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Inspections and Detention Oversight Division
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Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO Dallas Field Office

Johnson County Corrections Center
Cleburne, Texas

July 6-9, 2020

COMPLIANCE INSPECTION
of the
JOHNSON COUNTY CORRECTIONS CENTER
Cleburne, TX

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FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection of the Johnson County Corrections Center (JCCC) in Cleburne, Texas from July 6 to 9, 2020¹. The facility opened in 1989 and is owned by Johnson County and operated by LaSalle Corrections. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at the JCCC in 2009 under the oversight of ERO's Field Office Director (FOD) in Dallas (ERO Dallas). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has deportation officers and a detention services manager assigned to the facility. The JCCC facility administrator handles daily facility operations and is supported by █████ personnel. The JCCC provides food services, medical care, and commissary services at the facility. The facility does not hold any accreditations.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	202
Average ICE Detainee Population ³	144
Male Detainee Population (as of 7/2/2020)	69
Female Detainee Population (as of 7/2/2020)	N/A

During its last inspection, in Fiscal Year (FY) 2019, ODO found 36 deficiencies in the following areas: Environmental Health and Safety (2), Admission and Release (4), Custody Classification System (1), Sexual Abuse and Assault Prevention and Intervention (5), Special Management Units (3), Staff-Detainee Communication (1), Use of Force and Restraints (1), Disability Identification, Assessment, and Accommodation (3), Medical Care (8), Significant Self-Harm and Suicide Prevention and Intervention (3), Telephone Access (3), Grievance System (2).

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

² Data Source: ERO Facility List Report as of July 6, 2020.

³ *Ibid.*

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 longer than 72 hours, to assess compliance with ICE national detention standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.⁴

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” ODO also highlights instances in which the facility resolves deficiencies prior to completion of the ODO inspection. Where applicable, these corrective actions are annotated with “C” under the *Compliance Inspection Findings* section of this report.

Upon completion of each inspection, ODO conducts a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is 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. ODO’s findings inform ICE executive management in their decision-making to better allocate resources across the agency’s entire detention inventory.

ODO was unable to conduct an on-site inspection of this facility, as a result of the COVID-19 pandemic and instead, conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

⁴ ODO reviews the facility’s compliance with selected standards in their entirety.

FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES

PBNDs 2011 Standards Inspected ⁵	Deficiencies
Part 1 – Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	1
Custody Classification System	1
Funds and Personal Property	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Staff-Detainee Communication	1
Use of Force and Restraints	1
Sub-Total	4
Part 4 – Care	
Food Service	0
Medical Care	13
Significant Self-harm and Suicide Prevention and Intervention	4
Disability Identification, Assessment, and Accommodation	1
Sub-Total	18
Part 5 – Activities	
Recreation	0
Religious Practices	0
Telephone Access	0
Visitation	4
Sub-Total	4
Part 6 – Justice	
Grievance Systems	1
Law Libraries and Legal Material	1
Sub-Total	2
Total Deficiencies	28

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

DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO conducted detainee interviews via video teleconference.

Medical Care: One detainee complained about needing medical attention for his liver condition and not receiving proper care.

- Action Taken: ODO reviewed the detainee's medical chart and found the detainee did not report any liver disease on intake in March 2020. He was later referred to the mid-level provider (MLP) who evaluated him on May 12, 2020, and ordered blood tests. He was seen again by the MLP who ordered an ultrasound of his liver based on the lab results. He was scheduled for a liver ultrasound on June 18, 2020, but he refused the test. There was documentation of a signed refusal form.

Medical Care: One detainee complained about receiving medical services but was not provided his medical results. He is concerned about his life and health.

- Action Taken: ODO reviewed the detainee's medical chart and found he arrived on January 3, 2020, and has no significant medical issues. His sick-call requests have been for ongoing complaints of intermittent chest pain, elbow pain, and cough. He was referred to the provider in March 2020, but there is no documentation he has been seen by a provider. Detainee was seen by a mental health counselor on July 8, 2020, and referred to the psychiatrist for anxiety. The detainee was also re-evaluated by the MLP on July 8, 2020, who stated his lab test results are pending and will follow-up when results are available.

Medical Care: One detainee complained about itchy skin from the water being too hot. He requested a cream for his condition; however, he was informed he would need to purchase the cream for the commissary, which is too expensive. The detainee informed the facility staff it should be free.

- Action Taken: ODO spoke with the facility staff, in which the staff informed ODO the shower temperature is set at 106 degrees, which is within standard that calls for temperatures to be set between 100 to 120 degrees. ODO reviewed the detainee's medical chart and found the detainee arrived on May 13, 2020. On June 1, 2020, he requested cream because his face was dry, and he received lotion. On June 18, 2020, he requested triple antibiotic ointment for his face because it was still dry, and he received the ointment. The MLP reported the detainee has not had any additional complaints regarding his skin since June 18, 2020.

Medical Care: One detainee complained about needing a cream for an allergic reaction but not being provided with one.

- Action Taken: ODO reviewed the detainee's medical chart and found he has been evaluated several times for complaints of a rash. On May 3, 2020, he requested

Chapstick through sick-call and was directed to the commissary. He requested antibiotic ointment for his skin on May 10, 2020, which was provided to him. On May 19, 2020, he complained the ointment did not work and the provider ordered oral antibiotics for three weeks. The MLP reported he is currently being treated for acne.

Medical Care: One detainee complained about back pain. He was given pills for 3 days, but claimed the pain persists. He complained the wait time for the medical staff to respond to his request is too long. He also had concerns with the hot temperature of the water, which resulted in a skin outbreak. Medical staff told him to simply “wash his face”.

- Action Taken: ODO spoke with the facility and determined the detainee arrived on May 2, 2020. On May 18, 2020, he was evaluated for back pain and prescribed pain medication. As per the nurse’s standing orders, they can prescribe the pain medication for three days only. As per the medication administration record, the detainee took only one dose of pain medication. On May 28, 2020, he was further evaluated for a complaint of rash on his face, he was prescribed an antibiotic ointment and hydrocortisone cream. ODO spoke with the facility staff, in which the staff informed ODO the shower temperature is set at 106 degrees, which is within standard that calls for temperatures to be set between 100 to 120 degrees.

Medical Care: One detainee complained about asking for cream for his acne; however, his request was not fulfilled. On May 28, 2020, the facility further evaluated the detainee for a complaint of rash on his face. He was prescribed an antibiotic ointment and hydrocortisone cream.

- Action Taken: ODO reviewed the detainee’s medical chart and found the detainee arrived on May 2, 2020. On May 14, 2020, he complained about pimples and dandruff and was told by the facility to purchase dandruff shampoo and cream at the commissary. On May 28, 2020, he was seen again for the skin complaint and was prescribed a hydrocortisone cream. On May 29, 2020, he was seen with a complaint for dandruff and was prescribed a dandruff shampoo.

Medical Care: One detainee complained about submitting a medical request, however, the request has not been addressed. The detainee claimed to have requested a dental cleaning for an extended period, he has not been provided one.

- Action Taken: ODO reviewed the detainee medical chart and found the detainee submitted a sick call request for dental pain on June 30, 2020. He did not request dental cleaning. The nurse wrote the detainee would be seen by the MLP and evaluated for that complaint on July 3, 2020. Upon further review, the chart did not contain any documentation the detainee was seen by the MLP for his dental complaint. The detainee has been in the facility for a little over six months and qualifies for a dental cleaning. The detainee was evaluated by the MLP on July 8, 2020, who reported the detainee has a routine dental appointment scheduled in September 2020.

Grievance System: One detainee complained he submitted an ICE request form 2-3 weeks ago but received no response. He claimed he has not spoken with an ICE officer in 5 months.

- Action Taken: ODO spoke with facility leadership about the issue and determined the detainee has submitted six ICE requests, and of those requests, four out of six have been answered. The detainee is awaiting responses for ICE requests submitted to ICE on June 17, 2020, and June 26, 2020. The last correspondence the detainee had with his ICE deportation officer was in June 2020. ICE/ERO stated they will have the deportation officer meet with the detainee.

Grievance System: One detainee complained an officer referred to him in a racially derogatory manner. He also complained about being placed in segregation all the time for “no reason”. Additionally, he complained about not receiving the facility and ICE handbook in English, which is his preferred language.

- Action Taken: ODO spoke with the facility leadership regarding these complaints and determined the detainee had not made any complaints nor placed any grievances for any incident that occurred between himself and an officer. Officers are trained not to utilize any nicknames and that the use of vulgar or degrading language shall result in a disciplinary action, up to termination. The facility noted the allegation is being investigated; however, this was not verified. The detainee has received two separate disciplinaries for creating disturbances which have resulted in him being removed from their housing unit and placed into segregation and then sentenced by the IDP to segregation time. Detainee advised that he spoke English during intake and was provided a facility and ICE handbook in Spanish. The detainee was provided with a new English facility handbook and ICE detention handbook on July 8, 2020.

Grievance System: One detainee stated he submitted an ICE grievance form, but the same officer he complained against responded to his complaint.

- Action Taken: ODO spoke with the facility’s grievance officer and determined the detainee placed grievances regarding food service, but he has not placed any grievances complaining about any officers or nurses.

Grievance System: One detainee complained about wanting to speak with an ICE officer but being unable to because they did not visit his housing unit.

- Action Taken: ODO spoke with the facility leadership and ICE/ERO officers assigned to the facility and determined ICE/ERO officers visit the facility every Tuesday between the hours of 9:00 AM and 11:00 AM. The detainee was provided this information, in which he was also informed he could fill out a grievance form, if needed.

Food Service: One detainee stated he is being given food that he is allergic to.

- Action Taken: ODO determined the detainee arrived at the facility in May of 2020 and stated his allergies to food. Since that time, he has received the appropriate food items for his diet. The detainee does not receive any red meat, cheese, or milk products because of his allergies.

Food Service: 10 out of 12 detainees complained about the food service to regarding portion size and quality.

- Action Taken: ODO spoke with the facility and the FSA and determined the menu is approved by a licensed dietician and all food handling and serving is monitored by certified food service staff.

Admission and Release: Six out of the 12 detainees ODO interviewed stated they had not received copies of the ICE National Detainee Handbook and/or facility inmate handbook in languages they prefer.

- Action Taken: ODO spoke with facility leadership and determined all detainees are given these items upon admission into the facility. ODO coordinated with the facility to ensure each detainee who noted this as an issue was provided with both handbooks in the language they requested.

Telephone Access: Eight out of the 12 detainees ODO interviewed detainees claimed the telephone call rates were too high.

- Action Taken: ODO investigated this claim and determined the current call rates at the facility adhere to the Federal Communications Commission regulation.

Environmental Health and Safety: Two out of the 12 detainees ODO interviewed claimed the water in the housing unit for showers is too hot.

- Action Taken: ODO spoke with the facility staff, in which the staff informed ODO the shower temperature is set at 106 degrees, which is within standard that calls for temperatures to be set between 100 to 120 degrees.

Environmental Health and Safety: Two out of the twelve detainees interviewed claimed the housing unit room temperature is too cold.

- Action Taken: ODO spoke with the facility leadership and determined the tank air conditioning temperatures are set at 68 degrees. If the tank temperature reaches 66 degrees, the heater would automatically come on to return the tank to 68 degrees.

Recreation: Four out of the twelve detainee interviewed claimed they have not been to the outdoor recreational yard in over a month due to staffing shortages.

- Action Taken: ODO spoke with the facility staff and determined all housing units have access to outdoor recreation which is attached to their housing area. This access is permitted every day from sun-up to sun-down.

COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (A&R)

ODO reviewed 12 files and found all contained the I-203 Order to Detain and Release Alien Form; however, one form did not bear the appropriate ICE/ERO Dallas authorizing official signature. (**Deficiency A&R-1⁶**). Prior to the completion of the inspection, the facility had the I-203 form signed by the ERO authorizing official.

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed 12 detainee files and found seven out of 12 met the timelines for reassessment, but no evidence reassessments were completed for two detainees (**Deficiency CCS-1⁷**). Prior to the completion of the inspection, a reclassification for the two out of 12 detainees were completed and approved by the classification supervisor.

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the current SDC log and found instances where ICE/ERO Dallas does not respond to the detainee requests sent to them from the facility within the required three business days (**Deficiency SDC-1⁸**).

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed three immediate UOF videos where there was no immediate threat and the detainees were secured in a cell. In each case, the facility had time to use the preferred calculated force protocols, to include authorization from the facility administrator, medical review for [REDACTED], confrontation avoidance, and the use of protective gear to include a [REDACTED] (**Deficiency UOF&R-1⁹**).

⁶ “An Order to Detain or an Order to Release the detainee (Form I-203 or I-203a), bearing the appropriate ICE/ERO Authorizing Official signature, must accompany each newly arriving detainee.” See ICE PBNDS 2011, Standard 2.1, Admission & Release, Section (V)(E).

⁷ “All facility classification systems shall ensure that a detainee is reassessed and/or reclassified. Staff shall record whether a classification process is being conducted for an initial classification or subsequent reclassification:

1. The first reclassification assessment shall be completed 60 to 90 days after the date of the initial classification.”

See ICE PBNDS 2011, Standard 2.2, Custody Classification System, Section (V)(H)(1).

⁸ “In facilities without ICE/ERO Onsite Presence, each detainee request shall be forwarded to the ICE/ERO office of jurisdiction within two business days and answered as soon as practicable, in person or in writing, but no later than within three business days of receipt.” See ICE PBNDS 2011, Standard 2.13, Staff-Detainee Communication, Section (V)(B)(1)(b).

⁹ “If a detainee is in a location where there is no immediate threat to the detainee or others (for example, a locked cell or range), staff shall take the time to assess the possibility of resolving the situation without resorting to force.” See ICE PBNDS 2011, Standard 2.15, Use of Force and Restraints, Section (V)(I).

CARE

MEDICAL CARE (MC)

ODO interviewed the regional health services administrator (HSA), the MLP and reviewed the staff roster and found a total of [REDACTED] vacancies. The standard requires that medical staff are at a sufficient number to provide for all necessary services. (**Deficiency MC-1¹⁰**).

ODO reviewed 14 detainee medical charts and found five out of the 14 detainees arrived in May 2020 but only two received COVID-19 screening, per IHSC guidance (**Deficiency MC-2¹¹**).

ODO reviewed 14 detainee medical charts and found eight out of 14 did not have evidence of medication administration records (MAR) to demonstrate the detainees had received medications as prescribed (**Deficiency MC-3¹²**). Prior to the completion of the inspection, the regional HSA located and provided the missing MARs.

ODO reviewed [REDACTED] files of licensed medical staff and found one license had not been primary source verified. In addition, two licenses had expired (**Deficiency MC-4¹³**). Prior to the completion of the inspection, the regional HSA obtained, and primary source verified the current licenses.

ODO reviewed 14 detainee medical charts and found two out of 14 detainees did not have the initial physical exams completed within 14 days of arrival. In both instances, the physical exams were completed over 30 days after the admission date (**Deficiency MC-5¹⁴**).

ODO reviewed 14 detainee medical files and found seven out of 14 physical and dental exams had been completed by registered nurses (RN). ODO interviewed the regional HSA and the MLP who stated the RNs are not trained by the physician or a dentist to perform physical or dental exams (**Deficiency MC-6¹⁵**).

ODO reviewed 14 detainee medical charts and found two out of 14 did not have the initial dental

¹⁰ “All facilities shall provide medical staff and sufficient support personnel to meet these standards.” *See* ICE PBNDS 2011, Standard 4.3, Medical Care, Section (V)(B).

¹¹ “Facilities shall comply with current and future plans implemented by federal, state or local authorities addressing specific public health issues including communicable disease reporting requirements.” *See* ICE PBNDS 2011, Standard 4.3, Medical Care, Section (V)(C).

¹² “Each detention facility shall have and comply with written policy and procedures for the management of pharmaceuticals, to include: documentation of accountability for administering or distributing medications in a timely manner, and according to licensed provider orders.” *See* ICE PBNDS 2011, Standard 4.3, Medical Care, Section (V)(G)(12).

¹³ “All health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements. Copies of the documents must be maintained on site and readily available for review. A restricted license does not meet this requirement.” *See* ICE PBNDS 2011, Standard 4.3, Medical Care, Section (V)(I). **This is a repeat deficiency.**

¹⁴ “Each facility’s health care provider shall conduct a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee’s arrival unless more immediate attention is required due to an acute or identifiable chronic condition.” *See* ICE PBNDS 2011, Standard 4.3, Medical Care, Section (V)(M).

¹⁵ “Physical examinations shall be performed by a physician, physician assistant, nurse practitioner, RN (with documented training provided by a physician) or other health care practitioner as permitted by law.” *See* ICE PBNDS 2011, Standard 4.3, Medical Care, Section (V)(M).

exams completed within 14 days of arrival (**Deficiency MC-7¹⁶**).

ODO reviewed 14 detainee medical charts and found one detainee had received the Influenza vaccine, but there was no documented consent form signed by the detainee (**Deficiency MC-8¹⁷**).

ODO reviewed 14 detainee medical charts and found three out of 14 charts, for Spanish speaking detainees, contained refusal forms in English (**Deficiency MC-9¹⁸**).

ODO interviewed the regional HSA and MLP who reported they do not always receive advanced notice of transfers or releases (**Deficiency MC-10¹⁹**).

ODO reviewed documentation provided by the regional HSA and found no evidence of quarterly administrative meetings with other facility staff and facility leaders (**Deficiency MC-11²⁰**).

ODO reviewed documents provided by the regional HSA and found there was no evidence of an internal review and quality assurance program (**Deficiency MC-12²¹**).

ODO interviewed the regional HSA and the MLP and found a peer review program has not been implemented (**Deficiency MC-13²²**).

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSH&SPI)

ODO reviewed the training files for [REDACTED] medical staff and found [REDACTED] out of [REDACTED] did not have evidence of annual suicide prevention training (**Deficiency SSH&SPI-1²³**).

ODO reviewed 14 detainee medical charts and found two out of 14 detainees did not have evidence of mental health screening completed on intake (**Deficiency SSH&SPI-2²⁴**).

¹⁶ “An initial dental screening shall be performed within 14 days of the detainee’s arrival.” See ICE PBNDS 2011, Standard 4.3, Medical Care, Section (V)(R).

¹⁷ “All examinations, treatments, and procedures are governed by informed consent practices applicable in the jurisdiction.” See ICE PBNDS 2011, Standard 4.3, Medical Care, Section (V)(AA)(2).

¹⁸ “Medical staff shall explain the medical risks if treatment is declined and shall document their treatment efforts and refusal of treatment in the detainee’s medical record. Detainees will be asked to sign a translated form that indicates that they have refused treatment.” See ICE PBNDS 2011, Standard 4.3, Medical Care, Section (V)(AA)(9).

¹⁹ “The HSA shall be given advance notice by ICE/ERO prior to the release, transfer or removal of a detainee, so that medical staff may determine and provide for any medical needs associated with the transfer, release or removal.” See ICE PBNDS 2011, Standard 4.3, Medical Care, Section (V)(BB)(4)(b). **This is a repeat deficiency.**

²⁰ “The HSA shall convene a meeting quarterly at minimum, and include other facility and medical staff as appropriate.” See ICE PBNDS 2011, Standard 4.3, Medical Care, Section (V)(EE)(1).

²¹ “The HSA shall implement a system of internal review and quality assurance.” See ICE PBNDS 2011, Standard 4.3, Medical Care, Section (V)(EE)(2).

²² “The HSA shall implement an intra-organizational, external peer review program for all independently licensed medical professionals.” See ICE PBNDS 2011, Standard 4.3, Medical Care, Section (V)(EE)(3).

²³ “All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive suicide prevention training, during orientation and at least annually.” See ICE PBNDS 2011, Standard 4.6, Significant Self-Harm and Suicide Prevention and Intervention, Section (V)(A). **This is a repeat deficiency.**

²⁴ “All detainees shall receive an initial mental health screening within 12 hours of admission by a qualified health care professional or health-trained correctional officer who has been specially trained, as required by ‘J. Medical and

ODO reviewed the medical charts for two suicide watches and found one medical chart did not contain documentation specific to the date when the watch was discontinued or who gave the order to release the detainee from suicide watch (**Deficiency SSH&SPI-3²⁵**).

ODO reviewed the medical charts for two suicide watches and found one did not contain the suicide watch logs documenting checks of continuous monitoring or checks by clinical staff every eight hours (**Deficiency SSH&SPI-4²⁶**).

DISABILITY IDENTIFICATION, ASSESSMENT, AND ACCOMMODATION (DIA&A)

ODO found the facility does not provide training to volunteers and/or contract personnel regarding the facility's DIA&A policies. (**Deficiency DIA&A-1²⁷**).

ACTIVITIES

VISITATION (V)

ODO found the facility does not provide dress code information on the facility website or telephone message (**Deficiency V-1²⁸**).

ODO reviewed the legal visitor's log and found it did not contain a column for visitors to input the visitor's address (**Deficiency V-2²⁹**).

Corrective Action: The facility edited the legal visitor's log and added a section for the visitor's address. The facility provided ODO with the updated visitor's log (**C-1**).

ODO reviewed the facility's policy for "Other Special Visits" and found there is no written policy or procedure regarding examinations by independent medical service providers and experts

Mental Health Screening of New Arrivals' in Standard 4.3 'Medical Care'." See ICE PBNDS 2011, Standard 4.6, Significant Self-Harm and Suicide Prevention and Intervention, Section (V)(B)(1).

²⁵ "Detainees placed on suicide watch shall be reevaluated by appropriately trained and qualified medical staff on a daily basis. The re-evaluation must be documented in the detainee's medical record. Only the mental health professional, CMA, or designee may terminate a suicide watch after a current suicide risk assessment is completed. A detainee may not be returned to the general population until this assessment has been completed." See ICE PBNDS 2011, Standard 4.6, Significant Self-Harm and Suicide Prevention and Intervention, Section (V)(D). **This is a repeat deficiency.**

²⁶ "The qualified mental health professional may place the detainee in a special isolation room designed for evaluation and treatment with continuous monitoring that must be documented every 15 minutes or more frequently if necessary. All suicidal detainees placed in an isolated confinement setting will receive continuous one-to-one monitoring, welfare checks at least every 8 hours conducted by clinical staff..." See ICE PBNDS 2011, Standard 4.6, Significant Self-Harm and Suicide Prevention and Intervention, Section (V)(F). **This is a repeat deficiency.**

²⁷ "Training on the facility's Disability and Reasonable Accommodations procedures shall be provided to employees, volunteers, and contract personnel, and shall also be included in annual refresher training thereafter. See ICE PBNDS 2011, Standard 4.8, Disability Identification, Assessment, and Accommodation, Section (V)(I).

²⁸ "If the facility establishes and maintains a dress code for visitors, it shall be made available to the public, e.g., posted on the facility's website, telephone message and included in the detainee handbook." See ICE PBNDS 2011, Standard 5.7, Visitation, Section, (V)(G).

²⁹ "Log entries shall include the following information: ... visitor's address." See ICE PBNDS 2011, Standard 5.7, Visitation, Section, (V)(J)(14).

(Deficiency V-3³⁰).

ODO reviewed the detainee handbook and found visitation hours are not provided in written notice to the detainees **(Deficiency V-4³¹).**

Corrective Action: Prior to the completion of the inspection, the facility edited the detainee handbook to reflect visitation hours and provided ODO with an updated copy **(C-2).**

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed the facility's Grievance Policy, "Inmate Grievance Procedures", and noted the facility allows 10-days for the facility administrator to respond to a detainee's appellate review of a grievance, not five-days as the standard requires **(Deficiency GS-1³²).**

Corrective Action: Prior to the completion of the inspection, the facility updated their policy to indicate only five-days were permitted to respond to a detainee's grievance appeal **(C-3).**

LAW LIBRARIES and LEGAL MATERIAL (LL&LM)

ODO reviewed the facility handbook and noted it does not provide detainees with a procedure for notifying a designated employee that library material is missing, out of date, or damaged **(Deficiency LL&LM-1³³).**

Corrective Action: Prior to the completion of the inspection, the facility updated their handbook to include guidance to detainees on reporting material in the law library that is missing, out of date, or damaged. ODO reviewed and verified the changes to the handbook **(C-4).**

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with eight of those standards. ODO found 28 deficiencies in the remaining ten standards. ODO commends facility staff for their

³⁰ "A detainee or his/her legal representative may seek an independent medical or mental health examination to develop information useful in administrative proceedings...the facility shall provide a location for the examination." See ICE PBNDS 2011, Standard 5.7, Visitation, Section, (V)(N)(1).

³¹ "Each facility shall provide written notification of visitation rules and hours in the detainee handbook or local supplement given each detainee upon admission and post those rules and hours where detainees can easily see them." See ICE PBNDS 2011, Standard 5.7, Visitation, Section, (V)(C)(1).

³² "The facility administrator, in some cases in conjunction with the Field Office Director, shall review the grievance appeal and issue a decision within five days of receipt of the appeal." See ICE 2011 PBNDS, Standard 6.2, Grievance System, Section (V)(C)(3)(b)(3)(b).

³³ "The detainee handbook shall also provide detainees with information regarding the procedure for notifying a designated employee that library material is missing, out of date, or damaged." See ICE 2011 PBNDS, Standard 6.3, Law Libraries and Legal Materials, Section (V)(E)(2).

responsiveness during this inspection and notes there were four instances where staff initiated immediate corrective action during the inspection.

ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2019 (PBNS 2011)	FY 2020 (PBNS 2011)
Standards Reviewed	19	18
Deficient Standards	12	10
Overall Number of Deficiencies	36	28
Repeat Deficiencies	N/A	5
Corrective Actions	4	4