



U.S. Department of Homeland Security

Immigration and Customs Enforcement

Office of Professional Responsibility

Inspections and Detention Oversight Division

Washington, DC 20536-5501

**Office of Detention Oversight
Compliance Inspection**

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

June 14–16, 2016

**COMPLIANCE INSPECTION
for the
JOHNSON COUNTY LAW ENFORCEMENT CENTER
CLEBURNE, TEXAS**

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INSPECTION TEAM MEMBERS

| | | |
|------------|--|----------------------|
| | Management and Program Analyst (Team Lead) | ODO |
| | Inspections and Compliance Specialist | ODO |
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EXECUTIVE SUMMARY

The Office of Detention Oversight (ODO) conducted a compliance inspection of the Johnson County Law Enforcement Center (JCLEC) in Cleburne, Texas, from June 14 to 16, 2016.¹ JCLEC opened in February 1989 and is owned by the County of Johnson and operated by LaSalle Southwest Corrections. The Office of Enforcement and Removal Operations (ERO) began housing detainees at JCLEC in February 2009 pursuant to a contract, under the oversight of ERO’s Field Office Director (FOD) in Dallas.

ERO staff members are assigned to the facility. A Detention Services Manager is not assigned to the facility.⁴ A JCLEC Warden is responsible for oversight of daily facility operations and is supported by ██████ personnel. The JCLEC provides medical services, and Five Star Correctional Services provides food services. The facility is accredited by the Texas Commission on Jail Standards. The JCLEC is contractually obligated to comply with the ICE Performance-Based National Detention Standards (PBNDS) 2011, Sexual Abuse and Assault Prevention and Intervention (SAAPI) standard.

| Capacity and Population Statistics | Quantity |
|--|----------|
| ICE Detainee Bed Capacity ² | 288 |
| Average ICE Detainee Population ³ | ████ |
| Male Detainee Population (as of 6/14/2016) | ████ |
| Female Detainee Population | N/A |

OVERALL FINDINGS

In January 2013, ODO conducted an inspection of the facility under the National Detention Standards (NDS) 2000, reviewing the facility’s compliance with 17 standards and finding the facility compliant with 12 standards. There were a total of 18 deficiencies in the remaining five standards.

| Inspection Results Compared | FY 2013 (NDS 2000) | FY 2016 (NDS 2000) |
|--------------------------------|--------------------|--------------------|
| Standards Reviewed | 17 | 16 |
| Deficient Standards | 5 | 6 |
| Overall Number of Deficiencies | 18 | 10 |
| Corrective Action | 0 | 4 |

In FY2016, ODO conducted an inspection of JCLEC under the NDS 2000. ODO reviewed the facility’s compliance with 16 standards and found the facility compliant with 10 standards. ODO found ten deficiencies in the remaining six standards. Finally, ODO identified four instances where the facility initiated corrective action during the course of the inspection.⁵

¹ Male detainees of security classification levels ██████████ classification levels are detained at the facility for longer than 72 hours.

² Data Source: ERO Facility List Report as of April 18, 2016.

³ *Ibid.*

⁴ A Detention Standards Compliance Officer provides part-time coverage.

⁵ Corrective actions, where immediately implemented, have been identified in the *Inspection Findings* section and annotated with a “C.”

FINDINGS BY NDS 2000 MAJOR CATEGORIES

| NDS 2000 STANDARDS INSPECTED ⁶ | DEFICIENCIES |
|--|-----------------------|
| Part 1 – Detainee Services | |
| Access to Legal Material | 0 |
| Admission and Release | 0 |
| Detainee Classification System | 0 |
| Detainee Grievance Procedures | 0 |
| Detainee Handbook | 0 |
| Food Service | 1 |
| Funds and Personal Property | 0 |
| Staff-Detainee Communication | 1 |
| Telephone Access | 2 |
| Sub-Total | 4 |
| Part 2 – Security and Control | |
| Environmental Health and Safety | 1 |
| Special Management Unit (Administrative Segregation) | 0 |
| Special Management Unit (Disciplinary Segregation) | 0 |
| Use of Force | 1 |
| Sub-Total | 2 |
| Part 3 – Health Services | |
| Medical Care | 4 |
| Suicide Prevention and Intervention | 0 |
| Sub-Total | 4 |
| Total Deficiencies | 10⁷ |

⁶ For greater detail on ODO's findings, see the *Inspection Findings* section of this report.

⁷ ODO reviewed the facility's compliance with ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention (SAAPI) and found no deficiencies.

COMPLIANCE INSPECTION PROCESS

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

During the compliance inspection, ODO reviews each facility's compliance with those detention standards that directly affect detainee health, safety, and/or well-being.⁸ Any violation of written policy specifically linked to ICE detention standards, ICE policies, or operational procedures that ODO identifies is noted as a deficiency. ODO also highlights any deficiencies found involving those standards that ICE has designated under either the PBNDS 2008 or 2011, to be "priority components."⁹ Priority components have been selected from across a range of detention standards based on their critical importance to facility security and/or the health and safety, legal rights, and quality of life of detainees in ICE custody.

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

⁸ ODO reviews the facility's compliance with selected standards in their entirety.

⁹ Priority components have not been identified for the NDS.

DETAINEE RELATIONS

ODO interviewed 30 detainees, each of whom volunteered to participate. None of the detainees made allegations of mistreatment, abuse, or discrimination. The majority of detainees reported being satisfied with facility services, with the exception of the complaints below:

Food Service: Every detainee complained regarding food quality, alleging that the food was bad and frequently mixed together.

- Action Taken: ODO inspected the kitchen and interviewed the food service administrator. ODO found that the facility's dishwasher was broken. The facility was serving detainee meals in disposable Styrofoam containers. As a result of the limited width and length of the Styrofoam containers, food items were, at times, piled on top of each other in order to ensure that detainees received the appropriate amount of food in each container. The dishwasher was repaired during the course of the inspection.

Medical Care: One detainee complained that he had not received a response to a medical grievance he had filed over a month prior to ODO's inspection.

- Action taken: ODO reviewed the facility's grievance log, as well as the detainee's detention file and did not find a grievance form. ODO also reviewed the detainee's medical record with the facility's medical staff. The detainee had been recently treated for the condition the detainee stated was in his grievance. The detainee at the time of the ODO inspection was symptom free. The facility medical staff stated they would review the issue with the detainee.

Medical Care: One detainee alleged he was not getting proper medical care for an undisclosed illness and that he only received one-week's worth of medications for his illness during April 2015.

- Action Taken: ODO reviewed the detainee's medical record with the facility medical staff and confirmed the detainee denied having any medical problems at intake. A medical information form completed by a previous ICE detention facility, which the detainee previously refused to sign, documents the detainee's denial of ever having been treated for an infectious disease. A memo written by a JCLEC licensed vocational nurse (LVN), dated April 5, 2016, details that the detainee submitted a sick call request stating his desire to continue taking medications for his infectious disease. As a result, the JCLEC physician's assistant (PA) requested the detainee's previous medical record, ordered monitoring labs, sought referral to the JCLEC infectious disease clinic, and entered a request for the detainee to be seen by JCLEC mental health services. Prior to completion of the ODO inspection, the PA confirmed that the detainee did in fact have the infectious disease, and he began receiving his medications as prescribed and was being managed in the chronic care clinic.

Medical Care: One detainee complained he was having abdominal pain due to a hernia and needed surgery.

- Action Taken: ODO reviewed the detainee's medical record with the facility's medical staff. ODO found the detainee had a health assessment conducted by the PA within 24

hours of his arrival. The PA's health assessment identified that the detainee had a medical condition that would require an outside consultation and that the medical condition was not life-threatening. In the two weeks preceding the inspection, the detainee was seen by two providers in the local community. The results of those outside visits were pending at the time of the inspection.

Strip Searches: Two detainees complained they had been strip searched on specific dates that were several days after being admitted to the facility.

- Action Taken: ODO reviewed admission records and interviewed both ERO staff (those who perform strip searches) and facility staff. ODO determined that neither detainee had been strip searched. ODO also reviewed the detainee's medical records and found the detainee's received their medical health assessments on the days they alleged they were strip searched. Facility medical staff stated to ODO that the detainee medical assessment involved the detainee undressing for part of the assessment.

COMPLIANCE INSPECTION FINDINGS

DETAINEE SERVICES

FOOD SERVICE (FS)

ODO reviewed documentation provided by the food services manager and determined that the Five Star Correctional Services staff did not receive a pre-employment medical examination (**Deficiency FS-1¹⁰**). ODO verified that all county inmates working in food service receive pre-employment medical clearances.

Corrective Action: The facility initiated corrective action during the inspection by having food service staff members medically examined and cleared to work in food service (**C-1**).

STAFF DETAINEE COMMUNICATION (SDC)

ODO requested staff detainee communication logs and facility liaison visit checklists for the 12 months preceding the inspection. ODO found that the facility liaison visit checklist was last completed in August 2015 (**Deficiency SDC-1¹¹**). ODO interviewed ERO staff and found that staff had stopped completing the facility liaison visit checklist based on guidance from the field office.

TELEPHONE ACCESS (TA)

ODO reviewed the facility's detainee handbook and determined the facility provides telephone access rules in writing to each detainee upon admission; however, telephone access rules were not posted in housing units (**Deficiency TA-1¹²**).

Corrective Action: The facility initiated corrective action during the inspection by posting the telephone access rules in all detainee housing units (**C-2**).

ERO staff has not filled out telephone serviceability worksheets since August 2015 (**Deficiency TA-2¹³**). ODO interviewed ERO staff and found that staff had stopped completing the telephone serviceability worksheets based on guidance from the field office.

¹⁰ “[T]he FOD must ensure all food service personnel (both staff and detainee) shall receive a pre-employment medical examination....” See ICE NDS 2000, Standard, Food Service, Section (III)(H)(3)(a). **This is a repeat deficiency.**

¹¹ “[T]he model protocol should be completed weekly for regularly used facilities and each visit for facilities, which are used intermittently....” See Change Notice, Staff Detainee Communication, Model Protocol, dated June 15, 2007.

¹² “[T]he facility shall provide telephone access rules in writing to each detainee upon admittance, and also shall post these rules where detainees may easily see them.” See ICE NDS 2000, Standard, Telephone Access, Section (III)(B).

¹³ “Each serviceability test shall be documented using the attached form.” See Change Notice, Telephone Access, dated April 4, 2007.

SECURITY AND CONTROL

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed [REDACTED] inventories of flammable, toxic, and caustic substances provided by JCLEC and determined, there was no running inventory of hazardous substances (**Deficiency EH&S-1¹⁴**).

Corrective Action: The facility initiated corrective action during the inspection by creating a running inventory sheet for each flammable, toxic, and caustic substance used (**C-3**).

USE OF FORCE (UOF)

ODO reviewed JCLEC Policy JO 066, *Security and Control*, dated June 1, 2015, reviewed the post orders for the shift lieutenant and the shift sergeant, and inspected the use of force equipment and related video equipment. ODO found the responsibility to ensure the video equipment was charged and working was not designated to a position (**Deficiency UOF-1¹⁵**). ODO reviewed the facility video camera check log and confirmed the video equipment was checked and logged during each shift change.

Corrective Action: The facility initiated corrective action during the inspection by adding the responsibility to check the video equipment to the post orders of the shift lieutenant and shift sergeant (**C-4**).

HEALTH SERVICES

MEDICAL CARE (MC)

ODO's review of 30 sick call requests found the forms were triaged by a licensed vocational nurse (LVN) in a timely manner; however, triage of five of the requests did not result in a determination of when the detainee would be seen for sick call (**Deficiency MC-2¹⁶**).

Based on the above, ODO determined detainees were denied access to a medical professional in a clinical setting (**Deficiency MC-3¹⁷**).

A review of five detainee's medical files, who were receiving antidepressant or psychotropic medications, found none signed consent forms (**Deficiency MC-3¹⁸**).

¹⁴ "Every area will maintain a running inventory of the hazardous (flammable, toxic, or caustic) substances used and stored in that area." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(A).

¹⁵ "The OIC shall designate responsibility for maintaining the video camera(s) and other video equipment." See ICE NDS 2000, Standard, Use of Force, Section (III)(A)(4)(I).

¹⁶ "Each facility will have a mechanism that allows detainees the opportunity to request health care services provided by a physician or other qualified medical officer in a clinical setting....The health care provider will review the request slips and determine when the detainee will be seen. See ICE NDS 2000, Standard, Medical Care, Section (III)(F).

¹⁷ *Ibid.*

When detainees are transferred, the LVN assigned to detainee health care completes medical summaries, placing them in a sealed envelope labeled with the detainee's name and A-number and marked medically confidential. However, the full medical record or copy does not accompany the detainee upon transfer (**Deficiency MC-4¹⁹**). It should be noted ICE Policy 11022.1, Detainee Transfers (January 4, 2012) also mandates the receiving facility be provided with a Medical Transfer Summary and a copy of the detainee's full medical record.

¹⁸ "As a rule, medical treatment will not be administered against the detainee's will. The facility health care provider will obtain signed and dated consent forms from all detainees before any medical examination or treatment, except in emergency circumstances." *See* ICE NDS 2000, Standard, Medical Care Section (III)(L).

¹⁹ "When a detainee is transferred to another detention facility, the detainee's medical records, or copies, will be transferred with the detainee. These records should be placed in a sealed envelope or other container labeled with the detainee's name and A-number and marked "MEDICAL CONFIDENTIAL." *See* ICE NDS 2000, Standard, Medical Care Section (III)(N).