



U.S. Department of Homeland Security

Immigration and Customs Enforcement

Office of Professional Responsibility

Inspections and Detention Oversight

Washington, DC 20536-5501

**Office of Detention Oversight
Compliance Inspection**

**Enforcement and Removal Operations
San Francisco Field Office
Contra Costa County West
Detention Facility
Richmond, California**

February 5 – 7, 2013

**COMPLIANCE INSPECTION
CONTRA COSTA COUNTY WEST
DETENTION FACILITY
SAN FRANCISCO FIELD OFFICE**

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EXECUTIVE SUMMARY

The Office of Professional Responsibility (OPR), Office of Detention Oversight (ODO) conducted a Compliance Inspection (CI) of the Contra Costa County West Detention Facility (CCCWDF) in Richmond, California, from February 5 to 7, 2013. In April 2010, U.S. Immigration and Customs Enforcement (ICE) began housing detainees at CCCWDF under an Intergovernmental Service Agreement with Contra Costa County. CCCWDF is owned and operated by the Contra Costa County Sheriff's Office. The facility has a capacity of 1,096 beds, 300 of which are dedicated to adult male and female detainees of all classification levels (Level I – lowest threat, Level II – medium threat, Level III – highest threat) for periods in excess of 72 hours. Remaining bed space at CCCWDF is reserved for prisoners of the U.S. Marshals Service, and inmates from State and local law enforcement agencies in the surrounding area. The average daily detainee population at CCCWDF is 145. The average length of stay for an ICE detainee is 17 days. At the time of inspection, the CCCWDF housed 131 male detainees (102 Level I, 29 Level II), and 33 female detainees (25 Level I, eight Level II). There were no Level III detainees held at the facility during this CI.

The Contra Costa County Sheriff's Office supervises and manages security operations, maintenance service, and food service. Contra Costa County Health Services provides medical care. CCCWDF holds no accreditations.

The Enforcement and Removal Operations (ERO), Field Office Director (FOD), San Francisco, California (FOD San Francisco), is responsible for ensuring facility compliance with ICE policies and the National Detention Standards (NDS). There are no ICE personnel stationed at CCCWDF. An ERO San Francisco Assistant Field Office Director (AFOD) is designated as the Officer-in-Charge (OIC), and an ERO San Francisco Supervisory Detention and Deportation Officer (SDDO) is the Assistant OIC.

The Assistant Sheriff is the highest ranking official in the Contra Costa County Custody Services Division and is responsible for all custody-related operations in Contra Costa County. There are (b)(7)e Captains assigned to the Custody Services Division who share responsibilities. Another Captain at CCCWDF is responsible for the Hospital Security Program and the Custody Alternative Program. CCCWDF employ (b)(7)e Facility Commander, (b)(7)e Operations Sergeant, (b)(7)e shift Sergeants, and (b)(7)e Deputy Sheriffs. Remaining supervisory staff consists of a Food Services Director and a Programs Director. There are (b)(7)e additional non-law enforcement, non-supervisory staff. All personnel assigned to CCCWDF are Contra Costa County Sheriff's Office employees.

In September 2011, ODO conducted a CI at CCCWDF. Of the 24 NDS reviewed, 11 standards were found to be fully compliant. The remaining 13 standards accounted for 29 deficiencies.

In November 2011, ERO Detention Standards Compliance Unit contractors the Nakamoto Group, Incorporated, conducted an annual review of the NDS at CCCWDF. The facility received an overall recommended rating of "Meets Standards," and was found compliant with all standards reviewed.

During this CI, ODO reviewed 17 NDS. Nine standards were fully compliant. ODO identified 17 deficiencies in the following eight standards: Detainee Classification System (1 deficiency), Detention Files (4), Disciplinary Policy (1), Environmental Health and Safety (2), Key and Lock Control (2), Medical Care (5), Staff-Detainee Communication (1), and Tool Control (1).

ODO reviewed 25 medical files and confirmed in ten of 25 cases a physician did not review the physical examination (PE) documentation in a timely manner. One of the 25 files contained no documentation of a PE. None of the 25 detainees whose files were inspected received a dental screening examination. ODO confirmed CCCWDF has used detainees for translation services. ODO verified the CCCWDF security officer has not successfully completed an approved locksmith training program, and CCCWDF does not have a designated tool control officer. These are repeat deficiencies from the 2011 ODO inspection.

This report details all deficiencies identified by ODO and refers to the specific, relevant sections of the NDS. ERO will be provided a copy of this report to assist in developing corrective actions to resolve all identified deficiencies. These deficiencies were discussed with ERO management and CCCWDF personnel on-site during the inspection, as well as during the closeout briefing conducted on February 7, 2013.

CCCWDF provides detainees the opportunity to file formal and informal grievances. CCCWDF staff attempts to resolve complaints informally during daily interactions with detainees. Grievance forms are readily available in English and Spanish within the housing units. CCCWDF maintains an electronic grievance log to document and track all formal grievances submitted by detainees. ODO verified grievance forms are placed in individual detention files. The grievance log reflects CCCWDF received and processed four formal grievances between January 2012 and January 2013. There was no discernible pattern in the four grievances filed.

Medical services at CCCWDF are provided by Contra Costa County Health Services. Medical staffing consists of a Health Services Administrator (HSA), a Medical Director, and a Medical Supervisor. Current medical staffing at CCCWDF includes a physician (b)(7)e registered nurses (RN), (b)(7)e licensed vocational nurses, a dentist, and a dental assistant. Mental health services are provided by a Mental Health Clinical Specialist on-site Monday through Saturday, and a contract psychiatrist who sees patients four hours a week.

Detainees access healthcare services via a telephone nurse triage service. A telephone dedicated for this purpose is located in each detainee housing unit, with direct connection to the triage nurse in the clinic. ODO cites this as a best practice, because it affords detainees an immediate and confidential means of seeking health care. In addition to the telephone system, detainees may complete sick call request forms available in English and Spanish. ODO confirmed non-medical personnel are not involved in the collection or review of the forms, all requests are triaged, and sick call is completed in a timely manner.

CCCWDF is transitioning from a corrections-specific electronic medical record (EMR) system to the EMR system used by Contra County Regional Hospital. This change is intended to improve communication among detention centers and hospitals in Contra Costa County. Utility in the corrections environment has proven problematic, and interface incompatibilities have resulted in a lengthy transition, and continuity of care challenges. The HSA stated CCCWDF

healthcare staff is working to troubleshoot the program with the company providing the EMR system. Until that process is complete, the clinic is using a monitoring log that lists the most recent medical activity, as well as the next physician chart review or appointment.

There have been no detainee deaths or suicide attempts since the facility began housing detainees in December 2010. During this CI, there were no detainees on suicide watch. ODO verified documentation of suicide prevention training for all correctional and medical staff is current, and facility policy requiring officers to conduct and document 15-minute checks of detainees placed on suicide watch is in accordance with the NDS.

CCCWDF Custody Administrative Services employs (b)(7)c Lieutenant, (b)(7)c Sergeant, and (b)(7)e specialists who oversee policy and procedure. CCCWDF has a policy that addresses the Prison Rape Elimination Act (PREA). During this inspection, ODO observed ICE PREA posters conspicuously posted in all detainee housing units, and confirmed the CCCWDF orientation video discusses PREA.

At the time of the inspection, there were no detainees in administrative or disciplinary segregation. The Administrative Special Management Unit (SMU) and the Disciplinary SMU at CCCWDF are well lit, temperature-appropriate, and sanitary. ODO reviewed Facility Liaison Visit Checklists and confirmed ERO officers regularly visit the SMU to interact with detainees and monitor living conditions in each SMU.

Under the CCCWDF staff-detainee communication policy, detainees have the opportunity to submit written questions, requests, or concerns to CCCWDF and ERO staff via written request forms available throughout the facility. The completed request forms, which are available in English and Spanish, are deposited by detainees in readily-accessible lockboxes for collection by an ERO officer. Detainee requests are logged and responded to within 72 hours of receipt. ERO officer visitation schedules and Department of Homeland Security Office of Inspector General Hotline posters are conspicuously posted throughout the facility. ODO verified regular and unannounced supervisory and non-supervisory staff visits are conducted and documented by ERO staff. Weekly telephone checks and maintenance are recorded on a log.

CCCWDF has a comprehensive written policy governing the use of force. The facility does not use four-point restraints, restraint chairs, or electro-muscular disruption devices on detainees. Protective equipment and hand-held video cameras, for use during calculated use of force incidents, are readily available in several locations within the facility for quick access and accelerated response time. Since January 1, 2012, there has been one use of force incident involving a detainee at CCCWDF; this immediate use of force resulted in a detainee being handcuffed after becoming combative with a CCCWDF Sheriff's Deputy. ODO confirmed all use of force protocols were followed during this incident.

INSPECTION PROCESS

ODO inspections evaluate the welfare, safety, and living conditions of detainees. ODO primarily focuses on areas of noncompliance with the ICE NDS or ICE Performance-Based National Detention Standards, as applicable. The NDS apply to CCCWDF. In addition, ODO may focus its inspection based on detention management information provided by ERO Headquarters and ERO field offices, and on issues of high priority or interest to ICE executive management.

ODO reviewed the processes employed at CCCWDF to determine compliance with current policies and detention standards. Prior to the inspection, ODO collected and analyzed relevant allegations and detainee information from multiple ICE databases, including the Joint Integrity Case Management System, the ENFORCE Alien Booking Module, and the ENFORCE Alien Removal Module. ODO also gathered facility facts and inspection-related information from ERO Headquarters staff to prepare for the site visit at CCCWDF.

REPORT ORGANIZATION

This report documents inspection results, serves as an official record, and is intended to provide ICE and detention facility management with a comprehensive evaluation of compliance with policies and detention standards. It summarizes those NDS that ODO found deficient in at least one aspect of the standard. ODO reports convey information to best enable prompt corrective actions and to assist in the on-going process of incorporating best practices in nationwide detention facility operations.

OPR defines a deficiency as a violation of written policy that can be specifically linked to the NDS, ICE policy, or operational procedure. When possible, the report includes contextual and quantitative information relevant to the cited standard. Deficiencies are highlighted in bold throughout the report and are encoded sequentially according to a detention standard designator.

Comments and questions regarding the report findings should be forwarded to the Deputy Division Director, OPR ODO.

INSPECTION TEAM MEMBERS

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

Special Agent (Team Leader)	ODO, Phoenix
Special Agent	ODO, Phoenix
Detention Deportation Officer	ODO, Phoenix
Contract Inspector	Creative Corrections
Contract Inspector	Creative Corrections
Contract Inspector	Creative Corrections

OPERATIONAL ENVIRONMENT

INTERNAL RELATIONS

ODO interviewed the AFOD, the SDDO, a CCCWDF Captain, and a CCCWDF Lieutenant. During the interviews, all ERO and CCCWDF employees stated the working relationship between ERO and CCCWDF staff is excellent, and morale among ERO and CCCWDF employees is high.

The SDDO stated the excellent working relationship between ERO and contract employees enables the facility to run smoothly. The Captain and Lieutenant stated that ERO supervisors and officers visit detainees in the housing units a minimum of twice a week. The AFOD and SDDO stated ERO has adequate resources and equipment to carry out all assigned duties and responsibilities.

DETAINEE RELATIONS

ODO interviewed 14 randomly-selected detainees (ten male, four female) to assess the overall living and detention conditions at CCCWDF. There were no complaints concerning food service, the grievance system, the law library, medical care, personal hygiene items, recreation, religious services, staff-detainee communication, or visitation. All detainees interviewed stated they had not been strip searched, nor had they experienced verbal, physical, or sexual abuse by staff or detainees at CCCWDF.

ICE NATIONAL DETENTION STANDARDS

ODO reviewed a total of 17 NDS and found CCCWDF fully compliant with the following nine standards:

- Detainee Grievance Procedures
- Detainee Handbook¹
- Emergency Plans
- Food Service
- Special Management Unit
- Suicide Prevention and Intervention
- Telephone Access
- Terminal Illness, Advance Directives, and Death
- Use of Force

As these standards were compliant at the time of the review, a synopsis for these areas was not prepared for this report.

ODO found deficiencies in the following eight standards:

- Detainee Classification System
- Detention Files
- Disciplinary Policy
- Environmental Health and Safety
- Key and Lock Control
- Medical Care
- Staff-Detainee Communication
- Tool Control

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

¹ Deficiencies relating to omissions from the detainee handbook are noted under the relevant NDS that requires the information. See Detainee Classification System (**Deficiency DCS-1**) and Disciplinary Policy (**Deficiency DP-1**).

DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO reviewed the Detainee Classification System standard at CCCWDF to determine if there is a formal classification process for managing and separating detainees based on verifiable and documented data, in accordance with the ICE NDS. ODO reviewed detention files, logbooks, policies, and procedures, and interviewed staff.

Upon admission to the facility, each detainee receives the ICE National Detainee Handbook and a facility handbook. Both handbooks provide an overview of the rules, regulations, policies, and procedures that each detainee is required to follow.

The ICE National Detainee Handbook and the facility handbook provide information regarding the criteria for detainee security classification, which includes criminal behavior, criminal convictions, immigration history, disciplinary record, current custody status, and any other information considered relevant to determining the most appropriate custody level; however, ODO confirmed the facility handbook lacks procedures by which a detainee may appeal a classification determination (**Deficiency DCS-1**). Proper classification ensures each detainee is placed in the appropriate category, and physically separated from detainees in an incompatible category. Permitting a detainee to appeal a classification finding enables facility management to re-evaluate custody levels on a case-by-case basis.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DCS-1

In accordance with the ICE NDS, Detainee Classification System, section (III)(I)(2), the FOD must ensure the detainee handbook's section on classification will include the following: the procedures by which a detainee may appeal his/her classification.

DETENTION FILES (DF)

ODO reviewed the Detention Files standard at CCCWDF to determine if files are created containing all significant information on detainees housed at the facility for over 24 hours, in accordance with the ICE NDS. ODO reviewed detention files, logbooks, policies, and procedures, and interviewed staff.

As part of the intake process, CCCWDF staff creates a detention file when a detainee is admitted to the facility. ODO randomly selected and reviewed ten active detention files to determine if required documentation was present. ODO verified staff members created a detention file as part of admissions processing when a detainee is admitted to CCCWDF, but officers completing the admissions portion of the detention file failed to note file activation (**Deficiency DF-1**).

None of the ten active files reviewed contained a Detainee Classification System Primary Assessment Form, which is required by the NDS to be in every detention file (**Deficiency DF-2**). A Detainee Classification System Primary Assessment Form is used to evaluate criminal history. ERO requires the use of a classification form as a guide for placing detainees into housing units with detainees of the same or compatible classification levels. This is a repeat deficiency from the September 2011 ODO inspection. ODO identified a classification worksheet within the facility Jail Management System. The Jail Management System worksheet is similar to the Classification System Primary Assessment Form, and meets the intent of the NDS. CCCWDF management corrected the deficiency on-site by directing that the completed worksheet be placed in each detention file.

ODO randomly selected and reviewed ten archived detention files to determine the presence of required documentation. ODO confirmed staff members placed documentation required by the NDS within all ten files; however, the officers failed to note the file was complete and ready for archiving (**Deficiency DF-3**).

ODO determined CCCWDF permits authorized personnel to remove detention files from within the secured area; however, ODO confirmed there was no logbook (**Deficiency DF-4**). The NDS requires facilities to maintain a logbook for the purposes of documenting the removal of detention files, and to record tracking information such as the detainee's name and A-number; date and time removed; reason for removal; name, signature, title, and department of person removing the file; date and time returned; and signature of person returning the file. A well maintained logbook enables facility management to locate an original detention file should it become lost or misplaced. CCCWDF management corrected the deficiency on-site prior to conclusion of the CI by instituting the use of a logbook noting the required information.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DF-1

In accordance with the ICE NDS, Detention Files, section (III)(A)(2), the FOD must ensure the officer completing the admissions portion of the detention file will note that the file has been activated. The note may take the form of a generic statement in the Acknowledgment Form.

DEFICIENCY DF-2

In accordance with the ICE NDS, Detention Files, section (III)(B)(1)(b), the FOD must ensure the detainee detention file will contain either originals or copies of forms and other documents generated during the admissions process. If necessary, the detention file may include copies of material contained in the detainee's A-File. The file will, at a minimum, contain the following: Classification Work Sheet.

DEFICIENCY DF-3

In accordance with the ICE NDS, Detention Files, section (III)(E)(3), the FOD must ensure the officer closing the detention file will make a notation (on the acknowledgement form, if applicable) that the file is complete and ready for archiving.

DEFICIENCY DF-4

In accordance with the ICE NDS, Detention Files, section (III)(F)(2)(a-e), the FOD must ensure, at a minimum, a logbook entry recording the file's removal from the cabinet will include:

- a. The detainee's name and A-File number;
- b. Date and time removed;
- c. Reason for removal;
- c. Signature of person removing the file, including title and department;
- d. Date and time returned; and
- e. Signature of person returning the file.

DISCIPLINARY POLICY (DP)

ODO reviewed the Disciplinary Policy standard at CCCWDF to determine if sanctions imposed on detainees who violate facility rules are appropriate, and if the discipline process includes due process requirements, in accordance with the ICE NDS. ODO reviewed detention files, logbooks, policies, and procedures, and interviewed staff.

Upon admission to the facility, each detainee receives the ICE National Detainee Handbook and a facility handbook. Both handbooks provide an overview of the rules, regulations, policies and procedures that each detainee is required to follow. However, neither handbook advises detainees of the right to protection from unnecessary or excessive use of force, personal injury, disease, property damage, and harassment. Both handbooks also fail to note the right of freedom from discrimination based on race, religion, national origin, sex, handicap, or political beliefs (**Deficiency DP-1**).

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DP-1

In accordance with the ICE NDS, Disciplinary Policy, section (III)(A)(5)(a)(b), the FOD must ensure the detainee handbook or equivalent, issued to each detainee upon admittance, shall provide notice of the facility's rules of conduct, and of the sanctions imposed for violations of the rules. Among other things, the handbook shall advise detainees of the following:

- a. The right to protection from personal abuse, corporal punishment, unnecessary or excessive use of force, personal injury, disease, property damage, and harassment;
- b. The right of freedom from discrimination based on race, religion, national origin, sex, handicap, or political beliefs.

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed the Environmental Health and Safety standard at CCCWDF to determine if the facility maintains high standards of cleanliness and sanitation, safe work practices, and control of hazardous materials and substances, in accordance with the ICE NDS. ODO toured the facility, interviewed staff, reviewed policies, and examined documentation of inspections, hazardous chemical management, and fire drills.

During a tour of the facility, ODO observed a high level of sanitation. The food service department is well maintained and clean.

All hazardous substances used in the facility are listed in a master index, which includes Material Safety Data Sheets, emergency contact information, and documentation of periodic review. Material Safety Data Sheets binders are present in every area where hazardous substances are stored and used. ODO confirmed the accuracy of chemical inventories. During interviews, ODO confirmed that staff understands the proper storage and handling of chemicals.

With one exception, ODO verified all chemicals, flammables, and combustible materials are stored and issued as required by the NDS. During inspection of the barbershop in Housing Unit Number Seven, ODO found an aerosol can of Clippicide labeled “Highly Flammable” stored in an unsecured cabinet that did not meet the requirements for flammables. The cabinet was not constructed to code and was not labeled “Flammable-Keep Fire Away” (**Deficiency EH&S-1**). Proper storage of flammable and combustible substances is critical to preventing potential injury to staff and detainees, particularly in the event of a fire. ODO confirmed a detainee serving as the barber is routinely issued Clippicide to disinfect clippers in the barbershop, and the detainee uses the product unsupervised by a staff member (**Deficiency EH&S-2**). Detainees must be closely monitored when working with hazardous substances to ensure proper use and prevent the risk of injury. During the inspection, facility management corrected both deficiencies by removing Clippicide and substituting a non-flammable disinfectant.

CCCWDF has an extensive fire control plan approved by the City of Richmond Fire Department. The Fire Department completed the most recent fire inspection of CCCWDF on October 5, 2012, and found no violations of applicable regulations or codes. The Contra Costa County General Services Division, Life Safety Shop completed an annual inspection of the fire suppression system on January 31, 2013, and found no deficiencies. ODO verified required weekly and monthly fire and safety inspections are conducted by facility staff. Monthly fire drills are conducted and documented in accordance with the NDS.

CCCWDF is on the city water and sewer system. The California Department of Public Health and the U.S. Environmental Protection Agency certify the drinking water is tested and meets federal standards. Facility staff tests emergency power generators bi-weekly and contracts with the RL Stevens Company to perform monthly generator inspections and maintenance, which exceeds the NDS requirement for quarterly testing. Review of documentation confirmed all required power generator testing is conducted.

Review of documentation confirmed medical sharps and syringes are inventoried on each shift. ODO verified the accuracy of the inventories. Medical waste is handled properly within the

facility and removed by Stericycle, Incorporated, a licensed bio-hazard transporter. Blood-borne pathogen protective gear and clean-up kits are readily available for spills.

The dedicated barbershop at CCCWDF has a sink with hot and cold running water, and sanitation guidelines are conspicuously posted.

ODO verified CCCWDF contracts with an exterminator for pest control inspections and eradication. Documentation confirmed pest control inspections are conducted monthly; there was no visible evidence of rodent or pest infestation at the facility.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY EH&S-1

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(F)(4)(a)(c) the FOD must ensure every storage cabinet will:

- a. Be constructed according to code and securely locked at all times;
- c. Be conspicuously labeled: "Flammable-Keep Fire Away."

DEFICIENCY EH&S-2

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(E)(3), the FOD must ensure qualified staff will closely monitor detainees working with hazardous substances.

KEY AND LOCK CONTROL (K&LC)

ODO reviewed the Key and Lock Control standard at CCCWDF to determine if facility safety and security is maintained by requiring keys and locks to be controlled and maintained, in accordance with the ICE NDS. ODO interviewed staff, inspected emergency keys, reviewed policy and documentation, and observed use, accountability, and maintenance of keys and locks throughout the facility.

All facility personnel receive training and are held accountable for key control. ODO verified keys are inventoried, accounted for, and maintained in a secure and responsible manner. Procedures are in place to address lost, broken, or compromised keys. Inspection confirmed lock systems are properly maintained. An inspection of every lock in the facility was conducted by staff in December 2012, and a more limited inspection was conducted in January 2013. An inspection of all keys and locking systems in the facility is scheduled to occur every four months.

The NDS requires the designated Security Officer to complete an approved locksmith training program, and for the duties of the position to be addressed in a written job description. At CCCWDF, the Operations Sergeant has informally been assigned the duties of Security Officer. A maintenance worker performs locksmith duties. The duties of Security Officer are not addressed in the post order for the Operations Sergeant, and no written position description has been developed (**Deficiency K&LC-1**). Formal designation of responsibility and a written position description support accountability and proper management of the key and lock control program. Neither the Operations Sergeant nor the maintenance worker performing locksmith duties has completed a locksmith training program (**Deficiency K&LC-2**). Formal locksmith training ensures designated personnel are appropriately certified to have the required knowledge and skills to maintain keys and locks within a detention facility.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY K&LC-1

In accordance with the ICE NDS, Key and Lock Control, section (III)(A)(1), the FOD must ensure the Security Officer shall have a written position description that includes duties, responsibilities, and chain of command.

DEFICIENCY K&LC-2

In accordance with the ICE NDS, Key and Lock Control, section (III)(A)(2), the FOD must ensure all security officers shall successfully complete an approved locksmith-training program.

MEDICAL CARE (MC)

ODO reviewed the Medical Care standard at CCCWDF to determine if detainees have access to healthcare and emergency services to meet health needs in a timely manner, in accordance with the ICE NDS. ODO reviewed policies and procedures, staff credentials, and training files; toured areas where medical services are provided; examined 25 detainee medical records; and interviewed the HSA, the Medical Director, the Nursing Program Manager, and other personnel assigned to the Medical Unit.

The clinic is operated by Contra Costa County Health Services. No current accreditations are held; however, the HSA maintains individual certification with the National Commission on Correctional Health Care (NCCHC). Administrative oversight of the clinic is provided by the HSA, who also serves as HSA for the Contra Costa County Martinez Facility (CCCMF). The HSA is on-site at CCCWDF one day a week, and available by telephone 24 hours a day. Doctors Hospital San Pablo, located approximately four miles from CCCWDF, is used for emergency services, and Contra Costa Regional Hospital, which is located approximately 25 miles from CCCWDF, is used for specialty services. According to the HSA and Nurse Program Manager, CCCWDF does not accept detainees requiring more than minimal on-going medical care for chronic conditions such as diabetes and hypertension. In the event a detainee requires medical isolation, suicide monitoring, or critical care, custody staff is notified and arrangements are made through ERO for transfer to an appropriate facility. ODO determined the staffing schedule, scope of services, and available outside resources are sufficient to meet the health needs of detainees with a low level of acuity.

The clinic is comprised of two separate medical and dental units for male and female detainees. Examination rooms are sufficient in size and number. The dental examination room, blood draw stations, and emergency care areas are organized, sanitary, and well equipped. The medical records office, which was secured throughout the ODO inspection, has several work stations and a large conference table. The medication room contains a unit dose machine, which is supplied and inventoried monthly by a pharmacist from CCCMF. The electronically-labeled medication dose packs are delivered to the housing units and administered to detainees by nurses. Pharmacy technicians conduct random audits to ensure detainees who are authorized to carry prescribed medications maintain compliance with dosing schedules.

A review of the training records for (b)(7)(c) custody personnel and the entire medical staff confirmed all are certified in first aid and cardiopulmonary resuscitation (CPR), as well as suicide prevention. Copies of current CPR cards are present in all medical credential files, and all medical credentials are primary-source verified.

Intake medical and mental health screening is completed by nurses at CCCMF and entered into an EMR. In addition, tuberculosis (TB) screening by way of a purified protein derivative skin test is completed at CCCMF. When detainees arrive at CCCWDF, a nurse immediately reviews the EMR intake screening to ensure appropriate medical follow-up. ODO confirmed comprehensive intake screening and TB clearance in all 25 medical records reviewed.

A hands-on PE is completed by an RN trained by a physician. Of 25 records reviewed, one had no documentation of a completed PE. In 24 records, ODO confirmed an RN completed a PE

within 14 days as required by the NDS; however, four of the 24 had not been reviewed by a physician (**Deficiency MC-1**), and ten were reviewed by a physician beyond 14-days (**Deficiency MC-2**). The PE process is not complete until finalized by a provider. Deficiency for delinquent PE completions was cited during the September 2011 ODO inspection.

Translation services are available through a language line service via a portable telephone located in the clinic. ODO noted a medical file documented a nurse using a Spanish speaking detainee for translation during a clinical assessment. There was no documentation the detainee being assessed consented to translation by another detainee (**Deficiency MC-3**). The HSA and Nurse Program Manager stated use of detainees rather than the language line service has been an ongoing problem due to new hires, and additional training or other corrective action will be implemented.

There was no documentation of 14-day dental screenings by a qualified provider in any of the 25 medical records reviewed (**Deficiency MC-4**). The HSA and Nurse Program Manager stated they were unaware of the requirement. As dental health may be related to many physical illnesses, including heart disease, diabetes, and HIV, a thorough assessment is necessary for early detection and treatment.

Detainees access healthcare services via a telephone nurse triage service. A telephone dedicated for this purpose is located in each detainee housing unit, with direct connection to the triage nurse in the clinic. ODO cites this as a best practice, because it affords detainees an immediate and confidential means of seeking health care. In addition to the telephone system, detainees may complete sick call request forms available in English and Spanish. ODO confirmed non-medical personnel are not involved in the collection or review of the forms, all requests are triaged, and sick call is completed in a timely manner.

Detainees sign general consent for treatment forms at intake. A review of 25 medical records found two files where specific consent was obtained for the administration of psychotropic medications. There were no other files reflecting specialized procedures requiring specific consent.

Prior to the transfer of a detainee, the OIC is notified of any medical or psychiatric condition requiring clearance. Medical files of transferring detainees are placed in sealed envelopes marked Confidential Medical/Mental Health, bearing labels with the name and date of birth of the detainee, but the labels do not include the A-Number (**Deficiency MC-5**). This is a repeat deficiency from the September 2011 ODO inspection.

ODO notes a concern related to the transition from a corrections-specific EMR to the current EMR activated July 1, 2012, which is the system used by Contra County Regional Hospital. This change was deemed necessary for improved communication among county detention centers and hospitals. EMR was initially developed for use in hospitals. Utility in the corrections environment has proven problematic, and interface incompatibilities have resulted in a lengthy transition and continuity of care challenges. It is noted in three of the four cases where a PE was not reviewed by a physician, it was due to the erroneous deletion of a scheduled chart review in the EMR system.

The HSA stated the company providing the new EMR system is working with CCCWDF healthcare staff to troubleshoot the system. Until that process is complete, the clinic is using a monitoring log that lists the most recent medical activity, as well as the next physician chart review or appointment. A log and the low acuity level of detainees at CCCWDF mitigate the risk related to the EMR transition; however, ODO recommends all necessary actions be taken to ensure the system fully supports delivery and documentation of health care services in a correctional setting.

On January 7 to 8, 2013, an audit conducted by ICE Health Service Corps identified four major areas of concern related to chronic care services: insufficient documentation, failure to meet timeframe requirements, absence of treatment refusal forms, and inadequate follow-up regarding outside appointments with medical specialists. A detailed corrective action plan developed by the clinical team under the guidance of the Medical Director was implemented on January 11, 2013. Progress toward meeting the requirements of the corrective action plan could not be assessed given that only one month had elapsed at the time of the CI. ODO noted the medical records reviewed were chronic care cases, and there were no documented violations of NDS chronic care requirements, or a recurrence of issues identified in the ICE Health Services Corps report.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY MC-1

In accordance with ICE NDS, Medical Care, section (III)(D), the FOD must ensure health appraisals will be performed according to NCCHC and JCAHO standards. In accordance with NCCHC, Standards for Health Services in Jails, 2008, J-E-04, Initial Health Assessment, the responsible physician shall document his or her review of physician assistant, nurse practitioner, RN or other practitioner health assessments when significant findings are present.

DEFICIENCY MC-2

In accordance with ICE NDS, Medical Care, section (III)(D), the FOD must ensure the health care provider of each facility will conduct a health appraisal and physical examination on each detainee within 14 days of arrival at the facility.

DEFICIENCY MC-3

In accordance with ICE NDS Medical Care, section (III)(D), the FOD must ensure, if language difficulties prevent the health care provider/officer from sufficiently communicating with the detainee for purposes of completing the medical screening, the officer shall obtain translation assistance. Such assistance may be provided by another officer or by a professional service, such as a telephone translation service. In some cases, other detainees may be used for translation assistance if they are proficient and reliable and the detainee being medically screened consents. If needed translation assistance cannot be obtained, medical staff will be notified or the screening form will be filled out to refer the detainee to medical personnel for immediate attention.

DEFICIENCY MC-4

In accordance with ICE NDS Medical Care, section (III)(E), the FOD must ensure an initial dental screening exam should be performed within 14 days of the detainee's arrival.

If no on-site dentist is available, the initial dental screening may be performed by a physician, physician's assistant, or nurse practitioner.

DEFICIENCY MC-5

In accordance with ICE NDS Medical Care, section (III)(N), the FOD must ensure, 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."

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the Staff-Detainee Communication standard at CCCWDF to determine if procedures are in place to allow formal and informal contact between detainees and key ICE and facility staff, and if ICE detainees are able to submit written requests to ICE staff and receive responses in a timely manner, in accordance with the ICE NDS. ODO interviewed staff and detainees, toured and observed housing units, and reviewed ERO visitation records and Facility Liaison Visit Checklists.

The facility allows detainees to have informal and formal access and interaction with CCCWDF and ERO staff. Detainees have the opportunity to submit written questions, requests, or concerns to CCCWDF and ERO staff by asking for a request form. Detainee request forms are available upon request in each housing unit.

ODO reviewed the ERO Detainee Request Log and noted the logbook does not contain columns or blocks for recording the date the request was forwarded to ICE, or the date a response was provided to the detainee (**Deficiency SDC-1**).

ERO personnel conduct weekly announced and unannounced visits to facility living areas, and document the visits and subsequent detainee interviews on a Facility Liaison Visit Checklist.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SDC-1

In accordance with the ICE NDS, Staff-Detainee Communication, section (III)(B)(2), the FOD must ensure all requests shall be recorded in a logbook specifically designed for that purpose. The log, at a minimum, shall contain:

- a. The date the detainee request was received;
- b. Detainee's name;
- c. A-number;
- d. Nationality;
- e. Officer logging the request;
- f. The date that the request, with staff response and action, is returned to the detainee; and
- g. Any other site-specific pertinent information.

In IGSAs, the date the request was forwarded to ICE and the date it was returned shall also be recorded.

TOOL CONTROL (TC)

ODO reviewed the Tool Control standard at CCCWDF to determine if tools are properly classified, identified, inventoried, stored, and issued, in accordance with the ICE NDS. ODO reviewed policy and tool inventories, interviewed staff, and inspected tools and areas where tools are stored and maintained.

The facility has a comprehensive policy addressing the classification and control of tools. ODO verified inventories and control procedures for tools in maintenance, food service, medical, the armory, landscaping, and engraving were accurate and met the requirements of the NDS.

Maintenance tools are securely stored in an area outside the secure perimeter of the facility, and are brought into the facility on tool carts. Each cart has a list of its tools, color-coded by function. The color scheme is set in facility policy. ODO observed staff maintained direct and constant control of tool carts, and observed tool control being practiced by various staff members during the review.

Though the policy and tool control practices meet the requirements of the standard, ODO noted the designated Tool Control Officer is the Custody Administrative Assistant (CAA). The CAA is an administrative staff member responsible for collecting and maintaining inventories and tool control documentation. The authority and duties of the CAA do not include developing and overseeing tool control procedures and accountability (**Deficiency TC-1**). To ensure comprehensive oversight of all aspects of tool control, an individual should be designated who has knowledge and training in security and tool control procedures. This is a repeat deficiency from the September 2011 ODO inspection of CCCWDF.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY TC-1

In accordance with the ICE NDS, Tool Control, section (III)(B), the FOD must ensure the Officer in Charge (OIC) shall designate the person responsible for developing and implementing tool-control procedures, along with an inspection system to ensure accountability.