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Management Inspections and Detention Oversight  
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## Office of Detention Oversight Compliance Inspection

Enforcement and Removal Operations  
New Orleans Field Office  
Tensas Parish Detention Center  
Waterproof, Louisiana

July 10 - 12, 2012

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**COMPLIANCE INSPECTION  
TENSAS PARISH DETENTION CENTER  
NEW ORLEANS 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 Tensas Parish Detention Center (TPDC) in Waterproof, LA, from July 10 to 12, 2012. TPDC, which opened in 2000, is owned by the Tensas Parish Law Enforcement District and operated by the Tensas Parish Sheriff's Department. Beginning on June 22, 2001, The U.S. Immigration and Naturalization Service and its successor U.S. Immigration and Customs Enforcement (ICE), Office of Enforcement and Removal Operations (ERO) housed detainees at TPDC under an Intergovernmental Service Agreement (IGSA) with Tensas Parish. Male and female detainees of all security classification levels (Level I - lowest threat, Level II - medium threat, Level III - highest threat) are detained at the facility for periods in excess of 72 hours. TPDC has a total capacity of 558 beds, and can accommodate a maximum of 500 ICE detainees. At the time of the CI, TPDC housed 198 male ICE detainees. There were no female detainees at TPDC at the time of the CI. The average daily detainee population is 109. The average length of stay for detainees is 14 days. The Tensas Parish Sheriff's Department provides food service and medical care. The facility holds no accreditations.

The ICE ERO Field Office Director, New Orleans, LA (FOD New Orleans), is responsible for ensuring facility compliance with ICE policies and the ICE National Detention Standards (NDS). An Assistant Field Office Director (AFOD) located at the ERO Office in Jena, LA, has oversight responsibility at TPDC and visits the facility on a monthly basis. A Detention Service Manager (DSM) is assigned to oversee TPDC and the South Louisiana Correction Center on a rotating basis. The DSM conducts oversight activities at TPDC one week per month. A Supervisory Detention and Deportation Officer (SDDO), and (b)(7)e Supervisory Immigration Enforcement Agents (SIEAs) located at the ERO Office in Jena, LA, visit TPDC weekly to monitor detention conditions. There is no ICE staff stationed at TPDC.

The Tensas Parish Sheriff is the highest-ranking official at TPDC and is responsible for oversight of daily operations. In addition to the Sheriff, supervisory staff at TPDC includes a Warden, a Deputy Warden, (b)(7)e Major, (b)(7)e Captains, (b)(7)e Lieutenants, and (b)(7)e Sergeants. TPDC non-supervisory staff is composed of (b)(7)e employees.

In February 2009, the Detention Facilities Inspection Group (DFIG), predecessor to ODO, conducted a Quality Assurance Review (QAR) at TPDC. Of the 25 standards reviewed, seven were in full compliance. The remaining 18 standards accounted for 60 deficiencies. The QAR took place just weeks after the death on February 7, 2009 of a TPDC detainee who had been hospitalized for several days. The DFIG also investigated the death, which resulted from complications of diabetes, and found problems with translation in the TPDC medical unit as well as with medical recordkeeping. The DFIG further found that local ICE management had followed policy, providing required information to ICE HQ management and to the detainee's home country consulate.

On March 22, 2012, ERO Detention Standards Compliance Unit contractor, the Nakamoto Group, Inc., conducted an Annual Review of the NDS at TPDC. The facility received an overall rating of "Acceptable" and was found compliant with all 37 standards reviewed.

This is the first CI conducted by ODO at TPDC. During this CI, ODO reviewed 16 NDS. Eight standards were determined to be fully compliant, while 14 deficiencies were found in the following eight standards: Access to Legal Material (3 deficiencies), Admission and Release (1), Detainee Grievance Procedures (1), Environmental Health and Safety (5), Food Service (1), Medical Care (1), Staff-Detainee Communication (1), and Suicide Prevention and Intervention (1). ODO also identified an area of concern related to the Admission and Release standard.

This report details all 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 15 identified deficiencies. These deficiencies were discussed with TPDC staff and ICE personnel on-site during the inspection, as well as during the closeout briefing conducted on July 12, 2012.

A majority of identified deficiencies were administrative in nature, including omissions from the detainee handbook; however, deficiencies in the Environmental Health and Safety NDS and the Medical Care NDS had the potential to have a significant impact on the health and safety of ICE detainees. ODO reviewed documents and found that fire drills are conducted monthly in all areas of the facility, except in the detainee housing area. Routine fire drills in all areas of the facility ensure staff has the knowledge and skills necessary to take appropriate action in the event of a fire.

TPDC maintains a dedicated space for the law library that contains three computers equipped with LexisNexis legal software for use by detainees. At the time of the review, the LexisNexis program was not operational and required updating. This issue was brought to the attention of ICE and TPDC staff. TPDC management stated that a CD-ROM containing the most recent version of LexisNexis was available. ODO confirmed that installation of the updated version occurred on the final day of the CI. Additionally, TPDC has no written policy describing procedures to assist illiterate and non-English speaking detainees with using the law library and drafting legal documents. All detainees are allowed access to the law library for up to five hours a week.

Detainees receive the ICE National Detention Handbook and a TPDC facility-specific handbook at admission. The detainees are required to sign for the handbooks, available in both English and Spanish. ODO reviewed 30 detainee detention files, and each contained a signed form confirming receipt of a handbook. However, the detainee handbook does not contain procedures for requesting legal reference materials not maintained in the library, and also does not include information related to the procedures for contacting ICE to appeal grievance decisions of the TPDC Officer in Charge.

TPDC has an informal and formal grievance system that includes a multi-step appeal process, as well as procedures for filing emergency grievances. Grievance forms are available upon request from the housing unit officer. Only one grievance was filed by an ICE detainee during the 12

months preceding the CI. The grievance pertained to a staff member using profanity. The Warden reprimanded the staff member who used the inappropriate language. ODO determined the grievance was properly investigated and a response was provided in a timely manner. The grievance was properly filed in the detainee's detention file.

The emergency power generator at TPDC is tested bi-weekly; however, a review of documentation found the duration of the tests ranged between ten and 30 minutes. The Maintenance Lieutenant stated he would begin testing the generators for an hour to comply with the standard. An outside generator service company checks the emergency power system annually rather than quarterly as required by the NDS.

The overall sanitation of the facility is good; however, maintenance issues were identified in the shower and toilet areas of the detainee housing units. In the Foxtrot unit, only three of six showers were working, and only one of eight sinks had hot water. One sink was non-functional. In the Charlie unit, a large, wall-mounted urinal was flooded with approximately two inches of standing water. ODO brought these issues to the attention of facility management, who stated they would call the TPDC maintenance department for repairs.

The food service area was clean and well organized. ODO confirmed the master cycle menu is reviewed annually by the Food Service Manager (FSM) and a registered dietician (RD). The RD completes a nutritional analysis for both the regular menu and the special diet menu. ODO noted an area of concern in the kitchen. The electric meat slicer is not equipped with an anti-restart device. Equipment that stops working when power is interrupted will restart automatically once power is restored. This potentially presents a significant safety hazard to food service personnel.

The Tensas Parish Sheriff is responsible for administrative oversight of health care services at TPDC. Medical staff consists of a physician, a family nurse practitioner (FNP), and a mental health practitioner. Additional nursing staff includes (b)(7)e full-time licensed practical nurses (LPN), (b)(7)e of whom was serving as the Assistant Health Services Administrator (AHSA), and (b)(7) on-call LPNs who are on-call 24 hours a day, seven days a week. (b)(7)e medical records clerks provide clerical support. Dental care is provided by a dentist in Marksville, LA. ODO confirmed not all detainees are provided a physical examination (PE) within 14 days of arrival. Detainees access care by submitting written medical requests in a secure "Medical Requests" box located in the dining hall. Sick call slips, which are available in English and Spanish, are collected daily and triaged in a timely manner to determine priority for care. Sick call is conducted daily, which exceeds the standard for a facility the size of TPDC. The physician and the FNP perform a physical examination (PE) on each detainee; however, in two of 20 records reviewed, ODO found the PE was conducted by an LPN. ODO notes that performance of a PE is outside the scope of practice for an LPN.

ICE staff conducts scheduled and unannounced visits each week at TPDC to address detainee concerns. These visits are documented in the ICE Facility Liaison Visit Checklist logbook maintained in the TPDC Security Office. ICE staff collects detainee requests once and sometimes twice a week. As a result, there are instances where detainee requests are not retrieved from the request boxes within 72 hours. The ODO review confirmed that several requests were received by ICE beyond the 72 hours required by the NDS.

ODO verified the TPDC suicide prevention policy meets NDS requirements. There were no suicide watches in the 12 months preceding the CI, and there were no suicide attempts since the February 2009 QAR. ODO confirmed screening for suicide potential occurs during intake screening. Detainees determined at risk for suicide are immediately referred to medical and mental health staff for further evaluation. ODO inspected the cell used for suicide watch and found it has objects that can be used to facilitate a suicide attempt. A metal grate secured to the inside of the cell door window, and the head and foot rails of the bed, provide openings through which something could be tied for use as a noose. In addition, approximately 15 percent of the cell is outside the range of the security camera, which is monitored from an auxiliary control room. The area out of camera range includes the cell door with the metal grate.

There were no ICE detainees in the Administrative Special Management Unit (SMU) or the Disciplinary SMU at the time of the review. TPDC management stated that approximately two to three ICE detainees are placed in the SMU per year. ODO found the cells were well lit, adequately ventilated, and maintained in a sanitary condition. ODO confirmed that detainees in SMU have the same privileges as detainees in the general population.

TPDC has a comprehensive written policy governing the use of force. ODO verified staff receives annual training in confrontation avoidance and use of force. Calculated use of force incidents are those where there is sufficient time to potentially resolve the situation before resorting to force. By contrast, an immediate use of force incident is one where force is used spontaneously to prevent a detainee from harming himself or others. Since January 2011, there were no calculated use of force incidents and only one immediate use of force incident involving an ICE detainee. A review by ODO of written documentation pertaining to the incident found it involved separating two detainees engaged in a fight. Both detainees were examined by medical staff immediately following the incident and were found to have no injuries.

Hygiene supplies and appropriate clothing are provided to detainees at admission. Detainees receive recreation five days a week. All detainees have access to religious programs and telephones, and they can send and receive mail. Visitation is offered twice a week.

## 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 (PBNDS), as applicable. The NDS apply at TPDC. In addition, ODO may focus its inspection based on detention management information provided by the 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 TPDC 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 TPDC.

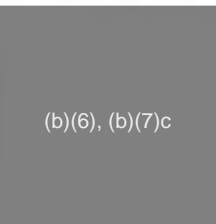
## REPORT ORGANIZATION

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 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 NDS, ICE policy, or operational procedure. OPR defines an area of concern as something that may lead to or risk a violation of the NDS, ICE policy, or operational procedure. When possible, the report includes contextual and quantitative information relevant to the cited standard. Deficiencies are highlighted in bold throughout the report and are encoded sequentially according to a detention standard designator.

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

## INSPECTION TEAM MEMBERS



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

## OPERATIONAL ENVIRONMENT

### INTERNAL RELATIONS

ODO interviewed the TPDC Warden, Deputy Warden, Chief of Security (Major), and the ICE AFOD who oversees the facility. During the interviews, all personnel stated the working relationship between TPDC and ICE personnel is good, and morale is high.

TPDC and ICE staff stated working conditions are adequate to accomplish all required duties. The Warden stated ICE officers visit detainees in the housing units at least once each week, and the AFOD at least once each month, to communicate with detainees, and address detainee issues and concerns.

### DETAINEE RELATIONS

ODO interviewed 18 randomly-selected ICE detainees to assess the overall living and detention conditions at the facility. ODO received no complaints concerning issuance and replenishment of hygiene supplies, sending and receiving mail, visitation, religious services, and access to the law library or the grievance process.

Twelve detainees stated recreation is limited to between 30 minutes to one hour twice a week. ODO confirmed detainees receive recreation five days a week, one hour a day, in accordance with the standard.

Five detainees stated that response times to medical requests are slow. During a review of the Medical Care NDS, ODO determined sick call slips are collected daily and triaged in a timely manner to determine priority for care. Sick call is conducted daily, which exceeds the standard for a facility the size of TPDC.

Thirteen detainees stated that food portions are small, and one detainee stated the menu consists mainly of rice and beans. The serving portions observed during the ODO review of the Food Service NDS were found to be adequate. ODO confirmed the master cycle menu is reviewed annually by a registered dietician. The dietician completes a nutritional analysis for the regular menu and the special diet menu.

Fifteen detainees did not know the name of a deportation officer or how to contact one. ODO verified DO and ICE visitation schedules, which include DO names, are conspicuously posted in each housing unit.



## ICE NATIONAL DETENTION STANDARDS

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

- Detainee Classification System
- Detainee Handbook
- Detainee Transfer
- Disciplinary Policy
- Funds and Personal Property
- Special Management Unit - Administrative Segregation
- Special Management Unit - Disciplinary Segregation
- Use of Force

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

ODO found deficiencies in the following eight standards:

- Access to Legal Material
- Admission and Release
- Detainee Grievance Procedures
- Environmental Health and Safety
- Food Service
- Medical Care
- Staff-Detainee Communication
- Suicide Prevention and Intervention

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

## **ACCESS TO LEGAL MATERIAL (ALM)**

ODO reviewed the Access to Legal Material standard at TPDC 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 NDS. ODO reviewed policies and procedures, and the detainee handbook, inspected the law library, and interviewed staff and detainees.

TPDC maintains a dedicated space for the law library that is adequately furnished. The library staff ensures that upon request, detainees have access to copying services, paper, and writing implements. Detainees are allowed access to the law library for up to five hours a week. There are three computers equipped with LexisNexis that ICE detainees use to conduct legal research. During the CI, the LexisNexis software was not operational and required updating (**Deficiency ALM-1**). TPDC management stated that a CD-ROM containing the most recent version of LexisNexis was available. ODO confirmed installation of the updated version occurred on the final day of the CI.

In reviewing facility policies regarding the law library, ODO did not find a written policy that describes procedures to assist illiterate and non-English speakers with using the law library and drafting legal documents (**Deficiency ALM-2**). The detainee handbook also does not inform detainees of the procedures for requesting legal reference materials not maintained in the library, or the procedure for notifying a designated employee that library material is missing or damaged (**Deficiency ALM-3**).

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

### **DEFICIENCY ALM-1**

In accordance with the ICE NDS, Access to Legal Material, Change Notice – Access to Legal Reference Materials and Lexis Nexis CD-ROMs, dated June 14, 2007, the FOD must ensure that all ICE detainees held in detention facilities for longer than 72 hours must have access to the legal reference materials listed in Attachment A of the standard. DRO has conferred with the ICE Office of Principle Legal Advisor (OPLA) about alternative, cost-effective methods of providing legal reference material.

OPLA has advised DRO that the Lexis Nexis CD-ROM that is updated and distributed to Field Offices quarterly is an accurate legal reference tool, and fulfills ICE's requirement in Access to Legal Standards to provide legal reference materials. Effective immediately, in facilities capable of providing detainees access to computers, the contents of the Lexis Nexis CD-ROMs may replace the hard-copy legal reference material that is listed in Attachment A of the Access to Legal Material Standard.

### **DEFICIENCY ALM-2**

In accordance with the ICE NDS, Access to Legal Material, section III(L), the FOD must ensure that unrepresented illiterate or non-English speaking detainees who wish to pursue a legal claim

related to their immigration proceedings or detention and indicate difficulty with the legal materials must be provided with more than access to a set of English-language law books. Facilities shall establish procedures to meet this obligation, such as:

1. helping the detainee obtain assistance in using the law library and drafting legal documents from detainees with appropriate language and reading-writing abilities; and
2. assisting in contacting pro bono legal-assistance organizations from the INS-provided list. If such methods prove unsuccessful in providing a particular non-English-speaking or illiterate detainee with sufficient assistance, the facility shall contact the INS to determine appropriate further action.

**DEFICIENCY ALM-3**

In accordance with the ICE NDS, Access to Legal Material, section III(Q), the FOD must ensure the detainee handbook or equivalent, shall provide detainees with the rules and procedures governing access to legal materials, including the following information; the procedure for requesting legal reference materials not maintained in the law library; and the procedure for notifying a designated employee that library material is missing or damaged.

## **ADMISSION AND RELEASE (A&R)**

ODO reviewed the Admission and Release standard at TPDC 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 NDS. ODO reviewed policies and detention files, interviewed facility staff and detainees, and observed the admission and release process.

TPDC issues hygiene supplies and appropriate clothing to detainees. Detainees receive handbooks, which are available in English and Spanish, and are shown an orientation video.

ODO verified that ICE detainees are issued color-coded identification cards in an effort to distinguish detainee classification status (**Deficiency AR-1**). ODO observed that there were several instances where detainees were walking in common areas of the facility without a card prominently displayed. ODO observed that detainees moving through the facility did not always have their identification cards on their person when asked to produce them. ODO advised facility staff that detainee classification levels should be readily identifiable either by the clothing the detainee is issued, or via a visible color-coded wristband that cannot be easily removed. TPDC staff stated they will implement a color-coded wristband system, so facility personnel can easily ascertain the classification status of each detainee on sight.

ODO determined that the TPDC did not have a procedure in place at admission to inventory identification documents, such as passports and birth certificates (**Area of Concern AR-1**). ODO cites this as an Area of Concern, rather than a deficiency, because TPDC staff stated that these documents are retained by ICE staff before detainees arrive at the facility. TPDC staff stated a policy would be implemented in the event this issue is encountered in the future.

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

### **DEFICIENCY AR-1**

In accordance with the ICE NDS, Admission and Release, section (III)(C), the FOD must ensure the classification process determines the appropriate level of custody for each detainee. Once this is established, staff can issue the detainee clothing/wristband in the appropriate color for his/her classification level.

## **STANDARD/POLICY REQUIREMENTS FOR AREA OF CONCERN**

### **AREA OF CONCERN AR-1**

In accordance with the ICE NDS, Admission and Release, section III(E), the FOD must ensure each facility shall have a procedure for inventory and receipt of detainee baggage and personal property (other than funds and valuables) in accordance with the "Funds and Personal Property" Standard.

Identity documents, such as passports, birth certificates, etc., will be inventoried, then given to a deportation officer/INS for placement in the detainee's A-file.

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

ODO reviewed the Detainee Grievance Procedures standard at TPDC to determine if a process to submit formal or emergency grievances exists, and responses are provided in a timely manner, without fear of reprisal. In addition, the review was conducted to determine if detainees have an opportunity to appeal responses, and if accurate records are maintained, in accordance with the ICE NDS. ODO visited housing areas, interviewed staff and detainees, reviewed policies and procedures, the detainee handbook, detention files, and the grievance log.

TPDC has an informal and formal grievance system that includes a multi-step appeal process, as well as procedures for addressing emergency grievances. Grievance forms are available upon request from the housing unit officer. Only one grievance was filed by ICE detainees during the 12 months preceding the CI. The grievance pertained to a staff member using profanity. The Warden reprimanded the staff member who used the inappropriate language. ODO determined the grievance was properly investigated and a response was provided in a timely manner. The grievance was properly filed in the detainee's detention file.

The detainee handbook did not include information related to the procedure for contacting ICE to appeal a decision of the TPDC Officer in Charge (**Deficiency DGP-1**). During the CI, a revision was made to the detainee handbook that addressed this deficiency.

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

### **DEFICIENCY DGP-1**

In accordance with the ICE NDS, Detainee Grievance Procedures, section (III)(G)(4), the FOD must ensure the facility shall provide each detainee, upon admittance, a copy of the detainee handbook or equivalent. The grievance section of the detainee handbook will provide notice of the following:

4. The procedure for contacting the INS to appeal the decision of the OIC of a CDF or an IGSA facility.

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

ODO reviewed the Environmental Health and Safety standard at TPDC 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, reviewed policies and documentation of inspections, hazardous chemical management, and fire drills.

Caustic and flammable substances are stored in the Sheriff's Department Resource Center located approximately one-half mile from the facility. ODO verified Material Safety Data Sheets (MSDS) and a master index of cleaning and laundry chemicals used in the facility are available and complete. There is no documentation the master index has been reviewed on a semi-annual or other scheduled basis. In addition, the index does not include a listing of emergency phone numbers (**Deficiency EH&S-1**). Routine review of the index of hazardous substances assures accuracy and supports accountability. Inventories of chemicals stored in the chemical storage area and food service are inaccurate (**Deficiency EH&S-2**). ODO confirmed quantities listed on inventories for three of eight chemicals did not match quantities available. Accurate inventories assure all chemicals are properly accounted for.

Reports for water quality and pest control services are available and current. Exit diagrams are posted throughout the facility. The diagrams are printed in English and Spanish and show the locations of emergency equipment. Review of available documentation confirmed fire drills have not been conducted in detainee housing areas in 2012 (**Deficiency EH&S-3**). ODO verified monthly fire drills are conducted and documented in all other areas of the facility. Review of fire drill reports found emergency keys are not drawn and exit doors are not unlocked (**Deficiency EH&S-4**). Routine fire drills in all areas of the facility ensure staff has the knowledge and skills necessary to take appropriate action in the event of a fire. Testing of emergency keys and exit doors assures operability and expeditious egress in the event of an emergency.

The emergency power generator at TPDC is tested bi-weekly; however, review of documentation found the duration of the tests ranged between 10 to 30 minutes instead of one hour as required by the NDS. The Maintenance Lieutenant stated he will test the generators for an hour to comply with the standard. An outside generator service company checks the emergency power system annually rather than quarterly as required by the NDS (**Deficiency EH&S-5**). The Maintenance Lieutenant stated annual testing meets state regulations.

A dedicated barbershop is located in a separate room along the main hallway. ODO confirmed the room is equipped with hot and cold running water, and sanitation regulations are conspicuously posted. ODO inspected barber tools and found them to be sanitary.

ODO found the overall sanitation of the facility was good; however, maintenance issues were identified in the shower and toilet areas of detainee housing units. In the Foxtrot unit, only three of six showers were working, and only one of eight sinks had hot water. One sink was non-functional. In the Charlie unit, a large, wall-mounted urinal was flooded with approximately

two inches of standing water. ODO brought these issues to the attention of facility management, who stated they would call the TPDC maintenance department for repairs.

## **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 Material Safety Data Sheets (MSD's). 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 MSDS master file.

The master index will also include a comprehensive, up to date list of emergency numbers (fire department, poison control center, etc.).

### **DEFICIENCY EH&S-2**

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(E)(4), the FOD must ensure accountability: Inventory records for a hazardous substance must be kept current before, during, and after each use.

### **DEFICIENCY EH&S-3**

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(L)(4), the FOD must ensure monthly fire drills will be conducted and documented separately in each department.

### **DEFICIENCY EH&S-4**

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(L)(4)(c), the FOD must ensure emergency-key drills will be included in each fire drill, and timed. Emergency keys will be drawn and used by the appropriate staff to unlock one set of emergency exit doors not in daily use. NFPA recommends a limit of four and one-half minutes for drawing keys and unlocking emergency doors.

### **DEFICIENCY EH&S-5**

In accordance with the ICE NDS, Environmental Health and Safety, section (III)(O), the FOD must ensure power generators will be tested at least every two weeks. Other emergency equipment and systems will undergo quarterly testing, with follow-up repairs or replacement as necessary.

The biweekly test of the emergency electrical generator will last one hour. During that time, the oil, water, hoses and belts will be inspected for mechanical readiness to perform in an emergency situation. The emergency generator will also receive quarterly testing and servicing from an external generator service company. Among other things, the technicians will check starting battery voltage, generator voltage, and amperage output.

## FOOD SERVICE (FS)

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

All work associated with preparing meals is performed by TPDC employees, with support from an inmate work crew. No ICE detainees work in food service. Food service staff consists of the Food Service Manager (FSM), (b)(7)(e) Kitchen Worker, and (b)(7)(e) Kitchen Correctional Officers. ODO confirmed the staff and inmate workers receive appropriate training, and are all medically cleared to work in food service.

Meals for the general population are served in the TPDC dining hall; meals for the Special Management Unit are delivered on trays. ODO tested food temperatures and confirmed they met NDS requirements. In addition, ODO observed staff calibrating thermometers and recording food temperature readings during the preparation of the noon and evening meals.

ODO verified procedures are in place to facilitate proper sanitation of the food service area. Pest control inspections and treatment are completed and documented on a monthly basis by an outside contractor. ODO confirmed safety and sanitation inspections are conducted daily, weekly, and monthly by the FSM, food service staff, and the Safety Manager. ODO observed cleaning schedules posted throughout the area, and that "clean as you go" procedures are followed. All food service areas are clean and well organized. ODO confirmed food products are stored appropriately in areas free from contaminants. On April 23, 2012, the Louisiana Department of Health found the TPDC food service department in compliance with State regulations during the most recent bi-annual inspection.

Review of the master cycle menu confirmed it is reviewed annually by the food service manager and a registered dietician. The dietician completes a nutritional analysis for the regular menu and the special diet menu. Food substitutions are selected from the master menu cycle and are appropriately logged. ODO confirmed memoranda identifying detainees approved for religious diets are generated by the Chaplain and provided to the Food Service Manager.

ODO took temperature readings of the walk-in freezer and cooler and found they were maintained in accordance with the standard. The inspection confirmed food preparation equipment such as ovens, mixers, and tilt skillets were clean, properly installed, and equipped with emergency gas shut-off valves; however, the meat slicer was not equipped with an anti-restart device (**Deficiency FS-1**). Equipment that stops working when power is interrupted will restart automatically once power is restored. This potentially presents a significant safety hazard to food service personnel.



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

### **DEFICIENCY FS-1**

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

## MEDICAL CARE (MC)

ODO reviewed the Medical Care standard at TPDC 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, reviewed policies and procedures, examined 20 medical records, verified medical staff credentials, and interviewed the Acting Health Services Administrator (AHSA) and staff.

TPDC holds no accreditations. Medical services are provided by contract providers and nurses employed by the Tensas Parish Sheriff's Department. Providers include the Medical Director, Family Nurse Practitioner (FNP), and Mental Health Practitioner. The Health Services Administrator (HSA) position, which was vacant during the review, is designated for a registered nurse (RN). Additional nursing staff includes (b)(7)e full-time licensed practical nurses (LPN), (b)(7)e of whom was serving as the Assistant Health Services Administrator (AHSA), and (b)(7)e on-call LPNs who are on-call 24 hours a day, seven days a week. (b)(7)e medical records clerks provide clerical support. Dental care is provided by a dentist in Marksville, LA.

ODO verified intake screening was conducted by an LPN upon detainee arrival in all 20 records reviewed. Detainees are screened for signs and symptoms of tuberculosis (TB) as part of the intake screening. Each detainee receives a chest x-ray (CXR) to rule out the presence or absence of TB. A CXR is performed on-site by a mobile x-ray company and digitally transmitted to a radiologist for evaluation. The facility receives the results by fax within one hour of transmission.

Signed consent for treatment forms were found in all 20 records. Medication is delivered to the housing units by an LPN and documented on medication administration records. ODO confirmed medications are administered as ordered by medical providers. At the time of the review, two detainees with chronic conditions were housed at the facility. A review of their records confirmed they received appropriate medication and follow-up. Detainees with chronic care needs are seen by a medical provider every three months.

Detainees access care by submitting written medical requests in a secure "Medical Requests" box located in the dining hall. Sick call slips, which are available in English and Spanish, are collected daily and triaged in a timely manner to determine priority for care. Sick call is conducted daily, which exceeds the standard for a facility the size of TPDC.

The physician and the FNP perform physical examinations (PE) on detainees; however, in two of 20 records reviewed, ODO found the PE was conducted by an LPN. ODO notes performance of a PE is outside the scope of practice for an LPN. The physician later performed a PE on one of the two detainees; however, this occurred 120 days after the detainee's arrival at TPDC. The second detainee did not receive a follow up PE by the physician or the FNP. ODO found eight additional cases where a detainee did not receive a PE within 14 days of arrival as required by the standard. In seven of the eight cases, the PE was completed between 26 and 49 days from arrival; in the eighth case, a PE was never conducted (**Deficiency MC-1**). ODO recommends

implementation of an improved scheduling and tracking system to ensure each detainee receives a PE within 14 days of arrival.

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

### **DEFICIENCY MC-1**

In accordance with ICE NDS, Medical Care, section (III)(D), the FOD must ensure the health care provider of each facility will conduct a health appraisal and physical examination on each detainee within 14 days of arrival at the facility.

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

ODO reviewed the Staff-Detainee Communication standard at TPDC to determine if procedures are in place to allow formal and informal contact between detainees and key ICE and facility staff, and if ICE detainees are able to submit written requests to ICE staff and receive responses in a timely manner, in accordance with the ICE NDS. ODO interviewed staff and detainees, reviewed policies, request logbooks, detention files, and the TPDC detainee handbook.

ODO interviewed facility and ICE staff regarding ICE detainee requests. Request forms are available in all housing units. ODO observed there is a locked box located in the dining area where requests to ICE are placed. Only ICE personnel are able to access the box. Requests for facility staff are provided to housing unit officers.

ODO verified that ICE staff maintains an electronic log of detainee requests. In reviewing a printout of the log, ODO noted the log details the requested information, identifies the detainee making the request (A-number, nationality, name), the date of the request, the date the request was received by ICE, and the date a response was provided. ICE staff conducts visits to TPDC one to two times a week. As a result, there were instances where detainee requests were not retrieved from the request boxes within the required 72 hour time period (**Deficiency SDC-1**). ODO verified this finding by examining the electronic detainee request log, which showed several requests were filed and received by ICE beyond the 72 hours required by the standard.

A review of the facility visitation logbook showed the Field Office Director visited TPDC twice in the 12 months preceding the CI, and the AFOD averages one visit each month.

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

### **DEFICIENCY SDC-1**

In accordance with the ICE NDS, Staff Detainee Communication, section III(B)(1)(b), the FOD must ensure the detainee request shall be forwarded to the ICE office of jurisdiction within 72 hours and answered as soon as possible and practicable, but not later than within 72 hours from receiving the request. If it is apparent that the request is serious in nature, procedures shall be in place for an expedited review and response to the detainee's request.

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

ODO reviewed the Suicide Prevention and Intervention standard at TPDC to determine if the health and well-being of detainees are protected by training staff in effective methods of suicide prevention, in accordance with ICE NDS. ODO reviewed the TPDC policy and medical and facility staff training records, and interviewed the Acting Health Services Administrator and various staff.

ODO verified the TPDC suicide prevention policy meets the requirements of the standard. There have been no suicide watches in the past year, and no suicide attempts since the February 2009 QAR. ODO confirmed screening for suicide potential occurs as part of intake screening. Detainees determined at risk for suicide are immediately referred to medical and mental health staff for further evaluation. The suicide prevention training curriculum covers all elements required by the standard, including recognizing signs of suicidal thinking, facility referral procedures, suicide prevention techniques, responding to an in-progress suicide attempt, identification of suicide risk factors, and the psychological profile of a suicidal detainee. A random review of training records for ten deputy staff and all medical staff confirmed all training requirements were met.

ODO inspected the cell used for suicide watch and found it has objects which could be used to facilitate a suicide attempt (**Deficiency SP&I-1**). A metal grate secured to the inside of the cell door window, and the head and foot rails of the bed, provide openings through which something could be tied for use as a noose. In addition, approximately 15 percent of the cell is outside the range of the security camera, which is monitored from an auxiliary control room. The area out of camera range includes the cell door with the metal grate.

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

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

In accordance with ICE NDS, Suicide Prevention and Intervention, section (III)(C), the FOD must ensure if danger to life or property appears imminent, the medical staff has the authority, with written documentation, to segregate the detainee from the general population. A detainee segregated for this reason requires close supervision in a setting that minimizes opportunities for self-harm. The detainee may be placed in a special isolation room designed for evaluation and treatment. The isolation room will be free of objects or structural elements that could facilitate a suicide attempt. If necessary, the detainee may be placed in the Special Management Unit, provided space has been approved for this purpose by the medical staff.  
staff.