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Immigration and Customs Enforcement  
Office of Professional Responsibility  
Inspections and Detention Oversight Division  
Washington, DC 20536-5501

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Office of Detention Oversight  
Follow-Up Compliance Inspection

Enforcement and Removal Operations  
ERO Atlanta Field Office  
Stewart Detention Center  
Lumpkin, GA

April 2-4, 2019

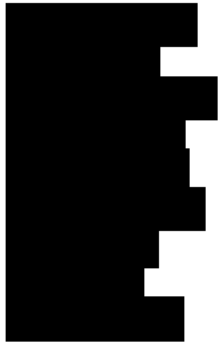
**COMPLIANCE INSPECTION**  
**for the**  
**STEWART DETENTION CENTER**  
Lumpkin, Georgia

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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 follow-up compliance inspection of the Stewart Detention Center (SDC) in Lumpkin, Georgia, from April 2-4, 2019.<sup>1</sup> While ODO reviewed all core standards during the inspection, special attention was given to those found deficient during ODO's last inspection of SDC from August 29-31, 2017.

The SDC opened in 2006 and is owned and operated by CoreCivic. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at SDC in 2006 under the oversight of ERO's Field Office Director (FOD) in Atlanta. The facility operates under the Performance-Based National Detention Standards (PBNS) 2011.

ERO has Deportation Officers (DOs) and a Detention Services Manager (DSM) assigned to the facility. A Warden handles daily facility operations and is supported by ██████ personnel. Trinity Food Service provides food services, CoreCivic provides medical care, and Keefe provides commissary services at the facility. The facility is accredited by the American Correctional Association and the National Commission on Correctional Health Care.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>2</sup>	1966
Average ICE Detainee Population <sup>3</sup>	1891
Male Detainee Population (as of 4/2/2019)	1794
Female Detainee Population (as of 4/2/2019)	N/A

During the 2017 inspection, ODO found 26 deficiencies in the following areas: Admission and Release (4); Custody Classification System (2); Detainee Handbook (2); Environmental Health and Safety (1); Facility Security and Control (1); Grievance System (3); Law Libraries and Legal Materials (1); Sexual Abuse and Assault Prevention and Intervention (3); Special Management Units (3); Staff-Detainee Communication (3); and Telephone Access (3).

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

<sup>2</sup> Data Source: ERO Facility List Report as of April 1, 2019.

<sup>3</sup> *Ibid.*

## **FOLLOW-UP INSPECTIONS PROCESS**

In fiscal year (FY) 2018, ODO began conducting follow up inspections of ICE ERO detention facilities to assess whether corrective actions implemented by ERO and the facility, in response to deficiencies identified by ODO during the prior inspection, achieve compliance with the ICE detention standards.

ODO targets facilities for follow-up inspections based on a variety of factors including the number of deficiencies identified during previous ODO inspections; the frequency and severity of repeat deficiencies; information identified by agency stakeholders and/or from detainee complaints; and, at the request of ICE leadership. ODO coordinates its inspections with other oversight entities such as the ICE Office of Diversity and Civil Rights, the U.S. Department of Homeland Security (DHS) Office for Civil Rights and Civil Liberties, and the DHS Office of Inspector General.

While follow-up inspections are intended to focus on previously-identified deficiencies, ODO may decide to conduct a full inspection based on additional information obtained prior to ODO's arrival on-site. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards. Any areas found non-compliant during both inspections are annotated as "Repeat Deficiencies" in this report.

## FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 MAJOR CATEGORIES

PBNDs 2011 STANDARDS INSPECTED <sup>4</sup>	DEFICIENCIES
<b>Part 1 – Safety</b>	
Environmental Health and Safety	2
<b>Sub-Total</b>	<b>2</b>
<b>Part 2 – Security</b>	
Admission and Release	2
Custody Classification System	5
Facility Security and Control	1
Funds and Personal Property	2
Sexual Abuse and Assault Prevention and Intervention	1
Special Management Units	1
Staff-Detainee Communication	1
Use of Force and Restraints	2
<b>Sub-Total</b>	<b>15</b>
<b>Part 4 – Care</b>	
Food Service	2
Medical Care	5
Personal Hygiene	1
Significant Self-harm and Suicide Prevention and Intervention	0
Disability Identification, Assessment, and Accommodation	1
<b>Sub-Total</b>	<b>9</b>
<b>Part 5 - Activities</b>	
Recreation	0
Religious Practices	0
Telephone Access	2
Visitation	0
<b>Sub-Total</b>	<b>2</b>
<b>Part 6 - Justice</b>	
Grievance Systems	1
Law Libraries and Legal Materials	0
<b>Sub-Total</b>	<b>1</b>
<b>Total Deficiencies</b>	<b>29</b>

<sup>4</sup>For greater detail on ODO's findings, see the *Compliance Inspection Findings* section of this report.

## DETAINEE RELATIONS

ODO interviewed 15 detainees who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. One detainee exhibited signs of mental health issues during the interview, and ODO immediately referred him to both ERO and facility medical staff for follow-up. Most detainees reported satisfaction with facility services except for the concerns listed below.

*Staff-Detainee Communication:* Several detainees stated they rarely see ERO officers in the housing units, and when they do, it is not according to the posted scheduled visits.

- Action Taken: ODO reviewed and found discrepancies between the staff-detainee communication visit schedules posted in the detainee housing units, and the ERO sign-in logs in the housing units. ODO addressed this concern with the Assistant Field Office Director (AFOD). ODO notes that one staff-detainee communication visit observed during the inspection was conducted professionally and occurred at the day and time noted on the SDC visit schedule

*Staff-Detainee Communication:* One detainee stated ICE and facility staff were not responsive in helping him obtain his passport or informing him of the form of refund (cash, check, etc.) he will receive from his account when he is removed.

- Action Taken: ODO learned that the detainee's case officer thoroughly explained the process for obtaining a passport to the detainee, which included providing the detainee with his consulate point of contact. The case officer also informed the detainee that his passport was pending with his consulate and that he would inquire regularly as to the status and update the detainee as appropriate. Regarding the form of refund upon removal, ODO reviewed the facility detainee handbook and noted it does not specify the form in which a detainee's money is refunded when they are released/removed, though the AFOD and Warden both stated that detainees are released with cash withdrawn from the detainee's account. ODO confirmed that a DO informed the detainee he would receive his money in cash.

*Voluntary Work Program/Law Library and Legal Materials:* One detainee complained his scheduled law library time sometimes overlaps with his work assignment in the kitchen, and that his pay is reduced when he is late to work as a result.

- Action Taken: ODO spoke with facility leadership and reviewed the facility's law library procedures. The law library is available on a rotational basis and the schedule occasionally overlaps with the detainee's work schedule. During the inspection, the facility changed the detainee's work assignment to one that better supports the detainee's law library usage. Additionally, the facility issued back-pay to cover the times the detainee's pay was reduced when he was using the law library.

*Environmental Health and Safety:* Four detainees stated the showers consistently lack hot water, and they are unable to take hot showers.

- Action Taken: During the inspection, ODO checked the water temperature in the showers and found the temperatures were below standard requirements. ODO also reviewed the facility's water temperature logs from January to April 2019 and found water temperatures were recorded as below standard required temperature on March 5,

2019. ODO spoke with maintenance department staff who stated the maintenance department has made several repairs to the system, but that the issue is ongoing. This issue is noted as a deficiency under the Personal Hygiene section of this report.

*Medical Care:* One detainee stated that he just had his annual dental appointment but did not undergo a cleaning or have a cavity filled.

- Action Taken: ODO reviewed the detainee's dental records and spoke with facility medical staff. A board-certified dentist conducted a complete dental assessment and took X-rays on April 2, 2019. The dentist prepared a treatment plan which included fillings for three teeth and a cleaning. ODO confirmed the detainee is on a waiting list for restorative care and a cleaning. ODO requested medical staff inform the detainee of his status.

*Religious Practices:* One detainee stated he does not have any Moorish prayer materials and could not meet with other detainees of the same religion for prayer.

- Action Taken: ODO spoke with the facility chaplain and learned the detainee is a different classification from the detainees he would like to pray with and is prohibited from gathering with them for security reasons. The chaplain is researching prayer materials for the detainee and stated he would provide him with Moorish prayer materials. ODO requested facility staff inform the detainee why he is unable to pray with the other detainees and that the chaplain is researching prayer materials.



# COMPLIANCE INSPECTION FINDINGS

## SAFETY

### ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO inspected the housing units and observed the following: dirty cleaning cloths were lying on the microwave ovens, tables, and in the bathroom areas; detainees had no buckets or sanitizer to rinse cleaning cloths after each use; each housing unit had only one hand soap and one paper towel dispenser, and multiple dispensers were inoperable or empty; the labels were indecipherable or worn off of several spray bottles with diluted cleaning chemicals; ice scoops were stored in the ice carts; and empty laundry bags were tied to the bars covering the front windows of the housing units. ODO found the hold rooms in the receiving and discharge area were dirty. ODO also found tables in the dining area were not adequately cleaned and sanitized during and after the lunch meal on the first day of the inspection (**Deficiency EH&S-1**<sup>5</sup>).

ODO toured the medical department and observed that the ante-rooms of the negative pressure cells (four were in use) had dust and grime on lineal surfaces and trash overflowing from the garbage cans. ODO also found the medical department had no personal protective equipment and supplies, sharps containers, or bio-hazardous waste trash cans (**Deficiency EH&S-2**<sup>6</sup>).

## SECURITY

### ADMISSION AND RELEASE (A&R)

ODO reviewed 33 detainee detention files and found 10 Orders to Detain (Form I-203) were not signed by an ERO authorizing official or were missing from the detention file (**Deficiency A&R-1**<sup>7</sup>).

ODO's review of eight detainee detention files for detainees who had been released, transferred or deported, found none contained an Order to Release (Form I-203) signed by an ERO authorizing official (**Deficiency A&R-2**<sup>8</sup>).

### CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed 33 detainee detention files and found three detainees were admitted into the general population of the facility before completion of the classification process. Two detainees were classified the following day and one detainee was classified two days after placement in general population (**Deficiency CCS-1**<sup>9</sup>).

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<sup>5</sup> "The facility administrator shall ensure that staff and detainees maintain a high standard of facility sanitation and general cleanliness." See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(A)(3).

<sup>6</sup> "Environmental cleanliness shall reduce, control and prevent nosocomial infections due to contaminated environmental surfaces. The HSA or designee is responsible for ensuring the cleanliness of the medical facility." See ICE PBNDS 2011, Standard, Environmental Health and Safety, Section (V)(D)(6)(a).

<sup>7</sup> "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, Admission & Release, Section (V)(E). **This is a Priority Component.**

<sup>8</sup> "A detainee's out-processing begins when release processing staff receive the Form I-203, "Order to Detain or Release," signed by an authorizing official." See ICE PBNDS 2011, Standard, Admission and Release, Section (V)(H)(1). **This is a Priority Component.**

<sup>9</sup> "Each facility administrator shall require that the facility's classification system ensures the following:

ODO reviewed classification documentation provided by the facility, interviewed senior facility classification staff, and observed the classification process. ODO determined detainees are not always classified within 12 hours of arrival at the facility and that SDC does not maintain documentation justifying the delay (**Deficiency CCS-2<sup>10</sup>**).

ODO observed a high custody detainee walk unescorted in the main corridor with both low and medium-low classification detainees (**Deficiency CCS-3<sup>11</sup>**).

ODO's review of the detainee roster found one high custody detainee with a history of violence was housed in a low custody unit (**Deficiency CCS-4<sup>12</sup>**).

- *Corrective Action:* Prior to the completion of the inspection, the facility initiated corrective action by moving the detainee to an appropriate housing unit commensurate with his classification level (**C-1**).

The SDC classification system does not ensure detainees are reassessed and/or reclassified at 90- to 120-day intervals. ODO's review of 33 files found 15 instances in which reclassifications were missing or were completed outside the required timeframe (**Deficiency CCS-5<sup>13</sup>**).

## **FACILITY SECURITY AND CONTROL (FS&C)**

ODO observed that although officers posted at the front entrance check the identification documents of every individual entering or leaving the facility, they did not consistently log ODO team members into the visitor log book or issue them a blue visitor passes or a color-coded equivalent (**Deficiency FS&C-1<sup>14</sup>**). Because this standard is not a core standard, ODO did not

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1. All detainees shall be classified upon arrival and before being admitted into the general population of the facility. ICE/ERO staff shall provide facilities the data needed from each detainee's file to complete the classification process; ...
  3. Any detainee who cannot be classified because of missing information at the time of processing (e.g., the results of a criminal record check) shall be kept separate from the general population."

See ICE PBNDS 2011, Standard, Custody Classification System, Section (V)(A)(1) and (3).

<sup>10</sup> "The initial classification process and initial housing assignment shall be completed within 12 hours of admission to the facility. If the process takes longer, documentation shall be maintained to explain the cause of the delay and to indicate that the detainee shall be housed appropriately." See ICE PBNDS 2011, Standard, Custody Classification System, Section (V)(D).

<sup>11</sup> "High custody detainees: ...are always monitored and escorted." See ICE PBNDS 2011, Standard, Custody Classification System, Section (V)(F)(3). **This is a Repeat Deficiency.**

<sup>12</sup> "High custody detainees may not be housed with low custody detainees." See ICE PBNDS 2011, Standard, Custody Classification System, Section (V)(G)(1). **This is a Priority Component.**

<sup>13</sup> "All facility classification systems shall ensure that a detainee is reassessed and/or reclassified. Reclassification assessments shall take into account, among other factors, the detainee's risk of victimization or abusiveness....

1. The first reclassification assessment shall be completed 60 to 90 days after the date of the initial classification.
2. Subsequent reclassification assessments shall be completed at 90- to 120-day intervals."

See ICE PBNDS 2011, Standard, Custody Classification System, Section (V)(H)(1) and (2). **This is a Repeat Deficiency.**

<sup>14</sup> "ICE/ERO employees not permanently stationed at the facility, and official visitors from other Department of Homeland Security agencies, shall receive 'blue' passes. Visitors with blue passes do not need, but may request, escorts. The post officer shall record every official visitor's arrivals and departures in the visitor logbook, including the person or department visited, date and time of visitor's arrival, purpose of visit, unusual requests and time of departure." See ICE PBNDS 2011, Standard, Facility Security and Control, Section (V)(C)(1)(d).

inspect it in its entirety.

### **FUNDS AND PERSONAL PROPERTY (F&PP)**

ODO observed that while some detainee personal property is placed in facility tamper-resistant bags, other personal property is stored in used boxes that are taped shut and are not tamper resistant. Also, detainee luggage is secured in the overflow property room but is not sealed in a tamper-resistant manner (**Deficiency F&PP-1<sup>15</sup>**).

ODO reviewed inventory audit records as well as the associated facility policy and determined SDC changed their inventory audit process for small and large valuables, as well as detainee baggage and non-valuable property, due to a recent CoreCivic corporate technical assist visit. The new procedure effectively logs the property coming and going from each of the aforementioned categories in a logbook; however, the new procedure does not provide an inventory audit with the date, time, or the name of the officers conducting the inventory (**Deficiency F&PP-2<sup>16</sup>**).

### **SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)**

ODO reviewed six detainee detention files and found four files did not contain documentation that the facility provided instruction to the detainees on the facility's SAAPI program or that the detainees participated in the instruction session (**Deficiency SAAPI-1<sup>17</sup>**).

### **SPECIAL MANAGEMENT UNITS (SMU)**

ODO's review of 25 detainee detention files and the SMU's visitor log found that while daily medical rounds were completed, the facility medical officer did not consistently sign each detainee's individual Special Management Housing Unit Record on a daily basis (**Deficiency SMU-1<sup>18</sup>**).

### **STAFF-DETAINEE COMMUNICATION (SDC)**

ODO reviewed each housing pod's ERO sign-in log and compared entries against the posted staff-detainee communication visit schedules. ODO found frequent entries by DOs for short visits to the detainee housing units; however, entries in the log were routinely missing on the days and hours of scheduled visits (as noted in the posted staff-detainee communication visit schedule), and ODO was unable to determine the frequency of ERO supervisor visits to the

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<sup>15</sup>“All detainee luggage and facility containers used for storing detainee personal property shall be secured in a tamper-resistant manner and shall only be opened in the presence of the detainee.” See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(I).

<sup>16</sup>“An inventory of detainee baggage and other non-valuable property shall be conducted by the facility administrator's designee at least once each quarter. The facility's inventory audit shall indicate the inventory's date and time, and the name of the officer(s) conducting the inventory. Any discrepancies shall be reported immediately to the facility administrator.” See ICE PBNDS 2011, Standard, Funds and Personal Property, Section (V)(J).

<sup>17</sup>“... Following the intake process, the facility shall provide instruction to detainees on the facility's Sexual Abuse and Assault Prevention and Intervention Program ... The facility shall maintain documentation of detainee participation in the instruction session.” See ICE PBNDS 2011, Standard, Sexual Abuse and Assault Prevention and Intervention, Section (V)(F).

<sup>18</sup>“The facility medical officer shall sign each individual's record when he/she visits a detainee in the SMU. The housing officer shall initial the record after the medical visits are completed, but no later than the end of the shift.” See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(D)(3)(b).

detainee housing units (**Deficiency SDC-1<sup>19</sup>**).

## **USE OF FORCE AND RESTRAINTS (UOF&R)**

ODO inspected the facility's protective equipment and determined that while the equipment is properly maintained and stored in a cabinet located in a secure area and only accessible by authorized staff, the facility does not maintain an inventory of the protective equipment stored in the cabinet (**Deficiency UOF&R-1<sup>20</sup>**).

*Corrective Action:* Prior to the completion of the inspection, the facility initiated corrective action by adding an inventory sheet for the cabinet and conducting an inventory (**C-2**).

ODO reviewed 15 audiovisual recordings of eight calculated and seven immediate use of force incidents and found that three videos for calculated UOF incidents did not include close-ups of the detainee's body during the medical exam (**Deficiency UOF&R-2<sup>21</sup>**).

## **CARE**

### **FOOD SERVICE (FS)**

ODO observed detainees cleaning cafeteria tables during the lunch meal on the first day of the inspection and observed improper cleaning/sanitizing techniques; tables were not adequately cleaned and sanitized during and after meal service (**Deficiency FS-1<sup>22</sup>**).

*Corrective Action:* Prior to the completion of the inspection, corrective action was initiated by food service staff who instructed detainees in proper cleaning and sanitation procedures. ODO observed proper cleaning during the remainder of the inspection (**C-3**).

ODO's inspection of food storage areas found food stored and stacked against the walls of the walk-in cooler and freezer (**Deficiency FS-2<sup>23</sup>**).

### **MEDICAL CARE (MC)**

ODO reviewed professional staff credential files provided by the facility's health services administrator (HSA). ODO determined not all credential files were available on-site and those that were did not contain current license, primary source validation, position description, practice

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<sup>19</sup>"ICE/ERO detainees shall not be restricted from having frequent informal access to and interaction with key facility staff members, as well as key ICE/ERO staff, in a language they can understand." See ICE PBNDs 2011, Standard, Staff-Detainee Communication, Section (V)(A).

<sup>20</sup>"Each facility shall maintain a written record of routine and emergency distribution of security equipment and shall specifically designate and incorporate, in one of more post orders, responsibility for staff to inventory [redacted] and related security equipment at least monthly to determine their condition and expiration dates." See ICE PBNDs 2011, Standard, Use of Force and Restraints, Section (V)(G)(2).

<sup>21</sup>"Calculated use-of-force incidents shall be audio visually-recorded in the following order: . . . e. take close-ups of the detainee's body during a medical exam, focusing on the presence/absence of injuries." See ICE PBNDs 2011, Standard, Use of Force and Restraints, Section (V)(I)(2)(e).

<sup>22</sup>"All food service employees are responsible for maintaining a high level of sanitation in the food service department." See ICE PBNDs 2011, Standard, Food Service, Section (V)(J)(1).

<sup>23</sup>"The following procedures apply when receiving or storing food: . . .

d. Store all food item products at least six inches from the floor and sufficiently far from walls to facilitate pest-control measures." See ICE PBNDs 2011, Standard, Food Service, Section (V)(K)(3)(d).

agreements and granted privileges (**Deficiency MC-1<sup>24</sup>**).

ODO reviewed 40 detainee medical files and found four instances in which a detainee arrived with medication or significant mental health and/or physical health conditions that were not evaluated within two days of arrival (**Deficiency MC-2<sup>25</sup>**).

ODO's review of medical files found SDC did not complete initial physical examinations on seven detainees within 14 days of arrival (**Deficiency MC-3<sup>26</sup>**).

ODO's review of medical files for five detainees in custody for greater than 365 days found three did not have documentation that an annual physical examination was offered and either declined or completed (**Deficiency MC-4<sup>27</sup>**).

ODO's review of medical files found annual dental health assessments were completed for detainees in continuous custody greater than 365 days; however, the review of 40 records found initial dental assessments were not documented. The CoreCivic corporate dentist informed ODO initial assessments were not conducted at SDC and ODO's review of practicing privileges found the dentist had not signed documentation granting limited dental privileges for evaluation and/or treatment for mid-level practitioners (e.g. nurse practitioners or physicians assistants) (**Deficiency MC-5<sup>28</sup>**).

ODO learned that when ICE Health Services Corps (IHSC) transitioned delivery of medical services at SDC to CoreCivic medical staff, the only patient information provided to CoreCivic was in the form of detainee transfer medical summaries. IHSC did not provide detainee medical records, including physicals, chronic care clinics, diagnostic studies, medication compliance, mental health records, and dental records to CoreCivic medical administration. As a result, they were not available for ODO review. This is a significant concern for continuity of medical care, assessment of historical quality and timely delivery of chronic and preventive detainee healthcare. ODO cites the lack of complete patient historical records as an **Area of Concern**.

## **PERSONAL HYGIENE (PH)**

ODO reviewed the temperature log in the maintenance department for January through April 2019 and found the water heaters did not consistently maintain hot water temperatures between

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<sup>24</sup>“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, Medical Care, Section (V)(I). **This is a Priority Component.**

<sup>25</sup>“... Where there is a clinically significant finding as a result of the initial screening, an immediate referral shall be initiated and the detainee shall receive a health assessment no later than two working days from the initial screening.” See ICE PBNDs 2011, Standard, Medical Care, Section (V)(J). **This is a Priority Component.**

<sup>26</sup>“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 detainee's arrival unless more immediate attention is required due to an acute or identifiable chronic condition.” See ICE PBNDs 2011, Standard, Medical Care, Section (V)(M). **This is a Priority Component.**

<sup>27</sup>“Any detainee in ICE custody for more than one year continuously shall receive health examinations on an annual basis.” See ICE PBNDs 2011, Standard, Medical Care, Section (V)(Q).

<sup>28</sup>“An initial dental screening shall be performed within 14 days of the detainee's arrival. The initial dental screening may be performed by a dentist or a properly trained qualified health provider.” See ICE PBNDs 2011, Standard, Medical Care, Section (V)(R).

100-120 degrees Fahrenheit (**Deficiency PH-1<sup>29</sup>**).

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

ODO reviewed the ICE National Detainee Handbook and the facility detainee handbook, toured the detainee housing units, and toured other common areas of the facility including the medical area. ODO determined neither the ICE National Detainee Handbook nor the facility detainee handbook inform detainees of the method to request a reasonable accommodation. ODO also found the facility has no postings informing detainees how to request a reasonable accommodation (**Deficiency DIA&A-1<sup>30</sup>**).

## **ACTIVITIES**

### **TELEPHONE ACCESS (TA)**

ODO reviewed telephone serviceability records and found that although repair tickets are generated when needed and repairs are made in a timely manner, telephone repair information is not logged and maintained by the Field Office (**Deficiency TA-1<sup>31</sup>**).

ODO toured detainee housing units and found telephone access rules and telephone access hours were not posted (**Deficiency TA-2<sup>32</sup>**).

## **JUSTICE**

### **GRIEVANCE SYSTEM (GS)**

ODO reviewed the facility grievance log and found the facility does not note in the grievance log all required elements following a grievance appeals board or review (**Deficiency GS-1<sup>33</sup>**).

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<sup>29</sup>“Detainees shall be provided: ...

3. operable showers that are thermostatically controlled to temperatures between 100 and 120 F degrees, to ensure safety and promote hygienic practices.” See ICE PBNDS 2011, Standard, Personal Hygiene, Section (V)(E)(3).

<sup>30</sup>“The facility orientation program required by standard 2.1, “Admission and Release,” and the detainee handbook required by standard 6.1, “Detainee Handbook,” shall notify and inform detainees about the facility’s disability accommodations policy, including their right to request reasonable accommodations and how to make such a request. The facility will post other documents for detainee awareness in detainee living areas and in the medical unit, as requested by the local ICE/ERO Field Office.” See ICE PBDNS 2011, Standard, Disability Identification, Assessment, and Accommodation, Section, (V)(J).

<sup>31</sup>“Each facility shall maintain detainee telephones in proper working order. Designated facility staff shall inspect the telephones daily, promptly report out-of-order telephones to the repair service so that required repairs are completed quickly. This information shall be logged and maintained by each Field Office.” See ICE PBNDS 2011, Standard, Telephone Access, Section (V)(A)(3).

<sup>32</sup>“Each facility shall provide telephone access rules in writing to each detainee upon admission, and also shall post these rules where detainees may easily see them...Telephone access hours shall also be posted.” See ICE PBNDS 2011, Standard, Telephone Access, Section (V)(C). **This is a Repeat Deficiency.**

<sup>33</sup>“...d) The GAB [Grievance Appeals Board] shall note the grievance log with the following information: ...

- name of the GO [grievance office] that conducted the initial adjudication;

See ICE PBNDS 2011, Standard, Grievance System, Section, (V)(C)(3)(b)(2)(d)

...c) The appellate reviewer shall note the grievance log with the following information:

- date appeal received;
- basis of the GAB decision;
- date decision provided to detainee; and
- outcome of the adjudication.”

See ICE PBNDS 2011, Standard, Grievance System, Section, (V)(C)(3)(b)(3)(c).

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 20 standards under PBNDS 2011 and found the facility in compliance with five of those standards. ODO found 29 deficiencies in the remaining 15 standards. ODO commends facility staff for their responsiveness during this inspection and notes there were three instances where staff initiated immediate corrective action during the inspection. ODO also notes that within a week of the conclusion of the inspection, the facility provided a detailed list of all corrective actions taken, as well as proposed corrective actions where immediate corrective action was not possible during the inspection, to ODO via the ERO Field Office.

ODO observed several deferred maintenance issues throughout the facility: walls in the bathroom areas of some of the housing units as well as some of the mop rinsing areas and showers were in need of painting; several sinks in the day room areas of the housing units were found leaking and in some cases the water faucets were not working at all; several of the bathroom areas in the housing units need the floors repaired; and, the vinyl floor in the detainee dining room near the food tray pick-up window is in need of repair. ODO reviewed the maintenance request orders and noted the facility has a back-log of repairs needed.

ODO noted five deficiencies and one area of concern in the medical care standard. Of particular concern, ODO was unable to review several medical staff credential files because they were not maintained on-site, and those files that were available on-site did not contain current license, primary source validation, position description, practice agreements and granted privileges. Additionally, ODO learned that when IHSC transitioned health care services to CoreCivic, comprehensive medical records for detainees were not provided. Instead, CoreCivic received a medical transfer summary for each detainee. Providing this limited information impacts continuity of medical care, assessment of historical quality and timely delivery of chronic and preventive detainee healthcare. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2017 (PBNDS 2011)</b>	<b>FY 2019 (PBNDS 2011)</b>
Standards Reviewed	17	20
Deficient Standards	11	15
Overall Number of Deficiencies	26	29
Deficient Priority Components	2	6
Repeat Deficiencies	N/A	3
Corrective Actions	4	3