



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 Houston Field Office
Coastal Bend Detention Center
Robstown, Texas

February 6 - 8, 2018

**COMPLIANCE INSPECTION
for the
COASTAL BEND DETENTION CENTER
Robstown, Texas**

TABLE OF CONTENTS

OVERVIEW

Facility Overview..... 1
Findings by Performance-Based National Detention Standards (PBNDS) 2008 Major
Categories 2

COMPLIANCE INSPECTION PROCESS..... 3

DETAINEE RELATIONS 4

COMPLIANCE INSPECTION FINDINGS 4

SAFETY 5
Environmental Health and Safety..... 5

SECURITY 5
Admission and Release 5
Funds and Personal Property 5
Staff-Detainee Communication 6
Use of Force and Restraints 6

CARE..... 7
Food Service 7
Medical Care..... 7

CONCLUSION 9

COMPLIANCE INSPECTION TEAM MEMBERS

(b) (6), (b) (7)(C)	Lead Inspections and Compliance Specialist	ODO
(b) (6), (b) (7)(C)	Inspections and Compliance Specialist	ODO
(b) (6), (b) (7)(C)	Inspections and Compliance Specialist	ODO
(b) (6), (b) (7)(C)	Contractor	Creative Corrections
(b) (6), (b) (7)(C)	Contractor	Creative Corrections
(b) (6), (b) (7)(C)	Contractor	Creative Corrections
(b) (6), (b) (7)(C)	Contractor	Creative Corrections

FACILITY OVERVIEW

The Office of Detention Oversight (ODO) conducted a compliance inspection of the Coastal Bend Detention Center (CBDC), in Robstown, Texas from February 6-8, 2018.¹ CBDC opened in 2009 and is owned and operated by the GEO Group. The Office of Enforcement and Removal Operations (ERO) began housing detainees at CBDC in 2012 under the oversight of ERO's Field Office Director (FOD) in Houston.² The facility operates under the Performance-Based National Detention Standards (PBNDS) 2008.

No ERO Deportation Officers (DO) or Detention Services Managers (DSM) are assigned to the facility. A warden is responsible for daily facility operations and is supported by [REDACTED] personnel. CBDC provides food services, and medical care is provided by Correct Care Solutions (CCS). The facility holds American Correctional Association (ACA) accreditation.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ³	700
Average ICE Detainee Population ⁴	[REDACTED]
Male Detainee Population (as of 02/06/2018)	[REDACTED]
Female Detainee Population (as of 02/06/2018)	0

In FY 2014, ODO conducted an inspection of CBDC and found 30 deficiencies in the following areas: 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).

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

² The facility is located in the Houston field office area of responsibility (AOR); however, the San Antonio field office retains case management responsibility for detainees originating in its AOR. Therefore, Supervisory Detention and Deportation Officers (SDDO) from both field offices share staff-detainee communication responsibilities.

³ Data Source: ERO Facility List Report as of April 23, 2018.

⁴ *Ibid.*

FINDINGS BY PBNDS 2008 MAJOR CATEGORIES

PBNDS 2008 STANDARDS INSPECTED ⁵	DEFICIENCIES
Part 1 - Safety	
Environmental Health and Safety	2
Sub-Total	2
Part 2 - Security	
Admission and Release	1
Classification System	0
Funds and Personal Property	3
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	2
Use of Force and Restraints	2
Sub-Total	8
Part 4 - Care	
Food Service	1
Medical Care	7
Suicide Prevention and Intervention	0
Sub-Total	8
Part 5 - Activities	
Telephone Access	0
Sub-Total	0
Part 6 - Justice	
Detainee Handbook	0
Grievance System	0
Law Libraries and Legal Material	0
Sub-Total	0
Total Deficiencies	18

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

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten, and where detainees are housed for over 72 hours, to assess compliance with ICE National Detention Standards (NDS) 2000, or the Performance-Based National Detention Standards (PBNDS) 2008 or 2011, as applicable. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.⁶ ODO identifies violations linked to ICE detention standards, ICE policies, or operational procedures as *deficiencies*.

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

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

⁶ ODO reviews the facility’s compliance with selected standards in their entirety.

DETAINEE RELATIONS

Eighteen detainees voluntarily agreed to be interviewed by ODO. Most detainees reported satisfaction with facility services with the exception of the concerns listed below.

Medical Care: Seven detainees claimed medical requests take too long to be answered or are not answered at all by CBDC medical staff.

- Action Taken: ODO reviewed 30 medical records, including those of the seven detainees who expressed concerns, interviewed senior health care staff, the facility warden, and Supervisory Detention and Deportation Officers (SDDO) from the Houston and San Antonio field offices regarding these complaints. Records reviews revealed the facility does not always meet timelines required by the Medical Care standard as it relates to detainee medical care. *See the Compliance Inspection Findings: Medical Care* section of this report for further information.

Medical Care: One detainee complained that he had submitted a sick call request last week for a broken hand and had yet to be seen.

- Action Taken: ODO reviewed the detainee's medical record and spoke with health care staff. ODO determined the detainee submitted a sick call request related to hand pain on December 17, 2017 and was not seen by the nurse until January 2, 2018. The detainee submitted another sick call request on January 21, 2018 due to right-hand thumb pain. A note on the sick call request written by the licensed vocational nurse (LVN) indicated the detainee was seen on February 1, 2018. However, ODO could not find evidence any medical evaluation had taken place. Upon ODO's inquiry, the detainee was scheduled to be seen by the Clinical Director the evening of February 8, 2018.

Staff-Detainee Communication: One detainee complained he gave case evidence/documentation to an officer to have copies made, and the officer lost the documents.

- Action Taken: ODO spoke with ERO staff regarding this concern. ERO contacted facility staff who confirmed the documents were in fact lost. Staff then ensured the detainee was able to call his attorney to request copies of the documents.

Staff-Detainee Communication: One detainee complained his embassy is not providing his travel documents.

- Action Taken: ODO spoke with the SDDO and asked ERO to discuss the detainee's removal status with him. ERO confirmed this detainee is a final order alien and was scheduled for removal in the near future. ERO provided the detainee with his updated status; however, the exact dates of the charter were not provided due to security reasons.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO inspected the detainee housing units and determined the overall sanitary conditions did not meet acceptable standards. Specifically, ODO found: trash was strewn about floors; graffiti was present on the walls of several cells; and shower and bathroom areas in the majority of the units had a build-up of lime, hard water deposits, soap scum, and dirt (**Deficiency EH&S-1**⁷).

Corrective Action: The facility initiated corrective action during the inspection and cleaned these areas. ODO visited these areas again and found the showers had been scrubbed, trash picked up and the overall sanitation level of the housing units was significantly improved (**C-1**).

ODO reviewed the facility-provided quarterly fire drill records and determined, [REDACTED] fire drills are conducted in all areas of the facility to include drawing and testing of emergency keys; however, all detainees are not evacuated during the [REDACTED] fire drills for all locations (**Deficiency EH&S-2**⁸).

SECURITY

ADMISSION AND RELEASE (A&R)

ODO reviewed 30 detention files and determined the required *Order to Detain or Release*, Form I-203 was missing in five files. Additionally, seven other files contained an unsigned Form I-203 (**Deficiency A&R-1**⁹).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO toured the detainee housing units and found detainees are provided with a pull-out steel drawer built into each steel bunkbed to store detainee personal property. The drawers are to be secured by a locking device such as a padlock; however, detainees are not provided with any means to secure their property (**Deficiency F&PP-1**¹⁰).

ODO observed the admission process for detainees. Detainee property is searched upon arrival, inventoried, and placed in individual zippered hanging bags in the secured property room. A copy of the inventory receipt signed by the detainee and two facility staff members is placed inside each property bag. In addition to the inventory placed inside each bag, the detainee's identifying

⁷ "The facility administrator shall ensure that staff and detainees maintain a high standard of facility sanitation and general cleanliness." See ICE PBNDS 2008, Standard, Environmental Health and Safety, Section (V)(C).

⁸ "Detainees shall be evacuated during fire drills, except: in areas where security would be jeopardized; in medical areas where patient health could be jeopardized; or in individual cases when evacuation of patients is logistically not feasible. Staff shall simulate drills in areas where detainees are not evacuated." See ICE PBNDS 2008, Standard, Environmental Health and Safety, Section (VII)(D)(2).

⁹ "An Order to Detain or Release the detainee (Form I-203 or I-203a), bearing the appropriate ICE/DRO Authorizing Official signature, must accompany each newly arriving detainee." See ICE PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(E).

¹⁰ "Every housing area shall have lockers or other securable space for storing detainees' authorized personal property." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(E)(4).

information is placed in a clear plastic pocket on the front of each bag. However, ODO found detainee property bags are not secured in a tamper-resistant manner (**Deficiency F&PP-2¹¹**).

Corrective Action: The facility initiated corrective action during the inspection by having intake staff secure each property bag with a tamper-resistant seal (**C-2**).

ODO observed the release of five detainees from the facility and found funds and property are returned to the detainee, and they are asked to sign a CBDC Itemized Property Form. However, the form only documents that detainees receive their property, but does not indicate the detainee received funds prior to departure (**Deficiency F&P-3¹²**).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the ERO-provided visitation logbook entries going back to July 2017. ODO determined ERO staff conducts weekly scheduled and unscheduled visits at CBDC. However, [REDACTED] visits to the facility by supervisory staff are not documented in the logbooks (**Deficiency SDC-1¹³**).

ODO reviewed 30 detainee detention files and also reviewed the ICE detainee request log. Five detention files were for detainees who submitted requests to ICE. However, the completed Detainee Requests forms were missing from all five files (**Deficiency SDC-1¹⁴**).

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO inspected the facility's protective equipment and determined it is available for cell extraction team members. Equipment [REDACTED] [REDACTED] However, the storage area for the equipment serves as a multi-purpose room for computer training and is not secure (**Deficiency UOF&R-1¹⁵**).

Corrective Action: The facility initiated corrective action during the inspection by establishing procedures to secure the door to the room and modified their UOF&R policy to include the securing of the door (**C-3**).

ODO observed stationary ceiling video cameras strategically placed throughout the facility. ODO also observed hand-held digital video cameras are maintained in central control and each unit control center. However, the facility administrator has not incorporated maintenance and testing of audiovisual equipment in the post orders (**Deficiency UOF&R-2¹⁶**).

¹¹ "All detainee luggage and facility containers used for storing detainee personal property shall be secured in a manner that is tamper-resistant (such as by a tamper-proof numbered tie strap) and shall only be opened in the presence of the detainee." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(I).

¹² "After the property check, the property shall be returned to the detainee. The detainee shall then sign the blue copy of the G-589, indicating his or her receipt of all funds and personal property due him/her." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(K).

¹³ "Each facility shall develop a method to document the unannounced visits and ICE/DRO staff shall document their visits to IGSA's." See ICE PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(A)(1).

¹⁴ "A copy of each completed Detainee Request shall be filed in the detainee's detention file and be retained there for at least three years." See ICE PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(B)(2).

¹⁵ "Ordinarily, when not actually in use, intermediate force weapons and related equipment are permitted only in designated areas:

- Where access is limited to authorized personnel, and
- To which detainees and non-authorized personnel have no access."

See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(G)(1).

¹⁶ "Since audiovisual recording equipment must often be readily available, each facility administrator shall designate

Corrective Action: The facility initiated corrective action during the inspection by incorporating the requirement for maintenance and testing equipment into the [REDACTED] Orders (C-4).

CARE

FOOD SERVICE (FS)

ODO observed a production supervisor checking the temperature of the hot and cold items before tray preparation. Staff record temperature checks on the opening and closing checklist for each meal. ODO checked the temperatures and found all food items within proper temperature guidelines for hot and cold food items at the tray preparation area. However, the temperatures for hot food items when delivered to the housing units were between 100 to 115 degrees for ten randomly selected trays (**Deficiency FS-1¹⁷**).

MEDICAL CARE (MC)

ODO reviewed 45 detainee medical records and determined that initial detainee medical and mental health screenings are completed by licensed vocational nurses (LVN); however, the clinical medical authority (MA) does not review intake screening forms to assess priority for treatment (**Deficiency MC-1¹⁸**).

ODO reviewed detainee medical records and found initial health and dental appraisals are performed by trained registered nurses (RNs) or the physician. ODO found nine appraisals that were neither signed nor dated and three appraisals left undated. (**Deficiency MC-2¹⁹**).

ODO's review of ten sick call requests found the requests were not addressed by medical staff within 48 hours from the time of the request. In one case, a detainee submitted a request on January 21 and 22, 2018 and he was not seen until January 25, 2018. Another detainee submitted a request on January 16, 2018 and did not receive a response until February 1, 2018 (**Deficiency MC-3²⁰**).

and incorporate in one or more post orders responsibility for:

- Maintaining cameras and other audiovisual equipment;
- Regularly scheduled and documented testing to ensure all parts, including batteries, are in working order; and
- Keeping back-up supplies on hand (batteries, tapes or other recording media, lens cleaners, etc.)."

See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(K).

¹⁷ "Before and during the meal the Cook Supervisor (CS) 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)."

See ICE PBNDS 2008, Standard, Food Service, Section (V)(D)(2)(a). **This is a priority component. This is a repeat deficiency.**

¹⁸ "The clinical medical authority shall be responsible for review of all health screening forms within 24 hours or next business day to assess the priority for treatment (for example, Urgent, Today, or Routine)." See ICE PBNDS 2008, Standard, Medical Care, Section (V)(I)(1). **This is a priority component.**

¹⁹ "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." See ICE PBNDS 2008, Standard, Medical Care, Section (V)(J). **This is a priority component and a repeat deficiency.**

²⁰ "All facilities must have an established procedure in place to ensure that all sick call requests are received and triaged by appropriate medical personnel within 48 hours after the detainee submits the request." See ICE PBNDS 2008, Standard, Medical Care, Section (V)(N). **This is a priority component.**

ODO reviewed the CBDC's list of stock prescription medications available at the facility for immediate medication administration and for chronic care conditions. During its records review, ODO identified a diabetic detainee who arrived at CBDC on January 20, 2018 with a blood sugar level of 320. Although it was readily available, the detainee did not receive medication until five days after arrival. Additionally, while treatment protocols clearly state staff must call the physician when blood sugars are below 50 or above 400. ODO found documentation that nursing staff administered insulin for a detainee with blood sugar levels 38, 40, and 43; however, there was no corresponding documentation showing the physician was consulted (**Deficiency MC-4²¹**).

ODO's review of detainee medical files found a lack of follow-up and inconsistency in the continuity of care in several cases (**Deficiency MC-5²²**). For example, in one instance medical staff failed to adequately follow up and document suture removal, dressing changes, and evaluation by an orthopedic surgeon for a detainee with an open fracture. In another instance, a detainee on a multi-drug treatment regimen due to tuberculosis exposure with documented weight loss did not receive scheduled follow-up assessments as ordered. Additionally, ODO could find no documentation showing several detainees received an infectious disease consultation as ordered during their intake at the facility.

CBDC detainee medical records consist of a single manila folder and are securely maintained. ODO's review of the medical files found they are not complete and documentation related to consultations, clinical encounters, and medical administration records were not always included in the file (**Deficiency MC-6²³**).

According to CBDC policy, detainees request non-emergency medical care by placing requests in a lockbox located outside the housing unit. However, ODO observed detainees instead place their requests in their cell windows as the lockbox is not always accessible within the unit. Placing medically-sensitive documents in cell windows allows for correctional staff and other detainees to potentially access private medical information (**Deficiency MC-7²⁴**).

²¹ "Distribution of medication shall be in accordance with specific instructions and procedures established by the administrative health authority." See ICE PBNDS 2008, Standard, Medical Care, Section (V)(P).

²² "The facility administrative health authority must ensure that a plan is developed that provides for continuity of medical care in the event of a change in detention placement or status." See ICE PBNDS 2008, Standard, Medical Care, Section (V)(S).

²³ "The administrative health authority shall maintain a complete health record on each detainee that is; organized uniformly in accordance with recognized medical records standards; available to all practitioners and use by them for health care documentation." See ICE PBNDS 2008, Standard, Medical Care, Section (V)(U)(1). **This is a priority component.**

²⁴ "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." See ICE PBNDS 2008, Standard, Medical Care, Section (V)(U)(2).

CONCLUSION

During this inspection, ODO reviewed the facility's compliance with fifteen (15) standards under the PBNDS 2008. Although the number of deficiencies identified at this facility has been cut nearly in half since its last ODO inspection, the facility remained compliant with eight (8) standards. CBDC was deficient eighteen (18) times in the remaining seven (7) standards. Five (5) of those deficiencies were priority components and two (2) were repeat deficiencies. ODO recommends ERO work with the facility to remedy all remaining deficiencies, as applicable and in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2014 (PBNDS 2008)	FY 2018 (PBNDS 2008)
Standards Reviewed	16	14
Deficient Standards	9	7
Overall Number of Deficiencies	33	18
Deficient Priority Components	10	5
Corrective Action	0	4