



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
Dallas Field Office
Rolling Plains Detention Center
Haskell, Texas**

December 4 - 7, 2012

**COMPLIANCE INSPECTION
ROLLING PLAINS DETENTION CENTER
DALLAS FIELD OFFICE**

TABLE OF CONTENTS

EXECUTIVE SUMMARY	1
INSPECTION PROCESS	
Report Organization.....	7
Inspection Team Members.....	7
OPERATIONAL ENVIRONMENT	
Internal Relations	8
Detainee Relations	8
ICE NATIONAL DETENTION STANDARDS	
Detention Standards Reviewed.....	9
Food Service	10
Medical Care.....	12
Staff-Detainee Communication	14
Use of Force.....	15

EXECUTIVE SUMMARY

The Office of Professional Responsibility (OPR), Office of Detention Oversight (ODO) conducted a Compliance Inspection (CI) of the Rolling Plains Detention Center (RPDC) in Haskell, Texas, from December 4 to 7, 2012. RPDC, which opened in February 2002, is owned jointly by the county and the city of Haskell and is operated by the Emerald Correctional Management L.L.C. (Emerald). The U.S. Immigration and Customs Enforcement (ICE), Office of Enforcement and Removal Operations (ERO) began housing detainees at RPDC in March 2003, under an intergovernmental service agreement between ICE and the Haskell County Sheriff's Office. Male and female detainees of all security classification levels (Level I – lowest threat, Level II – medium threat, Level III – highest threat) are detained at the facility for periods in excess of 72 hours. RPDC has a total capacity of 555 beds, and can accommodate a maximum of 520 ICE detainees. At the time of the CI, RPDC housed 476 ICE detainees (444 male, 32 female). The average daily detainee population is 488. The average length of stay is 32 days. Emerald provides food service and health care. The facility holds no accreditations.

The ICE ERO Field Office Director in Dallas, Texas (ERO Dallas) is responsible for ensuring facility compliance with ICE policies and the ICE National Detention Standards (NDS). An Assistant Field Office Director (AFOD) stationed at the ERO Dallas office has oversight responsibility for RPDC. ICE staff permanently stationed at RPDC is comprised of (b)(7)e Immigration Enforcement Agents (IEAs) and a Detention Service Manager (DSM). A Supervisory Detention and Deportation Officer stationed at ERO Dallas has operational supervision over RPDC, and ensures permanent staff monitor conditions of confinement and interact with the facility and staff on compliance issues.

The Warden is the highest ranking official at RPDC, and is responsible for oversight of daily operations. In addition to the Warden, supervisory staff at RPDC includes the Deputy Warden, Chief of Security, a Captain, (b)(7)e Lieutenants, and (b)(7)e Sergeants. RPDC non-supervisory staff consists of (b)(7) detention officers, (b)(7) transportation officers, and (b)(7) administrative staff employees.

In June 2010, ODO conducted a Quality Assurance Review at RPDC. Of the 26 NDS reviewed, 11 were in full compliance. ODO cited 33 deficiencies in the remaining 15 standards. In May 2011, ODO conducted a follow-up inspection to the June 2010 Quality Assurance Review and all 33 deficiencies previously cited were corrected.

In February 2012, ERO Detention Standards Compliance Unit contractor, The Nakamoto Group, Inc., conducted an annual review of the NDS at RPDC. The facility received an overall rating of "Acceptable," and was found to be in compliance with all 38 standards reviewed.

During this CI, ODO reviewed 17 NDS at RPDC, finding the facility fully compliant with 13 standards. ODO found nine deficiencies in four standards: Food Service (3 deficiencies); Medical Care (1); Staff-Detainee Communication (1); and Use of Force (4). There were no repeat deficiencies from the June 2010 Quality Assurance Review.

This report details all deficiencies 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 the nine

identified deficiencies. These deficiencies were discussed with RPDC and ICE personnel during the inspection, as well as during the closeout briefing conducted on December 6, 2012. The majority of deficiencies identified were related to practices and procedures having minimal impact to life-safety issues and the overall operational readiness of the facility. ODO learned through interviews with staff that RPDC personnel have not received any formal training on the ICE NDS. ODO attributes the high level of compliance to the effective presence of the DSM at RPDC. The minimal amount of detainee issues is a direct reflection of the DSM's oversight of the facility's daily operations, and regularly keeping ERO Headquarters management abreast of issues that may affect the safety and well-being of detainees.

Overall, ODO found RPDC to be orderly and well managed. The overall sanitation of the facility was very good; however, ODO observed peeling paint in all of the detainee housing unit shower areas. The Chief of Security was present during ODO's inspection of the shower areas and reported the peeling paint issue to the Warden, the Emerald Corporate Director of Operations, and the Director of Contract Compliance. The Warden later confirmed the facility is working to find a solution to address the problem as quickly as possible.

During the admissions process, detainees undergo medical screenings, attend a facility orientation, and receive an RPDC facility detainee handbook and the ICE National Detainee Handbook, which are both available in the English and Spanish languages. Detainees are provided with appropriate clothing and hygiene supplies. Valuables are placed in property bags and stored in a secure storage area. Detainee property is inventoried and logged during the intake process, and documented on a personal property form attached to the detainees' property bags. ODO reviewed 20 detainee detention files and found all files had classification forms signed by a reviewing supervisor, proof of hygiene items issued, and detainee signatures of receipt for both facility and ICE national detainee handbooks. Furthermore, new arrivals at RPDC are shown the "Know Your Rights" and RPDC orientation videos.

The RPDC law library has adequate furnishings in a well-lit, quiet room. RPDC has seven computers in the law library and one mobile computer for the Special Management Units, installed with the most recent version of Lexis-Nexis. Additional hard copy legal reference material is available. Library hours are posted and placed in all detainees' housing units, as well in the facility's detainee handbook. A law librarian oversees the law library and is available to assist detainees.

Detainees are classified by ICE prior to arrival at RPDC, and facility staff adheres to the classification assignment made by ICE. Review of 20 detention files confirmed ICE provides the facility with forms and information to support the ICE-provided classification level. RPDC staff reviews the information provided by ICE, and verifies the classification level before assigning the detainee to a housing unit. Review of housing unit rosters confirmed Level I detainees are not mixed with Level III detainees. ODO confirmed procedures are in place for reclassifying detainees when necessary. A supervisor reviews and approves all classification and reclassification actions. The detainee handbook includes information on the classification system, and addresses procedures for appealing classification decisions.

Grievance forms are freely available in all housing units. RPDC attempts to resolve oral and written detainee grievances informally and at the lowest level possible. Detainees are free to

bypass or terminate the informal grievance process and proceed directly to filing a formal grievance. RPDC has procedures for identifying and handling an emergency grievance, and the grievance process is recorded in the facility-specific detainee handbook. Additionally, procedures for filing and appealing a grievance are provided in the detainee handbook. Upon resolution of informal and formal grievances, copies of grievances are filed in a Detainee Grievance Log, and the original grievance form is placed in the detainee's detention file. RPDC received 242 grievances from January to November 2012. No specific trends or patterns were observed relating to review of grievances. A review of each showed informal and formal grievances were addressed in a timely manner, and resolutions for each were documented. ODO reviewed ten randomly-selected detention files of detainees who had filed a grievance. Each file contained the original grievance.

Both the English and Spanish versions of the RPDC handbook are posted in all detainee housing units and in the law library. RPDC's handbook advises detainees of their responsibilities, classifications levels, claims for lost/damaged property, sexual abuse and assault prevention and intervention information, and medical care, among others. Additionally, RPDC's handbook describes programs such as voluntary work, religious services, recreation activities, access to the library, barbering and hair cutting services, and commissary. The handbook provides information on the opportunity to file a complaint about officer misconduct directly with the Department of Homeland Security's Office of the Inspector General (OIG). Informational posters, which advise detainees on how to contact DHS-OIG to make a complaint, were visible throughout all detainee housing units.

Disciplinary procedures, prohibited acts, sanctions, and the appeal process are detailed in the facility's detainee handbook. No disciplinary hearings were scheduled during the inspection. ODO reviewed reports from 25 disciplinary hearings conducted in the past year, and confirmed they were handled in compliance with the standard.

Review of (b)(7)e randomly-selected training files confirmed staff receives monthly safety training. The master index of hazardous substances and Material Safety Data Sheets were up-to-date, and included documentation of semi-annual reviews. ODO verified Material Safety Data Sheets are located at each location where chemicals are used. No hazardous substances are stored inside the secure perimeter of the facility. The inspection team confirmed inventories of cleaning chemicals used within the facility were accurate and current. Required weekly and monthly fire and safety inspections are conducted throughout the facility. Fire drills are conducted monthly and are well documented. The emergency generator is tested weekly for one hour, and is serviced by an external company on a quarterly basis.

The food service operation is managed by RPDC employees, including the food service supervisor and (b)(7)e cook specialists. The staff is supported by a crew of (b)(7)e ICE detainees. ODO verified all staff and detainees working in food service received pre-employment medical clearances. The food service staff is responsible for security in the food service area, including tool and key control, detainee accountability, and searches. Review of training records and the curriculum confirmed proper training in these functions by the Texas Jail Commission. Review of documentation confirmed the master-cycle menu is reviewed annually by the Food Service Supervisor and certified by a registered dietician based on a complete nutritional analysis. The master menu is a 35-day cycle, and includes at least two hot meals per day, with a variety of

meals. Religious diets are approved by the Chaplain, and medical diets are provided when ordered by the medical unit. Review of religious and medical diet menus confirmed approval by the registered dietician. ODO's inspection of the food substitution log confirmed selection of substitutions from the master menu and approval by the Food Service Supervisor.

Staff and detainee workers were observed wearing hair restraints and beard guards; however, detainee workers wore their personal or facility-issued tennis shoes, and were not issued approved rubber-soled safety shoes. ODO observed food preparation equipment was clean, properly installed, and equipped with emergency gas shut-off valves; however, the meat slicer was not equipped with an anti-restart device. Equipment powered by electricity stops working when the electrical power is interrupted. Once power is restored, the equipment restarts automatically, presenting a significant safety hazard to staff and detainee workers.

RPDC has written policies and procedures that provide for the control and safeguarding of detainees' funds and personal property while housed at the facility, during release and transfer proceedings, and for funds and property that is lost, damaged, or abandoned. ODO verified property is properly inventoried and recorded on an inventory form. The detainee signs and receives a copy of the inventory form. Property bags are sealed and secured in the facility's property room, which is under the direct supervision of the property supervisor. ODO observed the property room was neat and well-organized, and is located in a secure location adjacent to the intake area. Detainees are provided with bins for storage of personal property, allowed for retention in the housing units. Detainees are not authorized to keep money in their possession. Detainee money is deposited in an automated detainee funds account. Detainees receive receipts for any money deposited. Review of seven detention files confirmed the presence of property inventory forms and funds receipts.

Healthcare is provided by Emerald Health Care. The clinic is open 24 hours a day, seven days a week. It is administered by a Health Services Administrator (HSA), who also serves as the mental health crisis manager; however, a registered nurse (RN) is currently transitioning into the HSA position. An RN Director of Nursing is scheduled to begin on January 7, 2013. Medical oversight is provided by the Clinical Director, who is on-site one day a week, and on-call 24 hours a day seven days a week. In addition, there is a part-time nurse practitioner who works five days a week. Mental health services are provided by a psychologist available one day a week as needed, and the HSA/full-time mental health crisis manager. A part-time dentist, on-site one day a week, delivers dental care. These positions are augmented by (b)(7)e licensed practical nurses, (b)(7)e medical assistants, an administrative assistant, and a medical records clerk. ODO finds staffing adequate to provide basic medical services for detainees.

Nursing staff screen newly-arrived detainees to identify chronic care, mental health, medication needs, and symptoms of tuberculosis (TB). TB testing is accomplished by administration of a purified protein derivative (PPD) skin test. Detainees with a positive PPD reading receive a chest x-ray (CXR) within 72 hours. Review of 30 detainee medical records confirmed compliance with all screening and TB testing requirements. Review of 30 medical records confirmed RNs completed physical examinations (PEs) within 14 days of the detainees' arrival. ODO verified the PEs were hands-on and reviewed by a physician, and the RNs completed training in performance of the function.

Detainees access health care services by completing sick call requests, available in English and Spanish, and depositing them directly in secured boxes. Nursing staff retrieve the requests on a daily basis and triage them for clinical priority. Detainees in the Special Management Units hand them directly to nursing staff during daily rounds. Nursing staff conduct sick call seven days a week using physician-approved protocols. ODO verified follow-up appointments and referrals were completed as indicated. RPDC does not charge detainees co-pays or other fees.

ODO cites as a best practice the availability of pamphlets in the clinic on such conditions as hypertension, diabetes, and communicable diseases. ODO cites as another best practice anger and stress management classes conducted by the mental health crisis manager to assist detainees in developing coping skills.

ODO reviewed facility logbooks, and verified scheduled and unscheduled visits are conducted by ICE management and staff on a weekly basis. (b)(7)e IEAs are permanently assigned to RPDC, and conduct scheduled visits once a week to address detainee concerns, monitor conditions of confinement, and complete the ICE Facility Liaison Visit Checklist. In addition to scheduled visits, ICE staff conducts multiple unscheduled visits throughout the week. Additionally, a Supervisory Detention and Deportation Officer visits RPDC at least once a week; the Deputy Field Office Director and the AFOD have visited the facility at least once during the year prior to the ODO CI. ODO confirmed each of the visits was logged in the main entrance visitation logbook. ODO observed written ICE visitation schedules and listings of Deportation Officers are posted in the detainee housing units. Detainees are able to submit written questions, requests, and concerns to ERO staff and receive timely responses. ODO reviewed 20 detention files and confirmed detainees receive timely responses to requests; requests are filed appropriately.

Detainees have reasonable and equitable access to telephones at RPDC. The telephone availability ratio is approximately one telephone per 12 detainees. Detainees are given emergency messages and allowed to return emergency telephone calls without delay. Review of the RPDC Detainee Telephone Log confirmed facility personnel conduct daily inspections of telephones and respond to maintenance issues within 24 hours. Additionally, ODO reviewed ICE Telephone Serviceability Worksheets, confirming weekly telephone inspections by ICE staff. ODO checked the operability of each telephone in all detainee housing areas and found the telephones to be in good working order. Notifications that telephone calls are subject to monitoring are posted on each telephone and in the facility-specific handbook. Procedures for telephone use and obtaining an unmonitored call are addressed in the handbook and posted in each housing unit.

All staff receives initial and ongoing suicide prevention training, which includes the identification of suicide risk factors, recognizing the signs of suicidal thinking and behavior, referral procedures, suicide prevention techniques, and responding to an in-progress suicide attempt. RPDC uses a curriculum developed locally, which is based on the NDS and presented by mental health and training staff. Review of (b)(7)e training files confirmed staff completed initial and ongoing suicide prevention training. ODO verified detainees are screened for suicide risk during the intake process. Detainees on suicide watch are housed in one of four observation cells located in the medical clinic. The cells are suicide resistant, and free from any protrusions or objects that could assist in a suicide attempt. The medical record review confirmed practice consistent with policy and in accordance with the NDS. There have been no suicides, no suicide

attempts, and six documented suicide watches since the last ODO inspection. ODO was informed there was one detainee death at RPDC, which occurred in March 2008. The autopsy identified the cause death as hypertensive and atherosclerotic cardiovascular disease with severe three-vessel coronary artery stenosis, with contributing factors of smoking and hypercholesterolemia.

ODO reviewed RPDC's Sexual Abuse and Assault Prevention and Intervention (SAAPI) policy. Information concerning SAAPI is posted in English and Spanish in all housing units and common areas, and is also included in the facility handbook. According to the RPDC SAAPI policy, RPDC management has a zero tolerance towards all forms of sexual abuse and sexual harassment.

The Special Management Unit consists of 13 single cells, each with its own shower. The Special Management Unit has a dayroom with a television and telephone, and a secure outdoor recreation area. There were four ICE detainees in administrative segregation during the inspection. Review of administrative segregation orders found three of the detainees were in protective custody at their own request, and the fourth detainee was pending a disciplinary hearing. Three detainees were housed in disciplinary segregation during the review. Review of documentation confirmed the detainees were placed on this status through the disciplinary process, and segregation orders were issued imposing segregation terms of 20 days in all four cases. Log entries documented compliance with the standard, including recreation and visitation privileges, access to telephones and legal materials, and daily rounds by medical and supervisory personnel.

Confrontation avoidance training is addressed in the facility's use of force policy, and covered in the use of force training program. Review of ten randomly-selected staff training files confirmed completion of initial and annual use of force training. During the past year there have been four immediate and three calculated use of force incidents involving ICE detainees. Written documentation in one of the three calculated use of force incidents indicated a use of force team entered a detainee's cell and performed a cell extraction; however, the incident was not video recorded. Upon interview, staff could not explain why the use of force team action was not recorded. Review of video recordings of the other two calculated use of force incidents found the team members did not wear protective gear. The video recordings included a brief synopsis of the situation by the shift supervisor; however, all other components required by facility policy and the standard were missing.

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 the ICE Performance-Based National Detention Standards, as applicable. The NDS apply to RPDC. 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 RPDC 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 RPDC.

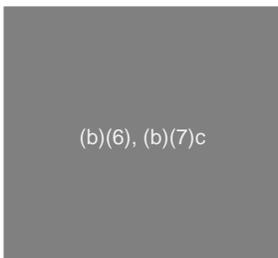
REPORT ORGANIZATION

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



Special Agent (Team Leader)	ODO, Houston
Special Agent	ODO, Atlanta
Special Agent	ODO, Chicago
Contract Inspector	Creative Corrections
Contract Inspector	Creative Corrections
Contract Inspector	Creative Corrections

OPERATIONAL ENVIRONMENT

INTERNAL RELATIONS

ODO interviewed supervisory ICE and RPDC staff, including the Warden and the ERO AFOD. Both reported the working relationship between RPDC and ICE personnel is excellent. RPDC and ICE staff stated morale is high, and the working conditions are adequate to accomplish all required duties. The Warden stated he regularly observes ICE staff visiting detainees in the housing units throughout the week, communicating with detainees and addressing detainee concerns. ODO reviewed facility logbooks, and verified scheduled and unscheduled visits are conducted by ICE management and staff on a weekly basis.

ICE staff stated the facility is short-staffed. ODO confirmed during interviews with the Warden and Assistant Warden that RPDC is understaffed, with (b)(7) vacancies available at the time of inspection. RPDC staff advised these vacancies did not negatively affect or impact operations. RPDC staff stated that due to the remote geographic location of the facility, there is difficulty in recruiting and retaining personnel.

DETAINEE RELATIONS

ODO interviewed 30 randomly-selected ICE detainees (20 male and ten female) at RPDC to assess the overall living and detention conditions at the facility. Detainees stated they are treated well, and the facility is clean and sanitary. No complaints were received regarding the detainee handbook, recreation, telephones, religious services, visitation, or the law library.

Ten detainees stated they did not know who their Deportation Officer was, but stated ICE staff visits the housing units daily to speak with any detainees who have questions about their cases. Names of Deportation Officers were posted in the housing units. Five detainees indicated they did not receive a facility handbook; however, upon review of their detention files, ODO verified handbooks were issued and signed for by each of the five detainees.

Six detainees complained about the poor quality of undergarments, uniforms, and blankets being issued. Facility staff advised ODO that clothing and blankets are in back order due to a shortage in the vendor's stock. RPDC staff stated certain sizes are difficult to obtain, and they are trying purchase clothing items through new vendors.

One out the 30 detainees who was interviewed complained about not receiving timely medical care. ODO reviewed the detainee's medical file and determined she was treated in a timely manner, and was currently awaiting a doctor's scheduled appointment.

ICE NATIONAL DETENTION STANDARDS

ODO reviewed a total of 17 NDS and found RPDC fully compliant with the following 13 standards:

- Access to Legal Material
- Admission and Release
- Contraband
- Detainee Classification System
- Detainee Grievance Procedures
- Detainee Handbook
- Disciplinary Policy
- Environmental Health and Safety
- Funds and Personal Property
- Special Management Unit (Administrative Segregation)
- Special Management Unit (Disciplinary Segregation)
- Suicide Prevention and Intervention
- Telephone Access

As these 13 standards were compliant at the time of the review, a synopsis for these standards was not prepared for this report.

ODO found deficiencies in the following four standards:

- Food Service
- Medical Care
- Staff-Detainee Communication
- Use of Force

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

FOOD SERVICE (FS)

ODO reviewed the Food Service standard at RPDC to determine if detainees are provided with a nutritious and balanced diet, in a sanitary manner, in accordance with the ICE NDS. ODO reviewed policy and documentation, interviewed staff, observed meal service and tray delivery, and inspected food storage and preparation areas.

The food service operation is managed by RPDC employees, including the Food Service Supervisor and (b)(7)e cook specialists. The staff is supported by a crew of 30 ICE detainees. ODO verified all staff and detainees working in food service received pre-employment medical clearances. The food service staff is responsible for security in the food service area, including tool and key control, detainee accountability, and searches. Review of training records and the curriculum confirmed proper training in these functions by the Texas Jail Commission.

Review of documentation confirmed the master-cycle menu is reviewed annually by the food service supervisor, and certified by a registered dietician based on a complete nutritional analysis. The master menu is a 35-day cycle, and includes at least two hot meals per day, with a variety of meals. Religious diets are approved by the Chaplain, and medical diets are provided when ordered by the medical unit. Review of religious and medical diet menus confirmed approval by the registered dietician. ODO's inspection of the food substitution log confirmed selection of substitutions from the master menu, and approval by the Food Service Supervisor.

ODO observed the food service staff actively involved overseeing the preparation and service of meals. All meals are consumed in the dining hall, with the exception of meals for the Special Management Unit and intake area, which are delivered on thermal trays. Observation of meal service in the dining hall confirmed food was served at appropriate temperatures, and properly presented. Portions were controlled and consistent with the menu.

The food service storage areas consist of one spacious dry storage room, two walk-in freezers, and two walk-in coolers. ODO confirmed temperatures in the walk-in freezer and cooler were maintained at required levels. The facility stocks a 15-day minimum supply of food, and uses the first-in/first-out stock rotation system. ODO verified "hot" items, such as yeast and nutmeg, were properly secured in a cabinet in the Food Service Supervisor's office and accounted for as required by policy. However, purchase orders for these items do not specify special handling requirements for delivery (**Deficiency FS-1**). Both yeast and nutmeg are highly pilfered items in correctional facilities, yeast because it may be used for fermentation purposes in making alcohol, and nutmeg because ingestion in large quantities may result in altered consciousness and hallucinations, posing potentially serious health consequences. Tight control of these items protects against their introduction into the general population.

All areas of the food service operation were clean and organized. Cleaning schedules were posted strategically throughout the food service area, and detainee workers were observed following "clean-as-you-go" procedures. Review of documentation confirmed comprehensive daily inspections are conducted by the Food Service Supervisor, and weekly inspections are conducted by the Risk Management Supervisor. Inspection reports are submitted to the Warden for review. An inspection conducted by the Texas Department of State Health Services on July 16, 2012, found RPDC in compliance with state food service regulations. Chemicals were

observed properly stored and secured, and Material Safety Data Sheets were available. Review of logs confirmed chemical inventories are maintained, and containers are properly labeled for hazards.

Staff and detainee workers were observed wearing hair restraints and beard guards; however, detainee workers wore their personal or facility-issued tennis shoes, and were not issued approved rubber-soled safety shoes (**Deficiency FS-2**). Floors in food service areas are often wet, and items dropped during food preparation may be present. Providing safety shoes with rubber soles to all workers prevents slips, trips, and falls.

Knives are not used in the food service operation. Dough cutters are used in place of knives, and were observed tethered to the tables in the food preparation areas. Inspection confirmed utensils and tools were properly secured and accounted for. ODO observed food preparation equipment was clean, properly installed, and equipped with emergency gas shut-off valves; however, the meat slicer was not equipped with an anti-restart device (**Deficiency FS-3**). Equipment powered by electricity stops working when the electrical power is interrupted. Once power is restored, the equipment restarts automatically, presenting a significant safety hazard to staff and detainee workers.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY FS-1

In accordance with the ICE NDS, Food Service, section (III)(B)(4), the FOD must ensure all facilities shall have procedures for the handling of food items that pose a security threat.

Mace, nutmeg, cloves, and alcohol-based flavorings also require special handling and storage. The purchase order for any of these items will specify the special-handling requirements for delivery.

DEFICIENCY FS-2

In accordance with the ICE NDS, Food Service, section (III)(H)(2)(e), the FOD must ensure approved rubber soled safety shoes shall be provided and used by all food service personnel working in food service.

DEFICIENCY FS-3

In accordance with the ICE NDS, Food Service, section (III)(H)(12)(c)(4), the FOD must ensure machines shall be guarded in compliance with OSHA standards: meat saws, slicers, and grinders shall be equipped with anti-restart devices.

MEDICAL CARE (MC)

ODO reviewed the Medical Care standard at RPDC 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 toured the clinic; reviewed policies and procedures, and medical staff licenses; and interviewed regional and local health care and administrative staff. ODO examined 30 medical records of detainees falling into the following categories: chronic care, sick call log for November 28, 2012, suspect TB, detainee complaints (summarized in another section of this report), suicide watch, females, and random healthy. All records were spot checked for sick call timeliness and reviewed for transfer documentation. Any records older than a year were checked for annual TB testing and PEs. ODO was informed there was one detainee death at RPDC, which occurred in 2008.

Healthcare is provided by Emerald Health Care. The facility maintains no current accreditations. The clinic is open 24 hours a day, seven days a week. It is administered by an HSA, who also serves as the mental health crisis manager; however, an RN is currently transitioning into the HSA position. An RN Director of Nursing is scheduled to begin on January 7, 2013. Medical oversight is provided by the Clinical Director, who is on-site one day a week and on-call 24 hours a day, seven days a week. In addition there is a part-time nurse practitioner who works five days a week. Mental health services are provided by a psychologist available one day a week as needed, and the HSA/full-time mental health crisis manager. A part time dentist, on-site one day a week, delivers dental care. These positions are augmented by (b)(7)e licensed practical nurses, (b)(7)e medical assistants, an administrative assistant, and a medical records clerk. There were no vacancies at the time of the review. ODO finds staffing adequate to provide basic medical services for detainees. All professional licenses were present, however, (b)(7)e out of the (b)(7)e provider licenses had not been primary-source verified with the issuing state boards for authentication purposes (**Deficiency MC-1**). The HSA completed primary source verification of all the licenses at the time of the inspection.

Haskell Hospital, five minutes away, is used for a higher level of medical care and emergency services. Specialty cases are referred to Parkland Hospital in Dallas. Detainees who require inpatient mental health treatment are sent to Red River Hospital in Wichita Falls.

The clinic contains two examination/treatment rooms; four medical observation cells, all of which are negative air-flow rooms for TB isolation; an x-ray room; a dental suite; a medical records room; a locked medication room; a nurses station; a mental health office; and the HSA's office. A detention officer's desk is located within the clinic for custody and control purposes. ODO found the clinic to be adequately sized and equipped.

Nursing staff screen newly arrived detainees to identify chronic care, mental health, medication needs, and symptoms of TB. TB testing is accomplished by administration of a PPD skin test. Detainees with a positive PPD reading receive a CXR within 72 hours. Review of 30 detainee medical records confirmed compliance with all screening and TB testing requirements. ODO notes, however, that in one case an asymptomatic detainee had a positive PPD and subsequent CXR indicating possible TB. The CXR report was not received by the facility until two days following its completion. Upon receipt of the report, the detainee was removed from general population and transferred to a negative pressure isolation room. Diagnostic sputum culture

testing ultimately determined the detainee was negative for TB; however, pending those results, detainees and staff who came into contact with him were required to undergo testing to determine if they had been exposed to TB. Although in this case the detainee was determined negative for TB, delayed reporting of the positive CXR delayed his isolation, potentially placing other detainees, staff and community at risk for exposure. Following discussion between ODO and the Emerald Regional Director of Health Services, the Director completed a Process Quality Improvement Study. As a result, the radiology group will be required to immediately notify the HSA by telephone of any positive CXR and RPDC staff will follow up on all delayed CXR report findings.

Review of 30 medical records confirmed RNs completed PEs within 14 days of the detainees' arrival. ODO verified the PEs were hands-on and reviewed by a physician, and the RNs completed training in performance of the function.

Detainees access health care services by completing sick call requests, available in English and Spanish, and depositing them directly in secured boxes. Nursing staff retrieve the requests on a daily basis and triage them for clinical priority. Detainees in the Special Management Units hand them directly to nursing staff during daily rounds. Nursing staff conduct sick call seven days a week using physician-approved protocols. ODO verified follow-up appointments and referrals were completed as indicated. RPDC does not charge detainees co-pays or other fees.

ODO cites as a best practice the availability of pamphlets in the clinic on such conditions as hypertension, diabetes, and communicable diseases. ODO cites as another best practice anger and stress management classes conducted by the mental health crisis manager to assist detainees in developing coping skills.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY MC-1

In accordance with the ICE NDS, Medical Care, section (III)(C), the FOD must ensure the health care staff will have a valid professional licensure and or certification. The USPHS, Division of Immigration Health Services, will be consulted to determine the appropriate credentials requirements for health care providers.

In accordance with IHS Policy 4.3.1.1, each licensed independent practitioner portfolio must contain, at a minimum, written evidence the professional licensure or certification (all current, past, active, and inactive) have been verified at the primary source.

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the Staff-Detainee Communication standard at RPDC 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, and reviewed policies, request logs, and detention files.

ODO reviewed facility logbooks, and verified scheduled and unscheduled visits are conducted by ICE management and staff on a weekly basis. (b)(7)e IEAs are permanently assigned to RPDC, and conduct scheduled visits once a week to address detainee concerns, monitor conditions of confinement, and complete the ICE Facility Liaison Visit Checklist. In addition to scheduled visits, ICE staff conducts multiple unscheduled visits throughout the week. Additionally, a Supervisory Detention and Deportation Officer visits RPDC at least once a week; the Deputy Field Office Director and the AFOD have visited the facility at least once during the year prior to the ODO CI. ODO confirmed each of the visits was logged in the main entrance visitation logbook by the facility.

ODO reviewed 20 detention files, and confirmed a copy of the detainee's request had been placed in the file and each request received a response within 72 hours. Upon receipt by on-site ICE staff, all requests are date-stamped, scanned, and emailed to ERO Dallas. A copy of the request is placed in the detainee's detention file. ERO Dallas staff maintains an electronic log of the detainee requests received from RPDC. ODO requested to review a six-month history of the detainee request logbook. ODO was informed request logs for the months of September 2012, October 2012, and November 2012 were not available. ICE staff updated the logs to include these months while ODO was on-site; however, it could not be confirmed that all requests during the three-month timeframe were accounted for (**Deficiency SDC-1**).

A review of the Detainee Request Log from June to August 2012 showed accurate recording of detainee requests, and all requests were responded to in a timely manner.

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

USE OF FORCE (UOF)

ODO reviewed the Use of Force standard at RPDC to determine if necessary use of force is used only after all reasonable efforts have been exhausted to gain control of a subject, while protecting and ensuring the safety of detainees, staff and others; preventing serious property damage; and ensuring the security and orderly operation of the facility, in accordance with the ICE NDS. ODO interviewed staff, inspected video recording equipment, and reviewed policy and procedures, training records, and use of force incident documentation.

Confrontation avoidance training is addressed in the facility's use of force policy and covered in the use of force training program. Review of (b)(7) randomly-selected staff training files confirmed completion of initial and annual use of force training. Oleo Capsicum (OC) spray is maintained in Central Control for use upon authorization by a supervisor. Documentation of current certifications was included in all ten training files reviewed by ODO. RPDC does not have electro-muscular disruption devices. ODO verified protective gear for use of force team members and video-recording equipment was available and adequate.

During the past year there have been four immediate and three calculated use of force incidents involving ICE detainees. ODO reviewed documentation in the four immediate use of force incidents and confirmed full compliance with the standard.

Written documentation in one of the three calculated use of force incidents indicated a use of force team entered a detainee's cell and performed a cell extraction; however, the incident was not video recorded (**Deficiency UOF-1**). Upon interview, staff could not explain why the use of force team action was not recorded. Review of video recordings of the other two calculated use of force incidents found the team members did not wear protective gear (**Deficiency UOF-2**). Wearing protective gear reduces the risk of injury to use of force team members. The video recordings included a brief synopsis of the situation by the shift supervisor; however, all other components required by facility policy and the standard were missing, including: the date, time, and location of the incident; naming of the video camera operator and other staff present; showing of the faces and identification of team members; the Team Leader offering the detainee a last chance to cooperate before team action; close-ups of the detainee's body during the medical exam; and an incident debriefing (**Deficiency UOF-3**). Recording all required components provides visual documentation of steps taken before, during, and following a use of force incident, affording better analysis and visual support for the written documentation. ODO verified written documentation was present confirming the detainees were examined by medical staff immediately following the incidents, and the ICE Supervisory Detention and Deportation Officer was notified.

After action reviews were conducted in all immediate and calculated use of force incidents; however, ODO notes after action reviews conducted in the three calculated use of force incidents did not address the teams' failure to wear protective gear and failure to video record (**Deficiency UOF-4**). ODO recommends after action reviews include identification of violations of the policy and the NDS; further, that corrective actions be taken to ensure compliance in future use of force incidents.

STANDARD/POLICY REQUIREMENT FOR DEFICIENT FINDINGS

DEFICIENCY UOF-1

In accordance with the ICE NDS, Use of Force, section (III)(A)(2)(b), the FOD must ensure the videotaping of all calculated use of force is required. The videotape and accompanying documentation shall be included in the investigation package for the "After-Action Review" (see Section III.J., below). Additionally, the Officer in Charge (OIC) shall make all videotapes available to the District Director.

DEFICIENCY UOF-2

In accordance with the ICE NDS, Use of Force, section (III)(A)(4)(a), the FOD must ensure, when a detainee must be forcibly moved and/or restrained during a calculated use of force, the use of force team technique shall apply. The team technique usually involves five or more trained staff members clothed in protective gear, including helmet with face shield, jumpsuit, flack-vest or knife-resistant vest, gloves, and forearm protectors. Team members enter the detainee's area together, with coordinated responsibility for achieving immediate control of the detainee.

DEFICIENCY UOF-3

In accordance with the ICE NDS, Use of Force, section (III)(A)(4)(g)(1-6), the FOD must ensure calculated-use-of-force videotape will be edited as follows:

1. Introduction by Team Leader, stating facility name, location, time, date, etc.; describing the incident that led to the calculated use of force; and naming the video-camera operator and other staff present.
2. Faces of all team members briefly appear (helmets removed; heads uncovered), one at a time, identified by name and title.
3. Team Leader offering detainee last chance to cooperate before team action, outlining use-of-force procedures, engaging in confrontation-avoidance, and issuing use-of-force order.
4. Entire tape of Use-of-Force Team operation, unedited, until detainee in restraints.
5. Close-ups of detainee's body during medical exam, focusing on the presence/absence of injuries; staff injuries, if any, described but not shown.
6. Debriefing, including full discussion/analysis/assessment of incident.

DEFICIENCY UOF-4

In accordance with the ICE NDS, Use of Force, section (III)(K), the FOD must ensure written procedures shall govern the use-of-force incident review, whether calculated or immediate, and the application of restraints. The review is to assess the reasonableness of the actions taken (force proportional to the detainee's actions), etc. IGSA will pattern their incident review process after INS. INS shall review and approve all After Action Review procedures.