



**U.S. Department of Homeland Security**  
Immigration and Customs Enforcement  
Office of Professional Responsibility  
Management Inspections and Detention Oversight  
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**Office of Detention Oversight  
Compliance Inspection**

**Enforcement and Removal Operations  
Atlanta Field Office  
Stewart Detention Center  
Lumpkin, Georgia**

**August 21 – 23, 2012**

**COMPLIANCE INSPECTION  
STEWART DETENTION CENTER  
ATLANTA 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 Stewart Detention Center (SDC) in Lumpkin, Georgia, from August 21 to 23, 2012. SDC, which opened in 2006, is owned by Stewart County and operated by the Corrections Corporation of America (CCA). U. S. Immigration and Customs Enforcement (ICE), Office of Enforcement and Removal Operations (ERO), began housing detainees at SDC in October 2006 under an intergovernmental service agreement (IGSA) between ICE and Stewart County. Male detainees of all three security classification levels (Level I - lowest threat, Level II - medium threat, Level III - highest threat) are detained at SDC for periods in excess of 72 hours. Female detainees are not housed at SDC. SDC has a total capacity of 1,924, and an emergency capacity of 2,000 detainees. At the time of the CI, SDC housed 1,586 detainees. The average daily detainee population is 1,671. The average length of stay for detainees is 37 days. Trinity Services Group is contracted to provide food services. ICE Health Service Corps (IHSC) and InGenesis contracted personnel provide medical care. TransCor provides transportation services for the facility. SDC is accredited by the American Correctional Association (ACA).

The ICE ERO Field Office Director, Atlanta, Georgia (ERO Atlanta) is responsible for ensuring facility compliance with ICE policies and the ICE Performance-Based National Detention Standards (PBNDS). ICE has (b)(7) employees permanently stationed at the facility, including (b)(7) Assistant Field Office Directors (AFODs), (b)(7) Supervisory Detention and Deportation Officers (SDDOs), and (b)(7) Supervisory Immigration Enforcement Agents (SIEAs). Additionally, there are (b)(7) Deportation Officers, (b)(7) Immigration Enforcement Agents, and (b)(7) Enforcement Removal Assistants. At the time of inspection, there were (b)(7) vacancies. An ICE Detention Service Manager (DSM) is permanently assigned to SDC, and has served in this capacity since December 2010. The DSM also occasionally visits other facilities within the ERO Atlanta area of responsibility (AOR). DOs and IEAs conduct weekly visits to every housing unit at SDC.

The Warden is the highest-ranking official at SDC and is responsible for oversight of daily operations. In addition to the Warden, supervisory security staff at SDC includes (b)(7) assistant wardens, a chief of security, an assistant chief of security, a chief unit manager, and (b)(7) unit managers. Non-supervisory staff is comprised of (b)(7) security and (b)(7) support staff, for a total of (b)(7) (non-ICE) employees. A CCA quality assurance manager is responsible for coordinating facility inspections, preparing plans of action to resolve deficient findings, and achieving compliance with detention standards.

In November 2008, ODO's predecessor, the Detention Facility Inspection Group (DFIG), conducted a Quality Assurance Review (QAR) of the SDC. At the time of the QAR, the 2000 ICE National Detention Standards (NDS) applied to SDC. The DFIG cited 25 deficiencies in nine of the 21 standards inspected.

In June 2010, ODO conducted a Follow-up Inspection of the 25 deficiencies identified during the November 2008 QAR. ODO identified one repeat deficiency in each of the following two standards: Medical Care and Staff-Detainee Communication.

In August 2011, ODO conducted a QAR at SDC. By the time of that inspection, the PBNDS were applicable at SDC. Of the 26 PBNDS reviewed, 14 were in full compliance. ODO cited 25 deficiencies in 12 of the 26 standards reviewed. No follow-up inspection was conducted following the 2011 QAR.

In April 2012, ERO Detention Standards Compliance Unit contractor Nakomoto Group, Inc. performed an annual inspection for compliance with the ICE PBNDS. The facility received an overall rating of "Meets Standards," and was found to be in compliance with all 40 standards reviewed.

During this CI, ODO reviewed 17 PBNDS. Nine standards were determined to be fully compliant, while ten deficiencies were identified in the following eight standards: Admission and Release (1 deficiency), Detainee Handbook (1), Funds and Personal Property (1), Law Libraries and Legal Material (1), Medical Care (3), Suicide Prevention and Intervention (1), Transfer of Detainees (1), and Use of Force and Restraints (1). A repeat deficiency was identified from the ODO August 2011 QAR in regards to the Use of Force and Restraints, and Funds and Personal Property.

This report details all deficiencies and refers to the specific, relevant sections of the PBNDS. ERO will be provided a copy of this report to assist in developing corrective actions to resolve the ten identified deficiencies. These deficiencies were discussed with SDC personnel on-site during the inspection, as well as during the closeout briefing conducted on August 23, 2012.

Overall, ODO found SDC to be orderly and well-managed. ODO found the overall sanitation level of the facility to be good. A majority of the identified deficiencies were administrative in nature, and involved errors or omissions involving documentation, such as the handbook not including the procedures for requesting interpretive services for essential communication and the failure to ensure transfer notifications were placed within each detention file.

SDC has a full-time chaplain who oversees religious services. Religious programs are enhanced by the contributions of community volunteers. Detainees receive a minimum of one hour a day of outdoor recreation, seven days a week. There are six individual recreation yards and an outdoor covered gymnasium. SDC has a recreation specialist who has oversight of recreation programs. ODO noted the recreation areas were clean and used by a majority of the detainee population. SDC has a voluntary work program, and detainees can earn from one to three dollars per day depending on the job assignment. Additionally, detainees have access to Wii games (computerized electronic games). SDC hosts weekly movie nights. Detainees at SDC can send and receive mail, have visitation privileges, and have adequate access to telephones. ODO notes SDC's offering of anger management and drug and alcohol awareness courses as a best practice.

SDC has a designated law library with seven computers equipped with the most recent version of Lexis-Nexis available for detainee use. The law library is equipped with a copier and office supplies. All ICE detainees are provided access to the law library a minimum of five hours per week. Hard copies of additional legal material are available in the law library.

ODO confirmed all detainees receive the ICE National Detainee Handbook and a facility-specific handbook upon admission. Detainee handbooks are available in English and

Spanish. Detainees confirm receipt of the handbook by signing a facility acknowledgement form that is placed in each detention file. The handbook explains the specific rules, regulations, policies, and procedures that must be followed while detained at SDC. The SDC detainee handbook was last updated April 2011. A new detainee handbook is being drafted for future compliance with the 2011 PBNDS, and will be available in December 2012. ODO found three deficiencies relating to omissions of required information from the handbook, one of which was repeated from the August 2011 ODO inspection.

ICE staff conducts unannounced visits daily to housing units and activity areas of the facility, medical, the SMU and food service. ICE DOs conduct scheduled visits to housing units every Thursday. ICE visitation schedules and names of DOs are conspicuously posted in each housing unit. The AFOD conducts daily unannounced visits to the facility's housing units; food service, medical, and recreation areas; and the SMU. A review of the logbooks in each of those areas confirmed ICE management and non-supervisory staff conduct frequent unscheduled visits to the facility.

Detainees have the opportunity to submit requests to SDC personnel and ICE staff, and request forms are freely available in the housing units. ODO did not find any instances where requests were not responded to within the required response timeframe of 72 hours.

Detainees also have the opportunity to file grievances, including emergency grievances, and appeal grievance decisions. Grievance forms are available in every housing unit. A designated unit manager serves as the grievance coordinator. ODO reviewed grievance logs from August 2011 through July 2012. There were no grievances filed during August 2012. ODO confirmed through review of the grievance logs that established timelines are adhered to in processing and resolving grievances. The vast majority of grievances related to food service and commissary concerns.

A review of the Food Service PBNDS at SDC confirmed detainees are provided a nutritious and balanced diet in a sanitary manner. Although there were some grievances and detainee complaints during interviews about food service, ODO found the food service department to be exceptionally well-managed, and identified no deficiencies. Food service is provided by contractor Trinity Service Group. There are (b)(7) staff food service employees and (b)(7) ICE detainee workers assigned to food service. ODO verified all workers received medical clearances to work in food service. Inspection of the food service area confirmed chemicals and utensils are properly controlled, sanitation is maintained, and food temperature requirements are met. Religious and medical diets are provided.

SDC has a system for storing, issuing, and maintaining inventories of hazardous materials. Material Safety Data Sheets and a master index of chemicals are available and complete. Reports for water quality, pest control, and generator testing and maintenance were current and readily available. ODO review of the fire prevention, protection, and suppression plan confirmed it was current and had been approved by the local fire department. Monthly fire drills were conducted on each shift, and documentation was on file.

Rather than quarterly administrative meetings, a weekly stakeholders meeting is held, which is attended by the Warden, ICE staff, the Contracting Officer's Technical Representative, as well as



other CCA administrative personnel. These meetings exceed the standard, and provide an effective communication tool between all disciplines. ODO cites these weekly meetings as a best practice.

ODO found medical care at SDC to be well managed. The majority of medical personnel are employed by InGenesis healthcare staffing, who work collaboratively with a small number of IHSC staff to provide healthcare. The clinic is open 24 hours day, seven days a week, and is administered by the health service administrator (HSA), who is a licensed social worker. Medical oversight is provided by the clinical director (CD), an IHSC physician who transferred to SDC just three weeks before the CI to fill a two-year-old vacancy.

ODO observed efficient systems and processes in place to ensure adequate healthcare is delivered to the detainees. While the medical clinic has sufficient staff to provide adequate health care, there are (b)(7) vacancies out of (b)(7) or a 13 percent vacancy rate. Ongoing recruiting measures are in place to fill all staff positions, which can be challenging given the facility's location in a remote area.

IHSC staff at SDC has implemented a performance improvement program. One example of a recent process improvement changed procedures for delivery of Keep on Person (KOP) medications to detainees. Detainees no longer are required to go to the pharmacy in the clinic to pick up their KOP medications; instead, the medications are delivered to them in the housing units. This revised process significantly decreased detainee movement and traffic, decreased CCA man-hours needed for the transport of detainees to and from the pharmacy, and decreased the number of detainees in the medical area throughout the day. A collaborative team of medical and CCA staff worked together to collect data on the former system, analyze the data, and formulate a solution for the new process. The revised process has been in place since January 2012. ODO cites this as a best practice.

During this CI, ODO identified three deficient areas in the Medical Care PBNDS. Medical grievances are not submitted directly to medical staff for response. Detainees in the special management unit (SMU) are required to submit sick call slips to the correctional officer in the SMU to deposit into the hallway detainee sick call slip box, violating detainee confidentiality. While the facility maintained copies of all professional licenses there was no record of verification with the licensing board of (b)(7) out of the (b)(7) licenses examined.

There have been two detainee deaths at SDC in the last five years. In January 2008, a detainee died as a result of complications from lung cancer. In March 2009, a detainee died as a result of myocarditis (inflammation of the heart muscle). Both of these deaths were investigated by ODO, and both investigations concluded appropriate care was provided.

SDC has established a good sexual abuse and assault prevention and intervention (SAAPI) program. The chief unit manager is SDC's designated SAAPI coordinator. SDC also has a sexual abuse response team (SART). The members of the SART include the SAAPI coordinator, victim services coordinator, and representatives from security, medical, and mental health departments. A SART team/committee exceeds the standard and is cited as a best practice, as it ensures a multi-disciplinary approach to preventing and responding to sexual abuse and assaults.

ODO verified detainees are screened for suicide potential during the intake process. Review of ten training files, as well as the initial and annual refresher suicide prevention curriculum confirmed staff completed training covering all elements required by the standard. Since the August 2011 ODO QAR, there have been no suicides, one suicide attempt, and 33 documented suicide watches. Detainees on suicide watch are housed on constant one-to-one observation in cells where the medical short stay beds are located. However, examination of medical records of four detainees placed on suicide watch found the detainees were not re-evaluated daily by an appropriately trained and qualified staff member in four out of the total 23 suicide watch days contained in the records. The cell is suicide-resistant and free from any protrusions or objects that could assist in a suicide attempt.

SDC management has written procedures in place to temporarily segregate detainees for administrative and disciplinary reasons. There are a total of 40 cells in each special management unit (SMU), with 38 beds available for housing detainees. Detainees housed in the SMU have regular access to the law library, recreation, religious services and use of telephones. Detainees in the SMU may receive visitors one time per week, consistent with general population visitation privileges. These are non-contact visits, as are all visits in the facility. ODO observed the disciplinary and administrative SMUs are well ventilated, adequately lit, appropriately heated, and maintained in a sanitary condition.

SDC had one calculated use of force and three immediate use of force incidents involving ICE detainees between January and August 2012. ODO's review of the audio-visual recording and the after-action report of the calculated use of force indicated SDC staff is well-trained and familiar with emergency response team procedures. ODO's review of written documentation of the three immediate use of force incidents supported compliance with both the PBNDS and facility policy. Documentation of these incidents was completed by the facility staff in a timely manner and forwarded to ICE; however, ICE staff did not file copies of the reports in the detainees' A-Files as required. The SIEA confirmed these reports are maintained in a separate file, and not placed in detainee A-Files.

## 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 PBNDS, as applicable. The PBNDS apply to SDC. In addition, ODO may focus its inspection based on detention management information provided by ERO Headquarters (HQ) and ERO field offices, and on issues of high priority or interest to ICE executive management.

ODO reviewed the processes employed at SDC 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 (JICMS), the ENFORCE Alien Booking Module (EABM), and the ENFORCE Alien Removal Module (EARM). ODO also gathered facility facts and inspection-related information from ERO HQ staff to prepare for the site visit at SDC.

## 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 PBNDS 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 classifies program issues into one of two categories: deficiencies and areas of concern. OPR defines a deficiency as a violation of written policy that can be specifically linked to the PBNDS, ICE policy, or operational procedure. OPR defines an area of concern as something that may lead to or risk a violation of the PBNDS, ICE policy, or operational procedure. When possible, the report includes contextual and quantitative information relevant to the cited standard. Deficiencies are highlighted in bold throughout the report and are encoded sequentially according to a detention standard designator.

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

## INSPECTION TEAM MEMBERS



Special Agent (Team Leader)	ODO, Houston
Detention and Deportation Officer	ODO, Headquarters
Special Agent	ODO, Houston
Contract Inspector	Creative Corrections
Contract Inspector	Creative Corrections
Contract Inspector	Creative Corrections



## OPERATIONAL ENVIRONMENT

### INTERNAL RELATIONS

ODO interviewed the CCA Warden, an assistant warden, the chief of security, and the ERO AFOD, SIEA, and DSM. During the interviews, all personnel stated the working relationship between ICE and SDC staff was good.

The Warden described the morale level of SDC staff as good. The AFOD stated the morale of ERO employees ranged from medium to high. The SIEA added that the long commutes to the facility and working primarily in a detention facility with little opportunity to work in the field outside the facility were factors that impeded morale.

The assistant warden stated weekly meetings are held with ICE and IHSC to discuss administrative and operational issues. The DSM stated the facility operates well and has adapted well to the implementation of the PBNDS in 2010. According to the DSM, the facility is responsive to ICE concerns, and the relationship between CCA and ICE is good.

### DETAINEE RELATIONS

ODO randomly selected and interviewed 30 detainees of all classification levels to assess the overall living and detention conditions at SDC. All detainees stated they received the ICE National Detainee Handbook and the facility handbook. All detainees stated they have visitation privileges, are offered daily recreation, and have access to religious services and a law library. Detainees receive hygiene supplies upon admission, which are replenished as needed. However, all detainees reported and ODO confirmed that they did not have the opportunity to shower during intake processing (reported as **Deficiency AR-1**).

Generally, the detainees agreed food service was adequate. Seven detainees complained about the frequency of certain food items being served, and a lack of variety. ODO confirmed a registered dietitian from Trinity Services Group reviews and certifies all menus to ensure meals are nutritionally adequate and appetizing for detainees.

Four detainees complained about response times to medical requests and overall medical care. ODO reviewed these complaints and found medical care concerns had been addressed appropriately and timely.

Two detainees discussed the filing of grievances by Muslim detainees, because the facility disallowed the practice of group prayers. SDC permits the group prayers, but disallowed detainees sitting shoulder-to-shoulder during the prayers, citing safety and security concerns. ODO verified no grievances were filed with respect to the group prayers issue; however, detainee requests were forwarded to the facility chaplain about the group requesting to sit shoulder-to-shoulder with other Muslim detainees during prayer. An accommodation to the request is being considered by the facility that would preserve the safety and security of the facility, as well as the welfare of the detainees.

Three detainees claimed they did not know their DOs. ODO confirmed DOs conduct scheduled visits to the housing units every Thursday, and names of DOs and an ICE visitation schedule are posted in the housing units.

## **ICE PERFORMANCE-BASED NATIONAL DETENTION STANDARDS**

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

- Classification System
- Disciplinary System
- Environmental Health and Safety
- Food Service
- Grievance System
- Recreation
- Sexual Abuse and Assault Prevention and Intervention
- Special Management Units
- Staff-Detainee Communication

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

ODO found deficiencies in the following eight standards:

- Admission and Release
- Detainee Handbook
- Funds and Personal Property
- Law Libraries and Legal Material
- Medical Care
- Suicide Prevention and Intervention
- Transfer of Detainees
- Use of Force and Restraints

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

## **ADMISSION AND RELEASE (AR)**

ODO reviewed the Admission and Release standard at SDC to determine if procedures are in place to protect the health, safety, security, and welfare of each person during the admission and release process, in accordance with the ICE PBNDS. ODO reviewed policies, procedures, and detention files; and interviewed staff and detainees.

SDC administers intake processing for new arrivals at the facility. The intake processing staff records biographical information, conducts criminal history queries, takes photographs and fingerprints, and inventories detainee personal property. Detainees are issued personal hygiene items, clothing, sheets, towels, and blankets. SDC tracks intake processing on a receiving and discharge checklist.

Interviews of detainees confirmed both the ICE National Detainee Handbook and the SDC detainee handbook are provided to new arrivals, and are available in English and Spanish. SDC requires detainees to sign a property receipt acknowledging receipt of the handbooks.

SDC intake staff completes basic medical health screenings and the Prison Rape Elimination Act questionnaires. Detainees identified as having urgent medical concerns are promptly referred to the medical care unit to determine if transfer to the hospital is warranted. Information collected during intake processing is keyed into the Offender Management System (OMS), and copies of medical screening forms are maintained in the medical files. The OMS is the computerized database used for tracking each detainee's custody at SDC.

During ODO's interviews of 30 randomly-selected detainees, all detainees stated they were not given the opportunity to shower during the intake process. SDC intake processing checklists confirmed the detainees are not given the opportunity to shower at intake when they exchange personal clothing for facility uniforms, or while they were held in temporary housing (**Deficiency AR-1**). ICE PBNDS and the SDC written policy and procedures require the intake processing staff to permit change of clothing and the opportunity to shower in a private room without being visually observed. Showering prior to entry into permanent housing units assists in the prevention of dangerous bacteria from being introduced into the general population. ODO brought this issue to the attention of facility staff during the inspection and facility staff advised they would immediately begin offering showers to newly-admitted detainees and document any refusals.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY AR-1**

In accordance with the ICE PBNDS, Admission and Release, section (V)(B)(2), the FOD must ensure staff shall permit the detainee to change clothing and shower in a private room without being visually observed by staff, unless there is reasonable suspicion to search the detainee in accordance with the section below on Strip Searches and the Detention Standard on Searches of Detainees. A staff member of the same gender shall be present immediately outside the room where the detainee changes clothing and showers, with the door ajar to hear what transpires inside. The staff member must be prepared to intervene or provide assistance if he or she hears or observes any indication of a possible emergency or contraband smuggling.



## **DETAINEE HANDBOOK (DH)**

ODO reviewed the Detainee Handbook standard at SDC to determine if the facility provides each detainee with a handbook, written in English and any other languages spoken by a significant number of detainees housed at the facility, describing the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs, and medical care, in accordance with the ICE PBNDS. ODO reviewed the detainee handbook and detention files, and interviewed ICE and facility staff, and detainees.

SDC provides each detainee with the ICE National Detainee Handbook and a facility-specific handbook upon admission to the facility, describing facility rules and regulations, as well as the services and programs available to detainees. Both the ICE National Detainee Handbook and the facility-specific detainee handbook are available in English and Spanish. ODO reviewed 15 randomly-selected detention files and confirmed detainees signed an acknowledgement form verifying receipt of both handbooks. The SDC detainee handbook was last revised in April 2011. An updated detainee handbook is being drafted for future compliance with the 2011 PBNDS, and will be available in December 2012. ODO recommends that the revised handbook for compliance with the 2011 PBNDS include procedures for requesting interpretive services.

The SDC handbook did not include the procedures for requesting interpretive services (**Deficiency DH-1**). Explaining procedures for requesting interpretive services will assist those detainees who may have problems communicating due to language barrier issues.

Other omissions from the detainee handbook are reported as **Deficiencies F&PP-1** and **LL&LM-1**.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY DH-1**

In accordance with the ICE PBNDS, Detainee Handbook, section (V)(2), the FOD must ensure, while all applicable topics from the ICE National Detainee Handbook must be addressed, it is particularly important that each local supplement notify each detainee of [among other things]:

- Procedures for requesting interpretive services for essential communication

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

ODO reviewed the Funds and Personal Property standard at SDC to determine if controls are in place to inventory, receipt, store, and safeguard detainees' personal property, in accordance with the ICE PBNDS. ODO interviewed staff, reviewed policies and procedures, and observed the admissions and release process.

SDC has written policies and procedures for funds and personal property, which account for and safeguard detainee property from the time of the detainees' admission until the time of release. Funds and valuables are properly inventoried and logged by the facility's accounting department. A dedicated safe for cash is maintained in a secure area, and is only accessible to supervisory staff. Supervisors also have exclusive access to two safes storing large valuables.

The SDC detainee handbook does not provide detainees with the procedures for filing a claim for lost or damaged property, or the procedures for accessing personal funds to pay for legal services (**Deficiency F&PP-1**). Ensuring ICE detainees have clear and comprehensive ICE and facility detainee handbooks is an essential element in ensuring detainees are well aware of facility rules, policies, and procedures. This is a repeated deficiency from the August 2011 QAR. SDC staff stated the handbook is currently under revision for compliance with the 2011 PBNDS, and is scheduled to be completed in December 2012. ODO recommends that the revised handbook provide detainees with the procedures for filing a claim for lost or damaged property, and the procedures for accessing personal funds to pay for legal services.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY F&PP-1**

In accordance with the ICE PBNDS, Funds and Personal Property, section (V)(C), the FOD must ensure the detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property, including [among other things]:

- The procedures for filing a claim for lost or damaged property;
- Access to detainee personal funds to pay for legal services.

## **LAW LIBRARIES AND LEGAL MATERIAL (LL&LM)**

ODO reviewed the Law Libraries and Legal Material standard at SDC to determine if detainees have access to a law library, legal materials, courts, counsel, and document copying equipment to facilitate the preparation of legal documents, in accordance with the ICE PBNDS.

SDC has a designated law library with seven computers for detainee use, which contain the most recent version of Lexis-Nexis. A computer with Lexis-Nexis is also available for detainee use in the SMU. The library is also equipped with a copier, office supplies, and additional tables and chairs for detainee use. Legal reference books and materials are available for detainee use. All ICE detainees in general population and the SMU are provided access to the law library a minimum of five hours per week. The library schedule is posted in all housing units. Detainees can request law library time by filing a request form. A designated staff member oversees the law library. Facility staff who oversees the law library receives request forms daily from detainees, and schedule times for detainees based on availability and detainees' classification levels.

The detainee handbook provides detainees with the rules and regulations governing use of the law library. The detainee handbook does not contain information on the scheduled hours of access to the law library (**Deficiency LL&LM-1**). Policies and procedures governing access to legal materials were posted in the law library, and schedules were posted in each housing unit. ODO recommends that the revised handbook for compliance with the 2011 PBNDS contain information on the scheduled hours of access to the law library.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY LL&LM-1**

In accordance with the ICE PBNDS, Law Libraries and Legal Material, section (V)(O)(2), the FOD must ensure the Detainee Handbook or supplement shall provide detainees with the rules and procedures governing access to legal materials, including the following information [among other things]:

- The scheduled hours of access to the law library

## MEDICAL CARE (MC)

ODO reviewed the Medical Care standard at SDC to determine if detainees have access to healthcare and emergency services to meet health needs in a timely manner, in accordance with the ICE PBNDS. ODO toured the clinic, reviewed policies and procedures, reviewed medical staff credentials, and interviewed health care and administrative staff.

ODO examined 30 medical records of detainees falling into the following categories: chronic care, sick call log for August 15, 2012, potential tuberculosis (TB) cases, suicide watch, random healthy detainees, and one detainee complaint (summarized in the Detainee Relations section of this report). All records were spot checked for sick call timeliness and reviewed for transfer documentation. Records older than a year were checked for annual TB testing and physical examinations (PE). Overall, the clinic is well managed by the HSA.

SDC holds ACA accreditation. The majority of medical personnel are employed by InGenesis healthcare staffing, who work collaboratively with a small number of IHSC staff to provide healthcare. The clinic is open 24 hours day, seven days a week, and is administered by the HSA, who is a licensed social worker (LSW). Medical oversight is provided by the CD, who is an IHSC physician transferred to SDC just three weeks before the CI to fill a two-year-old vacancy. (b)(7)e physician vacancy still exists. (b)(7)e dentists and (b)(7)e dental assistants provide dental care. Mental health services are provided by (b)(7)e LSWs; per the staffing plan, vacancies exist for a psychiatrist and a psychologist. A contract psychologist is available on referral, as well as a psychiatrist who offers telepsychiatry services. On-call coverage is provided 24 hours a day, seven days a week by the CD, mid-level practitioners (MLP), and an LSW for mental health needs. A full-time pharmacist and (b)(7)e pharmacy technicians are on-site full-time. There are (b)(7)e MLPs, with (b)(7)e casual (on-call) vacancy. These positions are augmented by a registered nurse (RN) nurse manager, (b)(7)e full-time RNs (with (b)(7)e vacancies), (b)(7)e casual RNs, (b)(7)e LPNs, (b)(7)e casual LPNs, and (b)(7)e clerical staff. Overall, there are (b)(7)e vacancies out of (b)(7), or a 13 percent vacancy rate. Ongoing recruiting measures are in place to fill all staff positions in this remote area. Nevertheless, ODO observed efficient systems and processes in place to ensure adequate healthcare is delivered to the detainees.

While the facility maintained copies of all professional licenses there was no record of verification with the licensing board of (b)(7) out of the (b)(7) licenses examined (**Deficiency MC-1**).

The clinic is spacious, with four examination/treatment rooms, an urgent care room, a pharmacy, a two-chair dental suite, a specimen collection room, a nursing station, a clerical area, two mental health offices, and administrative staff offices. The clinic examination rooms are supplemented by satellite offices located within each of the housing units. There are four negative airflow rooms for TB isolation situated in the clinic area. In addition, there are six beds in Unit Seven located directly across from the clinic, which are designated for medical observation purposes. Detainees who require a higher level of care are sent to Stewart Webster Hospital, located ten miles from the facility. The ambulance for emergencies comes from Lumpkin, a few minutes from the facility. If a language barrier exists, bilingual staff or a translation service is used.



Detainees are screened by nursing staff on arrival using IHSC Form 795A. Screening includes TB symptom screening for signs and symptoms of active TB. Additionally, the detainees receive a chest X-ray (CXR) to rule out the presence of TB, as verified by the medical record review. The medical record review of two detainees who required additional procedures to rule out TB determined both were isolated in a negative pressure room until medically cleared, and procedures were in compliance with the standard. Medical records documented detainees with acute or chronic care issues were appropriately addressed in a timely manner, and immediately enrolled in a chronic care clinic.

The medical record review found chronic care PEs performed by the MLPs the day of admission or the next day. Detainees with no presenting health issues receive a PE by a trained RN between seven and ten days after arrival.

Detainees access health care services by completing a sick call request slip, available in English and Spanish. Detainees deposit the slips directly into a locked box mounted on the wall in the hallway outside the dining hall. Nursing staff pick up the requests once daily, and triage for clinical priority within 48 hours, as verified by ODO. Although Local Operating Policy (LOP) 1030 "Sick Call Process" states, "Detainees in segregation must be seen face-to-face for healthcare requests daily," the segregation unit officer, stated the sick call slips are given to him to deposit in the locked box in the hallway (**Deficiency MC-2**). ODO also notes the facility detainee handbook states, "Segregation sick call requests will be picked up daily by medical staff." The IHSC chief of health operations (CHO) responded to the deficiency by stating CCA has been instructed to have their staff decline to accept sick call request forms from detainees. Medical staff will collect them during segregation rounds. The CHO also noted a new sick call procedure is being developed, eliminating the need for sick call request slips.

Nursing staff conduct sick call Monday through Friday using physician-approved protocols to provide treatment. Follow-up appointments and referrals were completed as indicated. SDC does not charge detainees co-pay fees.

All chronic care patients are identified with a medical/psychiatric alert in the electronic medical record upon admission; additionally, SDC uses an IHSC medical hold form to convey to ICE and detention staff special circumstances regarding medical clearances prior to transfer or release.

Rather than quarterly administrative meetings, a weekly stakeholders meeting is held, which is attended by the Warden, ICE staff, the Contracting Officer's Technical Representative, as well as other CCA administrative personnel. These meetings exceed the standard, and provide an effective communication tool between all disciplines. ODO cites weekly meetings as a best practice.

IHSC staff at SDC has implemented a performance improvement program. One example of a recent process improvement changed procedures for delivery of Keep on Person (KOP) medications to detainees. Detainees no longer are required to go to the pharmacy in the clinic to pick up their KOP medications; instead, the medications are delivered to them in the housing units. This revised process significantly decreases detainee movement and traffic, decreases CCA man-hours needed for the transport of detainees to and from the pharmacy, and decreases the number of detainees in the medical area throughout the day. A collaborative team of medical

and CCA staff worked together to collect data on the former system, analyze the data, and formulate a solution for the new process. The revised process has been in place since January 2012. ODO cites this as a best practice.

Per the quality assurance manager and local policy, grievances are routed to the HSA by the facility grievance officer, rather than being delivered directly to medical staff

**(Deficiency MC-3).** The IHSC CHO responded to this deficiency by stating the medical grievances will now be accepted into the sick call request receptacle. CCA will provide a new "Medical Grievances" label for the receptacle and assist in educating detainees on the new process. The quality assurance coordinator also stated, up until the present, the grievances were not filed in detainee medical records because the HSA was unaware of this requirement. The CHO said the grievances will be scanned into the electronic medical record from now on. The grievance log indicated responses to grievances are written the same day or the following day after the grievance is submitted.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY MC-1**

In accordance with the ICE PBNDS, Medical Care, section (V)(H), the FOD must ensure all health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements.

### **DEFICIENCY MC-2**

In accordance with the ICE PBNDS, Medical Care, section (V)(U)(2), the FOD must ensure all medical providers shall protect the privacy of detainees' medical information in accordance with established guidelines and applicable laws. These protections apply, not only to records maintained on paper, but also to electronic records where they are used. Staff training must emphasize the need for confidentiality and procedures must be in place to limit access to health records to only authorized individuals and only when necessary.

### **DEFICIENCY MC-3**

In accordance with the ICE PBNDS, Medical Care, section (V)(Z): See Grievance System Detention Standard.

In accordance with the ICE PBNDS, Grievance System, section (V)(C)(3)(c), the FOD must ensure grievance forms concerning medical care shall be delivered directly to medical staff designated to receive and respond to medical grievances at the facility. Designated medical staff shall act on the grievance within five working days of receipt and provide the detainee a written response of the decision and the rationale. This record should be maintained per Section E "Record-Keeping and File Maintenance."

## **SUICIDE PREVENTION AND INTERVENTION (SP&I)**

ODO reviewed the Suicide Prevention and Intervention standard at SDC to determine if the health and well-being of detainees are protected by training staff in effective methods of suicide prevention, in accordance with the ICE PBNDS. ODO inspected the suicide watch cell, interviewed medical staff and the training manager, and reviewed suicide watch records, suicide prevention policies, staff training records, and training curriculum.

ODO verified detainees are screened for suicide potential during the intake process. Initial training is conducted by an instructor in a classroom setting, whereas subsequent annual training is web-based. Review of (b)(7) training files, as well as the initial and annual refresher suicide prevention curriculum, confirmed staff completed initial and ongoing suicide prevention training covering all elements required by the standard.

Detainees on suicide watch are housed on constant one-to-one observation in a cell in the medical short stay unit. The cell is suicide-resistant and free from any protrusions or objects that could assist in a suicide attempt.

The detainee population averages over 1,700. Since the August 2011 ODO QAR, there have been no suicides, one suicide attempt, and 33 documented suicide watches. Local policy as well as the standard requires “[a]ll patients on Suicide Watch/Constant Observation will be evaluated daily by the mental health provider or designee.” Examination of medical records of four detainees placed on suicide watch indicated three were not re-evaluated daily by an appropriately trained and qualified staff member (**Deficiency SP&I-1**). One record indicated two days out of 11 when there was no re-evaluation, two records indicated one day apiece out of three- and four-day stays, and one record was not deficient.

It should be noted the CHO responded to this finding by scheduling suicide watch refresher training for August 31, 2012. Secondly, MLPs and mental health providers have been instructed to notify the CHO and save the information in the electronic medical record each time a re-evaluation is done.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY SP&I-1**

In accordance with the ICE PBNDS, Suicide Prevention and Intervention, section (V)(D), the FOD must assure detainees who are placed on suicide watch are to be re-evaluated by appropriately trained and qualified medical staff on a daily basis and this re-evaluation is documented in the detainee’s medical record.



## **TRANSFER OF DETAINEES (TD)**

ODO reviewed the Transfer of Detainees standard at SDC to determine if the transfers of detainees from one facility to another are responsibly managed in regard to notification, detention records, safety and security, and protection of detainee funds and property, in accordance with the ICE PBNDS. ODO reviewed the classification and funds and personal property facility policies and procedures, reviewed medical records of detainees transferred to and from other ICE facilities, and verified if medications were documented when sent and received. ODO also observed and interviewed the admission and release officers responsible for the transfer of ICE detainees.

Medication needs for detainees were verified and given to the ICE transporting officer by medical staff. Facility staff returned all funds and small valuables to the detainees prior to transport, and placed fund receipts in the detainee's detention file, as well as electronically saved the receipts. Each detainee transfer summary contained relevant medical information and any required special instructions. ODO was informed Detainee Transfer Notification forms are completed and issued to detainees, however, none of the ten files included copies of the form (**Deficiency TD-1**). A supervisor confirmed copies of Detainee Transfer Notification forms are not placed in detainees' files. Maintaining a copy of the form in the detention file provides written documentation that the detainee has been notified of the transfer.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY TD-1**

In accordance with the ICE PBNDS, Transfer of Detainees, section (V)(B)(3), the FOD must ensure the detainee shall not be informed of the transfer until immediately prior to leaving the facility, at which time he or she shall be notified that he or she is being moved to a new facility within the United States and not being removed. The detainee must be informed in a manner he or she can understand.

Specific plans and time schedules shall never be discussed with the detainee.

Following notification, the detainee shall normally not be permitted to make or receive any telephone calls or have contact with any detainee in the general population until the detainee reaches the destination facility.

At the time of the transfer, ICE/DRO shall provide the detainee, in writing, the name, address and telephone number of the facility to which he or she is being transferred, using the attached Detainee Transfer Notification form. Staff shall place a copy of the form in the detainee's Detention File.

The detainee shall also be advised that it is his or her responsibility to notify family members, if so desired.



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

ODO reviewed the Use of Force and Restraints standard at SDC to determine if necessary use of force and the use of restraints is used only after all reasonable efforts have been exhausted to gain control of a subject, while protecting and ensuring the safety of detainees, staff and others, preventing serious property damage, and ensuring the security and orderly operation of the facility, in accordance with the ICE PBNDS. ODO toured the facility; inspected security equipment; and reviewed policies, staff training records, and use of force documentation. SDC has a comprehensive Use of Force and Restraints policy.

All (b)(7) correctional officers are trained in use of force techniques during their initial five weeks of training, and subsequently during annual refresher training. A review of (b)(7) training files confirmed staff has received the appropriate training. The facility uses four-point restraints, usually for medical patients only. As soon as combative or aggressive detainees control their behavior, the restraints are removed and the detainee is placed in a cell for observation. Oleoresin Capsicum (OC) spray is maintained in central control, and is only issued to trained, qualified staff. Audio-visual recording equipment is located in four ERT cabinets located throughout the facility, as well as in the control center. The equipment is checked, and the checks are documented during each shift.

The chief of security informed ODO there was one calculated use of force instance with an ICE detainee and three immediate use-of force incidents between January and August 2012. The calculated use-of-force incident involved a detainee who was housed in segregation and observed using what appeared to be part of a paperclip to suture his lips together. The detainee refused to comply with the officers' orders to cease, and a cell extraction team was gathered by the shift supervisor. The detainee was controlled by being placed in restraints, and was seen by the facility's medical staff prior to being transferred to an outside hospital for medical treatment. Review of the audio-visual recording and the after-action report of the incident indicated SDC staff is well-trained and familiar with ERT procedures.

ODO's review of written documentation of the three immediate use-of-force incident supported compliance with both the standard and facility policy. Two of the cases occurred in general population, and a review of the cases confirmed an immediate use of force was required because the ICE detainees were observed physically harming themselves. The other instance involved a detainee being escorted to the medical department while secured in a wheelchair becoming combative towards staff. Reports were completed by facility staff in a timely manner and forwarded to ICE. However, ICE staff did not file copies of the reports in the detainees' A-Files. The SIEA stated reports are maintained in a separate file and not placed in the detainees' A-Files (**Deficiency UOF&R-1**). This deficiency was cited in ODO's August 2011 inspection of SDC. During the review, two of the four reports were placed in the detainees' on-site A-Files. Staff stated the other two reports would be forwarded to the other detainees' A-Files, since the detainees had left the facility.

## **STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS**

### **DEFICIENCY UOF&R-1**

In accordance with the ICE PBNDS, Use of Force and Restraints, section (V)(O)(1), the FOD must ensure all facilities shall have an ICE/DRO-approved form to document all uses of force. Within two working days, copies of the report shall be placed in the detainee's A-File and sent to the Field Office Director.