Report for the U.S. Department of Homeland Security Office for Civil Rights and Civil Liberties

Pulaski County Detention Center, Ullin, Illinois

Complaint Number
19-06-ICE-0214

(b) (6)

Prepared By:
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7/4/2019

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Introduction

On June 10-12, 2019, I assessed the environmental health and safety conditions at the Pulaski County Detention Center (PCDC), Ullin, Illinois. This onsite investigation was provided under contract with the United States Department of Homeland Security, Office for Civil Rights and Civil Liberties (CRCL). Accompanying me on this investigation were (b)(6) Policy Advisor, CRCL; (b)(6) Policy Advisor, CRCL; as well as two other subject matter experts who examined PCDC's medical care and correctional operations.

The purpose of this onsite was to investigate complaints made by U.S. Immigration and Customs Enforcement (ICE) detainees of various alleged violations of civil rights and civil liberties at PCDC. In particular, the allegations contained in Complaint Number 19-06-ICE-0214. This investigation was conducted to obtain an impression of the validity of the allegations by assessing the facility's adherence to applicable standards and best practices related to environmental conditions. The areas of review included the housing units, kitchen, laundry, barbershop, and chemical storage area.

Qualifications

(b) (6)

Methodology

The basis of this report includes document reviews, tour of the facility, detainee interviews, facility staff interviews, visual observations, and environmental measurements. The findings and recommendations contained in this report are solely those of the author. The report cites specific examples of conditions found during this review; however, they should not be considered as all inclusive of the conditions found during the inspection. Consideration was given to national and state standards including the Performance Based National Detention Standards 2011 (PBNDS 2011) and the Food Code 2017, U.S. Food and Drug Administration (FDA).

Facility Overview

Pulaski County Illinois operates PCDC and houses U.S. Immigration and Customs Enforcement (ICE) detainees through an Intergovernmental Service Agreement (IGSA). The facility housed

166 male and 24 female detainees on June 10, 2019. The PBNDS 2011 are applicable to this facility.

Findings

Food Service

Complaint No. 19-06-ICE-0214 alleges that the facility distributes uncooked food to detainees.

Findings: The allegation that the facility served uncooked food is unsubstantiated. However, the kitchen floor was found to be excessively worn and pitted rendering it no longer smooth and easily cleanable and not therefore not conducive to compliance with the PBNDS 2011 Food Service standard stating that floors must be routinely cleaned.

Applicable Standard: The PBNDS 2011 Food Service standard is applicable.

Analysis:

The PCDC kitchen manager was interviewed on June 12, 2019, and we discussed which menu items are prepared from raw ingredients and which are purchased fully cooked requiring only heating before being served. The majority of foods including the meats used in casseroles, breaded patties (chicken and fish), chicken fried steak, burritos, and chicken nuggets are commercially prepared convenience foods. The entrees that require preparation of raw ingredients were eggs and chicken for the "baked chicken" entrée. All of the vegetables other than the potato wedges that are made with fresh potatoes are purchased either canned or frozen. Therefore, although the complaint does not indicate which foods were allegedly distributed to detainees "uncooked" there are only a few food items purchased and cooked at PCDC that could be served at a degree of preparedness that would be raw or underdone. Food temperature logs were reviewed and no violations of the standard were found. The food manager stated that the kitchen is vigilant to ensure that the raw chicken is cooked to the required temperature and she did not recall any incidents or allegations of undercooked chicken.

The Southern Seven Health Department food establishment inspection reports for April 9, 2019 and December 11, 2018 were reviewed. The PCDC kitchen had one violation in 2019 for a finding of several dented cans of food in the storage area and the inspector noted that they were immediately isolated and discarded. The kitchen had one violation in 2018 for a 3-compartment sink that was registering less than the required Priority of sanitizer and the inspector noted that maintenance was done on site. During both inspections, the health inspector recorded food temperature observations and all

temperatures were compliant with the PBNDS 2011 Food Service standard temperature requirements.

During detainee interviews, I asked about the food served at the facility. The responses ranged from it was good to okay to inedible. Several detainees reported that the food served at PCDC is better than the food served at other detention facilities. However, no detainees stated or implied that the food was uncooked, rather their specific objections focused on the flavor or their dislike of certain foods, spinach was specifically named during one of the group interviews. However, based on my experience having done numerous detainee interviews, it is extremely uncommon to receive no food related complaints. Additionally, PCDC employees could obtain meals from the kitchen and staff members stated that they like the food and regularly eat at the facility.

Therefore, although food preferences are highly subjective and while there may be detainees that find the food unappetizing, through observations, document reviews, and detainee and staff interviews, I found no substantiation that PCDC serves uncooked foods.

During my inspection, I observed that the PCDC kitchen floor was excessively worn and pitted, especially in the kettle area. The PBNDS 2011 Food Service standard stating, "Food service facilities and equipment shall meet established governmental health and safety codes" is applicable. The Illinois Department of Public Health adopted of the FDA Food Code in June 2016 as the state food code.[1] Therefore, FDA Food Code 2017; 6.2 Design, Construction, and Installation; Cleanability; 6-201.11 Floors, Walls, and Ceilings stating, "Except as specified under § 6-201.14 and except for antislip floor coverings or applications that may be used for safety reasons, floors, floor coverings, walls, wall coverings, and ceilings shall be designed, constructed, and installed so they are smooth and easily cleanable" is applicable. The condition of the floor, particularly the pitted areas is not easily cleanable. The facility administrators stated that they were aware of the problem and presented a bid document for renovation of the kitchen floor. Renovation of the kitchen floor is a major project that requires considerable resources and planning.

<u>Recommendation:</u>

1. Clean kitchens are necessary to produce safe food. In order to comply with the PBNDS 2011 Food Service standard stating that floors must be routinely cleaned, PCDC should repair or renovate excessively worn and pitted kitchen

[1] http://dph.illinois.gov/topics-services/food-safety/retail-food

floor. The current condition of the floor is no longer smooth and easily cleanable as required the Illinois state and the FDA Food Code stating floors "shall be designed, constructed, and installed so they are smooth and easily cleanable". Compliance with the Illinois state and the FDA Food Code is required by the PBNDS 2011 Food Service standard stating, "Food service facilities and equipment shall meet established governmental health and safety codes." (Applicable standard: PBNDS 2011; Food Service, Priority 2)

Laundry

Complaint No. 19-06-ICE-0214 alleges that the facility does not provide clean towels to detainees.

Findings: The allegation that the facility does not provide clean towels to detainees in compliance with the applicable standard is unsubstantiated.

Applicable Standard: The PBNDS 2011 Personal Hygiene standard is applicable.

Analysis:

I inspected the PCDC laundry operations and found them to be compliant with the PBNDS 2011 Personal Hygiene standard stating, "Each facility shall maintain an inventory of clothing, bedding, linens, towels and personal hygiene items that is sufficient to meet the needs of detainees" and "All detainees shall be issued clean bedding, linens and a towel." The PCDC laundry room was clean and organized. I inspected bath towels from random carts of laundered towels and found them to be clean, free of odors and suitable for issuance with no rips, holes, etc.

Furthermore, during detainee group interviews I specifically asked about the laundry operations at PCDC. No detainees reported problems with the towels. However, while several detainees stated that on some occasions during laundry exchange, they did not have their specific clothing size available and therefore they had to take clothing that was one size smaller or larger. However, PCDC utilizes "hospital scrubs" style detainee uniforms. The pants have elastic waistbands and the sizing of the garments allows some flexibility in sizing. For example, the trousers size chart[2] of one well-known supplier of correctional uniforms indicates that the size medium pant is waist size 34-38, the size large is waist size 38-42 and the size XL is waist size 42-46, and therefore there is overlap in pant waist sizes. The supplier's shirt size chart[3] also indicates flexibility because they

[2] https://www.bobbarker.com/tristitch-trousers.html
[3] https://www.bobbarker.com/tristitch-shirts.html

are sold in 3" size increments. For example, size medium is chest size 48, size large is chest size 51 and size XL is chest size 54. Additionally, all of the detainees throughout the facility were neat in appearance and no detainee was observed wearing clothing that was noticeably the wrong size. Therefore, PCDC complies with the PBNDS 2011 Personal Hygiene standard stating, "Each detainee shall have sufficient clean clothing that is properly fitted; climatically suitable, durable and presentable."

Barber Operation

Complaint No. 19-06-ICE-0214 alleges that the facility does not give haircuts "in time".

Findings: The allegation that the facility does offer haircuts to detainees in a timely manner is unsubstantiated. However, barber operation related safety and sanitation violations of the PBNDS 2011 Environmental Health and Safety standard were found.

Applicable Standard: The PBNDS 2011 Environmental Health and Safety and Personal Hygiene standards are applicable.

Neither the barber operations section of the PBNDS 2011 Environmental Health and Safety standard nor the hair care section of the PBNDS 2011 Personal Hygiene standard specifically address scheduling or maximum length of time between haircuts. The hair care section of the PBNDS 2011 Personal Hygiene standard states, "Detainees shall be provided hair care services in a manner and environment that promotes sanitation and safety."

PCDC barber operations are conducted in a separate room as required by the standard. However, the PCDC barbershop did not have a sanitation regulations posted to comply with the PBNDS 2011 Environmental Health and Safety standard stating, "Detailed hair care sanitation regulations shall be conspicuously posted in each barbershop for the use of all hair care personnel and detainees."

In order to obtain barber services, detainees signed up on a list and haircuts were offered to each housing unit based on a rotating schedule. Detainees were escorted from their housing unit to the barbershop. During the three days of the CRCL inspections, the barbershop was in almost continuous use except during meal and count times. PCDC staff stated that the most common reason for a detainee to refuse a haircut was that they would rather go to outdoor recreation than the barbershop. During detainee interviews, I asked about barber operations at the facility and no issues of significance were raised. Overall, the detainees appeared to have good personal hygiene, including their hair.

The importance of barber operation sanitation is articulated by the PBNDS 2011 Environmental Health and Safety standard stating, "Sanitation in barber operations is imperative because of the possible transfer of diseases through direct contact or by towels, combs and clippers." During my inspection of the plastic storage box containing the barber tools, loose hair clippings were found on the clipper heads, clipper guards and accumulated in the box. The plastic box and barber implements were stored in the supervisor's office and should have been handled in accordance with the PBNDS 2011 Environmental Health and Safety standard stating, "After each detainee visit, all hair care tools that came in contact with the detainee shall be cleaned and effectively disinfected" before storage.

While inspecting the barber kit I found an unlabeled 16 oz. clear plastic food storage type container that held an unidentified green liquid. A supervisor stated that the liquid was used to disinfect the barber tools and that it was obtained from the medical department, however there was not a Safety Data Sheet (SDS) for that particular chemical in the SDS binder in the supervisor's office. Storing chemicals in unlabeled containers, especially ones that are typically used for food storage is a dangerous practice as someone may confuse it for food or a beverage and ingest a potentially harmful substance. PCDC purchases 16 oz. clear plastic containers with lids specifically for disinfection of the barber implements. The containers serve their intended purpose however; they must be clearly labeled for chemical storage.

Recommendations:

2. The importance of barber operation sanitation is recognized by the PBNDS 2011 Environmental Health and Safety standard stating, "Sanitation in barber operations is imperative because of the possible transfer of diseases through direct contact or by towels, combs and clippers." Therefore, PCDC should post detailed hair care sanitation regulations and then ensure ongoing compliance with the PBNDS 2011 Environmental Health and Safety standard stating, "Detailed hair care sanitation regulations shall be conspicuously posted in each barbershop for the use of all hair care personnel and detainees." (Applicable standard: PBNDS 2011; Environmental Health and Safety, Priority 1)

3. The opportunity for the transmission of skin and scalp diseases including Hepatitis B and C, ringworm, head lice, and MRSA is acknowledged by the PBNDS 2011 Environmental Health and Safety standard stating, "Potential disease transfer shall be minimized through proper sanitization of barbering equipment and supplies." Hair trimmings were found on hair clipper heads

and clipper guards that should have been cleaned after use. Failure to properly clean and disinfect barber tools places detainees at risk of skin and scalp diseases. PCDC should ensure that all barber tools and supplies are properly cleaned and disinfected after each use as mandated by the PBNDS 2011 Environmental Health and Safety standard stating, "After each detainee visit, all hair care tools that came in contact with the detainee shall be cleaned and effectively disinfected." (Applicable standard: PBNDS 2011; Environmental Health and Safety, Priority 1)

4. Storing chemicals in an unlabeled container, especially one that is typically used to store food is a dangerous practice because someone may accidentally ingest a harmful substance. Therefore, the facility should ensure that all chemical containers are clearly labeled in accordance with the PBNDS 2011 Environmental Health and Safety standard stating, "overseeing the use of properly labeled containers for hazardous materials, including any and all miscellaneous containers into which employees might transfer materials" and "correctly labeling all smaller containers to correspond to the manufacturer-affixed labels on larger shipping containers." (Applicable standard: PBNDS 2011; Environmental Health and Safety, Priority 1)

5. The importance of Safety Data Sheets (SDS) formerly known as Material Safety Data Sheets (MSDS) is underscored by the PBNDS 2011 Environmental Health and Safety standard stating, "MSDS are produced by manufacturers and provide vital information on individual hazardous substances, including instructions on safe handling, storage and disposal; prohibited interactions; etc." PCDC should ensure that SDS for all chemicals are maintained in accordance with the PBNDS 2011 Environmental Health and Safety standard stating, "Staff and detainees shall have ready and continuous access to the MSDS for the substances with which they are working." (Applicable standard: PBNDS 2011; Environmental Health and Safety, Priority 1)

Summary of PBNDS 2011 Recommendations

1. Clean kitchens are necessary to produce safe food. In order to comply with the PBNDS 2011 Food Service standard stating that floors must be routinely cleaned, PCDC should repair or renovate excessively worn and pitted kitchen floor. The current condition of the floor is no longer smooth and easily cleanable as required the Illinois state and the FDA Food Code stating floors "shall be designed, constructed, and installed so they are smooth and easily cleanable". Compliance with the Illinois state and the FDA Food Code is required by the PBNDS 2011 Food Service standard stating, "Food service facilities and equipment shall meet established governmental health and safety codes." (Applicable standard: PBNDS 2011; Food Service, Priority 2)
2. The importance of barber operation sanitation is recognized by the PBNDS 2011 Environmental Health and Safety standard stating, "Sanitation in barber operations is imperative because of the possible transfer of diseases through direct contact or by towels, combs and clippers." Therefore, PCDC should post detailed hair care sanitation regulations and then ensure ongoing compliance with the PBNDS 2011 Environmental Health and Safety standard stating, "Detailed hair care sanitation regulations shall be conspicuously posted in each barbershop for the use of all hair care personnel and detainees." (Applicable standard: PBNDS 2011; Environmental Health and Safety, Priority 1)
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employees might transfer materials" and "correctly labeling all smaller containers to correspond to the manufacturer-affixed labels on larger shipping containers." (Applicable standard: PBNDS 2011; Environmental Health and Safety, Priority 1)

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Medical Expert Report
U.S. Department of Homeland Security
Office for Civil Rights and Civil Liberties

Pulaski County Detention Center

(b) (6)

MD, MBA, MPH, CCHP-P, CCHP-A

June 10-12, 2019

Executive Summary

During the three day period of June 10-12, 2019, I visited the Pulaski County Detention Center (PCDC) in Ullin. IL, as a member of a CRCL team to assess the degree of compliance of PCDC medical unit with the Performance Based National Detention Standards 2011 (PBNDS 2011) standards of care for detainees housed in that facility. Additionally, I was asked to investigate two specific allegations regarding the medical care at PCDC. I visited PCDC's medical unit (clinic, medication room, negative pressure isolation rooms/ observation area) as well as several other locations including intake and housing areas. I also interviewed various PCDC custody and health care staff including the Health Services Administrator, several nursing staff, and the Warden (I did not meet the facility physician during my time at PCDC). Additionally, I spoke to several detainees at the PCDC. I extend my most sincere thanks to all PCDC health care and custody leadership and front line staff for their hospitality and generosity with their time and resources. I would also like to thank PCDC health care and custody leadership and staff for their openness to my suggestions and critical appraisal of this facility's processes and activities. PCDC personnel were completely cooperative and helpful in this visit. I enjoyed full and unhindered access to all areas and staff.

The current PCDC health care personnel appear to be highly engaged and strongly committed and invested in caring for the detainees of this facility. Based on my review, the overall health care of the PCDC detainees is in compliance with the Medical Care standard of the PBNDS 2011. The PCDC detainees' health care experience starts at intake screening where, according to my audit of several records, 100% of the detainees received their intake screening within hours of arriving at the facility. Detainees identified as having a medical condition requiring continuation of medications are started on their medications within 24 hours of arrival, regardless of the day of the week or the time of the day. I consider this a best in class achievement. Other best in class finding was the process of documenting the sick call triage by the facility RN directly in the electronic medical record.

I was not able to fully assess the fidelity of the chronic care process (interval provider evaluation or continuity of medication) due to the very short average length

of stay for the detainees at PCDC. Dental care is provided off site. The sick call process also appears to be functioning well, with detainees having their medical issues addressed within a couple of days of submitting a sick call request. One area of opportunity for improvement with regard to sick call was making the sick call requests available to detainees within the special housing unit instead of asking detainees to request the forms from the nursing or custody staff. Additionally and similar to the rest of the facility, PCDC should place a locked sick call box in the special housing unit so that detainees can place their sick call requests on their way to and from rec instead of having to wait for the nursing staff to collect them in person.

Generally, there were no areas of performance that could potentially rise to the level of an unsafe environment of detention.

Report Organization

In addition to my review of the specific medical allegations, I will provide an overall assessment of the performance of healthcare services at PCDC based on Medical Care, Section II (Expected Outcomes) and Section V (Expected Practices) of the Performance-Based National Detention Standards 2011 (PBNDS 2011). I will support my overall assessment of the performance of health care services at PCDC by providing a summary of several chart review investigations that stemmed from my personal interviews with some detainees and detainee interviews performed by other members of the CRCL team, as well as a random chart audits based on various criteria including chronic disease, non-emergent health care request (sick call), etc.

My Credentials

(b) (6)

CRCL Allegations

Below, is my review and assessment of the following medical allegations at PCDC that were received by CRCL:

Detainee #1[1] alleged that he is diabetic and that the PCDC doctor was ignoring everything and was refusing to give the detainee insulin. Detainee further alleged that his blood sugar was too high and that he was worried that something would go wrong. Detainee also alleged that his sugar levels had been high because he was not getting enough exercise because the facility did not have the appropriate shoes and he believed that he would get injured.

Detainee #1 was admitted to PCDC on November 13, 2018 and reported a history of diabetes. His blood glucose level was documented at 247. He was evaluated by the facility MD the following day on November 14th, 2018 and underwent testing for HgbA1C. He was then evaluated again by the facility MD two days later on November 16th, 2019. His HgbA1C was 7.7. He was transferred out of PCDC on April 24th, 2019. Detainee refused repeat lab work on February 12th, 2019. Additionally, detainee refused his diabetic medication (oral hypoglycemic medication or sliding scale insulin) at least 17 times during his stay at PCDC. Review of this detainee's blood glucose levels for the 6 months of detention at PCDC indicates that his diabetes management improved dramatically during the latter three months of detention at PCDC with his average FSBG levels improving from 300 range to 200 range and below.

Conclusion: this complaint is unsubstantiated.

[1] Please note that I have omitted from this report Personally Identifiable Information (PII) relating to the detainees discussed. Each detainee's name is included in Appendix A with the corresponding alien number so that the report can be freely shared, without the appendix, with those who have no need to know this PII.

Detainee #2 is requesting to be transferred to a facility that is suitable for a disabled person. Detainee alleged that he is paralyzed from the chest down and is confined to a wheelchair. Detainee alleges that PCDC does not have the appropriate accommodations for a disabled person such a chair to shower in. Detainee alleges that he had to be picked up and placed in a chair by an officer. This resulted in detainee's legs falling on the floor causing a fracture to his femur bone. Detainee alleges that he requested a second catheter from a nurse and he was yelled at for doing so. Detainee alleges that he has been placed in segregation because he is considered dangerous in population therefor he does not receive recreation time.

Detainee #2 was admitted to PCDC on January 4, 2019 and reported T1 paralysis after a GSW in 2004. He was evaluated by the facility MD on the same day. For the duration of his stay at PCDC, detainee was housed in the medical infirmary cell 1 which is the handicap accessible cell of the two-cell infirmary unit at PCDC. The review of records indicate that detainee repeatedly requested general population housing but this request was denied (appropriately) due to detainee's medical need (frequent use of urinary catheters and anal manipulation). There was no evidence of injury to this detainee's feet or any other body part. There is also no sick call requests or medical grievances regarding injuries.

Conclusion: this complaint is unsubstantiated.

Performance of Health Care Services

As mentioned in the executive summary, I found several areas of care that met PBNDS 2011 standards of medical care for detention facilities. Below, I will focus my findings to those PBNDS 2011 standards that were **not met** along with my recommendations for remediation.

PBNDS 2011, Std. II.10. Centers for Disease Control and Prevention (CDC) guidelines for the prevention and control of infectious and communicable disease shall be followed.

PBNDS 2011, Std. 4.3.II.1. Detainees shall have access to a continuum of health care services, including screening, *prevention*, health education, diagnosis and treatment.

PBNDS 2011, Std. 4.3.V.A.3: Every facility shall directly or contractually provide its detainee population with the following: …Comprehensive, routine and *preventive* health care, as medically indicated.

Findings (chart reviews for detainee 21, 26-29, 35):

PCDC has failed to provide comprehensive preventive care for the detainee population who quality for routine vaccination based on Centers for Disease Control and Prevention (CDC) guidelines. Specifically, PCDC does not offer Pneumovac vaccination to adult detainees who qualify for this vaccination (chronic lung disease, chronic heart disease and diabetes).

Recommendation:

- PCDC must train and educate the staff to provide immunization according to national guidelines.

PBNDS 2011, Std. II.27. Detainees in Special Management Unit (SMUs) shall have access to the same or equivalent health care services as detainees in the general population,

PBNDS 2011, Std. 4.3.V.S. Sick Call. Detainees must have "unrestricted opportunity

to freely request health care services…."

Findings:

The PBNDS 2011 states that detainees must have "unrestricted opportunity to freely request health care services." PCDC detainees have the ability to submit sick call requests on a daily basis using sick call forms that are present in every housing unit of PCDC except for the Special Housing Unit. In this unit, detainees must ask a custody staff or a nursing staff for a sick call request form. Additionally, SHU detainees are not able to submit their sick call request in a private manner by inserting these requests in a locked box similar to all other housing units at PCDC.

Recommendations:

- PCDC should allow for privacy and unrestricted access of detainees to non-urgent sick call requests in the SHU by placing a sick call form holder and a lockable sick call box in that area.

PBNDS 2011, Std. 4.3.V.R.1. Emergency dental treatment shall be provided for immediate relief of pain, trauma and acute oral infection.
NCCHC J-E-07: Inmates' non-emerging health care needs are met.

Findings:

Dental services are provided by a community dental provider once a week. Detainees with dental pain and documented evidence of early gum disease/ gum infection are placed on pain medication and oral antibiotics with the expectation to submit a separate sick call request for definitive care once the acute pain and infection has resolved. This practice is unsafe and unnecessary and will serve only to delay the delivery of optimal care.

Recommendations (chart review for detainees 41, 43-45):

- Refer detainees with reported dental issues to the dentist at the initial encounter to reduce redundancy and prolonged wait times for obtaining dental care.

PBNDS 2011, Std. 4.3.II.12: Detainees with chronic conditions shall receive care and treatment, as needed, that includes monitoring of medications, diagnostic testing and chronic care clinics.

Findings (chart review for detainees 21-35):

timely

Recommendation:

- PCDC should ensure that detainees with chronic medical conditions receive adequate initial and follow up chronic disease clinic provider evaluations. These evaluations must be based on the severity of the medical condition and the degree of control of such conditions.

PBNDS 2011, Std. 4.3.II.30. This standard and the implementation of this standard will be subject to internal review and a quality assurance system in order to ensure the standard of care in all facilities is high.
PBNDS 2011, Std. 4.3.V.EE.1. Quarterly Administrative Meetings
PBNDS 2011, Std. 4.3.V.EE.2. Health Care Internal Review and Quality Assurance
NCCHC J-A-06: A continuous quality improvement (CQI) program monitors and improves health care delivered in the facility.

Findings:

CQI meeting minutes for April 2019, January 2019, October 2018, July 2018, April 2018 and January 2018 were reviewed. The topics were repetitive and mostly dealt with productivity and staffing. None of the meeting minutes suggested a corrective action for any of the elements discussed. There are several pages of various metrics including jail stats, health care activity, nursing, mental health, medication, radiology, laboratory, nutritional services, respiratory therapy, transfer to ER, off-site referrals to specialist, hospitalization, death in custody, chronic and communicable diseases, HgbA1C stats, reports to public health and blood pressure stats. These are

reasonable metrics to follow, however, there does not appear to be any action stemming from this information. For example, the number of sick call requests for the past 6 months of documentation (October 2018 thru March 2019) for the entire facility is around 4-5 per day. This is an extremely low number of sick call requests for a facility of this size and may represent either a very robust health care system that identifies and addresses health issues before they surface as a sick call request or missing information. This was not clear at the time of this visit. Additionally there were many black slots where information is simply not recorded or the metric is no longer followed because “it is no longer required by the NCCHC standards”

Recommendations:

- PCDC must enhance its quality improvement committee by:
    a. Including leaders from health care and detention divisions.
    b. Ensuring that the quality improvement committee identifies aspects of health care that are not meeting the minimum standards of care based on PBNDS, NCCHC, or evidence-based community best practices. The committee should then create action plans to address these issues and monitor the ongoing performance of the system.

Case/Chart Reviews

The discussion, findings, and recommendations contained in the Detainee Interviews, Specialty Care Chart Reviews, and Additional Chart Reviews sections below are drawn from my review of medical records related to the cases discussed. The alien number for each detainee is contained in Appendix B, and corresponds to the number associated with each discussion. Unlike other detention facilities that I have visited in the past, I encountered very few complaints by the detainees. PCDC detainees consistently verified that their initial medical screening and provider contact were happening very early after arrival at PCDC and chronic medications were initiated/ resumed within the first 24-48 hours. My record review substantiated this.

Detainee Interviews

3. Detainee had arrived at PCDC 19 days ago with a history of hypertension. He was evaluated by the provider and was started on his blood pressure medication one day after arriving at PCDC.
Recommendation: None.

4. Detainee had arrived at PCDC four months ago with a history of diabetes. He was evaluated by the provider and was started on his medication within 2 days after arriving at PCDC.
Recommendation: None.

5. Detainee had arrived at PCDC one week ago with a history of diabetes. He was evaluated by the provider and was started on his medication one day after arriving at PCDC.
Recommendation: None.

6. Detainee had arrived at PCDC one week ago with a history of hypertension. He was evaluated by the provider the day after arrival and was started on his medication within 3 days after arriving at PCDC.

Recommendation:

- To the extent possible, chronic disease medications must be continued within 24 hours of admission to the facility.

7. Detainee had arrived at PCDC one week ago with a history of hypertension. He was evaluated by the provider and was started on his blood pressure medication one day after arriving at PCDC.
Recommendation: None.

8. Detainee had arrived at PCDC one week ago with a history of asthma. He had not been evaluated by the facility MD and had not received a keep on person asthma inhaler by the time of our visit. He had been able to ask for inhaler use on a prn (as needed basis) from the nursing staff during medication pass.

Recommendation:

- Detainees with chronic medical conditions should have their initial provider evaluation in a timely manner (usually within 2 business days).
- Detainees should receive patient specific medications. Chronic as needed medications such as rescue inhalers should be dispensed as KOP to allow for safe and timely use of such medications.

9. Detainee had arrived at PCDC one week ago with a history of diabetes and hypertension. He was evaluated by the provider and was started on his medications one day after arriving at PCDC.
Recommendation: None.

10. Detainee had arrived at PCDC one month ago with a history of diabetes. He was evaluated by the provider two days after arrival and was started on his medication on the same day of arriving at PCDC.
Recommendation: None.

11. Detainee had arrived at PCDC two days ago with a history of diabetes and hypertension. He was evaluated by the provider on the day of our visit and was started on his medications on the same day of arriving at PCDC.
Recommendation: None.

12. Detainee had arrived at PCDC 45 days ago with a history of diabetes. He was evaluated by the provider two days after arrival and was started on his medication on the same day of arriving at PCDC.
Recommendation: None.

13. Detainee had arrived at PCDC 45 days ago with a history of hypertension. He was evaluated by the provider two days after arrival and was started on his medication on the same day of arriving at PCDC.
Recommendation: None.

14. Detainee complained of back pain that had gone untreated. Review of health records indicated that detainee reported a history of chronic back pain during her initial health screening on October 19, 2018. She was started on pain medication on October 21, 2019 and evaluated by the facility physician on October 22, 2018. She received x-ray of her lumbar spine on October 23, 2019 which was read as normal. She was evaluated by the facility physician on October 24, 2018 for follow up. She submitted another sick call on March 2, 2019 for back pain when she climbs to the upper bunk bed. She was given a special need for use of bottom bunk bed. She submitted another sick call request on May 31, 2019 for back pain now radiating to her buttocks. She was evaluated by the nursing staff and was started on a different pain medication. She has not been evaluated by the facility physician since the last sick call request.
Recommendation: None.

15. Detainee complained of left shoulder pain, lower back pain and lower right leg pain for which he had submitted several sick call requests. Review of records indicated that detainee reported a history of kidney pain and should pain during his initial health screening on May 24, 2019. He had a normal CXR on May 25, 2019. He was evaluated by the facility physician on May 29, 2019 and was documented to have swelling to both feet and 1+ edema to both ankles. There were no other diagnostic tests (blood test or x-ray) ordered. There was no follow up appointment ordered.

Recommendation:

- PCDC should ensure that detainees with chronic medical conditions receive adequate initial and follow up chronic disease clinic provider evaluations. These evaluations must be based on the severity of the medical condition and the degree of control of such conditions.

16. Detainee was evaluated by dental 12 days after submitting a sick call request and referral to the dentist by nursing staff.

Recommendation:

- To the extent possible ensure timely follow up of acute dental complaints and ideally to within one week.

17. Detainee was evaluated by dental 14 days after submitting a sick call request and referral to the dentist by nursing staff.

Recommendation:

- To the extent possible ensure timely follow up of acute dental complaints and ideally to within one week.

18. Detainee reported that his molars have been hurting and that he had submitted a sick call request for this issue three days ago. Review of records indicated that detainee had arrived at PCDC on June 2, 2019. During his initial health screening he did not report dental pain. On June 8, 2019, detainee submitted a sick call request for dental pain for which he was evaluated by the nursing staff, was given pain medication and referred to the dentist. There was no swelling and no evidence of infection according to the examination by the nurse.
Recommendation: None.

19. Detainee had arrived at PCDC two months ago with a history of bipolar disorder. He was evaluated by the facility physician and was started on his psychotropic medication on the same day of arrival at PCDC. He was placed in segregation housing 10 days prior to our visit. He had been evaluated by the onsite behavioral health professional every other day. There was also documentation of health care professional visits on at least once a day basis. Detainee reported that he has to ask the nursing staff for sick call request forms and then wait for the next nurse to deliver his completed sick call request form or to hand it over to the custody staff to pass it on to the nursing staff.
Recommendation: None.

20. Detainee had arrived at PCDC on May 23, 2019 with a history of hypertension and GERD as well as psychiatric history. He was evaluated by behavioral health services on May 27th. He was placed in segregation on June 1, 2019. He has not had a chronic disease clinic visit to date and is not scheduled for one.

Recommendation:

- PCDC should ensure that detainees with chronic medical conditions receive adequate initial and follow up chronic disease clinic provider evaluations. These evaluations must adhere to generally accepted standards and based on the severity of the medical condition and the degree of control of such conditions.

Specialty Care Chart Reviews

A Number	Specialty	Referral Date	Appt Date	Wait Time
(b)(6)	Podiatry	1/14/2019	2/11/2019	25 days
	OB/GYN	3/14/2019	4/18/19	34 days
	MRI	2/22/2019	3/4/2019	11 days
	Orthopedic	3/8/2019	4/19/2019	41 days
	ID	4/4/2019	5/2/2019	28 days
	MRI	5/7/2019	5/13/2019	6 days
	Urology	12/11/2018	1/14/2019	33 days
	Orthopedic	12/28/2018	1/15/2019	17 days

Findings:

The specialty and special diagnostic referrals appear to be timely and for the most part within the community standard of 30 days with a couple of exceptions.

Recommendation:

- To the extent possible keep specialty and special diagnostic referral time to less than 30 days from the referral date.

Additional Chart Reviews

While at the facility I reviewed a number of charts. Below is my assessment of the charts reviewed. These reviews have been used as reference to the corresponding PBNDS 2011 and NCCHC standards that are unmet as indicated above.

21. Detainee was admitted on March 19, 2019 with a history of hypertension and diabetes. His blood glucose level and blood pressure were documented as 178 and 104/84 respectively. Detainee was evaluated by the facility MD the following day on March 20th, 2019 for the 2-day visit. Detainee is still at PCDC and to date has not had his initial or follow up chronic disease clinic visit with the facility MD.

Recommendation:

- PCDC should ensure that detainees with chronic medical conditions receive adequate initial and follow up chronic disease clinic provider evaluations. These evaluations must adhere to generally accepted standards and based on the severity of the medical condition and the degree of control of such conditions.
- PCDC must train and educate the staff to provide immunization according to national guidelines.

22. Detainee was admitted on April 19, 2019 with a history of hypertension. His blood pressure was documented as 126/88. Detainee was seen by the facility MD on the same day but there is no documentation of an actual physical examination.

Recommendation:

- PCDC should ensure that detainees with chronic medical conditions receive adequate initial and follow up chronic disease clinic provider evaluations. These evaluations must adhere to generally accepted standards and based on the severity of the medical condition and the degree of control of such conditions.

23. Detainee was admitted on December 28, 2018 with history of hypertension. His blood pressure was documented as 120/80. He was seen by the facility MD on December 31, 2018 and again on January 7, 2019 for his initial chronic disease clinic visit where his blood pressure was recorded as 146/100. The facility MD did not record a follow up plan. Detainee refused a chronic disease clinic visit on March 6, 2019. He was never evaluated by the facility MD before leaving PCDC on June 6, 2019.

Recommendation:

- PCDC should ensure that detainees with chronic medical conditions receive adequate initial and follow up chronic disease clinic provider evaluations. These evaluations must adhere to generally accepted standards and based on the severity of the medical condition and the degree of control of such conditions.

24. Detainee was admitted on April 27, 2019 with history of hypertension. His blood pressure was documented as 146/84. He was evaluated by the facility MD on April 29th and May 6th 2019. Neither clinic encounter contained a physical examination by the facility MD. I could not find a follow up plan in the health records.

Recommendation:

- PCDC should ensure that detainees with chronic medical conditions receive adequate initial and follow up chronic disease clinic provider evaluations. These evaluations must adhere to generally accepted standards and based on the severity of the medical condition and the degree of control of such conditions.

25. Detainee was admitted on March 5, 2019 with history of hypertension. His blood pressure was documented as 140/82. He was evaluated by the facility MD on March 6th and March 8th, 2019. I could not find a follow up plan in the health records.

Recommendation:

- PCDC should ensure that detainees with chronic medical conditions receive adequate initial and follow up chronic disease clinic provider evaluations. These evaluations must adhere to generally accepted standards and based on the severity of the medical condition and the degree of control of such conditions.

26. Detainee was admitted on December 15, 2018 with history of diabetes. His blood glucose level was documented as 140. He was evaluated by the facility MD on December 17th and 26th. I could not find a follow up plan in the health records.

Recommendation:

- PCDC should ensure that detainees with chronic medical conditions receive adequate initial and follow up chronic disease clinic provider evaluations. These evaluations must adhere to generally accepted standards and based on the severity of the medical condition and the degree of control of such conditions.
- PCDC must train and educate the staff to provide immunization according to

national guidelines.

27. Detainee was admitted on December 15, 2018 with history of diabetes. His blood glucose level was documented as 371. He was evaluated by the facility MD on December 17th and 21st and his blood glucose level was documented as 395. He was supposed to follow up with the facility MD four weeks after his visit on December 21st but was never seen again prior to leaving PCDC on January 31st, 2019.

Recommendation:

- PCDC should ensure that detainees with chronic medical conditions receive adequate initial and follow up chronic disease clinic provider evaluations. These evaluations must adhere to generally accepted standards and based on the severity of the medical condition and the degree of control of such conditions.
- PCDC must train and educate the staff to provide immunization according to national guidelines.

28. Detainee was admitted on November 7, 2017 with history of diabetes. His blood glucose level was documented as 150. He was evaluated by facility MD on January 31, 2018 and never again for his diabetes for the duration of his detention until he was transferred out on May 15, 2018.
The same detainee returned to PCDC on May 21, 2018. He was evaluated by the facility MD on May 25, September 10, December 14, 2018 and March 11, 2019.

Recommendation:

- PCDC should ensure that detainees with chronic medical conditions receive adequate initial and follow up chronic disease clinic provider evaluations. These evaluations must adhere to generally accepted standards and based on the severity of the medical condition and the degree of control of such conditions.
- PCDC must train and educate the staff to provide immunization according to national guidelines.

29. Detainee was admitted on May 3, 2019 with history of diabetes. His blood glucose level was recorded as 400. He was evaluated by facility MD on May 6 and May 8, 2019 but neither encounter notes contained evidence of a physical examination.

Recommendation:

- PCDC should ensure that detainees with chronic medical conditions receive adequate initial and follow up chronic disease clinic provider evaluations. These evaluations must adhere to generally accepted standards and based on the severity of the medical condition and the degree of control of such conditions.
- PCDC must train and educate the staff to provide immunization according to national guidelines.

30. Sent to ED on April 12, 2019 for severe right upper quadrant abdominal pain. Was evaluated by LPN who contacted MD and patient was sent out to ED. Patient underwent cholecystectomy (surgical removal of the gallbladder). Patient was evaluated by LPN upon return from ED the next day on April 13, 2019. MD was notified and saw the patient two days later on April 14, 2019. A physical examination was documented but again there was no follow up plan.

Same patient was sent to ED on May 10, 2019 for “pins and needles to right chest”. Evaluated by LPN who contacted MD and patient was sent out to ED. There is no physical examination listed. Additionally, the LPN documented that she administered albuterol nebulizer treatment but there is no indication as to why. Patient was seen by LPN upon return from ED on May 12, 2019. Provider was notified of ED orders. MD documented an encounter with the patient the following day on May 13, 2019 but there is no evidence of an actual face to face encounter (no subjective or objective elements of an encounter were documented). There was also no follow up plan documented by the MD.

Recommendation:

- PCDC should ensure that detainees with chronic medical conditions receive

adequate initial and follow up chronic disease clinic provider evaluations. These evaluations must adhere to generally accepted standards and based on the severity of the medical condition and the degree of control of such conditions.

31. HIV positive patient was sent to ED on May 1, 2019 for possible Bell's palsy. Patient was evaluated by LPN who contacted MD and patient was send out to ED. LPN did document a physical exam. Patient was evaluated by LPN upon return from ED the same day. MD was notified and evaluated the patient two days later on May 3, 2019. Again, there was no follow up plan.

Recommendation:

- PCDC should ensure that detainees with chronic medical conditions receive adequate initial and follow up chronic disease clinic provider evaluations. These evaluations must adhere to generally accepted standards and based on the severity of the medical condition and the degree of control of such conditions.

32. ESRD patient was sent to ED on March 26th, 2019 for shortness of breath and fluid overload. He returned to PCDC the following day on March 27th, 2019 and was evaluated by LPN. MD was notified. Review of records further indicated that this detainee was admitted to PCDC on March 22nd, 2019. He had his 2-day visit with the MD on March 25th, 2019 and left PCDC on May 21st, 2019. He never had an initial or follow up chronic disease clinic encounter throughout his stay at PCDC.

Recommendation:

- PCDC should ensure that detainees with chronic medical conditions receive adequate initial and follow up chronic disease clinic provider evaluations. These evaluations must adhere to generally accepted standards and based on the severity of the medical condition and the degree of control of such conditions.

33. HIV positive patient admitted to PCDC on April 2, 2019. He underwent his initial health screening on the same day. He was seen by MD the following day. He was

referred to ID specialist and was seen by ID provider on May 7, 2019. When asked about policy or expectation of the timeliness of ID encounter, I was told as soon as we can get them in (there is no goal or expectation). There has been one interval chart review by MD since patient's admission to PCDC but no face to face evaluations. As of today, there is no follow up plan for this patient.

Recommendation:

- PCDC should ensure that detainees with chronic medical conditions receive adequate initial and follow up chronic disease clinic provider evaluations. These evaluations must adhere to generally accepted standards and based on the severity of the medical condition and the degree of control of such conditions.
- PCDC must establish a predetermined ideal timeline for HIV positive detainees to have their first evaluation by the ID specialist consistent with generally accepted medical practice in the community. A 30 day interval would be an acceptable timeline.

34. ESRD (end stage renal disease) patient admitted to PCDC on September 7, 2018. He underwent his initial health screening on the same day. He was evaluated by MD on September 10, 2018 without access to any lab results. Since the initial MD visit and for the entire duration of detention of nearly 8 months, this patient did not have another chronic disease clinic visits nor did he have any labs performed in the facility. He did have seven MD visits but only for sick call visits related to abdominal pain or post return from the hospital. None of the MD notes documented a follow up visit expectation.

Recommendation:

- PCDC should ensure that detainees with chronic medical conditions receive adequate initial and follow up chronic disease clinic provider evaluations. These evaluations must adhere to generally accepted standards and based on the severity of the medical condition and the degree of control of such conditions.

35. Detainee was admitted to PCDC on May 22, 2019 with history of diabetes, ESRD requiring chronic hemodialysis. Detainee was evaluated by MD on May 23, 2019 for his "2-day encounter". Detainee has not had an initial chronic care clinic visit to date and he is not scheduled for one either. On the evening of June 10th, 2019 during our visit, detainee was evaluated by LPN for incontinence and weakness and transferred to "infirmary" after MD was notified. Earlier on the same day, detainee was evaluated by LPN for a fall and injury to his right lower leg. On the morning of June 11, 2019 I examined this detainee and found him to be confused and unsteady. His infirmary cell smelled like feces due to the large amount of feces in the toilet that was not flushing. Nursing staff stated that maintenance had been notified already (they arrived on site before I left the clinic). Patient had gone to the local ED on May 27th for shortness of breath and was found to have bilateral pleural effusion, atelectasis and possible pneumonia. Patient was evaluated by LPN upon return to the facility and MD was notified, MD evaluated the detainee on May 29, 2019. MD documented that he noted the CXR findings from the ED and that on his exam the lung sounds were "nearly inaudible" and ordered a CT scan of the chest (scheduled for June 12, 2019). Despite these findings, MD did not order a follow up visit. I examined the detainee again in the morning of June 12, 2019 and found him to be better with his gait and his awareness (he knew the day of the week and the month but not the year of the exact date). He reported that his incontinence had resolved.

Recommendation:

- PCDC should ensure that detainees with chronic medical conditions receive adequate initial and follow up chronic disease clinic provider evaluations. These evaluations must adhere to generally accepted standards and based on the severity of the medical condition and the degree of control of such conditions.
- PCDC must train and educate the staff to provide immunization according to national guidelines.

Additional observations/recommendations:

Infection Prevention

Physician exam room does not have a hand washing sink. The floor has carpet and the patient chair has cloth. All of these issues create an infection prevention issue.

Recommendation:

- Remove the carpet from the floor of the physician exam room
- Install a handwashing sink in the physician exam room
- Replace the patient chair in the physician exam room with a plastic chair that can be sanitized

Medication Pass:

I observed one medical pass episode. The LPN verified the medications using the electronic MAR (medication administration record) that is part of the Correct Tek EMR. She prepared the medication cup by placing the name and location of the detainee on the medication cup. She then presented the medication cup to the detainee and observed him ingest the pill. The escorting officer performed an oral cavity check. The nurse then documented the time that the medication was administered. All of the above steps were carried out with close attention to hand hygiene and cleanliness. Unfortunately, the nurse failed to perform two-patient identification prior to administering the medication. When asked how to perform the two patient identification that is required before every dose of medication administration, she was not confident on her response.

Recommendations:

- Train all nursing staff on the importance and the correct process of two-patient identification
- Perform random audit of this process to ensure compliance

Access to Care (sick call):

I personally visited every housing unit assigned to ICE detainees. Every housing unit has ample supply of non-emergency health care request (sick call) and a locked box where detainees can deposit their completed forms in order to maintain confidentiality of health records. Detainees consistently maintained that nursing staff pick up the completed sick call forms every day at least once a day and they address the sick call requests on the same day (usually within hours) or at most the following day. My review of 10 sick call records confirmed this (see below). After sick call requests are gathered, the facility RN triages all sick calls (average of 4 or 5 sick call requests per day for the entire facility). She enters her triage into the EMR and by doing so populates a task list. LPN uses this task list to have the detainees pulled into the medical clinic where she performs the sick call interview and examination. All sick call requests are then communicated to the facility MD who guides the treatment plan. I consider this process a best in class approach to addressing non-emergency health care requests and commend PCDC for this achievement.

36. Submitted sick call request on June 8, 2019 for arm pain. Patient was evaluated by LPN on June 9, 2019 and contacted MD for plan of care.
Recommendation: None.

37. Submitted sick call request on June 3, 2019 for rash for the past 24 hours. Was seen by LPN on the following day on June 4, 2019 and contacted MD for plan of care.
Recommendation: None.

38. Submitted sick call request on May 30, 2019 for flaky skin. Was seen by LPN on the following day on May 31, 2019 and contacted MD for plan of care.
Recommendation: None.

39. Submitted sick call request on May 28, 2019 for vaginal discharge. Was seen by LPN on the same day and contacted MD for plan of care.
Recommendation: None.

40. Submitted sick call request on May 20, 2019 for rash on scalp. Was seen by LPN on the following day on May 21, 2019 and contacted MD for plan of care. Recommendation: None.

41. Submitted sick call request on May 10, 2019 for toothache. Was seen by LPN on the following day on May 11, 2019 and contacted MD for plan of care. Even though the LPN documented redness and swelling to the gums and detainee was placed on oral antibiotics and pain medications, he was not referred to dental. The HSA stated that in these situations, detainees are expected to submit another sick call request once they have completed the course of antibiotics if they continue to have symptoms. Considering the existing wait time to obtain a dental visit, I consider this practice to be unsafe and unnecessary and will serve only to delay the delivery of optimal care.

Recommendation:

- Refer detainees with reported dental issues to the dentist at the initial encounter to reduce redundancy and prolonged wait times for obtaining dental care.

42. Submitted sick call request on May 10, 2019 for bleeding gums. Was seen by LPN on the following day and contacted MD for plan of care. Detainee was referred to dental and saw the dentist on May 22, 2019. This was the only case among the 10 sick call encounters where I was not able to locate the original paper sick call request form to confirm the date of complaint.

Recommendation:

- Ensure all sick call requests are scanned into the patients' EMR record.

43. Submitted sick call request on May 7, 2019 for tooth ache. Was seen by LPN on the following day on May 8, 2019 and contacted MD for plan of care. Detainee was not referred to dentist.

Recommendation:

- Refer detainees with reported dental issues to the dentist at the initial encounter to reduce redundancy and prolonged wait times for obtaining dental care.

44. Submitted sick call request on May 7, 2019 for tooth ache. Was seen by LPN on the following day on May 8, 2019 and contacted MD for plan of care. Detainee was not referred to dentist.

Recommendation:

- Refer detainees with reported dental issues to the dentist at the initial encounter to reduce redundancy and prolonged wait times for obtaining dental care.

45. Submitted sick call request on April 27, 2019 for tooth ache. Was seen by LPN on the following day on April 28, 2019 and contacted MD for plan of care. Detainee was not referred to dentist.

Recommendation:

- Refer detainees with reported dental issues to the dentist at the initial encounter to reduce redundancy and prolonged wait times for obtaining dental care.

Summary of Recommendations:

PBNDS 2011 (Medical Care) recommendations include (will be discussed further detail in the body of this report).

1. Level 1: PCDC must train and educate the staff to provide immunization according to national guidelines (PBNDS 2011: II.10, 4.3.II.1, 4.3.V.A.3)
2. Level 2: PCDC should allow for privacy and unrestricted access of detainees to non-urgent sick call requests in the SHU by placing a sick call form holder and a lockable sick call box in that area (PBNDS 2011: II. 27, 4.3.V.S).
3. Level 1: PCDC should ensure that detainees with chronic medical conditions receive adequate initial and follow up chronic disease clinic provider evaluations. These evaluations must be based on the severity of the medical condition and the degree of control of such conditions (PBNDS 2011:4.3.II.12).
4. Level 2: PCDC must enhance its quality improvement committee by including leaders from health care and detention divisions and by ensuring that the quality improvement committee identifies aspects of health care that are not meeting the minimum standards of care based on PBNDS, NCCHC, or evidence-based community best practices. The committee should then create action plans to address these issues and monitor the ongoing performance of the system (PBNDS 2011: 4.3.II.30, 4.3.V.EE.1, 4.3.V.EE.2).
5. Level 1: PCDC must ensure timely provider evaluation for detainees with medical conditions after the initial intake screening (PBNDS 2011: II.2)
6. Level 2: PCDC must ensure unrestricted access to sick call request form (PBNDS 2011: V.N)
7. Level 2: PCDC must install a sick call form tray and a lockable sick call box in the Special Housing Unit similar to the rest of the housing units at PCDC (PBNDS 2011: II. 27).
8. Level 2: PCDC must refer detainees with reported dental issues to the dentist at the initial encounter to reduce redundancy and prolonged wait times for obtaining dental care (PBNDS 2011: 4.3.V.R.1, NCCHC J-E-07).

Best Practice Recommendations (these are all level 2 recommendations):

1. Ensure current biomedical inspection tags on all medical equipment is done (two oxygen regulators had expired biomedical inspection tags); and
2. To the extent possible, chronic disease medications must be continued within 24 hours of admission to the facility.
3. To the extent possible ensure timely follow up of acute dental complaints and ideally to within one week.
4. To the extent possible keep specialty and special diagnostic referral time to less than 30 days from the referral date.
5. PCDC must establish a predetermined ideal timeline for HIV positive detainees to have their first evaluation by the ID specialist consistent with generally accepted medical practice in the community. A 30 day interval would be an acceptable timeline.
6. Remove the carpet from the floor of the physician exam room
7. Install a handwashing sink in the physician exam room
8. Replace the patient chair in the physician exam room with a plastic chair that can be sanitized.
9. Train all nursing staff on the importance and the correct process of two-patient identification.
10. Detainees with chronic medical conditions should have their initial provider evaluation in a timely manner (usually within 2 business days).
11. PCDC must ensure that detainees should receive patient specific medications. Chronic as needed medications such as rescue inhalers should be dispensed as KOP to allow for safe and timely use of such medications.

Appendix A.

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Conditions of Detention Expert Report

On

Pulaski County Detention Center

This report is a general examination of conditions at the Pulaski County Detention Center (PCDC) in Ullin Illinois with a specific examination of the issues identified in the following complaints:

- **19-02-ICE-0084**
- **19-02-ICE-0070**
- **19-06-ICE-0214**

Prepared by:

(b) (6)

Lodi, CA

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I. Summary of Review

The Department of Homeland Security (DHS), Office for Civil Rights and Civil Liberties (CRCL) received several complaints alleging that the U. S. Immigration and Customs Enforcement (ICE) has violated the civil rights and civil liberties of detainees at the PCDC, located in Ullin IL.[1] The complaints being investigated by this writer contained the following allegations which are examined in this report:

- A detainee was sexually assaulted by facility personnel and then refused mental health counseling as required by the detention standards for Sexual Abuse and Assault Prevention and Intervention (SAAPI).
- Facility Personnel interfered with Muslim detainee religious practices;
- Muslim detainees are randomly "locked up" in segregation without cause;

In addition to the specific complaints listed above there were general allegations of excessive use of Oleoresin Capsicum (OC) and the sexual abuse of detainees by facility personnel. These issues will be discussed and evaluated below in the sections of the report entitled, Use of Force (UOF) and SAAPI.

In addition to the specific allegations identified in these complaints, the following aspects of the PCDC operations are generally evaluated during the on-site inspection/investigation:

- Use of Force Reporting and Accountability
- Special Management Unit (SMU) (Administrative/Disciplinary Segregation)
- Custody classification
- SAAPI
- Grievances
- Visiting
- Recreation
- Mail
- Religious Services
- Telephones
- Law Library
- Limited English Proficiency (LEP) communication

[1] There were a total of five (5) complaints received by CRCL which are examined during this on-site investigation. Only the three (3) complaints listed above will be examined in this report. The other complaints not listed here-in regarding medical care and food quality will be examined in separate reports by CRCL experts, (b)(6) M.D. and (b)(6) Environmental Health and Safety.

II. Relevant Standards

- **ICE Detention Standards**

The Performance Based National Detention Standards (PBNDS) 2011 apply to PCDC.[2] These are the standards that are being relied upon in looking at the specific allegations regarding this facility, as well as, the general review of operations.

- **Professional Best Practices**

In addition to the PBNDS 2011 this review is being conducted based on my correctional experience, as well as, nationally recognized best practices. Best practice recommendations are based on operational procedures and practices that exist in detention facilities across the spectrum of jurisdictions throughout the nation, many of which are documented and recognized by the American Correctional Association (ACA) and the American Jail Association (AJA).

III. Facility Background and Population Demographics

On the first day of our site visit the ICE detainee population at PCDC was 190.[3] The ICE population consisted of 166 male detainees and 24 female detainees at the time of our inspection. In addition to the ICE detainee population, PCDC also houses inmates for Pulaski County.[4] The PCDC is owned and operated by the County of Pulaski, IL and is contracted with ICE for the housing of the ICE detainees. PCDC has not pursued ACA accreditation as of the time of this inspection/report.

Detainees at PCDC are classified in classification levels of low, low-medium, medium-high and high. The low and low-medium classified detainees are housed in common housing units and the medium-high and high classified detainees are housed in common housing units.[5] There are six (6) housing units or Pods that house the ICE detainee population.[6] Pods A and B have 50 beds each in an open dormitory setting and house low and low-medium classified, male detainees; Pod C has 54 beds in an open dormitory setting and houses medium-high and high classified, male detainees; Pod F has 24 beds in 12 cells and houses medium-high and high classified male detainees; Pod E has 16 beds in 8 cells and is

[2] The PBNDS 2011 were revised in 2016.
[3] CRCL was on-site at PCDC June 10-12, 2019.
[4] There were less than 20 Pulaski County inmates in the facility at the time of our inspection and the county inmates were not integrated in the population with the ICE detainees.
[5] Low and low-medium classified detainees may be housed together and medium-high and high classified detainees may be housed together in accordance with PBNDS 2011 standards.
[6] A pod is best described as either a celled or open dormitory housing area with a common dayroom activity area.

used for administrative and disciplinary segregation for all male detainee classifications as needed;[7] and, Pod D has 24 beds in 12 cells and houses low and low-medium classified female detainees.

Hot meals are provided daily and served in the housing units. Food is prepared in the main kitchen and delivered via food-carts to the housing Pods where it is served. Detainees may eat at dayroom tables or take the food tray to their cells/bed areas to eat. Other services, such as visitation, barber shop and religious services are provided in common areas with access facilitated by scheduling that is designed to keep detainees living in common housing or in common classifications together. Outdoor recreation is provided in two athletic fields, one comprised of exercise equipment and the other has a soccer field. There is a walking path around the athletic fields and benches for sitting. Detainees from each housing Pod use the outdoor recreation areas four (4) hours a day, seven (7) days a week, on a rotating schedule.

Throughout the site inspection/investigation process, we toured the PCDC, reviewed records, interviewed facility personnel and ICE officials, as well as, several ICE detainees. All general conditions of confinement were reviewed and considered while on-site at PCDC.

Overall, we found the personnel to be professional, courteous and helpful and the general living areas of the facility to be clean, orderly and in good repair. There are only two (2) deficiencies identified related specifically to the PBNDS 2011 and one (1) deficiency related to the ICE Language Access Plan. Additional recommendations in the form of "best practices" will also be offered in this report to improve certain aspects of the operation. All opinions and recommendations contained herein are based on my background and experience in the correctional environment, ICE detention standards and generally recognized correctional standards, including those of the ACA and the AJA .

IV. Expert Professional Information

(b) (6)

[7] When there is a need to segregate a female detainee the detainee is restricted to quarters in a cell in the female housing pod. There is not a separate pod for female segregation.

V. Review Purpose and Methodology

The purpose of this review is to examine the specific allegations in the complaints cited above and to observe the overall operations of the PCDC as it relates to the care and treatment of the ICE detainees. For this review, I examined detainee records; PCDC policies and procedures; documentation kept on-site depicting such things as detainee grievances, SAAPI investigations and incident reports involving the use of force; interviewed ICE detainees, ICE personnel and Pulaski County personnel; and, conducted an on-site tour of the PCDC facility. All the Pulaski County and ICE personnel were professional, cordial and cooperative in facilitating our inspection. Anything we asked to review was promptly provided.

Prior to the preparation of this report I specifically reviewed the following PCDC documents:

- Detainee grievances

[8] At that time, the inmate population in the CDCR was over 160,000 with approximately 120,000 parolees and 57,000 employees.

- Detention Files (random selection and those with complaints or grievance issues being investigated)
- Segregation orders and forms
- Incidents involving use of force and Force After-Action Reports[9]
- ICE National Detainee handbooks and PCDC handbooks in English and Spanish
- Sexual Abuse and Assault Prevention and Intervention (SAAPI) investigations[10]
- PCDC Policies on the following:
    1. Employee Training and Development
    2. Sexual Abuse and Assault Prevention & Intervention
    3. Suicide Prevention and Intervention
    4. Correctional Officers Assignments
    5. Incident Reports
    6. Serious or Unusual Incident Reporting
    7. Use of Force and application of Restraints
    8. Control of Contraband
    9. Facility Detainee Searches
    10. Security Log Books
    11. Disciplinary System
    12. Special Management Unit
    13. Access to Law Library
    14. Grievance Procedures
    15. Detainee/Offender Admission and Release
    16. Classification Procedures
    17. Mail, Correspondence
    18. Detainee/Offender Telephone Services
    19. Detainee/Offender Visitation
    20. Religious Services
    21. Recreation Program

PBNDS 2011 standards reviewed or referenced:

1. Admission and Release
2. Custody Classification System
3. Special Management Units (Segregation)

[9] There were nine (9) use of force incidents at PCDC over the past year. All nine (9) force incidents, including video recordings, were thoroughly reviewed during this on-site inspection.

[10] There were sixteen (16) SAAPI allegations investigated in the past year. Nine (9) of the Sixteen (16) allegations were made by one detainee. The investigations were reviewed and the PCDC SAAPI tracking system was reviewed and evaluated.

4. SAAPI
5. Use of Force and Restraints
6. Telephone Access
7. Law Libraries and Legal Material
8. Detainee Grievance Procedures
9. Visitation
10. Correspondence and Other Mail
11. Recreation
12. Religious Practices

In addition to the above listed activities, the on-site inspection on June 10-12, 2019, included the following:

- Toured the intake and release areas
- Toured the housing units
- Toured the visitation and visitation reception area
- Toured the cells used for segregation (administrative/disciplinary segregation)[11]
- Toured the medical clinic areas
- Toured the food services areas
- Inspected all areas of detainee access for information postings[12]
- Interviewed various personnel including command staff, supervisors and line staff[13]
- Interviewed various ICE detainees, randomly selected

VI. Findings, Analysis and Recommendations

For this report the following definitions are being observed as it relates to the "findings" for the allegations being considered:

- "Substantiated" describes an allegation that was investigated and determined to have occurred substantially as alleged;
- "Unsubstantiated" describes an allegation that was investigated and there was insufficient evidence to determine whether or not the allegation occurred[14]; and

[11] At the time of our on-site inspection/investigation there were two (2) detainees housed on segregation status.
[12] All housing units had the appropriate detainee information postings contained in laminated books next to the telephones containing information on SAAPI, LEP, numbers to contact the OIG, ICE, Consulates and etc.
[13] These interviews included, but were not limited to, the supervisors responsible for SAAPI, detainee grievances, detainee classification/intake, detainee religious services, detainee visitation, detainee mail, detainee recreation and detainee law library.
[14] While "Unsubstantiated" can often be the finding because there simply is not enough tangible evidence to "Substantiate" an allegation, I may sometimes offer my expert opinion as to whether, based on other considerations and observations, it is more likely than not that the allegation either happened or did not happen.

- "Unfounded" describes an allegation that was investigated and determined not to have occurred as alleged.

Prior to making "findings" analysis will be offered to establish the evidence relied upon to make a finding. Any recommendations will be assigned a "priority" that is tied to the PBNDS 2011 or to industry "best practices."

The complaints, and the component parts of each, listed above in this report will be specifically reviewed, analyzed and a finding will be opined.

Complaint No. 19-02-ICE-0084

Complaint 19-02-ICE-0084 was received by the CRCL on November 7, 2018, from the DHS Office of the Inspector General (OIG). The complaint was from Detainee # 1 and alleged that the administration at PCDC refused to allow him to receive counseling treatment following his being sexually assaulted by a PCDC officer.[15] He further alleged that the facility would not allow his counselor, hired from "outside" the facility, to visit him and that his mental health has suffered because of this attempt to prevent him from seeking "decent help."

Analysis:

Detainee # 1 was not present at PCDC at the time of this investigation. The facility record for this detainee was reviewed in its entirety. A review of the detainee record indicates that an identical complaint alleging sexual assault by facility personnel was filed by Detainee # 1 while housed at a different facility just prior to being placed at PCDC. Both allegations of sexual assault involved routine clothed body searches by facility personnel.

The allegation of sexual assault at PCDC was investigated by the facility SAAPI investigator, including a review of the video that captured the search in question, and was determined to be unfounded. It was determined that a sexual assault did not occur as alleged, rather, a routine clothed body search was conducted per facility procedure, lasting approximately 5 seconds and conducted in exactly the same manner as with the other nine (9) detainees being searched at the same time on the video recording.

Per the PCDC SAAPI procedure and in compliance with the PBNDS 2011 SAAPI standards, Detainee #1 was referred to a mental health counselor at PCDC following his making the allegation of sexual assault. His record indicates that Detainee # 1 refused to discuss the matter with the PCDC mental health clinician, stating that he had an "outside" counselor that he preferred. The PCDC clinician indicated that she offered for Detainee # 1 to return to the clinic for counseling at PCDC should he change his mind. There was also documentation in the record that Detainee # 1 met with a counselor from the Women's Center, Inc., who came to PCDC on two separate occasions at his request.

[15] The identity of Detainee #1 is contained in Appendix A.

Findings:

- The allegation that the administration at PCDC refused to allow Detainee # 1 to receive counseling treatment following his being sexually assaulted by a PCDC officer is **Unfounded**. The evidence indicated that Detainee # 1 was not sexually assaulted by PCDC personnel and he was offered mental health counseling, following his making the allegation, which he refused.
- The allegation that the PCDC administration would not allow a requested counselor from "outside" the facility to visit him, preventing him from seeking "decent help" is also **Unfounded**. The record indicates that a counselor from the Woman's Center, Inc., visited Detainee # 1 on at least two occasions at his request.

Recommendations:

- None related to this complaint

Complaint No. 19-02-ICE-0070

Complaint 19-02-ICE 0070 was received by CRCL on November 16, 2018, from the DHS OIG alleging interference with religious practices. This complaint is also from Detainee # 1 alleging that PCDC officers were "passing in front of him and other Muslim detainees" while they were engaged in prayer in the Pod dayroom. He further alleged that the Captain randomly locks up Muslim detainees without cause, retaliating against everyone that "prays together."

Analysis:

Detainee # 1 was not present at PCDC at the time of this investigation. The facility record for this detainee was reviewed in its entirety. A review of the detainee record indicates that Detainee # 1 filed a grievance regarding this complaint. We interviewed the Lieutenant who addressed the grievance with Detainee # 1 and learned the following:

Detainee # 1 and a few other Muslim detainees living in the same housing pod routinely held prayer time together in the dayroom of the pod. The complaint arose when the unit officer would conduct routine safety checks by walking around the perimeter of the housing pod to conduct visual inspections and ensure there were no safety or security issues in the common living areas or the bed areas of the housing pod. These checks only take a few minutes and are conducted every 30 minutes by policy.

The Lieutenant identified the specific officer involved in this complaint and we requested to interview her to ascertain directly from her how the security checks were conducted and to

ascertain to what extent she may have disrupted the Muslim prayers. We were advised that the officer in question no longer worked at the PCDC and was not available to us for interview. However, the Lieutenant who handled the grievance on this issue indicated that she had interviewed the officer in question at the time the grievance was filed by detainee # 1 and learned that the officer was unaware of the complaint by Detainee # 1 and was unaware that her walking through the housing pod for the 30 minute safety checks was a problem for the Muslim detainees as indicated in the complaint by Detainee # 1.[16] Apparently, the detainees holding the prayer meetings did not address their complaint to the housing pod officer, but simply spoke to the sergeant and filed the complaint in a grievance and to the DHS OIG.

The second part of this complaint is that the Captain randomly locks up Muslim detainees without cause, retaliating against everyone that "prays together." We reviewed the segregation files at PCDC. The segregation unit is not heavily utilized and there is seldom more than a couple of detainees being housed in the segregation unit at any one time.[17]

We discovered that placement into segregated housing at PCDC is primarily for one of two reasons. The most common reason a detainee is placed into segregated housing at PCDC is when charged with a disciplinary infraction. Detainees are sometimes placed in segregated housing pending the disciplinary hearing to adjudicate the disciplinary charge. Following a disciplinary hearing detainees are sometimes required to serve a period of time in disciplinary segregation as a penalty for a guilty finding on a disciplinary charge. Time served in segregation at PCDC is not excessive and usually consists of a few days with credit for the time served pending the hearing.[18]

The second most common reason detainees are placed in segregation at PCDC is for protective custody. Again, the records reviewed did not indicate excessive use of segregation, rather segregated housing is used sparingly and as a last resort when there is a legitimate need.

In reviewing the record for Detainees # 1 we discovered that he was placed in the segregation unit pending a disciplinary charge for theft on June 4, 2018 and released on June 6, 2018. He was also placed in segregation pending a disciplinary charge for threatening another detainee on August 8, 2018 and release on August 9, 2018, the next day. He was not placed in segregation randomly, rather he was placed in segregation for cause with disciplinary charges pending. Detainee # 1 was in segregation for a total of 3 days for the two disciplinary

[16] We learned that there is a cultural taboo against a female walking "in front of" Muslim males during prayer. Apparently, there is no issue with walking behind them.

[17] At the time of our inspection there were two detainees housed in segregation. This represents 1% of the PCDC population, a very low percentage for segregated housing in most facilities.

[18] From reviewing detainee records it appears that the duration of most detainee placements in segregation are reasonable and in proportion to the disciplinary offenses.

infractions. We were unable to find any evidence that Detainee # 1 or other Muslim detainees were randomly placed in segregation or retaliated against as alleged.

Findings:

- The allegation by Detainee # 1 that PCDC officers were "passing in front of him and other Muslim detainees" while they were engaged in prayer in the Pod dayroom is "**substantiated.**" The housing unit officer, while conducting safety and security rounds in the housing pod every 30 minutes did pass in front of detainees in the pod dayroom, including the detainees who were praying. Had the detainees spoken to the officer about the concern it most likely would have been rectified without need for a formal grievance or complaint.
- The allegation that the Captain randomly locks up Muslim detainees without cause, retaliating against everyone that "prays together" is "**unfounded**." There was no evidence to support that detainees were being randomly placed in segregation or that segregation was being used in retaliation against any detainees at PCDC.

Recommendations:

- It is recommended that PCDC instruct detainees who hold prayer in the pod dayroom areas to situate themselves close to and facing an exterior wall of the dayroom area so that officers can conduct the required safety and security checks of the pod without walking in front of detainees who are praying.[19] This approach will allow the safety and security checks to take place as required while not walking in front of the detainees involved in prayer. (**Best Practices**)

Complaint No. 19-06-ICE-0214

Complaint 19-06-ICE-0214 was received by CRCL on March 22, 2019 from DHS OIG. The complaint was from Detainee # 2 alleging that PCDC distributes uncooked food, does not provide clean towels, takes detainees' blankets and does not give haircuts on time. He further alleged that facility personnel intimidate the detainees by threatening to place them in isolation or cutting down their food portions.[20] The issue of intimidation and threats will be addressed here.

[19] Having the detainees who wish to pray stand close to and face the wall will allow the officers to make the required rounds by walking behind and not in front of the detainees who are engaged in prayer.
[20] The issues pertaining to food, towels, blankets and haircuts will be addressed by inspection team member Diane Skipworth, Environmental Health & Safety, in a separate report.

Analysis:

Detainee # 2 was not present at PCDC at the time of our inspection and unavailable for interview. The detainee record was reviewed in its entirety and other detainees and PCDC personnel were interviewed.

The record for Detainee # 2 was replete with complaints, grievances and requests. In reviewing these materials it was very clear that Detainee # 2 was not happy with being at PCDC and made his discontent well known by filing multiple complaints. He was placed in disciplinary segregation on one occasion from April 15 – April 30, 2019 for fighting with another detainee. There were no other segregation placements reflected in the record.

In our interviews with a couple of dozen detainees, there was not a single reference to threats or intimidation by PCDC personnel. In fact, most detainees were complimentary of the PCDC personnel, indicating that the officers are helpful and respectful in their interactions with detainees. We found no evidence that PCDC personnel were threatening or intimidating towards the detainee population. On the contrary, the rapport between the detainees and the facility personnel at PCDC is among the best we have seen at any ICE detention facility.

Findings:

- The allegation that facility personnel intimidate the detainees by threatening to place them in isolation or cutting down their food portions is "**unsubstantiated**." We found no evidence that Detainee # 2 had been threatened or intimidated, but because it is possible that a particular officer on a particular day made threatening or intimidating statements to him or another detainee, we cannot make a finding of unfounded. However, based on my experience in these settings and my review, interactions and observations at PCDC, it is highly unlikely that Detainee # 2 was threatened or intimidated as alleged.

Recommendations:

- None related to this complaint

VII. Additional review and Findings:

In addition to the specific issues related to the above complaints, the following general issues and operational areas of the facility were reviewed:

- Use of Force
- Intake and Classification
- Restricted Housing Unit (Segregated Housing)

- Sexual Abuse and Assault Prevention and Intervention
- Detainee Grievance System
- Visitation
- Recreation Program
- Mail Services
- Religious Accommodations
- Telephones Access
- Legal Library Access
- Limited English Proficiency Communication

These areas of PCDC operations and my observations of each will be discussed below:

Use of Force

PBNDS 2011, Use of Force and Restraints, governs the use of force in detention facilities and requires reporting of force incidents, including after-action reviews and oversight by management. There are nine (9) documented incidents involving use of force over the past year at PCDC involving ICE detainees. The PCDC Use of Force and Application of Restraints and the Incident Reporting policy and procedures were reviewed and evaluated to determine if the required elements of the PBNDS 2011 Use of Force and Restraints standards have been appropriately incorporated.

It is important to note that even though PCDC only houses approximately 200 detainees at any given time, thousands of detainees reside at PCDC over a years' period of time.[21] The low number of force incidents and the absence of the use of serious force where injuries occur, is an indicator that staff at PCDC use intervention and force avoidance techniques to mitigate the need to use force.

Analysis:

During the site visit I thoroughly reviewed all nine (9) incidents that involved use of force by facility personnel in the past year.[22] My observation is that the facility procedure and training on use of force is completely consistent with the PBNDS 2011 standards. It is apparent that personnel view use of force as a last resort after other attempts have failed to gain compliance.

[21] Nine (9) uses of force over the period of a year is not more than would be expected for this population.
[22] It is significant that five (5) of the nine (9) uses of force over the past year were involving two mentally impaired detainees; two (2) uses of force on one female detainee and three (3) uses of force on one male detainee. Removing these two challenging detainees from the equation, there were only four (4) uses of force at PCDC in the entire year period. The mentally impaired detainees herein referenced will be discussed below in this section.

Reports are written timely and after-action reviews are completed on all force incidents per the PBNDS 2011 standards.

The composition and function of the After-Action Review Team as outlined in the PBNDS 2011 is as follows: "The Facility Administrator; the Assistant Facility Administrator; the ICE Field Office Director's designee and the Health Services Administrator (HSA) shall conduct the after-action review...The After-Action Review Team shall gather relevant information, determine whether policy and procedures were followed, make recommendations for improvement, if any, and complete an after-action report to record the nature of its review and findings..."

As indicated above, at PCDC after-action reviews are conducted and reports are completed. All were completed within a day or two of the incident occurring. In reviewing the after-action reports, it appears that the After-Action Review Team is comprised of the proper facility personnel in compliance with the PBNDS, including the Warden, the Chief of Security and the Health Services Administrator. However, none of the After-Action Reviews included the participation of the ICE Field Office Director's designee. Even though there is documentation that the Warden notifies the ICE regional office whenever there is an incident involving the use of force, there is no indication that ICE personnel participate in the after-action review of force incidents at PCDC.[23]

In reviewing force incident reports, it is apparent that each officer observing or using force documents his/her actions and observations in a written report and submits that report to the assigned supervisor before leaving shift. However, in reviewing individual officer force reports, it was determined that some training is needed to ensure that force description phrases that do not specifically describe actions taken, not be used in the reports. For example, phrases like, "I assisted the detainee to the floor," or, "I attempted to gain control of the detainee," or, "I attempted to assist turning the detainee around," do not specifically describe the forceful actions taken to restrain, control or effect a takedown. These descriptions of force clearly identify that force was used, but they do not describe the specific actions taken by the officer in applying the force. The terms used do not describe the actual force applied as there are many ways that one can "gain control" or "assist a detainee to the floor." It is more important to describe the actual actions taken and the level of force exerted to overcome resistance, rather than to leave it to the reader to imagine how much force was actually used to accomplish the control.[24] This was discussed with the Warden and the Chief of Security while on-site.

[23] We were advised that there is no ICE supervisor assigned to be on-site at PCDC and therefore, there is no ICE representative available to participate as a member of the After-Action Review Team.

[24] While the reports, and in many cases the videos, have enough detail to determine that the force was not excessive, the use of the catch-phrases detracts from the specificity and professionalism of the reports and opens the door for allegations, criticism and debate over exactly how much force was used.

As referenced above, five (5) of the use of force incidents involved two detainees whose records indicate they were experiencing considerable mental impairment during the time they were housed at PCDC. The force used with these two detainees was used primarily in order to provide intervention and care for detainees.[25] While there is documentation in the medical records reflecting the mental health status for these two detainees, there was no documentation in the force incident reports that a mental health clinician was consulted in developing plans to address the detainees self-injurious or aggressive behavior. Mental health professionals are a valuable resource for custody officers in providing custody, care and service to mentally impaired detainees and can often provide insight for how to approach and solicit cooperation from detainees who are not behaving rationally.

Recommendations:

- ICE should assign a Field Office Director's designee to participate in the use of force After-Action Review Team. **(Priority 1, PBNDS 2011, 2.15, Use of Force and Restraints, V. Expected Practices, P. After-Action Review of Use of Force and Application of Restraints, 3. Composition of the Review Team)**
- PCDC should have custody supervisors consult with mental health clinicians when addressing potential force situations with uncooperative detainees exhibiting symptoms of mental impairment. (**Priority 1, PBNDS, 2.15, Use of Force and Restraints, V. Expected Practices, F. Use of Force in Special Circumstances, 3. Detainees With Special Medical or Mental Health Needs**)
- PCDC should conduct training on use of force report writing to eliminate the use of phrases such as, "I assisted the detainee to the floor," or, "I attempted to gain control of the detainee," or, "I attempted to assist turning the detainee around" unless the use of such phrases are followed by more specific descriptions of how these actions were accomplished. It is preferable to thoroughly and specifically describe the actions taken to overcome resistance in a manner that leaves no question as to the level and amount of force used. (**Best Practices**)

Intake and Classification

PBNDS 2011, V. Expected Practices, G. Housing Detainees with Different Classification Levels, 1. and 2, state, "High custody detainees may not be housed with low custody detainees. Low custody detainees and low-medium custody detainees may be housed together, and medium-high custody detainees and high custody detainees may be housed together."

[25] In one of these force incidents, force was used in order to shower the detainee to remove feces from his body.

Analysis:

During our on-site inspection of PCDC, there were detainees of all classification levels at the facility. Most of the detainees at PCDC arrive from other ICE facilities with classification designations already determined by ICE before arrival. Low and low-medium classification detainees are housed together and medium-high and high classification detainees are housed together at PCDC, in accordance with the PBNDS 2011 standard.

Intake processing includes showing the "know Your Rights" video and appropriate questioning regarding issues that may impact on detainee safety or housing assignments.[26] Detainee handbooks and orientation materials are provided in this process as well. An orientation video is played on the video screen in the intake processing area as detainees move through the process. Some detainees indicated they were unable to focus on the video during processing due to the activity and movement in the intake processing area.

Recommendations:

- PCDC should play the orientation video once or twice a week on the televisions in the housing pods. This would enable detainees who may have missed information during intake processing to have access to the material in the housing pod when they can focus their attention on the material. (**Best Practices**)

Special Management Unit (SMU)

The PBNDS 2011, 2.12, II, 3, states that, "Any detainee who represents an immediate, significant threat to safety, security or good order shall be immediately controlled by staff and, if cause exists and supervisory approval granted, placed in administrative segregation. ICE and the detainee shall be immediately provided a copy of the administrative segregation order describing the reasons for the detainee's placement in the SMU."[27] It also requires that, "Prior to a detainee's actual placement in administrative segregation, the facility administrator or designee shall complete the administrative segregation order (Form I-885 or equivalent), detailing the reasons for placing a detainee in administrative segregation."[28]

[26] This includes the Medical Department using a PREA questionnaire that is designed to identify vulnerabilities based on prior history of sexual abuse or assault.
[27] PBNDS 2011, 2.12 (Special Management Units), II. (Expected Outcomes), 3.
[28] PBNDS 2011, 2.12 (Special Management Units), V. (Expected Practices), A. (Placement in Administrative Segregation), 2. (Administrative Segregation Order), a.

Analysis:

PCDC has designated eight cells in housing pod E that are utilized for segregated housing and designated as the Special Housing Unit (SHU).[29] During our on-site inspection there were two (2) detainees housed in the SHU cells. Clearly, the PCDC management does not rely heavily on segregation to manage the detainee population.[30] We reviewed the segregation order form used at PCDC to document placement in the SHU and we reviewed segregation orders found in the facility records of former PCDC detainees. The Special Housing Placement and Review forms are detailed and explain the reason for placement and the reason(s) for retention or release at the proper review intervals.

During our inspection of the SHU we noted that all appropriate services were being provided to the detainees housed there. Outdoor exercise, showers, meals, law library and medical rounds were being logged. We noticed that one detainee in the SHU was talking on the telephone while we were in the pod, however, the use of the telephone was not being logged to verify the usage.

Recommendations:

- PCDC should log telephone usage in the SHU. It was evident that segregated detainees in the SHU were being allowed to use the telephones, however, logging the telephone usage would provide a proof of practice should there be a challenge regarding access to telephones. (**Best Practices**)

Sexual Abuse and Assault Prevention and Intervention (SAAPI)

The PBNDS 2011, "...requires that facilities that house ICE/ERO detainees act affirmatively to prevent sexual abuse and assaults on detainees; provide prompt and effective intervention and treatment for victims of sexual abuse and assault; and control, discipline and prosecute the perpetrators of sexual abuse and assault.[31] The PBNDS 2011 SAAPI standards contain a multitude of specific requirements that must be implemented to ensure compliance. The SAAPI program and process were thoroughly evaluated while on-site at PCDC.

Analysis:

The SAAPI Coordinator was interviewed regarding the Sexual Abuse and Assault Prevention and Intervention process. From all the documents reviewed and the on-site inspection, it is

[29] There are two beds in each cell for a total capacity of 16 in the SHU. Only detainees who are compatible may be housed together in a cell in SHU. Most often, detainees are housed on single-cell status in SHU.
[30] With a population of approximately 200 detainees, having only two (2) housed in segregation is about 1% of the population.
[31] PBNDS 2011, 2.11, I.

apparent that the management at PCDC has posted appropriate notifications throughout the facility and appropriately trained the personnel. The zero tolerance for sexual abuse and assault is clearly communicated and allegations of sexual abuse or assault are appropriately documented, reported, and investigated.[32]

The SAAPI pre-screening requirement of the PBNDS 2011 for all detainees during the intake and classification process is functioning well. The standard intake process includes the risk assessment tool necessary to determine vulnerability and is included in every detainee medical file. It appears that the clinical personnel managing the intake process are knowledgeable and skilled in administering the prescreening assessment.

When allegations of sexual abuse or assault are made, the involved detainees are separated and medically examined; the crime scene, if identified, is secured and processed by PCDC officers; the detainees are interviewed by the PCDC SAAPI investigator; the detainee(s) are interviewed by a mental health clinician; appropriate and safe housing is determined; and, all required notifications are made. The Pulaski County Sheriff's office is notified and they determine whether a criminal investigation will be conducted. If rejected by the Sheriff for investigation, the SAAPI trained investigator at PCDC conducts the investigation. All allegations appear to be taken seriously and properly investigated.

The SAAPI coordinator produced a logging system that provided tracking of information on all allegations. Even though all the information regarding notifications to ICE, and etc., is available in the investigatory files, it would be helpful to the SAAPI Coordinator if additional information such as notification dates and times was kept on the tracking log. This was discussed with the SAAPI Coordinator and he agrees that adding a few more items to his tracking log would assist him in ensuring that all requirements of reporting and investigating SAAPI allegations are met.

Recommendations:

- The PCDC SAAPI coordinator should add some SAAPI required items, such as ICE notifications, to his tracking log to make required information readily available without requiring the user to go to each individual investigative file for the information. (**Best Practices**)

[32] There have been sixteen (16) SAAPI allegations made and investigated at PCDC in the past 12 months. Nine (9) of the sixteen (16) allegations were made by one detainee (this detainee was one of the two mentally impaired detainees discussed above). The investigations of these allegation were all reviewed and evaluated and found to be of good quality. The SAAPI investigations at PCDC are among the best we have reviewed nationally.

Detainee Grievance System

The PBNDS 2011 standard, Grievance System, 6.2, I, "protects a detainee's rights and ensures that all detainees are treated fairly by providing a procedure for them to file both informal and formal grievances, which shall receive timely responses relating to any aspect of their detention, including medical care." The standard includes specific requirements that must be met for compliance, including the requirement that, "all written materials provided to detainees shall generally be translated into Spanish."

Analysis:

Grievance forms are available to detainees in each housing unit in the English and Spanish languages.[33] Detainees may retrieve grievance forms from form-holders containing blank forms inside the housing pods. Each housing pod also has a locked grievance receptacle box for detainees to place their initiated grievance forms. Only the lieutenants have the key to unlock the grievance receptacle boxes to retrieve the grievances. The on-duty lieutenant picks up the grievances in each housing pod the first thing each day and delivers them to the lieutenant's office where the Grievance Coordinator logs and processes the grievances.[34]

Each day the Grievance Coordinator separates the grievances from the general requests which are also placed in the locked boxes. The grievances are logged and given a tracking number. She next attempts to personally resolve each grievance or general request that she is able to appropriately address. Complaints against staff are sent to the Chief of Security to answer and complaints regarding food services are sent to the Food Services Administrator to answer. Almost all other grievance issues are addressed by the Grievance Coordinator. The completed grievances are returned to the Grievance Coordinator for logging and tracking accountability. The decision is documented by the Grievance Coordinator and returned to the detainee. The grievance appeal process is available but most grievances are resolved without the need for appeal.

The Grievance Coordinator uses google translate to translate grievances from and to languages other than English. We reviewed several grievances written in Spanish with responses in Spanish as well. The Grievance Coordinator uses the language line to communicate on grievances with non-English speaking detainees when it is needed.

There were 64 grievances filed at PCDC between January and June 2019.[35] The Grievance Coordinator's log was reviewed and grievances are being answered in a timely manner, with

[33] There is a separate and specific form for medical grievances which is also provided in Spanish.
[34] The Grievance Coordinator at PCDC is Lieutenant Williams who shares an office with other lieutenants.
[35] Most months average about 10-12 grievances.

most being responded to within 3 days. We found two minor deficiencies in the Grievance process that should be addressed. First, many of the grievance written responses lacked the detail to adequately describe the actions taken. For example, we reviewed one grievance that stated in the response to the detainee, "This issue has been addressed." When I asked the Grievance Coordinator what that meant, she responded with a detailed review of meetings held and decisions made to resolve the grievance to the detainee's satisfaction. Some of that detail she gave me verbally should have been written on the grievance form to document the specific actions taken to resolve the grievance.

Secondly, when the Grievance Coordinator logs the grievances she sends out to the Chief of Security or the Food Services Administrator for review and response, she does not keep a copy in the Grievance Coordinator's office. It is important to keep copies of grievances sent out for handling because otherwise, if one is lost in the mail or transfer from one office to the other, there is no back-up copy to allow the grievance to be completed.

Our review determined that the grievance process at PCDC is functioning well, timeframes for processing the grievances are being met and issues are being resolved appropriately.[36] It appears that LEP detainees are being appropriately accommodated in the grievance process.

Recommendations:

- PCDC should provide more detail in the grievance responses to better document the specific actions taken to resolve grievances. (**Best Practices**)
- The PCDC Grievance Coordinator should keep a copy of any grievance sent out to be handled by managers throughout the facility. This will allow the grievance to be processed even if the original grievance is lost in the transfer between facility offices. (**Best Practices**)

Visiting Services

PBNDS 2011, Visitation, 5.7, I, "ensures that detainees shall be able to maintain morale and ties through visitation with their families, the community, legal representatives and consular officials, within the constraints of the safety, security and good order of the facility."

Analysis:

PCDC has visitation for family and friends scheduled on Friday, 5:00 pm – to 9:00 pm and on Saturday and Sunday from 9:00am – 11:00 am and from 1:00 pm – 3:00 pm. Visits are for a

[36] Grievances are required to be completed in 5 days.

one-hour duration and detainees may have one visit per day.[37] All visits do not have to be pre-scheduled. "Walk-in" visits are allowed as long as the visitor has valid identification, fills out the visitation form and agrees to being scanned with a hand-held metal detector. All visits are no-contact through glass with a phone line. There are seven (7) non-contact booths that are open on the detainee side with a small patrician between booths. There are also four (4) private, enclosed rooms which are also for non-contact visits and one (1) room where attorneys can have contact visitation with detainees.

Attorneys may visit by simply showing up without appointment Monday – Friday during normal business hours.[38] Attorneys may also visit outside normal business hours, seven (7) day a week, by appointment. Non-contact visitation is allowed for attorneys. There have been five (5) attorney visits in the past three (3) months at PCDC. Most attorney contact is by telephone conference. Attorneys may schedule telephone calls 24 hours in advance. Detainees are placed in private rooms with phone lines that are not monitored for these attorney-client calls. PCDC does not keep an attorney phone call log like the log kept for attorney visitation. Keeping an attorney phone call log may be helpful as a proof of practice should there be a complaint regarding access to counsel in the future.

There were no complaints from detainees interviewed on-site about the general visitation program, attorney visitation or attorney phone calls.

Recommendations:

- PCDC should keep a log of attorney phone calls to document calls between attorneys and detainees. (**Best Practices**)

Recreation

PBNDS 2011, "ensures that each detainee has access to recreational and exercise programs and activities, within the constraints of safety, security and good order." "Detainees shall have at least four (4) hours a day access, seven days a week, to outdoor recreation, weather and scheduling permitted."[39]

Analysis:

The leisure-time activities at PCDC are operated seven (7) days a week. Detainees in common housing pods recreate together in the dayrooms where they play board games or watch

[37] Detainees may request and have visits extended beyond the one-hour limit when visitors have traveled for long distances beyond the local area. This is considered on a case-by-case basis.
[38] Attorneys must have proof of representation for the detainees they wish to visit, valid identification and a bar card for approval to visit.
[39] PBNDS 2011, Recreation, 5.4, II,2

television. The outdoor recreation is provided on two (2) outdoor recreation yards; one is larger with soccer goals to accommodate soccer games and the other is slightly smaller and contains exercise equipment. Both outdoor recreation areas are equipped with benches and exercise equipment.

Recreation periods are operated through a weekly schedule, rotating the different housing units at different times each day. Each housing pod is scheduled for four (4) hours of outdoor recreation, seven (7) days a week.

There is also an indoor recreation area shared by all the housing pods to accommodate recreation during inclement weather. This indoor recreation area is covered but has fresh air ventilated through upper level screening and contains a basketball hoop and exercise equipment.

We received no complaints from detainees regarding the recreation program. Our observation is that the recreation program at PCDC is fully compliant with all PBNDS 2011 standards.

Recommendation:

- None related to this process.

Mail Services

PBNDS 2011, Correspondence and Other Mail, 5.1, I, "ensures that detainees shall be able to correspond with their families, the community, legal representatives, government offices and consular officials consistent with the safe and orderly operation of the facility."

Analysis:

At PCDC all mail is received and processed by the administrative personnel in the Front Office of the facility.[40] Mail is received, checked for contraband, sorted by housing for each detainee and placed into boxes for officers to pick up and take to the housing pods for distribution to the detainees. Mail is passed out to detainees in the housing pods by the assigned housing pod officers at "mail call" each day.

If money is received in mail, the administrative personnel who opens the mail removes the money, places it on the detainees' account and places a receipt in the envelope to indicate to the detainee the amount of the money received. Logs are kept in the Front Office to document all mail sent or received by detainees including any money received.

[40] There are two (2) administrative personnel assigned to the Front Office.

Legal mail is processed the same way as regular mail except that legal mail is not opened in the Front Office. It is logged, sent to the housing pods and opened by the officers in front of the detainee to check for contraband. The log book tracks all incoming and outgoing legal mail including the sender and recipient as identified on each correspondence. Detainees may place outgoing legal mail in the receptacle boxes as well.

All mail is processed into and out of the facility the same day it is received and is handled exclusively by Front Office and housing pod personnel. We heard no complaints about the mail processes at PCDC. The mail service provided at PCDC meets or exceeds the requirements of the PBNDS 2011.

Recommendations:

- None related to this process.

Religious Accommodations

PBNDS 2011, 5.5 Religious Practices I, Purpose and Scope, provides that, "detainees of different religious beliefs are provided reasonable and equitable opportunities to participate in the practices of their respective faiths, constrained only by concerns about safety, security and the orderly operation of the facility."

Analysis:

We interviewed the PCDC Chaplin/Religious Services Coordinator.[41] Services are offered on a regular schedule each week. Non-denominational Christian volunteers provide services on Tuesday and Wednesday each week and a Catholic Priest provides Mass once a month. Religious volunteers also meet weekly with detainees as requested. Islamic prayer services are held in small groups led by detainees in the housing pods.[42] All detainees are approved and welcome to participate in the weekly services.

All accepted religious activities and observances, services, special diets and headwear are accommodated. The Chaplain/Religious Services Coordinator receives and approves requests for special diets based on religious practices. Kosher diets are provided using prepackaged kosher meals.[43] Ramadan is observed by Muslim detainees.

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[41] At PCDC the Food Services Administrator also acts as the Facility Chaplin.

[42] The Chaplin has not been successful in finding an Islamic Imam to provide services at the facility. As we have heard many times at different facilities, Islamic clergy generally require payment for their services and will not agree to provide any voluntary services.

[43] The issue of special/religious diets will be addressed in separate report by the CRCL, Environmental Health and Safety expert.

Bibles and Qurans are provided upon request and religious publications are made available. Bibles are provided in English and Spanish and Qurans are provided in English and Arabic. Bibles and Qurans are ordered in other languages as requested.

There were no complaints regarding access to religious activities/observances from any of the detainees we interviewed.

Recommendations:

- None related to this process

Telephone Access

PBNDS 2011, 5.6, Telephone Access, I, Purpose and Scope, "ensures that detainees may maintain ties with their families and others in the community, legal representatives, consulates, courts and government agencies by providing them reasonable and equitable access to telephone services."

Analysis:

Telephones are located in the housing pods at PCDC. Detainees have unfettered access to make phone calls between 7:00 am and 10:00 pm.[44] Each housing pod has five (5) telephones in the dayroom for detainee use. There are also two (2) video-phones in each housing pod that provide for video-calls that are very popular with the detainees. The detainees each have a PIN number to use when making calls. The telephones are available all day up until bedtime each evening. We observed detainees using the telephones in the housing units throughout our inspection. The only complaint we heard is that there are one or two telephones in specific housing pods that are often out of order. We reviewed records that verified that there were two telephones that have been reported as inoperative on more than one occasion, however, on each occasion reported, the phones have been repaired in a timely fashion. PCDC telephone service is in compliance with PBNDS 2011.

Recommendations:

- None related to this process

Legal Library Access

PBNDS 2011, 6.3, II, 1-2, requires that, "Detainees shall have access to a properly equipped law library, legal materials and equipment to facilitate preparation of documents...Detainees shall

[44] Detainees have free access to dayrooms where phones are located except during facility counts when they are temporarily returned to their cells/bed areas.

have meaningful access (no less than 5 hours per week) to law libraries, legal materials and equipment."

Analysis:

PCDC has a law library with three (3) legal research computers equipped with the Lexus Nexus legal research programs. The Lexus Nexus programs are updated by ICE quarterly. The program is available in multiple languages. The law library is open from 7:00 am – 10:00 pm seven (7) days a week.

The detainees may request and receive permission to go to the law library by submitting a request form in the housing pods. The Sergeants also go to each housing pod every day and ask the detainees if anyone wishes to go to the law library. There is a log kept documenting time-in and time-out for each detainee attending the law library. There were thirty (30) entries for the past month. The law library at PCDC is not heavily utilized, but is available to the detainees.

PCDC is in full compliance with the PBNDS standards for legal access. However, a best practice would be to have the detainees sign-in and sign-out on the log used to verify who is utilizing the law library. Even though the PBNDS 2011 does not require it, it would be easier to address any future allegations or challenges to legal access if the records kept to demonstrate exactly how much time particular detainees are using the law library included the detainees' signature.

Recommendations:

- PCDC should include the detainees' signature for time-in and time-out of the law library in the law library log book. Even though the PBNDS 2011 does not require it, it would be easier to address any future allegations or challenges to legal access if the records kept to demonstrate exactly how much time particular detainees are using the law library included the detainees' signature. **(Best Practices)**

Limited Language Proficiency Communications (LEP)

Almost every PBNDS standard includes a requirement for effective communication with LEP detainees.

Analysis:

Effective communication is a challenge at PCDC. Very few of the employees at PCDC are bilingual. We observed that measures are routinely taken to facilitate effective communication using the language line in the Medical Clinic and intake processing areas of PCDC. In the housing pods the officers also utilize the language line when communication challenges

present. The grievances at PCDC are also translated into languages other than English. There were no specific complaints related to LEP.

We did observe one oversight that we believe POCDC should address. Most of the forms available to the detainees in the housing pods were is English and Spanish, including the Grievance Form and Medical Grievance Form. However, the General Request Form at PCDC is provided in English only. This form is used by detainees to request information and services from personnel at the facility and should be provided in at least English and Spanish.[45]

Recommendations:

- PCDC should provide the detainee General Request Form in both Spanish and English. **(Priority 1, ICE Language Access Plan, June 14, 2015)**

General observations and Impressions

There was much written in the previous CRCL inspection in 2013 about concerns regarding security (security checks, contraband searches and logs), and general policies and procedures that were inadequate. We reviewed the search logs and security check logs throughout the facility and found that searches and security checks were being done on a consistent and routine basis. We also reviewed many of the policies and procedures and found that a great deal of time has been spent on developing policies and procedures that provide more direction and specificity for the personnel to follow. The policies and procedures we reviewed were in good shape and well done.

The employees at PCDC appear to be energetic and enthusiastic about their jobs and clearly take pride and ownership for their individual areas of responsibility. The facility is also clean and orderly. These things in my experience reflect good leadership.

Detainees conveyed to us that communication between the detainee population and the correctional officers is respectful and helpful. We heard no legitimate complaints about negative treatment by the officers or supervisors at the facility. There are many firm, kind and cheerful employees at PCDC.

Summary of Recommendations

- Based on our review of force incidents occurring at PCDC in the past year, the use of force after-action reviews conducted at PCDC do not include the participation of the ICE Field Office Director's designee as required by PBNDS. ICE should assign a Field Office

[45] While there may be several different languages spoken by mono-lingual detainees, Spanish is by far the most common language spoken in this population other than English.

Director's designee to participate in the PCDC use of force After-Action Review Team. **(Priority 1, PBNDS 2011, 2.15, Use of Force and Restraints, V. Expected Practices, P. After-Action Review of Use of Force and Application of Restraints, 3. Composition of the Review Team)**

- Based on our review of the force incidents occurring in the past year, PCDC does not provide any evidence of consultation with a medical/mental health clinician before using calculated force with mentally impaired detainees as required by PBNDS. PCDC should have custody supervisors consult with mental health clinicians when addressing potential force situations with uncooperative detainees exhibiting symptoms of mental impairment. **(Priority 1, PBNDS, 2.15, Use of Force and Restraints, V. Expected Practices, F. Use of Force in Special Circumstances, 3. Detainees With Special Medical or Mental Health Needs)**
- PCDC does not provide the General Request form in Spanish for detainees (all other forms provide to detainees are in both English and Spanish). PCDC should provide the detainee General Request Form in both Spanish and English. **(Priority 1, ICE Language Access Plan, June 14, 20)**
- PCDC use of force incident reports do not always contain a detailed description of specific force actions taken by the involved officers. PCDC should conduct training on use of force report writing to eliminate the use of phrases such as, "I assisted the detainee to the floor," or, "I attempted to gain control of the detainee," or, "I attempted to assist turning the detainee around" unless the use of such phrases are followed by more specific descriptions of how these actions were accomplished. It is preferable to thoroughly and specifically describe the actions taken to overcome resistance in a manner that leaves no question as to the level and amount of force used. **(Best Practices)**
- A housing unit officer, while conducting the 30 minute safety and security rounds in the housing pod passed in front of detainees who were praying. This was perceived by detainees to be discriminatory based on cultural mores. It is recommended that PCDC instruct detainees who hold prayer in the pod dayroom areas to situate themselves close to and facing an exterior wall of the dayroom area so that officers can conduct the required safety and security checks of the pod without walking in front of detainees who are praying. Having the detainees who wish to pray stand close to and face the wall will allow the officers to make the required rounds by walking behind and not in front of the detainees who are engaged in prayer. This approach will allow the safety and security checks to take place as required while not walking in front of the detainees involved in prayer. **(Best Practices)**
- An orientation video is played on the video screen in the intake processing area as detainees move through the process. Some detainees indicated they were unable to

focus on the video during processing due to the activity and movement in the intake processing area. PCDC should play the orientation video once or twice a week on the televisions in the housing pods. This would enable detainees who may have missed information during intake processing to have access to the material in the housing pod when they can focus their attention on the material. (**Best Practices**)

- Detainee telephone usage in the SHU is not being logged. We observed segregated detainees in the SHU using the telephones, however, logging the telephone usage would provide a proof of practice should there be a challenge regarding access to telephones. PCDC should log telephone usage in the SHU. (**Best Practices**)
- Detainees telephone calls made to attorneys are not being logged. PCDC should keep a log of attorney phone calls to document calls between attorneys and detainees. (**Best Practices**)
- The PCDC SAAPI Coordinator's tracking log does not contain all the SAAPI items being tracked to ensure compliance with all the required standards. While we found no omissions or violations of policy, it would be helpful to the PCDC SAAPI Coordinator to add some SAAPI required items, such as ICE notifications, to his tracking log to make required information readily available without requiring the user to go to each individual investigative file for the information. (**Best Practices**)
- Many of the written grievance responses lacked the detail to adequately describe the actions taken. For example, we reviewed one grievance that stated in the response to the detainee, "This issue has been addressed." PCDC should provide more detail in the grievance responses to better document the specific actions taken to resolve grievances. (**Best Practices**)
- When the Grievance Coordinator logs the grievances she sends out to the Chief of Security or the Food Services Administrator for review and response, she does not keep a copy in the Grievance Coordinator's office. The PCDC Grievance Coordinator should keep a copy of any grievance sent out to be handled by managers throughout the facility. This will allow the grievance to be processed even if the original grievance is lost in the transfer between facility offices. (**Best Practices**)
- PCDC does not requires detainees to sign in and out of the log used to verify who is utilizing the law library. PCDC should include the detainees' signature for time-in and time-out in the law library log book. Even though the PBNDS 2011 does not require it, it would be easier to address any future allegations or challenges to legal access if the records kept to demonstrate exactly how much time particular detainees are using the law library included the detainees' signature. (**Best Practices**)

Appendix A

Detainee #1: (b) (6)

Detainee #2: