fingerprints, medical and mental health screenings, and inventories of personal property. Pat-down searches are conducted on all detainees; strip searches are not conducted without reasonable suspicion of contraband possession. All detainees are afforded the opportunity to shower before their assignment to a housing unit. Orientation is provided through a video available in both English and Spanish.

Detainee property is inventoried, logged, documented, and stored in a secure area. ODO inspected 20 detainee property bags and confirmed 17 property bags were missing a signature on part 1 of the Form I-77. ODO reviewed 30 detention files and confirmed all files included required documentation. ODO observed detainees sign a receipt for valuables and personal property and surrender facility-issued clothing and bedding upon release.

English and Spanish versions of the HCDF Detainee Handbook and the ICE National Detainee Handbook are provided to all newly arriving detainees. ODO reviewed 15 detention files and verified detainees receive and sign for a copy of the handbooks upon admission. ODO determined the Spanish version of the HCDF Detainee Handbook had words that were incorrectly translated and contained information that was confusing and difficult to understand.

HCDF houses ICE male and female detainees of all classification levels. ICE classifies all detainees prior to their arrival at HCDF. Detainees are placed in housing units with other detainees having comparable records. A color-coded identification wristband is used for each classification level. A review of 20 randomly selected detention files revealed initial classification and reclassification worksheets are maintained in the detention files. HCDF's handbook informs detainees of the classification levels and conditions, and restrictions applicable to each, as well as procedures for appealing the assigned classification level. During the inspection, ODO observed Level 1 and 3 detainees commingled in the intake and release areas, medical waiting areas, holding rooms, and the "Know Your Rights" presentation area. This is a priority component deficiency and a repeat deficiency from the August 2010 and July 2011 ODO inspections.

HCDF has policies and procedures addressing contraband. The HCDF handbook informs detainees of facility rules and procedures concerning contraband. ODO found no deficiencies in the Contraband standard at HCDF.

HCDF has policies and procedures that address disciplinary policy. ODO determined 73 disciplinary hearings were held from May 18, 2013, to November 19, 2013, 62 of which resulted in sanctions of disciplinary segregation for terms ranging from three to 30 days. No disciplinary

hearings were scheduled during the inspection. A review of the 73 reports and hearing outcomes confirmed compliance with the standard.

HCDF has contingency-specific plans for all types of emergencies addressed in the standard. Review of staff training lesson plans confirmed they address emergency preparedness, climate monitoring, all contingency-specific plans, command post operation, after action reporting, and news media/public relations. A review of (b)(7) randomly selected employee training files confirmed staff completes initial and annual training. Documentation confirms quarterly and annual exercises are held with staff to test the emergency plans. In addition, monthly drills are completed on each shift. HCDF implemented applicable emergency plans during Hurricane Ike effectively, to include total evacuation of detainees to another facility.

HCDF has a comprehensive policy addressing the informal, formal, and emergency grievance procedures. Medical grievances are included in the formal grievance process. ODO did not identify any grievances involving staff misconduct during the inspection. Detainees are encouraged to resolve issues informally before filing a formal grievance. Detainees are provided with information on informal and formal grievance procedures by way of the local detainee handbook. HCDF has a designated grievance officer who is responsible for the daily collection of grievances, investigation, monitoring, and maintaining a grievance log to track formal grievances filed at the facility. A copy of each grievance is maintained in the detainee's detention file and medical grievances are maintained the detainee's medical record file.

The grievance log from January to October 2013 recorded 106 grievances: two related to the law library, 21 for staff concerns, 10 for disciplinary action, and 60 for medical, dental, and mental health care. The remaining 13 grievances were filed for a variety of other issues relating to facility operations. Review of the grievance log and 15 randomly selected grievances confirmed investigations were thorough and complete, and detainees received a reply in a timely manner.

Trinity Services Group manages food service operations. Food service staffing consists of a food service director, an assistant food service director, and (b)(7) supervisor cooks, supported by a crew of (b)(7) detainees. Male detainees are assigned to the morning shift and female detainees work the evening shift. Detainee workers are paid \$1.00 per day. ODO verified staff and detainee workers received medical clearances to work in a food service operation, and observed workers were inspected by staff prior to working their shifts for any signs of illness or personal hygiene concerns. ODO verified all menus were certified by a registered dietitian, and religious and medically-prescribed meals were provided and properly documented. HCDF has a satellite feeding operation. ODO tested and confirmed food temperatures were within required ranges. ODO confirmed temperatures in the walk-in freezer and cooler were maintained at required levels and recorded daily on logs. On May 16, 2013, the food service operation was inspected by the Houston Department of Health and Human Services, Environmental Health Division, and no violations were found. ODO found sanitation in the kitchen to be very good.

The HCDF has a designated Recreation Specialist who is responsible for overseeing the law library program. The facility has two large law libraries, one for male detainee uses and the other for female detainees. Special Management Unit (SMU) detainees have access to a separate law library which is located in the male SMU, and stands on a mobile cart. Detainees housed in other SMUs can verbally request access to the mobile cart and are afforded the same law library



privileges as general population detainees. Each of the law libraries is adequately equipped with computers, printers, and other supplies. LexisNexis is installed on each computer and was last updated in November 2013. Detainees are afforded 14 hours of law library access per week, and can request additional time by submitting a request to the Recreation Specialist.

HCDF was accredited by the NCCHC in November 2011 and the ACA in May 2013. The medical clinic is managed by the ICE Health Services Corps (IHSC) and contractor InGenesis. The Health Services Administrator (HSA) is the administrative health authority, and the Clinical Director is a licensed physician and the designated clinical medical authority. Other credentialed staff includes (b)(7)(e) dentist, (b)(7)(e) pharmacist, (b)(7)(e) physician assistants, (b)(7)(e) nurse practitioners, (b)(7)(e) social workers, (b)(7)(e) registered nurses, (b)(7)(e) licensed vocational nurses, (b)(7)(e) dental assistant, and (b)(7)(e) pharmacy technicians. Administrative support is provided by (b)(7)(e) administrative assistant and (b)(7)(e) medical record technicians. (b)(7)(e) contract psychiatrists provide on-site services two days a week.

Detainees undergo initial medical, dental, and mental health care screening by nursing staff within 12 hours of arrival at the HCDF. Though screening was completed within 12 hours in all 30 records reviewed, ODO found IHSC Form 795A does not include all 15 elements required by the standard. Specifically, past history of serious infectious or communicable diseases, past medications, and past surgical procedures are not addressed on the form; this deficiency is a priority component.

The HCDF has a comprehensive written policy that provides for the prevention, reporting, and investigation of sexual abuse and assault. The policy includes a strong zero-tolerance statement that any sexual conduct between detainees, detainees and staff, or volunteers and contract personnel, regardless of consent, is strictly prohibited. In accordance with policy and as confirmed by ODO, detainees are screened for high-risk potential and those at risk of victimization are placed in least restrictive housing units. Detainees are informed of the program via facility orientation and the detainee handbook. In addition, detainees are provided direct counseling during intake processing and sexual assault awareness notices were posted in the housing units and common areas. Facility staff and all special program volunteers are required to undergo Sexual Abuse and Assault Prevention and Intervention (SAAPI) and Prison Rape Elimination Act (PREA) training before interacting with detainees. They are required to complete initial and annual training. PREA postings and information on the DHS Office of Inspector General (OIG) information hotline were in the detainee housing area in both English and Spanish.

The facility has a trained Sexual Abuse Response Team (SART) consisting of (b)(7)(e) trained staff members: a coordinator, a medical staff member, a security staff member, a mental health professional, and the designated facility victim services coordinator (currently the Chaplain). The SART uses a Sexual Abuse Incident Check Sheet when responding to a sexual assault allegation. The Houston Police Department is always involved in the investigation.

ODO reviewed eight reported sexual assault allegations made by detainees from January 2013 to November 2013. Seven incidents related to detainee on detainee allegations; all were unsubstantiated. The other incident involved a CCA detention officer; three detainees alleged improper touching of their buttocks during a routine pat-down; investigation concluded that these

were false reports. This information was supported by ERO Houston and through information obtained from the JIC. ODO verified all reporting requirements and documentation was in order according to standard.

A review of facility procedures and discussions with supervisory staff confirmed administrative segregation at HCDF is a non-punitive form of separation from the general population when the presence of the detainee in general population poses a threat to self, other detainees, staff, property, or the security and orderly operation of the facility. During the inspection, one detainee was serving a 15-day disciplinary segregation term for fighting. Three detainees were on administrative segregation. One was placed in the SMU on November 16, 2013, due to gang affiliation and was removed during the review. The second was placed in the SMU on October 23, 2013, pursuant to her request for protective custody. The third was assigned to administrative segregation on September 19, 2013, following allegations of inappropriate sexual conduct with other female detainees. ODO verified all received copies of their segregation orders and required reviews were conducted. The detainees stated in interviews they understood the reason for their assignment to the SMU and received all required services and privileges. A review of logbooks and housing unit records found detainees were allowed an average of six showers and six hours of recreation per week. Medical staff and supervisory correctional staff documented one or two visits to the unit per shift, and frequent rounds by administrative and ERO staff visits were recorded. Visitation privileges were also documented. In addition to interviewing the detainees in the SMU during the review, ODO interviewed three detainees previously assigned to segregation. All confirmed they received services and privileges as required by the standard and facility policy. A review of their housing records confirmed compliance. Daily updates are made to the Segregation Review Management System by ERO staff.

ERO personnel conduct and document regular unannounced visits to monitor conditions of confinement and collect request forms. Three CORs are permanently assigned to the facility to monitor PBNDS issues. ERO staff conduct weekly scheduled visits at all housing units. Schedules for these visits are conspicuously posted in English and Spanish in each housing unit and in the segregation units. An SDDO visits the living and activity areas weekly and monthly. Scheduled visits are documented on the Facility Liaison Visit Checklist, as required by the Model Protocol, and maintained at the ERO Houston field office.

Detainees have the opportunity to submit written questions, requests, or concerns to both ICE and HCDF staff. ERO provided ODO with the detainee request log which indicates that approximately 2,125 ICE detainee request forms were submitted from June 2013 to November 2013. ODO reviewed a large number of requests and confirmed ICE responded to all requests within 72 hours. The detainee request log identifies the ERO officer logging the request, documents detainee requests with responses, and completed ICE request forms are maintained in each detention file.

HCDF reports that in the past year, 11 detainees were placed on suicide watch. During the inspection, one female detainee was placed on suicide watch as a result of a history of suicide attempts identified in intake mental health care screening. ODO observed a correctional officer was seated outside and directly facing the cell, with the detainee in full view and constant watch

of the officer. The suicide watch log documented 15 minute checks. ODO confirmed appropriate referral for follow-up evaluation was completed.

The training records for all medical staff and (b)(7)(e) randomly selected correctional staff were reviewed for documentation of suicide prevention training. All training records documented current suicide prevention and protocol training. A review of the training curriculum and facility suicide prevention policy confirmed all required topics are addressed, including notification of ICE.. Termination of suicide watch status may occur following assessments and only upon the directive of a mental health professional, clinical director, or designee.

ODO determined detainees have reasonable and equitable access to telephones at HCDF. There is one telephone for every six detainees. ODO verified all telephones in the detainee housing areas and the special management units were in good working order. Access rules for telephones use did not identify procedures for obtaining an unmonitored call to a court or a legal representative, or for obtaining legal representation, nor was such a notice posted at each telephone location. ODO verified speed-dial listings for the DHS OIG, consulates, embassies, and pro-bono services were also available in each housing unit in both English and Spanish.

HCDF policies and post orders address required principles of use of force, including confrontation avoidance and using physical force only as a last resort. Review of training files of (b)(7)(e) randomly selected staff confirmed completion of use of force principles and techniques training. In addition, certification in the use of oleo capsicum (OC) spray was present for authorized personnel. Trained teams are available to respond to a variety of incidents requiring immediate or calculated use of force, including confrontation avoidance using communication techniques, cultural diversity awareness, and dealing with detainees with mental health conditions.

HCDF reported 22 use of force incidents involving detainees during the past twelve months: sixteen were immediate use of force incidents; two were calculated use of force incidents; and the remaining four incidents involved application of restraints without force. A review of use of force video recordings confirmed HCDF supervisors used confrontation avoidance and gave several commands to comply before force was used. In both calculated incidents the video recordings showed use of force team members introduced themselves while wearing helmets or with gas masks on their foreheads. To assure accurate video identification, it is critical that team members not wear head gear during introductions. Review of written documentation confirmed full compliance with the policy and the standard, including medical examinations of the detainees involved, after-action reviews, and notifications to ICE.



## OPERATIONAL ENVIRONMENT

### INTERNAL RELATIONS

ODO interviewed the Warden, the HCDF Chief of Security, and correctional officers, as well as an SDDO. During the interviews, all personnel from the facility and ERO stated the working relationship between HCDF and ERO is good. HCDF correctional officers stated they have consistently observed ERO officers visiting the housing units daily, and communicating with ICE detainees to address their issues or concerns. The Warden stated HCDF is adequately staffed to manage the current detainee population.

The SDDO stated ERO is adequately staffed at HCDF. Three ERO Houston deportation officers are assigned staff-detainee communication activities. (b)(7)(e) SDDO and (b)(7)(e) CORs handle daily standards compliance issues at HCDF.

### DETAINEE RELATIONS

ODO randomly selected and interviewed 29 detainees (19 male and 10 female) of all classification levels to assess the overall living and detention conditions at HCDF. All interviews were voluntary.

Detainees provided positive feedback with regards to the following at HCDF:

- Frequency of visits by ERO staff;
- Issuance and replenishment of personal hygiene items;
- Access to indoor recreation;
- Access to the law library as needed;
- Permitted visitation by family; and
- Access to grievance forms.

Detainees expressed concerns about the following at HCDF:

- Difficulty communicating with HCDF staff who do not speak Spanish (*i.e.*, four detainees claimed they were punished for not following orders, and stated this was because they did not understand the commands given in English by correctional officers);
- Small food portions;
- Receipt of detainee handbooks; and
- Two detainees complained they did not receive medication on the weekends.

ODO researched the issues raised by these detainees and confirmed that HCDF has 39 Spanish-speaking correctional officers to serve the large majority of Spanish-speaking detainees. ODO found no deficiencies in Food Service standard. ODO reviewed the medical records of those detainees who complained about medical care and found they were receiving an adequate supply of medication for the weekend and timely treatment in accordance with the Medical Care standard. ODO reviewed the detention files for the detainees who claimed they did not receive handbooks and found documentation on intake forms that those detainees acknowledged individual receipt of both handbooks during intake.

## **ICE 2008 PERFORMANCE-BASED NATIONAL DETENTION STANDARDS**

ODO reviewed a total of 17 PBNDS and found HCDF fully compliant with the following 10 standards:

1. Admission and Release
2. Contraband
3. Disciplinary System
4. Emergency Plans
5. Food Service
6. Sexual Abuse and Assault Prevention and Intervention (2011 SAAPI)
7. Special Management Unit – Administrative Segregation
8. Special Management Unit – Disciplinary Segregation
9. Staff-Detainee Communication
10. Suicide Prevention and Intervention

As the standards above were compliant at the time of the review, detailed findings for these standards are not included in this report.

ODO found a total of seven deficiencies in the following seven standards, which included two priority components:

1. Classification System
2. Detainee Handbook
3. Funds and Personal Property
4. Law Libraries and Legal Material
5. Medical Care
6. Telephone Access
7. Use of Force and Restraints

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



## **CLASSIFICATION SYSTEM (CS)**

ODO reviewed the Classification System standard at HCDF to determine if there is a formal classification process for managing and separating detainees based on verifiable and documented data, in accordance with the 2008 PBNDS. ODO interviewed staff, and reviewed policy, the housing roster, and detainee files.

Upon arrival, HCDF staff classify detainees as Level 1 (lowest threat), Level 2 (medium threat), or Level 3 (highest threat) using the ICE Custody Classification Worksheet. ODO reviewed twenty detention files of newly arrived detainees (ten male and ten female) and verified the classification assignment was supported by appropriate documentation. Each detainee's classification was reviewed and approved by a supervisor. Review of an additional twenty files of detainees housed at HCDF for longer than 60 days confirmed reclassification was completed as required.

Detainees classified as Level 1 are issued blue uniforms, Level 2 detainees are issued orange uniforms, and Level 3 detainees are issued red uniforms. The single system of color-coding (Level 1 - blue, Level 2 - orange and Level 3 - red) permits staff to identify a detainee's classification on sight thus eliminating confusion, preventing miscommunication with potentially serious consequences, and facilitating consistent treatment of detainees. Level 3 detainees are considered a high risk category and must be always monitored and escorted as required by the standard. Classification levels are also displayed on each detainee's wristband.

ODO observed Level 1 detainees commingling with Level 3 detainees inside the medical waiting rooms, intake and release areas and holding rooms throughout the inspection (**Deficiency CS-1<sup>2</sup>**). This is a repeated deficiency identified by ODO during the August 2010 and July 2011 inspections. ERO management was immediately informed about the findings. ERO staff stated they were given instructions by their chain of command that a waiver was given allowing Level 1 and 3 detainees to commingle during religious services, at the "Know Your Rights" presentation, in medical sick calls and waiting rooms, and during admission and release processing. During the inspection, ERO was unable to present ODO with a waiver or any documentation concerning the commingling of detainees.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY CS-1**

In accordance with the ICE PBNDS, Classification System, section (V)(F), the FOD must ensure "All facilities shall ensure that detainees are housed according to their classification level.

In SPCs and CDFs, the point total from the DCS form will decide the classification level of each detainee. All housing, work assignments, and available activities will be decided by the level of classification received by a detainee.

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<sup>2</sup> Priority Component

All classification levels are decided by the general makeup of the total population of the facility. Under no circumstances may issues of facility management or other factors external to the Detainee Classification System influence a detainee's classification level.

New arrivals are generally classified by criminal convictions when assessing the criminal record reports. Use of convictions for classification will be limited, as suggested by the following guidelines.

1. Level 1 Classification

- May not be co-mingled with Level 3 Detainees.
- May not include any detainee with a felony conviction that included an act of physical violence.
- May not include any detainee with an aggravated felony conviction.
- May not include detainees with minor criminal records and nonviolent felonies.

2. Level 2 Classification

- May not include any detainee whose most recent conviction was for any offense listed under the "HIGHEST" section of the severity of offense guideline (APPENDIX 1).
- May not include any detainee with a pattern or history of violent assaults, whether convicted or not. A pattern is considered established for purposes of this guideline when an arrest record reveals two or more arrests in a five-year period for assault where force was used against another person with the intent to commit bodily injury.
- May not include any detainee convicted for assault on a correctional officer while in custody or where a previous institutional record suggests a pattern of assaults while in custody.

3. Level 3 Classification

- May be reclassified to Level 2 only based on institutional behavior, provided items under number 2 above do not apply (detainee must be in custody for a minimum of 60 days before reclassification).
- Level 3 detainees shall not be assigned work duties outside their living units.

Level 3 detainees

- Are considered a high-risk category,
- Require medium to maximum security housing, and
- Are always monitored and escorted.
- May not be commingled with Level 1 detainees.

## DETAINEE HANDBOOK (DH)

ODO reviewed the Detainee Handbook standard at HCDF to determine if the facility provides each detainee with a handbook, written in English and any other languages spoken by a significant number of detainees housed at the facility, describing the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care in accordance with the 2008 PBNDS. ODO reviewed facility policy and English and Spanish versions of the HCDF Detainee Handbook, and interviewed staff and detainees.

The facility handbook describes rules and regulations, as well as the services and programs available to detainees. The HCDF handbook was last updated on January 2013. HCDF issues a local detainee handbook and the ICE National Detainee Handbook. A review of 50 randomly selected detainee files found all contained signed statements acknowledging receipt of both handbooks.

Spanish is the most prevalent language spoken by detainees. A review of the Spanish version of the local handbook found incorrectly translated words, numerous mistakes in grammatical structure, and information presented in a confusing and difficult to understand manner **(Deficiency DH-1)**. For example, in the "Purpose" section of the handbook, the word used for facility in fact, means "ease," "simplicity," or "a gift for." The Purpose section also translates, "All detainees are required to acknowledge by signature, receipt of this handbook," as, "All the detainees are required understand the receipt of the manual by signature." In the section discussing initial admission, the sentence, "You will not need money during your stay here" is translated as, "You will not need money during this here." Other examples of incorrectly translated words include "relativos," which in English means "comparatives" instead of the correct word for family members; "ora," meaning "to pray," instead of the correct word for "hours;" and "bazo," meaning "internal organ," instead of the correct word for "cup." Although the Spanish version of the handbook includes sections on the Prison Rape Elimination Act (PREA) and sick call, the table of contents does not list either section. In the PREA section of the handbook, "as altos," which means "to make stops," is used for "assaults" instead of the correct word, "asaltos;" and the following information provided in the English version is missing: "To ensure that your environment is safe, if you are aware of another detainee being sexually assaulted or involved in sexual behavior, report it immediately. Deliberate false allegations can result in disciplinary action and/or prosecution." Such translation errors and omissions interfere with a detainee's ability to understand, use, and follow the information and guidance offered in the handbook.

## STANDARD/POLICY REQUIREMENTS DEFICIENT FINDINGS

### DEFICIENCY DH-1

In accordance with the ICE PBNDS, Detainee Handbook section (II)(5), the FOD must ensure "The information in this standard will be communicated in a language or manner which the detainee can understand."

## **FUNDS AND PERSONAL PROPERTY (F&PP)**

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

ODO confirmed HCDF 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. HCDF uses an electronic booking system which generates an inventory of detainee's personal property and a receipt. The tie strap number and personal property number assigned is entered into the database. The receipt is printed out and the detainees sign and retain copies for their 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 Form I-77 is signed and given to the detainee. A review of 30 randomly selected detainee detention files (15 active files and 15 inactive files) confirmed funds and property inventories and receipts were present in all 30 files. ODO inspected 20 detainee property bags and confirmed the top (Part I) of the Form I-77 was attached to all property bags. ODO noted 17 out 20 property bags were missing the detainee's signature on Part I of the Form I-77 (**Deficiency F&PP -1**).

## **STANDARD/POLICY REQUIREMENTS DEFICIENT FINDINGS**

### **DEFICIENCY F&PP-1**

In accordance with ICE PBNDS 2008, Funds and Personal Property section (V)(I), the FOD must ensure "After being properly inventoried and inspected for contraband, all baggage and facility containers shall be tagged as follows:

- The detainee's signature must appear on both the top (Part I) and bottom (Part III) of the I-77."

## **LAW LIBRARIES AND LEGAL MATERIAL (LL&LM)**

ODO reviewed the Law Library and Access to Legal Material standard at HCDF to determine if detainees have access to a law library, legal materials, courts, counsel, and supplies to facilitate the preparation of legal documents, in accordance with the 2008 PBNDS. ODO observed the law libraries, interviewed staff and detainees, reviewed policies as well as the detainee handbook, and toured the facility's law libraries.

The HCDF Recreation Specialist is responsible for overseeing the law library program. The facility has two large law libraries, one designated for male use and the other designated for female use. Male SMU detainees have access to a separate law library on a mobile cart in the male SMU. Female SMU detainees can verbally request access to the mobile cart and are afforded the same law library privileges as general population detainees. Detainees are afforded 14 hours of law library access per week, and can request additional time by submitting a request to the Recreation Specialist.

Each of the law libraries is adequately equipped with computers, printers and other supplies. LexisNexis is installed on each computer and was last updated in November 2013. Photocopies of appropriate legal material are available upon request, as are a public notary and writing implements. Upon request, detainees are also given a CDROM disc free of charge, so they can electronically save progress of work completed on the computer.

The detainee handbook provides notice of various rules and procedures regarding use of the law library. The procedure for requesting access to the law library is not outlined in the detainee handbook or local supplement (**Deficiency LL&LM-1**). The facility was made aware of this deficiency during the inspection and HCDF immediately made revisions to the English and Spanish versions of the detainee handbook. On December 6, 2013, HCDF began operating under the 2011 PBNDS. At that time, HCDF started issuing the revised detainee handbooks.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY LL&LM-1**

In accordance with the ICE 2008 PBNDS, Law Libraries and Legal Material, section (V)(O)(3), the FOD must ensure "The Detainee Handbook or supplement shall provide detainees with the rules and procedures governing access to legal materials, including the following information:

3. The procedure for requesting access to the law library;"



## MEDICAL CARE (MC)

ODO reviewed the Medical Care standard at HCDF to determine if detainees have access to healthcare and emergency services to meet health needs in a timely manner, in accordance with the 2008 PBNDS. ODO toured the medical department, observed medication rounds, reviewed health care policies, and interviewed health care personnel, health care staff, and detainees. In addition, ODO reviewed 30 detainee medical records, including 17 chronic care, four mental health, four infectious disease, one suicide watch, and four with no known medical issues.

HCDF is accredited by the National Commission on Correctional Health Care (NCCHC) and the American Correctional Association (ACA). An NCCHC re-accreditation survey is due in early 2014. Health care at HCDF is provided by the Immigration Health Services Corps (IHSC) and contractor InGenesis. There are a total of (b)(7)(e) authorized medical positions with (b)(7)(e) current licensed vocational nurse vacancies. The Health Services Administrator (HSA) is the administrative health authority, and the clinical director is a licensed physician and the designated clinical medical authority. Other credentialed staff includes (b)(7)(e) dentist, (b)(7)(e) pharmacist, (b)(7)(e) physician assistants, (b)(7)(e) nurse practitioners, (b)(7)(e) social workers, (b)(7)(e) registered nurses, (b)(7)(e) licensed vocational nurses, (b)(7)(e) mental assistant, and (b)(7)(e) pharmacy technicians. Administrative support is provided by (b)(7)(e) administrative assistant and (b)(7)(e) medical record technicians. There are (b)(7)(e) contract psychiatrists who provide on-site services two days a week. Copies of professional credentials, including licenses, insurance, DEA registration, and other certifications of all credentialed medical staff were reviewed and found current and verified at the primary source. ODO verified there are negotiated agreements with nearby medical facilities and health care providers for services not available within the facility. ODO was informed leadership of the medical department meets frequently with the management of CCA to ensure continuity and effectiveness in the delivery of health care. There is a translation phone service available to staff when needed and there are multiple bilingual staff at HCDF.

The medical clinic consists of six examination rooms, a pharmacy, a dental clinic, a specimen collection room, a 16-bed short stay unit (SSU) which includes four negative air pressure rooms, and several offices and storage rooms. There is a waiting room with access to a toilet and drinking water. A correctional officer is posted in the waiting room to monitor detainees. In addition to the examination rooms within the clinic, each housing unit has a medical examination room where sick call triage is held. Based on the size of the facility and the level of care provided, ODO finds space and staffing is adequate to meet the health care needs of the detainee population.

Detainees undergo initial medical, dental, and mental health screening conducted by nursing staff within 12 hours of arrival at the HCDF, to include a chest X-ray to rule out tuberculosis (TB). The screening is conducted in a private medical room in the booking area equipped with a digital chest X-ray apparatus. Though screening was completed within 12 hours in all 30 records reviewed, ODO notes IHSC Form 795A does not include all 15 elements required by the standard. Specifically, past history of serious infectious or communicable diseases, past medications, and past surgical procedures are not addressed on the form (**Deficiency MC-1<sup>3</sup>**). All 30 detainees signed a general consent for treatment form during the intake process, and

<sup>3</sup> Priority Component

specific consent forms are used for any invasive procedure and psychotropic medications. Also during intake, medical staff provides detainees with a medical orientation and health information handbook that provides information and advice on adaptation to the correctional environment

The initial health appraisal includes a hands-on physical examination by a registered nurse trained in the function, a nurse practitioner, or a physician assistant. Registered nurses are allowed to perform physical examinations only on detainees with no significant health issues identified during intake screening. In all 30 records reviewed, the health appraisals were completed within one to two days of admission on average, and review and co-signature of the physician was documented as required. The health appraisals included documentation of an examination of the oral cavity by the examiner for dental caries or other oral cavity abnormalities.

Detainees have access to sick call seven days a week. HCDF does not use a printed sick call request form; instead, sick call is announced in the housing unit and detainees who respond report to the nurse in the examination room. Nurses perform triage and schedule sick call appointments for detainees whose issues cannot be addressed. The sick call appointments are completed in the clinic within 48 hours of triage, as confirmed by the medical record review and detainee interviews.

ODO reviewed the medical records of 17 detainees with chronic conditions, including eight with hypertension, six with diabetes, one with HIV, one with asthma, and one with viral hepatitis. All 17 chronic care patients were evaluated in clinic within days of arrival at HCDF, and treatment plans and documentation of routine follow-up were present in the records. ODO verified detainees on psychotropic medication signed a consent form specific to the medication prescribed.

Medications are stored in a secure pharmacy, staffed by a licensed pharmacist and (b)(7)(e) pharmacy technicians. Controlled substances are stored in a double-locked box and ODO verified the contents are inventoried daily. Locked medication carts in the nursing stations contain medications administered by nurses on medication rounds. The facility has recently implemented a policy limiting keep-on-person medications to a 15-day supply. Also, all controlled substances and other medications than can be abused are now crushed by medical staff and administered with water at pill line, with a check of the detainee's oral cavity completed by a correctional officer. The working stock of needles, syringes, and other instruments are kept within a locked cabinet in the nurses' station. ODO verified that sharps, medical instruments, bulk medications, and emergency response equipment are inventoried by medical staff at every shift change.

ODO's review of files for all (b)(7)(e) medical department staff verified current certification in cardiopulmonary resuscitation (CPR), automated external defibrillator (AED) use, and first aid. In addition, review of training records for (b)(7)(e) randomly selected correctional staff confirmed documentation of current certification was present.

The HSA maintains the grievance log for the medical department and responds to medical grievances. ICE detainees filed 26 detainee grievances concerning medical issues during the past

year. ODO's review of copies of the grievances found they were responded to within five working days, and no trend or pattern in subject matter was identified.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY MC-1**

In accordance with ICE PBNDS, Medical Care, section (V)(I), the FOD must ensure "Initial medical, dental, and mental health screening shall be done within 12 hours of arrival by a health care provider or a detention officer specially trained to perform this function.

If screening is performed by a detention officer, the facility shall maintain documentation of the officer's special training, and the officer shall have available for reference the training syllabus, to include education on patient confidentiality of disclosed information.

The screening shall inquire into the following:

- Any past history of serious infectious of communicable illness, and any treatment or symptoms;
- Current illness and health problems, including communicable diseases;
- Pain assessment;
- Current and past medication;
- Allergies;
- Past surgical procedures;
- Symptoms of active TB or previous TB treatment;
- Dental problems;
- Use of alcohol and other drugs;
- Possibility of pregnancy;
- Other health programs designated by the responsible clinical medical authority;
- Observation of behavior, including state of consciousness, mental status, appearance, conduct, tremor, sweating;
- History of suicide attempts or current suicidal/homicidal ideation or intent;
- Observation of body deformities and other physical abnormalities;
- Questions and an assessment regarding past or recent sexual victimization."



## **TELEPHONE ACCESS (TA)**

ODO reviewed the Telephone Access standard at the HCDF 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 2008 PBNDS. ODO interviewed facility staff and detainees; reviewed policy, procedures, and the detainee handbook; and conducted functionality tests on the telephones in detainee housing units.

ODO verified detainees have reasonable and equitable access to telephones at HCDF. The telephone availability ratio is roughly six detainees per telephone. The facility also provides a TTY (teletype) device if needed. ODO confirmed that listings in both English and Spanish for pro-bono services, DHS OIG, consulates, and embassies were located in each housing unit. Notifications that calls are subject to monitoring were also posted in English and Spanish on each telephone and there is a recorded message when an outside telephone call is placed. Access rules for use of the telephones were observed in the immediate vicinity of designated telephone locations and this information was also included in the detainee handbook. Access rules for telephone use did not identify procedures for obtaining an unmonitored call to a court, a legal representative, or for the purposes of obtaining legal representation, and a notice of the procedures was not posted at each telephone location (**Deficiency TA-1**).

The telephones are inspected daily by facility staff and at least weekly by ICE staff. Problems with the telephones are promptly reported to the contracted telephone service provider by ICE, and the service provider addresses issues weekly. ODO verified this by reviewing both facility and ICE logbooks and serviceability worksheets. ODO conducted functional checks of telephones in detainee housing units and all were found to be in good working order.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY TA-1**

In accordance with the ICE 2008 PBNDS, Telephone Access, section (V)(B), "Each facility shall have a written policy on the monitoring of detainee telephone calls. If telephone calls are monitored, the facility shall:

- At each monitored telephone, place a notice that states:
  - The procedure for obtaining an unmonitored call to a court, a legal representative, or for the purposes of obtaining legal representation."

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

ODO reviewed the Use of Force and Restraints standard at HCDF to determine if necessary use of force and the use of restraints is employed only after all reasonable efforts have been exhausted to gain control of a subject, while protecting and ensuring the safety of detainees, staff and others; preventing serious property damage; and ensuring the security and orderly operation of the facility; in accordance with the 2008 PBNDS. ODO toured the facility, inspected equipment, and reviewed calculated use of force videos, local policy, training records, and other pertinent documentation.

HCDF policies and post orders address required principles of use of force, including confrontation avoidance and using physical force only as a last resort. Correctional officers are trained in a variety of topics related to use of force, including forced cell moves, use of restraints, the use of force continuum, self-defense, and communicable diseases and precautions during use of force. In addition, officers receive training in subjects which support confrontation avoidance, including communication techniques, cultural diversity, and dealing with detainees with mental health conditions. A review of the training records of (b)(7) randomly selected officers and (b)(7)e supervisors confirmed current use of force training. In addition, certification in the use of oleo capsicum (OC) spray was present for authorized personnel.

HCDF reported 22 use-of-force incidents involving detainees during the past 12 months. A review of documentation found sixteen were immediate use-of-force incidents, and two were calculated use-of-force incidents. The remaining four incidents involved application of restraints without force. During a review of use-of-force video recordings, supervisors were observed practicing confrontation avoidance and giving several commands to comply before force was used. In both calculated incidents the video recordings showed use-of-force team members introduced themselves while wearing helmets or with gas masks on their foreheads (**Deficiency UOF&R-1**). To ensure accurate video identification, it is critical that team members not wear head gear during introductions. Medical personnel were present prior to and during the use of force incidents and were seen on the video completing post-incident medical examinations of the detainees. Decontamination procedures were completed following incidents when OC was deployed. ODO confirmed after-action reviews meeting the requirements of the standard were completed for all use-of-force incidents. The facility produced documentation reflecting the after-action reports, video recordings, and written documentation were forwarded to ERO the same day or the next work day.

## STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

### DEFICIENCY UOF&R-1

In accordance with the ICE PBNDS, Use of Force and Restraints, section (V)(I)(2), the FOD must ensure "While ICE/DRO requires that all use-of-force incidents be documented and forwarded to ICE/DRO for review, for calculated use of force, it is required that the entire incident be audio visually recorded.

Calculated use-of-force incidents shall be audio visually-recorded in the following order:

2. Faces of all team members should briefly appear (with helmets removed and heads uncovered), one at a time, identified by name and title."