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Immigration and Customs Enforcement

Office of Professional Responsibility

Inspections and Detention Oversight

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**Office of Detention Oversight
Compliance Inspection**

**Enforcement and Removal Operations
San Antonio Field Office
Jack Harwell Detention Center
Waco, Texas**

November 27 - 29, 2012

**COMPLIANCE INSPECTION
JACK HARWELL DETENTION CENTER
SAN ANTONIO FIELD OFFICE**

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EXECUTIVE SUMMARY

The Office of Professional Responsibility (OPR), Office of Detention Oversight (ODO) conducted a Compliance Inspection (CI) of the Jack Harwell Detention Center (JHDC) in Waco, Texas, from November 27 to 29, 2012. JHDC, which opened in June 2010, is owned by McLennan County and is operated under contract by Community Education Centers, Incorporated (CEC). U.S. Immigration and Customs Enforcement (ICE), Office of Enforcement and Removal Operations (ERO) began housing detainees at JHDC in May 2012 under an intergovernmental service agreement (IGSA) between ICE and McLennan County. Male 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. Female detainees are not housed at JHDC. JHDC has a total capacity of 816 beds, and can accommodate a maximum of 310 ICE detainees. At the time of the CI, JHDC housed 267 male ICE detainees. The average daily population of ICE detainees is 247. The average length of stay for detainees is 20 days. CEC provides medical care and Trinity Services Group Inc provides food service under contract. JHDC is accredited by the Texas Commission on Jail Standards.

The ICE ERO Field Office Director in San Antonio, Texas (ERO San Antonio) is responsible for ensuring JHDC's compliance with ICE policies and the ICE National Detention Standards (NDS). An Assistant Field Office Director, who is assigned to the South Texas Detention Center (STDC) in Pearsall, Texas, has oversight responsibility for JHDC. A Supervisory Immigration Enforcement Agent (SIEA), who is assigned to the T. Don Hutto Residential Center in Taylor, Texas, supervises an Immigration Enforcement Agent (IEA) and a Deportation Officer (DO) whose primary duties are at JHDC. The IEA and DO are temporarily assigned to JHDC from STDC. The IEA and DO rotate every 60 days with others from STDC to cover duties at JHDC. There is no Detention Service Manager assigned to this facility.

The Warden is the highest ranking official at JHDC, and is responsible for oversight of daily operations. In addition to the Warden, supervisory staff at JHDC includes (b)(7)e assistant warden, (b)(7)e chief of security, (b)(7)e captain, (b)(7)e lieutenants, and (b)(7)e sergeants. JHDC non-supervisory staff is composed of (b)(7)e correction officers and (b)(7)e administrative positions. (b)(7)e vacancies exist at JHDC.

In June 2011, the ERO Detention Standards Compliance Unit contractor, MGT of America, Inc., conducted an annual review of the NDS at JHDC. The facility received an overall rating of "Acceptable," and was found compliant with all 35 standards reviewed.

This is the first CI conducted at JHDC by ODO. During this CI, ODO reviewed 16 NDS. Twelve standards were determined to be fully compliant. Eleven deficiencies were identified in the following five standards: Detainee Classification System (1 deficiency), Environmental Health and Safety (2), Food Service (2), Medical Care (1), and Staff-Detainee Communication (5).

This report details the deficiencies and refers to the specific, relevant sections of the NDS. ERO will be provided a copy of the report to assist in developing corrective actions to resolve the 11 identified deficiencies. These deficiencies were discussed with JHDC and ICE personnel on-

site during the inspection, as well as during the closeout briefing conducted on November 29, 2012.

Overall, ODO found JHDC to be orderly and well-managed. JHDC maintained an acceptable level of sanitation throughout the facility. ODO attributes the low number of deficiencies encountered during this inspection to the consistent monitoring of detention conditions at JHDC by ICE personnel and facility staff. JHDC has §(7) lieutenant that is assigned as an NDS compliance officer and works closely with the SIEA, IEA, and DO to align facility policies with the NDS. ICE staff visits JHDC daily, interacts closely with detainees and facility staff in order to be proactive in identifying any compliance issues, and works with JHDC staff to resolve them.

The law library is located in a quiet room, and has sufficient furnishings, equipment, and supplies to support effective legal research and case preparation. There is one computer in the main law library and one computer in the Special Management Unit (SMU) for detainee use. ODO verified the Lexis-Nexis version installed on the computers was current. The law library schedule is posted in all housing units. Interviews of 30 detainees confirmed all were aware of the law library location and access procedures.

Upon admission, ICE detainees are searched, photographed, and fingerprinted. During the admission process, an intake officer conducts biographical questioning, to include medical pre-screening, creates a detention file, and produces an identification card, which includes the detainee's classification level. The facility has a site-specific orientation program to provide ICE detainees an orientation to the facility. Detainees are provided with a detainee handbook, uniform, bedding supplies, and hygiene supplies.

JHDC staff classifies each arriving detainee, and relies on documentation provided by ICE to assign classification levels. ODO reviewed 20 detention files of detainees during the inspection, and all contained documents necessary to conduct the classification process. The detention files also contained a completed JHDC classification assessment form, which was reviewed and approved by a first-line supervisor. All officers assigned to classification duties are trained in the classification process. Detainees' classification levels are readily identifiable by way of different colored clothing for each classification level (Levels I, II, and III).

JHDC policy and procedure emphasizes informal resolution of grievances, though a detainee may file a formal grievance at any time. The administrative lieutenant serves as the grievance coordinator. ODO verified grievance forms are readily available in the detainee housing units, and are retrieved from unit grievance boxes by the grievance coordinator on a daily basis. JHDC policy states staff members will not retaliate against a detainee for filing a grievance. Procedures are in place for filing of emergency grievances, and policy requires these grievances be responded to within 24 hours. A review of the grievance log found only three grievances were filed by ICE detainees in 2012; all three were informally resolved. No trends were noted in the grievances reviewed.

The facility-specific detainee handbook is available in English and Spanish. Each detainee is issued a detainee handbook upon admission to the facility. The JHDC detainee handbook fully describes facility rules and regulations, as well as the services and programs available to detainees. ODO reviewed 15 randomly-selected detention files, and confirmed detainees sign an

acknowledgement form verifying receipt of the detainee handbook. The detainee handbook is revised every year.

ODO was advised that JHDC is a deportation hub, and the majority of detainees are awaiting removal to their countries of origin. Review of files of ten detainees who had been released confirmed they signed for and were issued their funds and property. Whereas no detainees were being transferred to other facilities, requirements for transfer of property and medical information did not apply.

Review of the facility's disciplinary policy found staff is encouraged to informally resolve minor infractions. Disciplinary reports are prepared by the staff member observing the incident and investigated by a supervisor within 24 hours. The chief of security or captain reviews all disciplinary reports, and ranks them as minor or major infractions. Major infractions are referred to the disciplinary committee, which is chaired by a lieutenant designated as the disciplinary hearing officer. Detainees have 15 days from receipt of the decision to submit an appeal. The Warden provides a written response to the appeal within 30 days of its receipt. ODO was informed very few ICE detainees have received disciplinary reports and in each case, the detainee was transferred prior to the conclusion of the disciplinary process. Therefore, there were no ICE disciplinary packets for ODO to review.

ODO verified hazardous substances are safely stored and strictly controlled in all areas, and Material Safety Data Sheets (MSDS) are available. The facility maintains a master index of hazardous substances and a master file of MSDS; however, review of the contents of the index is not conducted on a semi-annual or any scheduled basis. Pest control invoices and reports for water testing are current. The facility's fire prevention, control, and evacuation plan is comprehensive and meets NDS requirements. Monthly fire drills are conducted on each shift and documentation is maintained. The safety compliance officer conducts monthly safety inspections in all areas of the facility; however, weekly inspections are not conducted.

Trinity Services Group performs all work associated with food preparation, service, and kitchen sanitation. ODO verified all staff and inmate workers received medical clearances. Staff and inmate workers were observed wearing hair restraints, beard guards, and personal protective equipment. The facility has a satellite system of meal service involving preparation of meals in the kitchen and delivery to the housing units. ODO observed staff actively supervising the preparation and service of meals to ensure the food items were correctly prepared, served at the appropriate temperatures, and properly presented. A review of the master-cycle menu confirmed the menu is reviewed annually by the food service director, and certified by a registered dietician. The dietician provides nutritional analysis for both the regular and special diet menus.

The property storage area at JHDC is clean and organized, is located behind a locked door, and is only accessible to supervisory staff and the Warden. The area is under constant observation by staff 24 hours a day. All detainee property bags are clearly marked, documenting the name and Alien Number of each detainee. Property is stored and organized using a numerical system. All properties left by a detainee are turned over to ERO for proper disposal. JHDC conducts quarterly audits of the personal property, and documents results on a facility property form. ODO found JHDC accounts for and safeguards detainee property from the time of admission until the detainee's release or transfer.

Detainees at JHDC have reasonable and equitable access to telephones at JHDC. ODO observed access rules and notifications that telephone calls are subject to monitoring are posted on each telephone in the housing units. ODO conducted a telephone check of all telephones in the detainee housing areas and found all in good working order. Detainees are able to make and receive private telephone calls from their legal representatives through the use of a private room, and are given access to make their calls on a telephone which is not recorded or monitored. JHDC also maintains a logbook to document all legal calls either made or received by the detainees.

Health care is provided 24 hours a day, seven days a week, by contractor CEC. The medical department is adequately staffed, sized, and equipped to meet the needs of the detainee population. ODO was informed there is medical staff on each shift fluent in Spanish, and telephone interpretation is available if needed. ODO reviewed 20 medical records of detainees held at JHDC more than 14 days. All 20 detainees underwent medical and mental health intake screenings by nursing staff upon arrival, and tuberculosis screening by way of chest x-ray. Review of the same sample of 20 medical files confirmed physical examinations (PE) were completed within 14 days of arrival at JHDC. Detainees who have a significant health issue identified at intake have their PE within a range of one to two days of arrival. All PEs are completed by a registered nurse (RN) or licensed nurse practitioner. ODO verified the PEs were hands-on, and RNs completed physician-approved training in the function; however, two of 18 PEs conducted by RNs were reviewed by the nurse practitioner rather than the physician as required.

JHDC's SMU consists of four secure pods, one of which is designated for ICE detainees. The pod has 12 single cells, a dayroom with tables, a microwave oven, and a common shower area. ODO's inspection of the SMU verified the units are ventilated, appropriately heated, well lit, and maintained in a sanitary condition.

There were no detainees in the SMU (administrative or disciplinary) during the review. There were no records of prior placement of ICE detainees on administrative segregation. ODO was informed very few ICE detainees have received disciplinary reports and, in each case, the detainee was transferred prior to the conclusion of the disciplinary process. Therefore, there were no disciplinary segregation cases for ODO to review. ODO determined facility policy addresses all requirements of the SMU NDS. The same meals are served in the SMU as are served to the general population. Articles necessary to maintain normal levels of personal hygiene are issued upon admittance to the SMU, and are exchanged for new items when needed. Showers are allowed five times a week and shaving is allowed three times a week. Outdoor recreation is offered five times a week. Medical staff is required to make daily rounds through the unit, and correctional supervisors visit during each shift. ODO observed two portable telephones and a wall-mounted TV in administrative segregation. Social visits are conducted via a portable video screen connected to the facility's visitor center.

JHDC has policies and procedures in place that address prevention, intervention, and handling of alleged sexual abuse and assault incidents. All staff is trained in sexual abuse and assault during the facility's service academy, and staff completes annual refresher training thereafter. The policy includes written procedures for reporting incidents through the chain-of-command, and

referral to local law enforcement. There have been no incidents of alleged sexual abuse and assault at JHDC since it began housing detainees in June 2010.

JHDC has written procedures for detainees to submit written questions, requests, or concerns to ICE. Request forms are located in each housing unit for use by detainees to submit requests. A logbook for detainee requests was not maintained by ICE or facility staff. During interviews of ICE and JHDC staff, ODO verified ERO management has not visited the facility in the past year. ODO reviewed the facility visitor logbook and did not find any documented visits from ERO management. ICE staff conducts two scheduled visits and multiple unscheduled visits each week to monitor conditions of confinement, address detainee requests and concerns, and interact with facility staff. ODO did not observe ICE visitation schedules posted in detainee housing units or other areas accessible to detainees. ODO determined through interviews with ICE staff that ICE Facility Liaison Visit Checklists are not being completed.

There have been no detainee suicide attempts or deaths at JHDC since ICE began housing detainees at the facility in June 2010. Medical staff also reported there have been no ICE detainees placed on suicide watch. A part-time psychiatrist and a part-time licensed professional counselor provide mental health services at JHDC. The facility has two rooms used for suicide watch located in the Health Services Unit. These rooms have windows that allow for unobstructed visual supervision by trained correctional staff. ODO verified the facility's policy addresses all requirements of the standard. Review of training records for all medical and (b)(7)(e) custody staff confirmed completion of training in suicide prevention at the time of employment, and on an annual basis. ODO's review of the suicide prevention training plan revealed all required elements are covered.

ODO was informed there has been no use of force incidents involving ICE detainees at JHDC. This was verified by review of the use of force log and discussions with ICE and facility staff. Review of the facility's use of force policy confirmed it addresses all requirements of the NDS. The policy states the use of force is justified only when no reasonable alternative exists, and that only the minimum force reasonably believed necessary to control the situation should be used. All staff receives training in confrontation avoidance during pre-service orientation, new employee on-the-job training, and annual in-service training. Review of (b)(7)(e) staff training records verified completion of training in confrontation avoidance, as well as cultural diversity and civil rights, use of force techniques, restraint equipment, and video camera use.

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 JHDC. In addition, ODO may focus its inspection based on detention management information provided by the ERO Headquarters and ERO field offices, and to issues of high priority or interest to ICE executive management.

ODO reviewed the processes employed at JHDC 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 ENFORCE Alien Removal Module. ODO also gathered facility facts and inspection-related information from ERO Headquarters staff to prepare for the site visit at JHDC.

REPORT ORGANIZATION

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

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

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

INSPECTION TEAM MEMBERS

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

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

OPERATIONAL ENVIRONMENT

INTERNAL RELATIONS

ODO interviewed the JHDC Warden and Assistant Warden, the Chief of Security, and (b)(7)e correction officer; as well as the ERO SIEA, the IEA and the DO who oversee the facility. During the interviews, all personnel stated the working relationship between JHDC and ICE personnel is good.

JHDC and ICE staff stated morale is high, and the working conditions are adequate to accomplish all required duties. JHDC staff stated they see ICE staff frequently visiting detainees in the housing units, where they communicate with detainees, and address detainee issues and concerns. There is an ICE presence at the facility each day; however, JHDC staff stated they have had no interaction with ERO San Antonio management staff. (b)(7)e vacancies exist at the facility. Facility staff stated these vacancies have not negatively affected or impacted operations.

DETAINEE RELATIONS

ODO interviewed 30 randomly-selected ICE detainees to assess the overall living and detention conditions at the facility. Overall, the detainees expressed satisfaction with the treatment and services provided at JHDC. All detainees stated the facility is clean and sanitary. ODO received no complaints concerning issuance and replenishment of hygiene supplies, sending and receiving mail, visitation, religious services, food service, or the grievance process. All detainees stated the health care staff is attentive and responsive.

Twenty-two of 30 detainees expressed they did not know their DO or how to contact ICE staff. ODO verified that ERO has not created or posted a visit schedule in the detainee housing units.

Nine of the 30 detainees stated telephone calls made to their country's consulate office were not answered, and messages cannot be left because voicemail boxes are full. ODO verified this by calling the consulates for Honduras, El Salvador, and Guatemala. ODO received a message that voicemails could not be left because the consulate voicemail box was full. ODO advised ERO staff on the first day of the inspection of the consulate telephone and mailbox issues. ERO advised ODO they began working with their Headquarters staff to resolve these issues. Additionally, ODO advised facility and ERO staff of this issue during the closeout briefing.

ICE NATIONAL DETENTION STANDARDS

ODO reviewed a total of 16 NDS and found JHDC fully compliant with the following 11 standards:

- Access to Legal Material
- Admission and Release
- Detainee Grievance Procedures
- Detainee Handbook
- Detainee Transfer
- Disciplinary Policy
- Funds and Personal Property
- Special Management Unit (Administrative Segregation)
- Special Management Unit (Disciplinary Segregation)
- Suicide Prevention and Intervention
- Use of Force

As these 11 standards were compliant at the time of the inspection, a synopsis for these standards was not prepared for this report.

ODO found deficiencies in the following five standards:

- Detainee Classification System
- Environmental Health and Safety
- Food Service
- Medical Care
- Staff-Detainee Communication

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

DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO reviewed the Detainee Classification System at JHDC to determine if there is a requirement for a formal classification process for managing and separating detainees based on verifiable and documented data, in accordance with the ICE NDS. ODO interviewed staff, and reviewed facility policy, detainee records, and the detainee handbook.

When newly-admitted detainees arrive at JHDC, ICE provides the facility with a master of list of detainees detailing classification levels of each detainee determined by ICE. JHDC staff classifies each arriving detainee, and relies on documentation provided by ICE to assign classification levels. ODO reviewed 20 detention files of detainees during the inspection and all contained necessary documentation to conduct the classification process. The detention files also contained a completed JHDC classification assessment form, which was reviewed and approved by a first-line supervisor. Detainees' classification levels are readily identifiable by way of different colored clothing for each classification level (Levels I, II, and III). All officers assigned to classification duties are trained in the classification process.

The detainee handbook included a section on classification, with explanations of the levels, and the conditions and restrictions applicable to each level. The handbook also provided the procedures by which a detainee may appeal the classification.

During the CI, ODO found five detainees who were classified by ICE as Level III detainees prior to admission to JHDC, but were classified as Level I detainees by the facility because facility staff was not provided the necessary documentation from ICE to make a similar classification (**Deficiency DCS-1**). Such documentation includes criminal history records and Form I-203s, which typically list criminal arrests in the remarks section to sustain a Level III classification. Despite the fact these detainees were classified by the facility as Level I detainees, the facility relied on ICE's classification determinations, and housed and dressed the five detainees as Level III detainees. This was brought to the attention of ICE and facility staff, and ICE provided Form I-203s for each of these five detainees. During the CI, facility staff stated their intention to reclassify these detainees upon receipt of documentation from ICE, but this was not completed prior to completion of the CI.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY DCS-1

In accordance with the ICE NDS, Detainee Classification System, section (III)(D), the FOD must ensure INS offices shall provide non-INS facilities with the necessary information for the facility to classify INS detainees. Because INS selectively releases material from the detainee's record to persons who are not INS employees (e.g., CDF or IGSA facility personnel), non-INS officers must rely on the judgment of the INS staff who select material from the files for facility use.

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

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

JHDC maintained an acceptable level of sanitation throughout the facility. During a tour of the facility, ODO observed chemicals used for cleaning are stored in the food service area, the laundry area, and the sanitation officer's supply room. In addition, ODO observed water-based paint and adhesives stored in the maintenance department. ODO verified the hazardous substances are safely stored and strictly controlled in all areas, and MSDS were available. The facility maintains a master index of hazardous substances and a master file of MSDS; however reviews of the contents of the index are not conducted on a semi-annual or any scheduled basis (**Deficiency EH&S-1**). Semi-annual reviews ensure the index is current, complete, and accurate for all hazardous substances.

The facility's fire prevention, control, and evacuation plan is comprehensive and meets NDS requirements. Monthly fire drills are conducted on each shift, and documentation is maintained. The safety compliance officer conducts monthly safety inspections in all areas of the facility; however, weekly inspections are not conducted (**Deficiency EH&S-2**). Weekly inspections ensure safety concerns and hazards are identified and addressed.

Pest control invoices and reports for water testing were current. Review of documentation confirmed JHDC's emergency power generator is load tested on a quarterly basis by an external servicing company. Internal testing of the emergency generator is automated, and conducted weekly for 90 minutes, exceeding the NDS requirement for testing at least every two weeks for 60 minutes. In addition, the facility's maintenance staff manually tests the generator once a month.

Barbering services are conducted in a designated area, and hair care sanitation regulations are posted. Hot and cold water is available, and ODO confirmed the necessary equipment for maintaining sanitary procedures was present.

Procedures are in place for the safe handling and disposal of needles and sharp objects in the medical department. ODO's inspection confirmed needles and sharp objects are strictly accounted for and controlled. Inspection of the bio-hazardous waste room confirmed compliance with the standard.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY EH&S-1

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(C), the FOD must ensure 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. 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.).

DEFICIENCY EH&S-2

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(L)(2), the FOD must ensure a qualified departmental staff member will conduct weekly fire and safety Inspections [sic]; the maintenance (safety) staff will conduct monthly inspections. Written reports of the inspections will be forwarded to the OIC for review and, if necessary, corrective action determinations. The Maintenance Supervisor or designate will maintain inspection reports and records of corrective action in the safety office.

FOOD SERVICE (FS)

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

Trinity Services Group performs all work associated with food preparation, service, and kitchen sanitation. The food service staff consists of the food service director, assistant food service manager, cook foreman, and (b)(7)e cook supervisors. A crew of (b)(7) county inmate workers supports the food service operation. No ICE detainees work in food service. ODO verified all staff and inmate workers received medical clearances. Staff and inmate workers were observed wearing hair restraints, beard guards, and personal protective equipment.

The facility has a satellite system of meal service involving preparation of meals in the kitchen and delivery to the housing units. ODO observed staff actively supervising the preparation and service of meals to ensure the food items were correctly prepared, served at the appropriate temperatures, and properly presented. A review of the master-cycle menu confirmed the menu is reviewed annually by the food service director, and certified by a registered dietician. The dietician provides nutritional analysis for both the regular and special diet menus. ODO's review confirmed the menu includes at least two hot meals per day, with a variety of meals. The food substitution log documents proper selection of food substitutes and approval by the food service director.

The food service storage areas consist of one dry storage room, one walk-in freezer, and one walk-in cooler. ODO verified temperatures in JHDC's walk-in freezer and cooler were in accordance with the NDS. JHDC stocks a 20-day minimum food supply inventory, and rotates its stock using the first-in/first-out system. ODO's inspection of food preparation equipment found it clean, properly installed, and equipped with emergency gas shut-off valves. Knives are not used in the food service operation. Dough cutters are used in place of knives, and were observed tethered to food preparation tables.

Chemicals used to maintain kitchen sanitation were properly stored and secured; MSDS for the chemicals were available. Inspection of logs and containers confirmed inventories were maintained, and proper labeling was in place. ODO observed all areas of the food service operation were clean and organized. Cleaning schedules were posted throughout the area, and workers were observed following "clean-as-you-go" procedures. The Waco-McLennan County Public Health District conducts a yearly inspection of JHDC's food service operation. The latest inspection, conducted on July 3, 2012, found JHDC in compliance with state and county food service regulations.

Sack lunches for detainees being transported are prepared by inmate workers instead of staff as required by the NDS (**Deficiency FS-1**). Preparation of sack lunches by staff protects against tampering and insertion of contraband, which could be used to affect an escape.

Detainees are issued a plastic cup and "spork" (combination fork/spoon) upon arrival, and are expected to retain them for use for the duration of their stay (**Deficiency FS-2**). Requiring

detainees to retain and reuse cups and spoons does not assure they are properly cleaned to prevent illness caused by bacteria.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY FS-1

In accordance with the ICE NDS, Food Service, section (III)(G)(6)(b), the FOD must ensure members of the food service staff shall prepare sack meals for bus or air service. While detainee volunteers assigned to the food service shall not be involved in preparing meals for transportation, they may prepare sack meals for on-site consumption.

DEFICIENCY FS-2

In accordance with the ICE NDS, Food Service, section (III)(H)(5)(h), the FOD must ensure, to prevent cross-contamination, kitchenware and food-contact surfaces should be washed, rinsed, and sanitized after each use and after any interruption of operations during which contamination could occur.

MEDICAL CARE (MC)

ODO reviewed the Medical Care standard at JHDC 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 medical clinic and medical observation housing, reviewed policies and procedures, examined 20 medical records, verified medical staff credentials, and observed operations such as sick call and medication administration rounds. In addition, ODO interviewed the Health Services Administrator, Corporate Regional Health Services Administrator, a physician who serves as the Responsible Health Authority, and several nurses.

There have been no detainee deaths at JHDC. Health care is provided 24 hours a day, seven days a week, by contractor CEC. Full-time staffing consists of the Health Services Administrator, who is also an RN, (b)(7) nurse practitioner (b)(7) RNs, (b)(7) licensed vocational nurses, (b)(7) medications aids, and (b)(7) medical records staff. Part-time staffing consists of a contract physician who is on-site 36 hours every two weeks, a contract psychiatrist who visits two times a month, and a licensed professional counselor who visits the facility two times a week. The medical department does not hold accreditation by the National Commission on Correctional Health Care or Joint Commission on Accreditation of Healthcare Organizations.

ODO's review of medical and (b)(7) custody staff training records confirmed all had current certifications in first aid and cardiopulmonary resuscitation. In addition, all received training in suicide prevention and hunger strike procedures at the time of employment and annually. Current licensure was primary source verified for medical staff.

The medical clinic consists of three examination rooms, a one-chair dental clinic, medication room, laboratory, offices, and a medical records room. Mobile radiology services for tuberculosis screening are provided by contract on an on-call basis. There are two waiting rooms for detainees awaiting medical evaluations, both of which have access to restroom facilities and drinking water. In addition to the clinic, there is a medical observation area, which consists of two rooms with negative air pressure for tuberculosis isolation, two suicide watch rooms, five additional single-bed observation rooms, and one ten-bed observation cell. There is a correctional officer assigned to the clinic to provide security for nursing and other medical staff. ODO was informed there is medical staff on each shift fluent in Spanish, and telephone interpretation is available if needed. The medical department is adequately sized and equipped to meet the needs of the detainee population.

ODO reviewed 20 medical records of detainees held at JHDC more than 14 days. All underwent medical and mental health intake screening by nursing staff on arrival, and tuberculosis screening by way of chest x-ray. Review of the same sample of 20 medical files confirmed PEs were completed within 14 days of arrival at JHDC. Detainees who have a significant health issue identified at intake have their PE within a range of one to two days of arrival. All PEs are completed by an RN or licensed nurse practitioner. ODO verified the PEs were hands-on, and RNs completed physician-approved training in the function; however, two of 18 PEs conducted by RNs were reviewed by the nurse practitioner rather than the physician (**Deficiency MC-1**).

Detainees access routine care by submitting medical requests, available in English and Spanish, into secure medical request boxes. The request forms are retrieved and triaged by medical staff

every morning. Detainees also have the opportunity to speak with medical staff during medication rounds. Review of 20 detainee medical requests found detainees are seen within one to two days after submitting their request. Sick call logs document 544 ICE detainees have been evaluated through the sick call process during the past five months.

All medications are stored in the medication room and are distributed to general population detainees through a window at scheduled times twice a day. Medical staff distributes medications during rounds in the SMUs.

Due to the short length of stay at JHDC, much of the medical care provided to detainees is episodic and not of the chronic nature. Based on the medical record review, ODO determined detainees who have an emergent health problem are evaluated as required. As an example, in June 2012, a detainee complaining of blurred vision and headache was seen by nursing staff the same day, and was subsequently sent to the local emergency room. He was diagnosed with a parasite infection of the brain and successfully treated.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY MC-1

In accordance with the ICE NDS, Medical Care, section (III)(D), the FOD must ensure health appraisals will be performed according to the NCCHC [National Commission on Correctional Health Care] and JCAHO [Joint Commission on Accreditation of Healthcare Organizations] standards.

NCCHC standard J-E-04 states the hands-on portion of the health assessment may be performed by an RN only when the nurse completes appropriate training that is approved by the responsible physician. All findings must be reviewed by a physician when the RN completes the physical.

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the Staff-Detainee Communication standard at JHDC 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 ICE and JHDC staff and detainees, observed detainee housing units and other areas accessible to detainees, and reviewed documentation.

ICE does not have staff permanently located at JHDC. An Assistant Field Office Director, who is assigned to STDC in Pearsall, Texas, has oversight responsibility for JHDC. An SIEA, who is assigned at the T. Don Hutto Residential Center in Taylor, Texas, supervises an IEA and DO, whose primary duties are at JHDC. The IEA and DO are temporarily assigned to JHDC from STDC. The IEA and DO rotate every 60 days with other ICE staff from STDC to cover duties at JHDC. During interviews of ICE and JHDC staff, ODO verified ERO management has not visited the facility in the past year. ODO reviewed the facility logbook and did not find any documented visits from ERO management (**Deficiency SDC-1**).

ICE staff conducts two scheduled visits and multiple unscheduled visits each week to monitor conditions of confinement, address detainee requests and concerns, and interact with facility staff. ICE staff does not maintain a logbook documenting the visits. ODO did not observe ICE visitation schedules posted in detainee housing units or other areas accessible to detainees (**Deficiency SDC-2**). ODO determined, through interviews with ICE staff, ICE Facility Liaison Visit Checklists are not being completed (**Deficiency SDC-3**).

JHDC has written procedures for detainees to submit written questions, requests, or concerns to ICE. Request forms are located in each housing unit for use by detainees to submit requests. A logbook documenting detainee requests is not maintained by ICE or facility staff (**Deficiency SDC-4**). ODO could not verify any detainee requests received by ICE from January to November 2012.

During interviews of ICE staff, ODO confirmed ICE staff does not conduct telephone serviceability checks. Serviceability checks, which include conducting random calls to pre-programmed numbers posted on the pro bono/consulate list, are to be conducted weekly for all telephones in the detainee housing units (**Deficiency SDC-5**). ODO tested telephones in three different housing units and found the telephones to be in good working order.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY SDC-1

In accordance with the ICE NDS, Staff-Detainee Communication, section (III)(A)(1), the FOD must ensure policy and procedures shall be in place to ensure and document that the ICE Officer in Charge (OIC), the Assistant Officer in Charge (AOIC) and designated department heads conduct regular unannounced (not scheduled) visits to the facility's living and activity areas to encourage informal communication between staff and detainees and informally observing living and working conditions. These unannounced visits shall include but not be limited to:

- a) Housing Units;
- b) Food Service preferably during the lunch meal;
- c) Recreation Area;
- d) Special Management Units (Administrative and Disciplinary Segregation); and Infirmary rooms.

While visiting the Special Management Unit, the detainees shall be interviewed, living conditions will be observed and detainee-housing records will be reviewed.

Each facility shall develop a method to document the unannounced visits, and ICE will document visits to IGSAs

DEFICIENCY SDC-2

In accordance with the ICE NDS, Staff-Detainee Communication, section (III)(A)(2)(b), the FOD shall devise a written schedule and procedure for weekly detainee visits by District ICE deportation staff. The ICE officer will also visit the facility's Special Management Units (SMU) to interview any ICE detainees housed there, monitor housing conditions, review detainees' classification and basis for placement in the SMU, and review all records in this regard. Written schedules shall be developed and posted in the detainee living areas and other areas with detainee access. The ICE Field Office Director shall have specific procedures for documenting the visit. IGSAs with larger populations should be visited more often if necessary.

DEFICIENCY SDC-3

In accordance with the Change Notice National Detention Standards Staff/Detainee Communication Model Protocol, dated June 15, 2007, the FOD must ensure all Deportation Officers and Immigration Enforcement Agents have been informed of the model protocol for Staff/Detainee Communication. Model protocol forms should be completed weekly for all Service Processing Centers (SPCs), and Contract Detention Facilities (CDFs). 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.

DEFICIENCY SDC-4

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

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

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

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.

DEFICIENCY SDC-5

In accordance with the Memorandum for Detainee Telephone Services, dated April 4, 2007, the FOD must ensure, 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 weekly basis.

Each serviceability test shall be documented using the attached [Telephone Serviceability Worksheet] form. The field office shall maintain forms in a retrievable format, organized by month, for a three-year period.