



**U.S. Department of Homeland Security**  
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  
Compliance Inspection**

**Enforcement and Removal Operations  
ERO New Orleans Field Office  
Tallahatchie County Correctional Facility  
Tutwiler, Mississippi**

**May 14-16, 2019**

**COMPLIANCE INSPECTION  
of the  
TALLAHATCHIE COUNTY CORRECTIONAL FACILITY  
Tutwiler, Mississippi**

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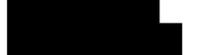
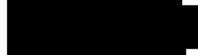
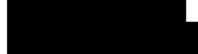
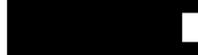
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**COMPLIANCE INSPECTION TEAM MEMBERS**

	Lead Inspections and Compliance Specialist	ODO
	Inspections and Compliance Specialist	ODO
	Inspections and Compliance Specialist	ODO
	Inspections and Compliance Specialist	ODO
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	Contractor	Creative Corrections

## 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 Tallahatchie County Correctional Facility (TCCF) in Tutwiler, Mississippi, from May 14 to 16, 2019.<sup>1</sup> The TCCF opened in 2000 and is owned and operated by CoreCivic. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at TCCF in July 2018, under the oversight of ERO's Field Office Director (FOD) in New Orleans. The facility operates under the National Detention Standards (NDS) 2000 and is not contractually obligated to comply with the ICE Performance-Based National Detention Standards (PBNDS) 2011 Sexual Abuse and Assault Prevention and Intervention Standard.

ERO Deportation Officers (DOs) and a Supervisory Detention and Deportation Officer (SDDO) are assigned to the facility on a rotational basis; however, a Detention Services Manager (DSM) is not assigned to the facility. A warden is responsible for daily facility operations and is supported by █████ personnel. CoreCivic provides medical care, Trinity Services Group provides food services, and Keefe Commissary Network (KCN) provides commissary services at the facility. The facility is accredited by the American Correctional Association and has completed a Department of Justice (DOJ) Prison Rape Elimination Act (PREA) audit.<sup>2</sup> This is ODO's first compliance inspection of TCCF.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>3</sup>	1350
Average ICE Detainee Population <sup>4</sup>	1015
Male Detainee Population (as of 5/14/2019)	1256
Female Detainee Population (as of 5/14/2019)	N/A

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

<sup>2</sup> In May 2018, TCCF completed a DOJ PREA audit, which is maintained on the facility's website, <http://www.corecivic.com/facilities/tallahatchie-county-correctional-facility>, and indicates the facility met all standards.

<sup>3</sup> Data Source: ERO Facility List Report as of May 13, 2019.

<sup>4</sup> *Ibid.*

## FY 2019 FINDINGS BY NDS 2000 MAJOR CATEGORIES

NDS 2000 STANDARDS INSPECTED <sup>5</sup>	DEFICIENCIES
<b>Part 1 – Detainee Services</b>	
Access to Legal Material	1
Admission and Release	5
Detainee Classification System	2
Detainee Grievance Procedures	1
Food Service	0
Funds and Personal Property	3
Issuance and Exchange of Clothing, Bedding and Towels	1
Recreation	0
Religious Practices	0
Staff-Detainee Communication	5
Telephone Access	4
Visitation	4
<b>Sub-Total</b>	<b>26</b>
<b>Part 2 – Security and Control</b>	
Environmental Health and Safety	3
Special Management Unit (Administrative Segregation)	3
Special Management Unit (Disciplinary Segregation)	1
Use of Force	0
<b>Sub-Total</b>	<b>7</b>
<b>Part 3 – Health Services</b>	
Medical Care	2
Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>2</b>
<b>PBNS 2011 Standards Inspected</b>	
Disability Identification, Assessment, and Accommodation	N/A
Sexual Abuse and Assault Prevention and Intervention	N/A
<b>Sub-Total</b>	<b>N/A</b>
<b>Total Deficiencies</b>	<b>35</b>

<sup>5</sup> For greater detail on ODO’s findings, see the *Compliance Inspection Findings* section of this report.

## COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten and where detainees are housed for over 72 hours to assess compliance with the ICE National Detention Standards (NDS) 2000 or Performance-Based National Detention Standards (PBNDS) 2008 or 2011, as applicable. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.<sup>6</sup> ODO identifies violations linked to 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; 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. Additionally, ODO’s findings inform ICE executive management decision-making to better allocate resources across the agency’s entire detention inventory.

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<sup>6</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## DETAINEE RELATIONS

ODO interviewed 21 detainees, each of whom 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.

*Medical Care:* One detainee stated his eyesight is poor and he needs eyeglasses; however, the facility has not provided him with information on how to obtain eyeglasses.

- Action Taken: ODO reviewed the detainee's medical records and spoke with facility medical staff. The facility physician administered an initial health appraisal and eye exam on May 13, 2019, and referred the detainee to the on-site optometrist for an eye exam, which was scheduled for May 20, 2019. ODO requested medical staff inform the detainee he was scheduled for an appointment.

*Medical Care:* One detainee stated medical staff gave him a week's worth of ibuprofen to treat a toothache, but he still had pain at the time of the inspection and had not received additional treatment.

- Action Taken: ODO reviewed the detainee's medical records and spoke with facility medical staff. The facility conducted a dental exam on May 2, 2019, diagnosed chronic tooth decay, and prescribed the detainee ibuprofen for inflammation and pain. ODO reviewed sick call requests and found the detainee did not requested additional care. During the inspection, medical staff instructed the detainee on how to submit a medical request for sick call and assisted him with submitting a request. Medical staff evaluated the detainee during sick call, scheduled him to see the dentist on May 16, 2019, and informed the detainee his appointment was scheduled.

*Religious Practices:* One detainee stated he would like to request a Bible printed in Spanish but was unsure how to make the request.

- Action Taken: ODO informed the facility chaplain of the detainee's request and the chaplain provided the detainee with a Bible printed in Spanish. Using a Spanish interpreter, the chaplain also explained the process for requesting additional religious resources from the facility.

*Voluntary Work Program:* One detainee stated he has worked at the facility for two or three days since his arrival and does not know when he will be paid.

- Action Taken: ODO spoke with the housing unit case manager, payroll administrator, and an accounting staff member. ODO also reviewed detainee voluntary work program (VWP) records, which indicated the detainee worked for only one day; however, the housing unit case manager informed ODO it is possible the detainee worked additional days that were not properly documented. Facility accounting staff informed ODO detainee VWP pay is disbursed on the second Friday of each month, making the next disbursement

date June 14, 2019. The housing unit case manager informed the detainee he would be compensated for three days and the date he should receive the disbursement in his detainee account.

# COMPLIANCE INSPECTION FINDINGS

## DETAINEE SERVICES

### ACCESS TO LEGAL MATERIAL (ALM)

ODO reviewed the facility's detainee handbook and found the law library section was missing several required elements, including the scheduled hours of access to the law library, the procedure for requesting additional time in the law library, the procedure for requesting additional material, and the procedure for notifying a designated employee about missing or damaged material (**Deficiency-ALM-1<sup>7</sup>**).

### ADMISSION AND RELEASE (A&R)

ODO reviewed TCCF's orientation program and found that although detainees are shown a PREA video in English and Spanish, the facility does not show "Know your Rights" or any other orientation video that outlines facility operations, programs, and services (**Deficiency-A&R-1<sup>8</sup>**).

ODO's review of 46 detainee detention files found 30 that did not have an Order to Detain or Release (Form I-203); of the 13 files that did contain an I-203, the I-203 did not contain an appropriate official signature (**Deficiency-A&R-2<sup>9</sup>**).

ODO reviewed TCCF's orientation policy and found TCCF's orientation procedures were not approved by ERO (**Deficiency-A&R-3<sup>10</sup>**).

ODO reviewed TCCF's release policy and found TCCF's release procedures were not approved by ERO (**Deficiency-A&R-4<sup>11</sup>**).

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<sup>7</sup> "The detainee handbook or equivalent, shall provide detainees with the rules and procedures governing access to legal materials, including the following information: ...

2. the scheduled hours of access to the law library; ...
4. the procedure for requesting additional time in the law library (beyond the 5 hours per week minimum);
5. the procedure for requesting legal reference materials not maintained in the law library; and
6. the procedure for notifying a designated employee that library material is missing or damaged."

See ICE NDS 2000, Access to Legal Material, Standard, Section (III)(Q)(2)(4)(5) and (6).

<sup>8</sup> "The orientation process supported by a video (INS) and handbook shall inform new arrivals about facility operations, programs, and services. Subjects covered will include prohibited activities and unacceptable [sic] and the associated sanctions (see the 'Disciplinary Policy' Standard)." See ICE NDS 2000, Standard, Admission and Release, Section (III)(A)(1).

<sup>9</sup> "An order to detain or release (Form I-203 or I-203a) bearing the appropriate official signature shall accompany the newly arriving detainee." See ICE NDS 2000, Admission and Release, Standard, Section (III)(H).

<sup>10</sup> "All facilities shall have a medium to provide INS detainees an orientation to the facility. In IGSA's [Intergovernmental Service Agreements] the INS office of jurisdiction shall approve all orientation procedures." See ICE NDS 2000, Standard, Admission and Release, Section (III)(J).

<sup>11</sup> "Staff must complete certain procedures before any detainee's release, removal, or transfer from the facility. Necessary steps include completing and processing forms, closing files, fingerprinting; returning personal property; and reclaiming facility-issued clothing, bedding, etc. INS will approved [sic] the IGSA release procedures." See ICE NDS 2000, Standard, Admission and Release, Section (III)(J). *N.B.: This is an error in the NDS outline; the section should be labeled (III)(L).*

Although the facility did not release any detainees while ODO was onsite, ODO reviewed a video of 31 detainees being released and observed the detainees standing on the upper tier of an unoccupied housing unit, changing from facility clothing into clean transport clothing, in the presence of staff and other detainees with no privacy (**Deficiency-A&R-5<sup>12</sup>**).

TCCF has no proper receiving and discharge (R&D) area. Detainees are brought into the facility through a sally port, pat searched and screened with a [REDACTED] issued facility clothing, and then escorted to an unoccupied housing unit, or depending on the number of arriving detainees, to the gym to complete the intake process. The benefits of having a proper R&D area include, but are not limited to, R&D staff reviewing commitment and release paperwork in one designated and secure location of the facility, processing detainee property, and holding detainees apart from the general population until they are fully processed, including initial medical screenings and classification. TCCF informed ODO the facility has a plan and contract in place to build a proper R&D with an estimated completion time of October/November 2019. As construction of the new R&D area had not begun at the time of the inspection, ODO notes the lack of a proper R&D area as an **Area of Concern**.

### **DETAINEE CLASSIFICATION SYSTEM (DCS)**

ODO reviewed 40 detainee detention files and found one file contained no classification documentation completed by ERO or the facility (**Deficiency DCS-1<sup>13</sup>**).

- *Corrective Action:* Prior to the completion of the inspection, the facility initiated corrective action. The case manager and classification supervisor completed classification. ODO reviewed the classification documentation and confirmed the detainee was appropriately classified as a low-level detainee (**C-1**).

Although staff interviewed by ODO indicated they received periodic training in the classification process, TCCF's training documentation does not reflect the training (**Deficiency DCS-2<sup>14</sup>**).

### **DETAINEE GRIEVANCE PROCEDURES (DGP)**

ODO found the grievance section of the facility detainee handbook does not include the following items: notification to detainees that assistance is available when preparing a grievance, the procedure for contacting ERO to appeal the facility's decision, and how to contact the U.S.

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<sup>12</sup> "Effectively immediately, all facilities housing Immigration and Customs Enforcement (ICE) detainees shall permit detainees to change clothing and shower in a private room without being visually observed by a staff member, unless there is reasonable suspicion that the individual possesses contraband. A staff member of the same gender will be present immediately outside the room when the detainee changes and showers, with the door opened to hear what transpires inside." See Change Notice Admissions and Release-National Detention Standard Strip Search Policy, dated October 15, 2007.

<sup>13</sup> "The classification system ensures:

1. All detainees are classified upon arrival, before being admitted to the general population. INS will provide CDFs [Contract Detention Facilities] and IGSA facilities with the data they need from each detainee's file to complete the classification process."

See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(A)(1).

<sup>14</sup> "The classification system ensures:

3. ...All officers assigned to classification duties shall be trained in the facility's classification process."

See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(A)(1).

Department of Homeland Security to directly file a complaint about officer misconduct (**Deficiency DGP-1<sup>15</sup>**).

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

ODO inspected the facility property room, reviewed inventory sheets for detainee property, and found the facility inventories, logs, and secures detainee identity documents with valuables instead of in the detainee's A-File (**Deficiency F&PP-1<sup>16</sup>**).

Although TCCF searches, inventories, and secures detainee property in labeled boxes in the property room, the facility has no policy or procedures that establish regulations for the regular and periodic inventory and audit of detainee funds, valuables, and personal property (**Deficiency F&PP-2<sup>17</sup>**).

ODO found that while TCCF's personal property policy and procedures address property loss and damage, they also impose a \$50.00 ceiling on reimbursement payments for valid lost or damaged personal property claims (**Deficiency F&PP-3<sup>18</sup>**).

## **ISSUANCE AND EXCHANGE OF CLOTHING, BEDDING AND TOWELS (I&ECBT)**

Through interviews with the laundry and warehouse supervisors, as well as review of the laundry exchange schedule, ODO determined detainees are only issued two sets of undergarments and socks and do not have a daily exchange of those items (**Deficiency I&ECBT-1<sup>19</sup>**).

- *Corrective Action:* Prior to the completion of the inspection, the facility initiated corrective action. The business manager issued a memorandum directing facility staff to issue three

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<sup>15</sup> "The facility shall provide each detainee, upon admittance, a copy of the detainee handbook or equivalent. The grievance section of the detainee handbook will provide notice of the following: ...

2. The procedures for filing a grievance and appeal, including the availability of assistance in preparing a grievance....
4. The procedures for contacting the INS to appeal the decision of the OIC of a CDF or an IGSA facility. ...
6. The opportunity to file a complaint about officer misconduct directly with the Justice Department by calling 1-800-869-4499 or by writing to:  
Department of Justice  
P.O. Box 27606  
Washington, DC 20038-7606."

See ICE NDS 2000, Standard, Detainee Grievance Procedures, Section (III)(G)(2)(4) and (6).

<sup>16</sup> "Identity documents, such as passports, birth certificates, etc., will be held in the detainee's A-file." See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(B)(3).

<sup>17</sup> "Each facility shall have a written procedure for inventory and audit of detainee funds, valuables, and personal property." See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(F).

<sup>18</sup> "Lost/Damaged Property in CDFs and IGSA's

All CDFs and IGSA facilities will have and follow a policy for loss of or damage to properly receipted detainee property, as follows: ...

6. The [sic] will not arbitrarily impose a ceiling on the amount to be reimbursed for a validated claim."

See ICE NDS 2000, Standard, Funds and Personal Property, Section (III)(H)(6).

<sup>19</sup> "Detainees shall be provided with clean clothing, linen and towels on a regular basis to ensure proper hygiene. Socks and undergarments will be exchanged daily, outer garments at least twice weekly and sheets, towels, and pillowcases at least weekly." See ICE NDS 2000, Standard, Issuance and Exchange of Clothing, Bedding and Towels, Section (III)(E).

sets of uniforms, undergarments, and socks to each detainee upon admittance to the facility, and established daily exchange of socks and undergarments (C-2).

## STAFF-DETAINEE COMMUNICATION (SDC)

ODO inspected detainee housing units, interviewed detainees and ERO staff, reviewed the ICE Liaison Facility Logbook, and determined SDC visits are being conducted weekly; however, ERO has not developed or posted a written schedule for the weekly ERO visits (**Deficiency SDC-1**<sup>20</sup>).

ODO reviewed the ICE request log and detainee detention files and found completed detainee requests are not consistently placed in the detainee's detention file (**Deficiency SDC-2**<sup>21</sup>).

ODO found that although TCCF written procedures specify detainees may route requests to ERO and include provisions for detainees who may need assistance in preparing an ICE request, the detainee handbook does not inform detainees that they may submit written requests to ERO, the procedures for doing so, or that assistance in preparing a request is available (**Deficiency SDC-3**<sup>22</sup>).

ODO interviewed ERO staff and determined weekly staff-detainee communication visits are not documented using model protocol forms (**Deficiency SDC-4**<sup>23</sup>).

ODO inspected detainee housing units and reviewed the facility detainee handbook and found the DHS Office of Inspector General (OIG) Hotline informational posters and the Detainee Reporting Information Line (DRIL) posters are not posted in each housing unit, nor is the OIG Hotline information included in the facility detainee handbook (**Deficiency SDC-5**<sup>24</sup>). ODO notes the current OIG Hotline Informational Posters are available at <https://www.oig.dhs.gov/hotline>.

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<sup>20</sup> "The ICE Field Office Director shall devise a written schedule and procedure for weekly detainee visits by District ICE deportation staff....Written schedules shall be developed and posted in the detainee living areas and other areas with detainee access." See ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(A)(2)(b).

<sup>21</sup> "...All completed Detainee Requests will be filed in the detainee's detention file and will remain in the detainee's detention file for at least three years." See ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(B)(2).

<sup>22</sup> "The facility shall provide each detainee, upon admittance, a copy of the detainee handbook or equivalent. The handbook shall state that the detainee has the opportunity to submit written questions, requests, or concerns to ICE staff and the procedures for doing so, including the availability of assistance in preparing the request." See ICE NDS 2000, Standard, Staff-Detainee Communication, Section (III)(B)(3).

<sup>23</sup> "...For Inter-Governmental Service Agreements (IGSAs) facilities housing ICE detainees the model protocol should be completed weekly for regularly used facilities and each visit for facilities, which are used intermittently. In addition, all model protocol forms shall be submitted annually with the Annual Detention Reviews." See Change Notice: Staff-Detainee Communication Model Protocol, dated June 15, 2007.

<sup>24</sup> "Each Field Office Director shall ensure that the attached document regarding the OIG Hotline is conspicuously posted in all units housing ICE detainees. This applies to all Service Processing Centers, Contract Detention Facilities and Inter-Governmental Service Agreement facilities. The OIG Hotline information is to be included in the detainee handbooks in each of the aforementioned locations." See Change Notice: Staff-Detainee Communication, dated June 15, 2007.

## TELEPHONE ACCESS (TA)

ODO inspected all housing units not under medical cohort at the time of the inspection and found telephone access rules were not posted in any of the inspected housing units (**Deficiency TA-1**<sup>25</sup>).

- *Corrective Action:* Prior to the completion of the inspection, the facility initiated corrective action by posting telephone access rules in every housing unit. (C-3).

ODO toured the detainee housing units and found that while each housing unit has four telephones, in ten of the housing units [REDACTED], the ratio of telephones to detainees was approximately 1:29 (**Deficiency TA-2**<sup>26</sup>).

[REDACTED] (**Deficiency TA-3**<sup>27</sup>).

- [REDACTED] (C-4).

ODO learned that while telephone checks are incorporated into the DO's [REDACTED] staff-detainee communication visit, they are not documented using the Telephone Serviceability Worksheet (**Deficiency TA-4**<sup>28</sup>).

## VISITATION (V)

ODO reviewed TCCF visitation policy, interviewed senior TCCF staff, and determined that while TCCF permits contact visitation for ICE detainees, the facility's detainee handbook does not inform detainees of that fact (**Deficiency V-1**<sup>29</sup>).

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<sup>25</sup> "As described in the 'General Provisions' standard, the facility shall provide telephone access rules in writing to each detainee upon admittance, and also shall post these rules where detainees may easily see them." See NDS 2000 Standard, Telephone Access, Section (III)(B).

<sup>26</sup> "To ensure sufficient access, the facility shall provide at least one telephone for detainee use for every 25 detainees held." See NDS 2000 Standard, Telephone Access, Section (III)(C).

[REDACTED]

See ICE NDS 2000, Standard, Telephone Access, Section (III)(K)(1) and (2).

<sup>28</sup> "Effective immediately, concurrent with staff/detainee communications visits, ICE staff will verify serviceability of all telephones in detainee housing units by conducting random calls to pre-programmed numbers posted on the pro bono/consulate list. ICE staff will also interview a sampling of detainees and review written detainee complaints regarding detainee telephone access. The Field Office Director (FOD) shall ensure that all phones in all applicable facilities are tested on a [REDACTED] basis. Each serviceability test shall be documented using the attached form. The field office shall maintain forms in a retrievable format, organized by month, for a three-year period." See Change Notice: Detainee Telephone Services, April 4, 2007.

<sup>29</sup> "The facility shall provide written notification of visitation rules and hours in the detainee handbook, or equivalent,

ODO observed the legal visitors' reception area and spoke with the facility staff member who is responsible for checking in legal visitors. ODO found that while the facility collects a Form G-28 from attorneys after an attorney establishes an attorney-client relationship, the facility had not forwarded several G-28s to ERO (**Deficiency V-2**<sup>30</sup>).

ODO observed the Executive Office for Immigration Review (EOIR) official list of pro bono legal organizations was posted in each housing unit; however, the posted list was from 2018 and was not current (**Deficiency V-3**<sup>31</sup>).

- *Corrective Action:* Prior to the completion of the inspection, the facility initiated corrective action by posting the current EOIR list of pro bono legal organizations in all housing units (**C-5**).

ODO reviewed visitation documentation, records, and logs, and found TCCF maintains a log for general visitation but does not maintain a separate log to record all legal visitors (**Deficiency V-4**<sup>32</sup>).

## **SECURITY AND CONTROL**

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

ODO's review of the facility's master index of hazardous chemicals found it included the locations of chemicals stored inside the facility but did not include emergency numbers. Additionally, the facility was unable to produce documentation of semi-annual reviews (**Deficiency EH&S-1**<sup>33</sup>).

ODO reviewed facility fire drill documentation and found that although fire drills are conducted in all areas of the facility and include emergency key drills, the drills are conducted quarterly instead of monthly (**Deficiency EH&S-2**<sup>34</sup>).

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given to each detainee upon admittance." See ICE NDS 2000, Standard, Visitation, Section (III)(B).

<sup>30</sup> "Once an attorney-client relationship has been established, the legal representative shall complete and submit a Form G-28, available in the legal visitors' reception area. Staff shall collect completed forms and forward them to INS." See ICE NDS 2000, Standard, Visitation, Section (III)(I)(8).

<sup>31</sup> "INS shall provide the facility with the official list of pro bono legal organizations, which is updated quarterly by the Executive Office for Immigration Review. The facility shall promptly and prominently post the current list in detainee housing units and other appropriate areas." See ICE NDS 2000, Standard, Visitation, Section (III)(I)(14).

<sup>32</sup> "A separate log shall record all legal visitors, including those denied access to the detainee. The log shall include the reason(s) for denying access." See ICE NDS 2000, Standard, Visitation, Section (III)(I)(15).

<sup>33</sup> "The Maintenance Supervisor or designate will compile a master index of all hazardous substances in the facility, including locations, along with a master file of MSDSs [Material Safety Data Sheets]. He/she will maintain this information in the safety office (or equivalent), with a copy to the local fire department. Documentation of the semi-annual reviews will be maintained in the MSDS master file. The master index will also include a comprehensive, up-to-date list of emergency phone numbers (fire department, poison control center, etc.)." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(C).

<sup>34</sup> "Monthly fire drills will be conducted and documented separately in each department." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4).

ODO found TCCF nursing staff conducts an inventory of all sharps during each shift but the Health Service Administrator (HSA) or designee does not check and verify those inventories on a [REDACTED] basis (**Deficiency EH&S-3<sup>35</sup>**).

- *Corrective Action:* Prior to the completion of the inspection, the facility initiated corrective action. The HSA implemented a procedure for, and initiated, [REDACTED] inventory verifications (**C-6**).

### **SPECIAL MANAGEMENT UNIT (ADMINISTRATIVE SEGREGATION) (SMU-AS)**

ODO found that TCCF's policy requires an Administrative Segregation (AS) order be issued when a detainee is placed in AS and that the facility prepared an AS order for each of the nine detainees placed in AS in the year preceding the inspection; however, a copy of the AS order was not provided to any of the nine detainees (**Deficiency SMU-AS-1<sup>36</sup>**).

ODO also found that although TCCF's policy requires regular reviews of detainees assigned to AS, SMU documentation includes no records that supervisors conduct 72-hour reviews (**Deficiency SMU-AS-2<sup>37</sup>**).

ODO verified the TCCF multi-disciplinary committee conducts confinement reviews for all detainees on AS every seven days; however, the facility does not provide a copy of the review to the detainee (**Deficiency SMU-AS-3<sup>38</sup>**).

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<sup>35</sup> "An inventory will be kept of those items that pose a security risk, such as sharp instruments, syringes, needles, and scissors. This inventory will be checked weekly by an individual designated by the medical facility Health Service Administrator (HSA) or equivalent." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(Q)(1).

<sup>36</sup> "A written order shall be completed and approved by a supervisory officer before a detainee is placed in administrative segregation, except when exigent circumstances make this impracticable. In such cases, an order shall be prepared as soon as possible. A copy of the order shall be given to the detainee within 24 hours, unless delivery would jeopardize the safety, security, or orderly operation of the facility." See ICE NDS 2000, Standard, Special Management Unit (Administrative Segregation), Section (III)(B).

<sup>37</sup> "All facilities shall implement written procedures for the regular review of all administrative-detention cases, consistent with the procedures specified below. *In SPCs/CDFs, a supervisory officer shall conduct a review within 72 hours of the detainee's placement in administrative segregation to determine whether segregation is still warranted. The review shall include an interview with the detainee. A written record shall be made of the decision and the justification. The Administrative Segregation Review Form (I-885) will be used for the review. If the detainee has been segregated for the detainee's protection, but not at the detainee's request, the signature of the OIC or Assistant OIC is required on the I-885 to authorize continued detention. A supervisory officer shall conduct the same type of review after the detainee has spent seven days in administrative segregation, and every week thereafter for the first month and at least every 30 days thereafter. The review shall include an interview with the detainee. A written record shall be made of the decision and the justification.*" See ICE NDS 2000, Standard, Special Management Unit (Administrative Segregation), Section (III)(C).

<sup>38</sup> "All facilities shall implement written procedures for the regular review of all administrative-detention cases, consistent with the procedures specified below... *A supervisory officer shall conduct the same type of review after the detainee has spent seven days in administrative segregation, and every week thereafter for the first month and at least every 30 days thereafter. The review shall include an interview with the detainee. A written record shall be made of the decision and the justification. A copy of the decision and justification for each review shall be given to the detainee, unless, in exceptional circumstances, this provision would jeopardize security.*" See ICE NDS 2000, Standard, Special Management Unit (Administrative Segregation), Section (III)(C).

ODO reviewed SMU documentation for all nine detainees placed in AS during the year preceding the inspection. ODO notes as an **Area of Concern** that one detainee in AS for protective custody was released from AS after the multi-disciplinary committee recommended he remain in AS, and without the administrative authority's approval. TCCF policy 10-100, Administrative Segregation, dated June 8, 2018, designates the chief of security as the administrative authority.

### **SPECIAL MANAGEMENT UNIT (DISCIPLINARY SEGREGATION) (SMU-DS)**

ODO reviewed TCCF's Disciplinary Segregation (DS) policy. The policy states the facility will place a detainee in DS status only after the disciplinary hearing committee holds a hearing, finds the detainee guilty of committing a prohibited act, and sanctions the detainee to disciplinary time, consistent with the NDS 2000 SMU DS standard. ODO found the facility's multi-disciplinary committee, not the facility's disciplinary hearing committee, reviewed one detainee on AS and reassigned him to DS status, and the detainee was not afforded his rights under the disciplinary process prior to his assignment to DS (**Deficiency SMU-DS-1<sup>39</sup>**).

## **HEALTH SERVICE**

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

ODO reviewed the electronic medication administration records (e-MARs) for eight detainees and found two cases in which detainees did not receive medications as prescribed in a timely manner (**Deficiency MC-1<sup>40</sup>**). The records indicated the prescribed medications status as pending or out of stock.

ODO notes as an **Area of Concern** that, according to the pharmacy nurse, although the medications not administered (discussed in Deficiency MC-1) were ordered from a local pharmacy, which reported there would be a delay in filling the medication orders, the facility chose not to request the medications be filled at another local pharmacy due to a higher cost.

ODO's review of 20 detainee medical records found none contained the general consent for medical treatment and the HSA and Clinical Supervisors reported to ODO that general consents for medical treatment are not completed by TCCF (**Deficiency MC-2<sup>41</sup>**).

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<sup>39</sup> "To provide detainees in the general population a safe and orderly living environment, facility authorities shall discipline anyone whose behavior does not comply with facility rules and regulations. This may involve temporary confinement apart from the general population, in the Special Management Unit (SMU). A detainee may be placed in disciplinary segregation only by order of the Institutional Disciplinary Committee, after a hearing in which the detainee has been found to have committed a prohibited act." See ICE NDS 2000, Standard, Special Management Unit (Disciplinary Segregation), Section (III)(A).

<sup>40</sup> "Distribution of medication will be according to the specific instructions and procedures established by the health care provider. Officers will keep written records of all medication given to detainees." See ICE NDS 2000, Standard, Medical Care, Section (III)(I).

<sup>41</sup> "As a rule, medical treatment will not be administered against the detainee's will. The facility health care provider will obtain signed and dated consent forms from all detainees before any medical examination or treatment, except in emergency circumstances." See ICE NDS 2000, Standard, Medical Care, Section (III)(L).

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under NDS 2000 and found the facility in compliance with five of those standards. ODO found 35 deficiencies in the remaining 13 standards. ODO commends facility staff for their responsiveness during this inspection and notes there were six instances in which staff initiated immediate corrective action during the inspection.

In addition to the deficiencies identified above, ODO noted three significant **Areas of Concern**: the lack of a proper receiving and discharge area; the practice of releasing a detainee from SMU without the administrative authority's review; and, choosing to not fill prescriptions at a local pharmacy due to cost.

ODO recommends the ERO Field Office work with the facility to resolve all outstanding deficiencies in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2019 (NDS 2000)</b>
Standards Reviewed	18
Deficient Standards	13
Overall Number of Deficiencies	35
Deficient Priority Components	N/A
Corrective Actions	6