

**Onsite Investigation Report**  
**Calhoun County Correctional Center**  
**July 29-31, 2019**

(b) (6)

MD, FACP

## Table of Contents

Introduction

Expert Qualifications

Methods of Review

Overview

Findings

Complaints and Issues Reviewed

Discussion

Summary of Recommendations

## **Introduction**

This report responds to a request by the Department of Homeland Security (DHS), Office for Civil Rights and Civil Liberties (CRCL) to review and comment on the medical care provided to detainees at the Calhoun County Correctional Center (CCCC) in Battle Creek, Michigan. My opinions are based on the materials provided and reviewed in advance and during an on-site investigation of the facility on July 29-31, 2019. My opinions are expressed to a reasonable degree of medical certainty. CCCC personnel were most pleasant and cooperative during my investigation.

## **Expert Qualifications**

(b) (6)

## **Methods of Review**

In advance of the on-site investigation, I reviewed documents provided by CRCL. During the on-site investigation, I toured the facility including housing units, pill lines, and the medical clinic, reviewed documents and medical records, and interviewed staff and detainees. I did focused reviews of medical records for those detainees who had chronic medical conditions such as asthma or high blood pressure. Clinical performance was measured by a focused review of medical records using a standardized methodology. (The full methodology for the review is described in the document entitled Assessment of Quality of Medical Care in Detention Facilities, and its accompanying Reviewer Pocket Guide.) The measures are based on nationally accepted clinical guidelines, or consensus guidelines where there are no published clinical guidelines. I reviewed roughly 60 individual detainee medical records in total. I conducted individual interviews with ten detainees selected at random from chronic care rosters or selected because of complaints received. Where relevant to findings, reference is made to the 2000 National Detention Standards (NDS) and the National Commission on Correctional Health Care Jail Standards (NCCHC 2018).

## **Overview**

This report represents the result of an off-site review of documents (including medical records) and my focused three-day on-site medical review at the facility in response to a request by CRCL to investigate specific complaints at CCCC.

CCCC is located in Battle Creek, Michigan. It has the capacity to house roughly 650 inmates and detainees. The reported capacity to house detainees for ICE is roughly 200. Medical care is provided by a medical contractor Corizon. The medical program is accredited by the National Commission on Correctional Health Care (NCCHC).

Overall, I found the medical care at CCCC to be good, but there were areas where the current program did not meet the NDS or the NCCHC Standards. This report will focus on deficiencies and areas requiring further attention in order to meet those standards. Strengths of the program include a committed Health Services Administrator and an excellent electronic health record.

## **Findings**

Overall medical care of ICE detainees at CCC meets 2000 NDS and 2018 NCCHC Jail Standards with the exception of the following areas where care **does not** currently meet those standards:

1. **Medical professional staffing:** Insufficient medical staffing contributes to delays in access to care and results in poor and incomplete documentation in some cases. There is insufficient staffing to support the basic needs of the population in multiple categories including physicians, dentists, and nurses.

**PERFORMANCE does NOT meet the 2000 NDS (III A, C, F) and 2014 NCCHC (J-A-02, J-C-07).**

2. **Confidentiality:** The default practice in the facility is that medical interviews are conducted with the door open both in the medical unit and in the intake area. In the intake unit where medical screening takes place there is actually a sign on the door stating that the door must remain open during interviews. Medical interviews also can occur out in the open.

**PERFORMANCE does NOT meet the 2000 NDS (IIIA,B,M) 2018 NCCHC (J-A-07). and is a potential HIPAA violation.**

3. **Language Access:** The facility uses an electronic kiosk system for medical request. While the system functions well, there is a limitation in that the only two languages supported are English and Spanish. Interviews with non-English and non-Spanish speaking detainees revealed confusion on how to access the system. Also, while the medical staff does make good use of telephone interpretation for medical interviews, there were anecdotal reports of medical staff using other detainees to translate for confidential medical interviews.

**PERFORMANCE does NOT meet the 2000 NDS (IIIA,B,M) 2018 NCCHC (J-A-07). and is a potential HIPAA violation.**

4. **Infirmiry Care:** Due to insufficient nursing and correctional staffing in the medical unit, particularly on the overnight shift, the medical cells are not optimally used for detainees requiring infirmiry level of care or continuous observation for medical or mental health purposed. Instead, detainees who have been clinically determined to require a higher level of medical supervision than general population affords are placed in the non-medical intake holding cells where nursing presence is intermittent.

**PERFORMANCE does NOT meet the 2000 NDS (IIIA,B) 2018 NCCHC (J-A-07).**

5. **Dental:** Dental staffing (once a month) is not sufficient to provide timely access for acute dental problems resulting in delay in access to dental care for acute dental

problems.

**PERFORMANCE does NOT meet the 2000 NDS (III E) and 2018 NCCHC (J-E-06)**

- 6. Restraints:** The facility occasionally uses a restraint chair. Restraint chairs have fallen out of favor in most facilities for multiple reasons, not least of which is the risk of deep venous thrombosis and associated pulmonary embolism. Deaths have been associated with the use of this particular restraint mechanism. Policy and practice for medical monitoring of individuals placed in this restraint are insufficient to mitigate the associated risks.

**PERFORMANCE does not meet best practices and results in unnecessary liability**

## Complaints and Issues Reviewed

- 18-11-ICE-0700 and 18-06-ICE-0217 - **alleged inadequate medical care** [Case 1 and 2 in Appendix I]. My investigation of the medical record did NOT *substantiate* either of these complaints.
- Other substantiated complaints:** CRCL received a number of complaints about medical care that were not referenced in the retention memo. These include complaints received in writing prior to the on-site investigations and complaints raised verbally by detainees during the on-site investigation. *Substantiated* complaints included complaints about inadequate or delayed referral by nurses to nurse practitioner and absence of an on-site medical doctor. These complaints *were substantiated*.

## Discussion

While this report focuses on deficiencies in the medical care at CCCC, it is important to comment briefly on the medical program as a whole. Performance of the medical program met the NDS in all other areas not cited. Strengths include the quality of the personnel that make up the medical leadership team in the facility, specifically the Health Services Administrator and the medical administrator and an excellent Electronic Health Record (EHR).

The deficiencies cited in this report are all correctable, and recommendations for correction are provided below.

While I cite six specific areas requiring attention, it should be appreciated that deficiencies in those cited areas create other problems. For example, inefficiencies created by inadequate staff of the clinical operation all have impact on the timeliness of medical care. My review of 60

medical records of patients requiring ongoing care for chronic medical problems such as diabetes, hypertension, and asthma revealed that the quality of care does not always meet published disease specific standards guidelines (including NIH and NCCHC guidelines). Many patients with chronic illnesses were only scheduled for follow up with the nurse practitioner infrequently and with little adjustment when chronic conditions were in poor control and warranted more aggressive management. The supervising physician reviews medical records remotely when he should have more face to face time with the nurse practitioner, staff and patients. Informed consent was not always documented when starting new medications. Abnormal lab results were not always shared with and explained to the patients according to the medical record.

A review of cases with diabetes revealed cases with poorly controlled diabetes that were not being managed with any sense of urgency. In one case (Case 4), a patient with a hemoglobin A1C of 12.7% (very poor control) in April of 2019 did not even have a repeat of this test, although it had been ordered. A review of blood sugar monitoring showed dangerously high glucose levels, but no regular communication to the nurse practitioner, and no physician involvement in the case. While the detainee did receive medications on blood sugar checks, there was no active management and the resulting care was negligent.

The absence of on-site physician leadership was found throughout the review, but Case 3 (in the Appendix) illustrates the scope of the problem vividly. While on-site, our team identified a detainee who had arrived in the facility having recently had a peri-rectal abscess drainage. This is a surgical procedure and it resulted in a wound that had post-surgical drains in place. The surgical history, and presence of an open wound were noted properly at intake screening, but the detainee never received even the most basic care for his wound. 1) He was not kept in the infirmary and was sent into general population with an open wound and surgical drains in place. 2) No wound care was provided. 3) No bandages or dressings were provided. 4) There was no timely referral to surgical follow up, apparently because there was an unnecessary delay in providing basic care while awaiting outside records 5) a telephone interview with the Medical Director confirmed he was totally unaware of the case over a week after the detainee arrived in the facility.

In another concerning case (Case 5), a detainee requiring care at an outside hospital Intensive Care Unit was returned to the facility to general population (not infirmary) on May 6, 2019 but not seen and examined by the nurse practitioner until three days later. This case was high risk and should have been monitored more closely on return to the facility.

The dentist is only on site twice a month. This results in prolonged delays for some patients presenting with acute or urgent symptomatic dental conditions.

The facility makes occasional use of a restraint chair. While restraint chairs continue to be used in other facilities nationally, their use has fallen out of favor due to reports of injuries, including death, and including but not limited to asphyxiation, pulmonary embolism related to deep vein

thrombosis occurring from antecedent trauma followed by immobility.<sup>1</sup> While restraints are often used in an effort to prevent injury, the risks must be balanced. When restraint is used, careful and frequent monitoring is strongly recommended to avoid medical and psychological complications. Best practice would be for the facility to develop a multi-disciplinary policy with detailed roles for all team members designed towards minimizing risks associated with the use of restraint devices and eliminating their use whenever there are less harmful alternative means of managing the situation.

## **Summary of Medical Recommendations for Calhoun County Correctional Center, July 2019**

Overall medical care of ICE detainees at the Calhoun County Correctional Center (CCCC) meets 2000 NDS and 2018 NCCHC Jail Standards with the exception of the following areas:

- 1. Medical professional staffing:** Insufficient medical staffing contributes to delays in access to care and results in poor and incomplete documentation in some cases. There is insufficient staffing to support the basic needs of the population in multiple categories including physicians, dentists, and nurses. The Medical Director does not spend sufficient time on site in the facility

**PERFORMANCE does NOT meet the 2000 NDS (III A, C, F) and 2014 NCCHC (J-A-02, J-C-07).**

**Recommendation (Priority 1) Physician time on-site in the facility must be increased to support adequate supervision of the medical staff in the delivery of timely and appropriate medical care. Nurse staffing must be increased to support nursing needs on all shifts (particularly monitoring of detainees requiring infirmary level care). Dental availability needs to be increased either by more frequent on-site care or off-site arrangements to deal with dental emergencies in a timely manner.**

- 2. Confidentiality:** The default practice in the facility is that medical interviews are conducted with the door open both in the medical unit and in the intake area. In the intake unit where medical screening takes place there is actually a sign on the door stating that the door must remain open during interviews. Medical interviews also can occur out in the open.

---

<sup>1</sup> See Visaggio N, Phillips K, et al. Is it safe? The restraint chair compared to traditional methods of restraint: A three hospital study. Archives of Psychiatric Nursing 32(2018) 723-728

And

Kersting X, Hirsh S, Steinart T. Physical Harm and Death in the Context of Coercive Measures in Psychiatric Patients: A Systematic Review.



**PERFORMANCE does NOT meet the 2000 NDS (IIIA,B, M) 2018 NCCHC (J-A-07).**

**and is a potential HIPAA violation.**

**Recommendation (Priority 1) The medical program must work with custody staff develop appropriate procedures secure privacy for medical interviews and exams. This should include the closing of the door during most medical interviews whether in the intake area or in the medical unit. Medical interviews should never occur out in the open.**

- 3. Language Access:** The facility uses an electronic kiosk system for medical request. While the system functions well, there is a limitation in that the only two languages supported are English and Spanish. Interviews with non-English and non-Spanish speaking detainees revealed confusion on how to access the system. Also, while the medical staff does make good use of telephone interpretation for medical interviews, there were anecdotal reports of medical staff using other detainees to translate for confidential medical interviews.

**PERFORMANCE does NOT meet the 2000 NDS (IIIA,B,M) 2018 NCCHC (J-A-07). and is a potential HIPAA violation.**

**Recommendation (Priority 1) An alternative trackable method of handling medical requests for non-English and non-Spanish speakers must be developed and deployed. Use of detainees for medical translation must cease immediately.**

- 4. Infirmary Care:** Due to insufficient nursing and correctional staffing in the medical unit, particularly on the overnight shift, the medical cells are not optimally used for detainees requiring infirmary level of care or continuous observation for medical or mental health purposes. Instead, detainees who have been clinically determined to require a higher level of medical supervision than general population affords are placed in the non-medical intake holding cells where nursing presence is intermittent.

**PERFORMANCE does NOT meet the 2000 NDS (IIIA,B) 2018 NCCHC (J-A-07).**

**Recommendation (Priority 1) As the facility does have space in the medical unit for infirmary beds, they should be used preferentially instead of using intake calls for detainees requiring a higher level of medical or psychiatric care. This may require additional staffing for both nursing and officer support.**

- 5. Dental:** Dental staffing (once a month) is not sufficient to provide timely access for acute dental problems resulting in delay in access to dental care for acute dental problems.

**PERFORMANCE does NOT meet the 2000 NDS (III E) and 2018 NCCHC (J-E-06)**

**Recommendation (Priority 1) The facility should make arrangements for handling dental urgencies or emergencies wither by increasing the frequency of on-site dental services or developing arrangements for off-site care for dental urgencies ad emergencies on an as-needed basis.**

6. **Restraints:** The facility occasionally uses a restraint chair. Restraint chairs have fallen out of favor in most facilities for multiple reasons, not least of which is the risk of deep venous thrombosis and associated pulmonary embolism. Deaths have been associated with the use of this particular restraint mechanism. Policy and practice for medical monitoring of individuals placed in this restraint are insufficient to mitigate the associated risks.

**PERFORMANCE does not meet best practices and results in unnecessary liability**

**Recommendation (Priority 2) Use of the restraint chair should be minimized due to medical risks associated with its use. When it is used, it is critical to have a well-designed multi-disciplinary policy making clear specific roles across disciplines the safest and proper use of the device.**

These corrective measures will require monitoring to ensure they adequately address the substantiated deficiencies.

Finally, it should be noted that the National Detention Standard dates to 2000. In my professional opinion, this standard is badly in need of revision and updating and as such, serves as a poor standard for medical care in detention facilities. I strongly recommend that DHS update and improve this inadequate and outdated standard.

**Appendix I**

*This section includes identifiers to protected health information. Disclosure/distribution of this appendix should be limited accordingly.*

Identity of Cases Cited in this Report

<u>My Case No.</u>	<u>A #</u>	<u>Name</u>	<u>CRCL Complaint #</u>
1.	(b)(6)		18-11-ICE-0700
2.			18-06-ICE-0217
3.			
4.			
5.			

**Calhoun County Correction Center (CCCC)**

**Battle Creek, Michigan**

**July 29-31, 2019**

**Attachment 1**

**Priority 2 and Best Practice Recommendations**

**Priority 2 Recommendations**

*Medical:*

1. The facility occasionally uses a restraint chair. Restraint chairs have fallen out of favor in most facilities for multiple reasons, not least of which is the risk of deep venous thrombosis and associated pulmonary embolism. Deaths have been associated with the use of this particular restraint mechanism. Policy and practice for medical monitoring of individuals placed in this restraint are insufficient to mitigate the associated risks. CCCC should minimize their use of restraint chairs due to medical risks associated with its use. When it is used, it is critical to have a well-designed multi-disciplinary policy making clear specific roles across disciplines the safest and proper use of the device.

*Mental Health:*

2. There was no caseload list or any way for leadership or clinical staff to track detainees who received or in were in need of mental health services. CCCC would benefit from an improved tracking system for detainees that receive acute and ongoing mental health services, such as an active caseload list. The development of a caseload list would also warrant development of a policy regarding placement on the caseload list which at a minimum should include detainees on psychiatric medication, seriously mentally ill detainees, detainees that have been on suicide watch or had an incident of self-injurious behavior in the past year and those that evidence signs and symptoms of mental health distress.
3. Mental health staff, including the psychiatrist were unsure who was the designated Behavior Health Lead. Clarification with staff that the psychiatrist is designated as the Behavior Health Lead.
4. Prior psychiatric records from ICE and community providers were not obtained by mental health staff. CCCC should develop a process to ensure that prior mental health records are obtained, reviewed and integrated into current mental health assessments
5. There was no policy that addressed psychiatric referrals or timeframes for psychiatric contacts. A policy is needed, or inclusion in an existing policy, for specific guidelines for signs or symptoms that would warrant a psychiatric referral and timelines for psychiatric

follow-up. Timelines for any initial psychiatric evaluation for newly admitted detainees should not exceed fourteen calendar days.

6. There was no policy to address timeframes for monitoring detainees who psychiatrically decompensate, are unable to care for themselves, or evidence odd or unusual behavior. A policy is needed, or inclusion in an existing policy that designates regular monitoring by mental health when detainees psychiatrically decompensate, are unable to care for themselves, or evidence odd or unusual behavior.
7. There was no process to ensure timely follow-up of sick call requests for mental health needs. CCC should create a tracking system/log for mental health sick slips, audit the tracking system/log for timely and appropriateness of clinical response and ensure detainees are aware how to access mental health.

### **Best Practices**

#### *Conditions of Detention:*

8. When decisions are made by custody supervisors to place an out-of-control/resistive detainee into the restraint chair, there does not appear to be adequate coordination and support from mental health clinical personnel to determine the appropriateness of the decision and possible alternative measures that may be more appropriate for mentally impaired detainees. When a detainee is placed into the restraint chair to protect himself/herself or others, CCCC should require immediate consultation with a mental health clinician to assess the situation, evaluate the detainee, make recommendations, and provide clinical intervention where appropriate
9. The restraint chair, in at least one incident, was utilized to restrain a detainee who was not resistive and not involved in self-harm. CCCC should not use the restraint chair for any purpose other than to control and protect an out-of-control detainee whose resistance level requires such drastic measures to prevent harm to self or others.
10. CCCC documents all uses of the restraint chair as a use of force, even when force is not used to overcome resistance in placing a detainee in the restraint chair. CCCC should not document incidents as a use of force unless force is used to overcome the resistance of a detainee.
11. CCCC does not have a log or logging system to facilitate the overall tracking and accountability for the SAAPI process. This requires going to each individual investigative file in order to determine or verify compliance with SAAPI requirements and standards. CCCC should develop and employ a SAAPI logging and tracking system to facilitate the overall tracking and accountability for the SAAPI process.
12. The CCCC grievance tracking system provides minimal information; grievance number, date, detainee name, issue and status. CCCC should expand the information in the

grievance log to include more information such as, who is assigned to investigate and respond to the grievance, the date the grievance is completed and returned to the detainee, and the grievance type, i.e., “staff complaint,” “detainee/detainee conflict,” “housing issue,” “food issue,” or “property issue.” Adding this additional information will make the grievance log much more effective as a tool for management.

13. Legal mail is not logged at CCCC. Although not required by the NDS 2000, logging the incoming and outgoing legal mail provides better accountability for legal access for detainees.
14. CCCC does not include the Muslim detainee-led prayer services or the Jewish detainee-led prayer services on the weekly schedule of religious activities. CCCC should provide a time and place for detainee led Muslim and Jewish prayer services on the weekly schedule of religious activities.
15. CCCC does not keep a log of legal library usage. Although not required by NDS 2000, CCCC should keep a log that depicts the name of each detainee requesting the usage of the legal library, the date of the request, and the date, time and duration of the usage. This will enable the facility to provide accountability in the event allegations of inadequate access are made.

*Mental Health:*

16. A review of practices at CCCC indicated a significant need for improvement in assessment, early intervention, treatment planning and timely referral to higher level of care (psychiatric hospitalization). Healthcare record reviews indicated that staff had difficulty with cases that required critical thinking regarding the impact of the correctional environment and the stressors incarcerated detainees encounter that can impact on one’s mental status including the exacerbation of symptoms. CCCC. This can be improved with regular clinical and administrative supervision and training that includes skill application.
17. Detainees with mental health needs are placed in administrative segregation. Avoid placement of any detainee with serious mental illness into administrative segregation and consider the development of a mental health unit.
18. Per policy, seventy five percent of custody staff during each shift must be current on suicide prevention, CPR and first aid training. Ensure 100% of correctional staff are in compliance with suicide prevention, CPR and first aid training during each shift.

REPORT FOR THE  
U.S. DEPARTMENT OF HOMELAND SECURITY  
OFFICE FOR CIVIL RIGHTS AND CIVIL LIBERTIES  
July 29-31, 2019

Investigation Regarding Calhoun County Correctional Center  
Battle Creek, Michigan

Complaints Reviewed during the site visit:

Complaint No 18-06-ICE-0217

Complaint No 18-11-ICE-0700

Complaint No 19-03-ICE-0086

Prepared by

(b)(6)

Report Date  
August 8, 2019

## **Introduction**

The U.S. Department of Homeland Security (DHS), Office for Civil Rights and Civil Liberties (CRCL), requested an onsite investigation regarding complaints that were received alleging civil rights and civil liberties abuses of individuals in U.S. Immigration and Customs Enforcement (ICE) custody at the Calhoun County Correctional Center (CCCC) in Battle Creek, Michigan. The complaints raised allegations regarding the conditions of detention.

There were a total of four complaints which were received in advance of the retention memo. One complaint (19-03-ICE-0086) detailed in the retention memo identified concerns about use of force prevention and response (a subsequent Joint Intelligence Operation Center Daily Detainee Assault Reports reviewed indicated sixteen documented incidents where force was used to gain control of detainees between April 2018 - April 2019). Two complaints fell under the guise of Medical Care, Mental Health Care, and Disability Accommodation (18-11-ICE-0700 and 18-06-ICE-0217) and focused on medical issues. One complaint fell under environmental health and safety complaints (18-06-ICE-021).

While the complaints that prompted the current investigation were not directly related to mental health services, an assessment of use of force and general mental health programming in accordance with National Detention Standards (NDS) was requested and conducted during the site visit.

## **Method of Review**

Prior to the site visit relevant NDS policies and relevant CCCC policies provided by the facility were reviewed.

During the site visit the facility was toured including the booking area, medical area, general population housing units for male and female detainees and the segregation unit. I also reviewed the following documents:

1. Relevant Corizon and Sheriff's policy and procedures
2. Suicide prevention material
3. Suicide watch log
4. Prisoner observation log
5. (b)(6) s CCCC site visit report (June 2010)
6. Use of force report (2018 and 2019)
7. Detainee healthcare records (see Appendix 1).

A total of 28 different healthcare records were reviewed (three complaints; four use of force incidents from the retention memo; four incidents of restraints from the medical log; five from detainees placed on suicide watch; five from detainee interviews, twelve from detainees who were identified as in need of mental health assessment during the booking process; two to assess review of sick slips and three to assess segregation rounds and one detainee referral and one staff referral). Several files were utilized for dual purposes. As previously indicated, there were no complaints directly related to mental health care at CCCC. Instead, records were reviewed for access to care and mental health programming areas. When a record is used to highlight point in the body of this report the record is identified by corresponding number in Appendix I.

Additionally, I conducted individual interviews with twelve detainees alongside the medical expert selected from the list of detainees on psychiatric medications and from the chronic care list (see Appendix 2). These interviews were conducted with the aid of a qualified Spanish-language interpreter



or the use of the language line. I also interviewed (b)(6) (Health Services Administrator) and (b)(6) (psychiatrist) and (b)(6) (mental health clinician).

### **Analysis, Conclusions and Recommendations**

This report is organized by sections that address pertinent areas of mental health care in accordance with relevant NDS (2000) and NCCHC standards for Health Services in Jails (2018). Recommendations which are embedded in relevant sections are designated as either Level I (highest priority and essential), Level 2 (important) or best practice.

#### ***Mental Health Programming***

Standard NDS 2000, INS Detention Standard Medical Care, IIIA, General “The OIC will also arrange for specialized health care, mental health care, and hospitalization within the local community.” In this writer’s clinical opinion, CCCC is partially compliant with this standard. An overview for the basis of this opinion is provided below but primarily based on a need to expand mental health programming, improve insufficient clinical documentation and improve access to psychiatric hospitalization for ICE detainees.

Reviewed mental health policies were reasonable and set practice requirements above NDS standards. CCCC is accredited by the National Commission on Correctional Health Care (NCCHC).

Corizon contacts with Summit Point, a community provider to provide mental health services; staff are employed by Corizon. Two master’s level clinicians are assigned to CCCC. Staff report to the HSA and supervision is provided by the Regional psychiatrist. The two clinicians alternate on a bi-weekly basis to provide coverage during business hours Monday through Friday. Thus, if a detainee requires a clinical contact across two consecutive weeks, he/she is seen by a different clinician which is disruptive to continuity of care. A psychiatrist is on site eight hours weekly. Corizon policy documented that the institution has a Behavior Health Lead. During interviews with mental health staff, there was confusion about who served in this role. The HSA confirmed that the psychiatrist is assigned the Behavior Health Lead role.

CCCC has an electronic health record which was very easy to navigate, a strength of the program. However, for all healthcare records reviewed, documentation was incomplete and provided limited clinical rationale regarding treatment decisions. Sections that addressed mental status, assessment and plan were often left blank or incomplete. This is an area in need of improvement.

Healthcare record reviews and interviews with staff and detainees confirmed there is limited ongoing mental health treatment provided at CCCC and continuity of care is disrupted by the alternating staff schedule. Services focus on medication management, case management and crisis management, limited to suicide watch assessments. Provision of individual therapy is limited despite apparent need for ongoing treatment. Group therapy was not conducted. Insufficient staff may contribute to the lack of available mental health programming.

CCCC does not have a policy regarding caseload and the mental health department does not maintain an active caseload list that tracks all detainees that are followed by mental health. Presently, only detainees that are actively followed by the psychiatrist are tracked. The need for a tracking system for detainees that receive ongoing mental health services is discussed in the recommendations section.

When a detainee reports current psychiatric medication at admission, a thirty-day order is done via telephone order and the detainee is then seen by the psychiatrist in two to three weeks. The psychiatrist reported no difficulty with formulary options.

A major area of concern is the lack of timely access to psychiatric hospitalization for ICE detainees. Non-ICE detainees in need of acute psychiatric hospitalization at any time during their incarceration are transferred to Fieldstone Center, a local hospital in Battle Creek, MI. In contrast, staff reported that ICE detainees await transfer to an approved ICE hospital in Columbia, South Carolina. Leadership staff were unable to explain the reason for the discrepancy. The lack of an immediate placement for psychiatrically decompensated ICE detainees is problematic and was observed during the site visit. Specifically, a detainee (case 22) was admitted with documentation that he was acutely psychotic prior to his transfer to CCCC, an area of concern but outside the scope of the program evaluation for CCCC. At the time of the site visit (7/31/19), he remained in administrative segregation where he has been housed since his admission on 6/7/19. He did not receive a consult with mental health prior to his placement in administrative segregation; an NDS violation discussed in the administrative segregation section of this report). He was placed in administrative segregation due to a history of throwing feces and spitting. Since 6/25/19 mental health documentation has consistently described him as psychotic (fixed delusions, responding to internal stimuli, not oriented to reality). However, despite his acute psychosis, regular monitoring by mental health including close observation has not been considered. Staff reported that they recently initiated a referral to the designated out-of-state psychiatric facility. This case highlights the limited provision of mental health care at CCCC; need for a policy regarding mental health care assessment and intervention when detainees demonstrate inability to care for self a result of psychiatric diagnosis; delays in referral to higher level of care for detainees at CCCC; and expedited transfer to an outside psychiatric hospital that includes an interim plan to a community hospital if the only option is out-of-state.

Staff reported no incidents of self-harm, completed suicides, emergency psychiatric medication or use of mental health seclusion or restraints for the past year for detainees.

Mental health staff reported difficulty obtaining prior psychiatric records from ICE and community providers.

Mental health staff were not routinely involved in CCCC's quality management processes.

### **Level I Recommendations**

**Finding:** There is no process that allows for the transfer of ICE detainees in need of psychiatric hospitalization to a local psychiatric hospital. Instead, ICE detainees await transfer to an approved ICE hospital in Columbia, South Carolina.

**Recommendation:** It is recommended that CCCC leadership re-visit the current policy that precludes admission of ICE detainees in need of psychiatric hospitalization to Fieldstone Center. Lack of timely access to psychiatric hospitalization is harmful to detainees, can exacerbate symptoms and prolong a return to baseline functioning. If all efforts to implement admission to Fieldstone Center or another local hospital have been exhausted and the only option remains for an out-of-state transfer, expedited transfer is needed.

**Rationale:** Standard NDS 2000, INS Detention Standard Medical Care, IIIA

**Finding:** Therapeutic services for ICE detainees are minimal.

**Recommendation:** Expansion of clinical services from a case management program to one that provides ongoing treatment when clinically indicated and individualized and clinically relevant treatment planning (individual and group therapy) for any detainee with mental health needs is warranted.

**Rationale:** Standard NDS 2000, INS Detention Standard Medical Care, IIIA; NCCHC, Standards for Health Services in Jails, Mental Health Services, J-F-03, essential

**Finding:** It is likely that CCCC's mental health program is understaffed to provide adequate mental health care and staff supervision. In fact, many areas of concern and policy violations would likely be remedied with closer supervision of the mental health program.

**Recommendation:** A staffing assessment is needed to determine if CCCC has sufficient staff to complete assessments and treatment interventions outlined above. Of note, a reliable caseload is needed to ensure accuracy (discussed as a Level II recommendation below).

**Rationale:** Standard NDS, 2000, INS Detention Standard, Medical Care, IIIA

**Finding:** Clinical documentation was sparse and often incomplete.

**Recommendation:** Ensure all areas of clinical documentation (mental status, assessment, and plan) in healthcare records are complete.

**Rationale:** Standard NDS 2000, INS Detention Standard Medical Care, IIIA; NCCHC, Standards for Health Services in Jails, Health Records, J-A-08, essential

### **Level II Recommendations**

**Finding:** There was no caseload list or any way for leadership or clinical staff to track detainees who received or in were in need of mental health services.

**Recommendation:** CCCC would benefit from an improved tracking system for detainees that receive acute and ongoing mental health services, such as an active caseload list. The development of a caseload list would also warrant development of a policy regarding placement on the caseload list which at a minimum should include detainees on psychiatric medication, seriously mentally ill detainees, detainees that have been on suicide watch or had an incident of self-injurious behavior in the past year and those that evidence signs and symptoms of mental health distress.

**Rationale:** Standard NDS 2000, INS Detention Standard Medical Care, IIIA. At present, the institution does not have a reliable process to track detainees that are in need of ongoing mental health care. Documentation in healthcare records indicated a plan to follow-up with detainees in specified timeframes but this routinely did not occur. Further, caseload data could assist with staffing needs.

**Finding:** Mental health staff, including the psychiatrist were unsure who was the designated Behavior Health Lead.

**Recommendation:** Clarification with staff that the psychiatrist is designated as the Behavior Health Lead.

**Rationale:** Supervision of the mental health program would improve policy compliance and quality of care. As an example, policy dictated that consultation with the Behavior Health Lead was required before discontinuation of suicide watch.

**Finding:** Prior psychiatric records from ICE and community providers were not obtained by mental health staff.

**Recommendation:** Develop a process to ensure that prior mental health records are obtained, reviewed and integrated into current mental health assessments.

**Rationale:** Standard NDS 2000, INS Detention Standard Medical Care, IIIA

**Findings:** There was no policy that addressed psychiatric referrals or timeframes for psychiatric contacts.

**Recommendation:** A policy is needed, or inclusion in an existing policy, for specific guidelines for signs or symptoms that would warrant a psychiatric referral and timelines for psychiatric follow-up. Timelines for any initial psychiatric evaluation for newly admitted detainees should not exceed fourteen calendar days.

**Rationale:** Standard NDS 2000, INS Detention Standard Medical Care, IIIA

**Findings:** There was no policy to address timeframes for monitoring detainees who psychiatrically decompensate, are unable to care for themselves, or evidence odd or unusual behavior.

**Recommendation:** A policy is needed, or inclusion in an existing policy that designates regular monitoring by mental health when detainees psychiatrically decompensate, are unable to care for themselves, or evidence odd or unusual behavior.

**Rationale:** Standard NDS 2000, INS Detention Standard Medical Care, IIIA

### **Best practice**

**Finding:** A review of practices at CCCC indicated a significant need for improvement in assessment, early intervention, treatment planning and timely referral to higher level of care (psychiatric hospitalization). Healthcare record reviews indicated that staff had difficulty with cases that required critical thinking regarding the impact of the correctional environment and the stressors incarcerated detainees encounter that can impact on one's mental status including the exacerbation of symptoms.

**Recommendation:** This can be improved with regular clinical and administrative supervision and training that includes skill application.

**Rationale:** Standard NDS 2000, INS Detention Standard Medical Care, IIIA

### **Confidentiality**

Standard NDS, 2000 INS Detention Standard Medical Care, IIIB, Facilities "Adequate space and equipment will be furnished in all facilities so that all detainees may be provided basic health examinations and treatment in private." Based on my review, CCCC is non-compliant with this standard. Implementation with recommendations will allow for full compliance.

An initial medical screening is completed by custodial staff in the booking area. This process was observed in which the officer conducts the screening at a desk in the center of the booking area, which does not offer the detainee privacy or confidentiality from his/her peers. Lack of confidentiality can impede detainee's willingness to fully disclose mental health history and current psychiatric distress, including suicidal ideation which could interfere with appropriate and timely mental health assessment and intervention.

The office the nurse uses to complete the initial mental health assessment in the booking area has a solid door with a window that allows visual access. However, assessments are not fully confidential due to a custodial requirement to leave the door open. Detainees awaiting booking are seated in close proximity to this office. This office is also used by mental health staff for routine contacts who also reported that they are not allowed to close the door either. Detainees are seen by psychiatric staff in the infirmary which offers confidential space, but during the site visit all detainees were seen with the door ajar.

Detainees in segregation are escorted to the room above and remain in shackles with officers posted outside the door or are seen in a non-confidential area on the segregation unit. Staff provided varying reports of the availability of a no-contact room.

Another area that violated confidentiality was the use of an inmate for translation purposes as opposed to using the language line. Mental health staff and detainees reported that detainees were used as translators by custody staff for interactions between custody and healthcare staff. A review by DHS Headquarters staff of the use of the language line indicated that the language line was used infrequently. During interviews with detainees, while some spoke English, all preferred the use of an interpreter.

### **Level I Recommendations**

**Findings:** There were various instances where confidentiality was violated: 1) discussing mental health information with custody during booking 2) evaluations and clinical contacts by mental health staff and 3) the use of detainees as translators.

**Recommendations:** Any time a detainee is asked to discuss sensitive mental health information, the contact should occur behind closed doors. Specifically:

1. Questions assessing mental health history by custodial staff during booking should be held in a private and confidential setting that allows for confidentiality of sight and sound.
2. Mental health evaluations or clinical contacts should be held in a private and confidential setting that allows for confidentiality of sight and sound.
3. A policy and procedure for private mental health contacts for detainees in segregation is needed.
  - a. Utilization of the no-contact room if available.
  - b. During the site visit, the use of therapeutic modules or a re-start chair was discussed as an option for detainees in segregation.
4. Discontinue use of detainees as translators and use the language line.
5. Options to minimize custodial safety concerns are to provide mental health staff with a way to immediately alert custody staff if there is a safety concern during a mental health contact behind closed doors (e.g. personal alarm, access to a radio).

**Rationale:** Standard NDS, 2000 INS Detention Standard Medical Care, IIB, Facilities "Adequate space and equipment will be furnished in all facilities so that all detainees may be provided basic health examinations and treatment in private;" NCCHC, Standards for Health Services in Jails, J-A-07, Privacy of Care, important

### ***Assessment of Mental Health Needs***

Healthcare records were reviewed to assess the process from point of referral from the initial mental health screen (completed by the nurse at the time of booking) to mental health. The electronic record has a formula whereby if the detainee responds positively to the nurse on specific indicators, such as feeling hopeless or helpless (suicide risk indicators) an urgent referral to mental health is populated. However, in all applicable cases reviewed the nurse overrode this determination without documentation of clinical rationale and issued a routine referral, an area of concern.

Another area of concern, was the lack of reference on the subsequent mental health evaluation to the nurse's reason for referral. Thus, mental health staff did not document an assessment of the underlying factors that contributed to the referral. As an example, there were three referrals that indicated "hopeless" or "helpless," that were not addressed by mental health and thus a needed risk assessment was not completed. Lastly, Corizon policy warrants follow-up within 14 days from the nursing referral, of the seven records where this could be determined or were eligible, assessment by mental health exceeded 14 days in four of seven, or 57% of cases. Of note calendar days were used.

Clinical documentation was sparse and did not provide sufficient detail to assess clinical decision making. For example, there was documentation of "anxiety," "insomnia" that was not adequately assessed. A recommendation to improve clinical documentation was addressed in the mental health programming section of this report.

### **Level I Recommendations**

**Finding:** The electronic record has a formula whereby if the detainee responds positively to the nurse to specific indicators, such as feeling hopeless or helpless (suicide risk indicators) an urgent referral to mental health is populated. However, in all applicable cases reviewed the nurse overrode this determination without documentation of clinical rationale and issued a routine referral, an area of concern.

**Recommendation:** Discontinue the nursing practice of over-ruling urgent referrals during the booking screen.

**Finding:** Mental health staff did not review the reason for referral from the nurse. Thus, mental health staff did not assess underlying factors that contributed to the referral. As an example, there were three referrals that indicated "hopeless" or "helpless," that were not addressed by mental health and thus a needed risk assessment was not completed. Lastly, Corizon policy warrants follow-up within 14 days from the nursing referral, of the seven records where this could be determined or were eligible, assessment by mental health exceeded 14 days in four of seven, or 57% of cases.

**Recommendation:** Train mental health staff to review the nursing booking screen; timely complete the evaluation; address reasons for referral and conduct risk assessments as clinically indicated.

**Rationale:** Standard NDS, 2000 INS Detention Standard Medical Care, IIID, Medical Screening (New Arrivals) "All new arrivals shall receive initial medical and mental health screening immediately upon their arrival by a health care provider or an officer trained to perform this function. This screening shall include observation and interview items related to the detainee's potential suicide risk and possible mental disabilities, including mental illness and mental retardation."

### ***Sick Call***

Each housing unit has a kiosk whereby detainees can submit electronically submit a health services request. Health service requests are triaged by medical staff and referred to mental health staff.

At the time of the site visit, CCCC did not maintain a separate log that allowed for tracking and monitoring of sick call requests that required mental health contact. Assessment of healthcare records to review timely and clinical appropriateness of mental health response to detainee's non-urgent mental health request was limited due to the institution's inability to separate medical and mental health care requests. This required a review of the log of health care requests; which was then cross-checked with the list of detainee's prescribed medication; then the healthcare record was reviewed to determine the nature of the detainee's request, a cumbersome process. Three of the detainees on the log for the month of July were on psychiatric medication. Following a review of the health care requests, two required mental health follow-ups. Mental health contacts occurred between five and seven days after the mental health contact, which was compliant with Corizon clinical 105-C-SOP. In one case the nurse scheduled the detainee to see the psychiatrist; in another the clinician referred the detainee to the psychiatrist but did not document any interventions to address the detainee's anxiety which would have been useful.

Overall, interviewed detainees were not aware how to access mental health for emergency and non-emergency needs. The process was reviewed with each detainee.

### **Level II Recommendations**

**Finding:** There was no process to ensure timely follow-up of sick call requests for mental health needs.

#### **Recommendations:**

1. Create a tracking system/log for mental health sick slips.
2. Audit the tracking system/log for timely and appropriateness of clinical response.
3. Ensure detainees are aware how to access mental health.

**Rationale:** Standard NDS, 2000, INS Detention Standard, Medical Care, IIIIF, Sick Call "All facilities must have a procedure in place to ensure that all request slips are received by the medical facility in a timely manner."

#### **Administrative Segregation**

Standard NDS, 2000, INS Detention Standard, Disciplinary Policy, Standards and Procedures, IIIA, Placement in Administrative Segregation. Based on the information provided below, CCCC is partially compliant with this standard.

Custodial staff reported that detainees with mental health issues can be housed in administrative segregation. Presently, CCCC policy does not require mental health assessment prior to placement in administrative segregation.

This was discussed with institutional leadership regarding avoidance of this practice with the suggestion to consider a mental health unit in the long run but in the interim to add that mental health assess the detainee prior to placement for clinical contra-indications.

### **Level I Recommendations**

**Finding:** CCCC policy does not require mental health assessment prior to placement in administrative segregation.

**Recommendation:** Update the current policy to include an assessment by mental health staff to assess the detainee for clinical contra-indications prior to placement in administrative segregation and ensure full compliance with NDS Disciplinary Policy.

**Rationale:** Standard NDS, 2000, INS Detention Standard, Disciplinary Policy, Standards and Procedures, IIIA, Placement in Administrative Segregation, In SPCs/CDFs, 3e, “A medical professional ordering a detainee removed from the general population shall complete and sign the Administrative Segregation Order...”

### **Best Practice Recommendation**

**Finding:** Detainees with mental health needs are placed in administrative segregation.

**Recommendation:** Avoid placement of any detainee with serious mental illness into administrative segregation and consider the development of a mental health unit.

**Rationale:** Improved access to care, continuity of care, less risk of victimization, and minimization of behavioral issues.

#### ***Disciplinary Policy***

Standard NDS, 2000, INS Detention Standard, Disciplinary Policy, Standards and Procedures, IIIA4. CCCC is partially compliant with this standard as explained below. Compliance with the recommendation will ensure full compliance.

At present, CCCC does not have a process whereby detainees with a mental illness are assessed by mental health as part of the disciplinary process.

Placement in segregation is a risk factor for detainees. Mental health staff conduct rounds in segregation weekly. A review of healthcare records indicated that this did not routinely occur.

### **Level I/Priority Recommendations**

**Finding:** CCCC does not have a process whereby detainees with a mental illness are assessed by mental health as part of the disciplinary process.

**Recommendation:** Development of a policy and procedure whereby mental health staff assess detainees with a mental illness, cognitive limitations or detainees whose behavior was odd at the time of receipt of the disciplinary infraction are evaluated in compliance with the NDS Disciplinary Policy.

**Rationale:** Standard NDS, 2000, INS Detention Standard, Disciplinary Policy, Standards and Procedures, IIIA4, Guidelines, “The facility shall note hold a detainee accountable for his/her conduct if a medical authority finds him/her mentally incompetent.”

**Finding:** Rounds in segregation were not conducted on a weekly basis by mental health staff.

**Recommendation:** Ensure weekly rounds are conducted with detainees in segregation whether for disciplinary or administrative purposes. Best practice would be to ensure daily contact with seriously mentally ill detainees.

**Rationale:** NCHC, Standards for Health Services in Jails, Segregated Inmates, J-G-02, essential



## *Suicide Prevention*

### Standard NDS, 2000, INS Detention Standard, Suicide Prevention and Intervention, I-IV

In my clinical opinion, CCCC is partially compliant with this standard. Rationale, primarily based on suicide watch process and documentation is provided below and recommendations to bring CCCC into full compliance are provided.

According to Corizon policy, suicide prevention training for custodial staff occurs every two years. Seventy five percent of custody staff during each shift must be current on suicide prevention, CPR and first aid training. Correctional officers receive training separately from healthcare staff. To be in accordance with NDS standards, content needed improvement for all disciplines on specificity of 1) referral processes 2) suicide precaution techniques 3) responses to suicide attempts at CCCC and signs of suicidality for correctional officers.

There were several areas of concern regarding the suicide watch practice at CCCC. Any healthcare or custodial staff can initiate a suicide watch and make decisions regarding the level of observation and provision of property. These decisions should only be made by mental health staff. Per policy, after normal business hours on evenings and weekends, the psychiatrist should be notified by phone of potentially suicidal detainees. This did not occur, and suicide watches were typically initiated by custodial staff. Mental health staff reported that detainees who experience psychiatric distress are held on "unusual occurrences" or placed on suicide watch initiated by custody or nursing staff until they are evaluated by mental health the next business day. Thus, detainees placed on suicide watch on Friday remain on suicide watch until Monday, excluding Monday holidays when the evaluation would not occur until Tuesday.

Detainees are placed on suicide watch in intake cells in the booking area and are evaluated by mental health staff during business hours Monday through Friday. Staff explained that while there were routinely available beds in the medical unit, detainees on suicide watch could not be housed there as the unit was not staffed in the evenings. A review of designated suicide watch cells (cells 2, 3, 4, 6, 7, and 8) indicated a need for improvement in suicide resistance; there were areas in the ceiling and floor where a ligature could be attached. While cells allowed full visibility by correctional staff, cells were also fully visible to other detainees in the booking area.

It was reported that constant observation had not been utilized in at least five years. Corizon policy required that acutely suicidal detainees be placed on constant observation. In contrast, a review of healthcare records in which detainees engaged in self-injurious behavior, indicated use close observation.

Per healthcare policy, detainees on suicide watch close observation should be observed at staggered intervals no more than every fifteen minutes. However, there were concerns with compliance with this industry standard. To comply with this, custodial staff set an alarm every fifteen minutes and complete the observation log when the alarm goes off. A review of a Prisoner Observation log from a detainee on suicide watch on 7/4/19 between 13:25 and 01:33 indicated delays with timely observations. Specifically, the range of documented observation ranged from five to thirty-five minutes; 19 of 43 or 44% of intervals exceeded the maximum 15 minute required observation timeframe.

Provision of property for detainees on suicide watch varied by staff report. Custodial staff reported that detainees were routinely provided with security a security suit, mattress and blanket. It was reported that the mattress and blanket were removed daily for laundering. This was discussed during the site visit and subsequently remedied. In contrast, the HSA reported that detainees should not receive a blanket as it was not tear resistant. Mental health staff reported that the blanket and mattress are not provided by custody if staff do not believe the detainee can be safe with these items.

Discontinuation of suicide watch is ordered by the mental health clinician or psychiatrist. Consistent with healthcare record documentation, the psychiatrist reported that he typically defers to the clinician. Healthcare policy requires the clinician to consult with the Behavior Health Lead, whom the HSA indicated was the psychiatrist (discussed in the mental health programming section). Consultation with the Behavior Health Lead was not documented in any records reviewed.

Mental health staff reported that when acute risk of harm has passed but staff believe the detainee needs monitoring, the detainee is placed on “behavior observations.” Custody and mental health staff also reported the use of “unusual occurrences” when a suicide watch is either discontinued or not initiated. There was no policy that existed on either of these practices, an area of concern.

Healthcare records from detainees placed on suicide watch between December 2018 and July 2019 were reviewed. Documentation was lacking in all cases for: 1) clinical rationale for initiation of the watch 2) clinical rationale for discontinuation or continuing the watch 3) review of pertinent mental health documentation 4) treatment planning and clinical interventions to assist detainees in managing distress and 5) safety planning and 6) adequate assessment of risk.

In addition to the above deficiencies and consistent with previous discussions in this report, clinical documentation was sparse. As an example (case 28) a detainee was evaluated for suicide watch on 4/9/18 after head banging on 4/8/18 that resulted in a head wound that resulted in placement in the restraint chair and the use of pepper spray (the use of the restraint chair and pepper spray on mentally ill detainees is problematic and discussed in the next section, use of force). During the previous week the detainee’s food intake was limited to one Boost drink and she had been non-compliant with psychiatric medication; these early signs of decompensation were overlooked not considered as part of a significant clinical decompensation. Specifically, the suicide watch was discontinued on 4/9/18 and she was placed on unusual occurrences with no further mental health intervention. The use of force log indicated that she resumed head banging on 4/9/18; it was unclear if this was before or after she was removed from suicide watch on 4/9/18. Either way there was no documentation or assessment of the self-injurious behavior by mental health staff. Similarly, there was no mental health contact when she was again placed in the restraint chair and a helmet was utilized due to head banging on 4/10/18.

Another area of concern was the lack of daily assessments while detainees were on suicide watch per policy. Case 12 highlights this deficiency. This detainee was on suicide watch on 7/8/19 (a Monday) and the next contacts did not occur until 7/10/19 and 7/12/19 when documentation indicated that the suicide watch was continued. He was not seen again until 7/16/19 and documentation indicated that “behavior observations” would be discontinued. Of concern, there was no documentation that supported the discontinuation of the suicide watch. As highlighted in this case, a review of healthcare records indicated that detainees who were on suicide watch were not seen as clinically indicated when the suicide watch was discontinued, an area of concern.

### **Level I Priority Recommendations**

**Finding:** According to Corizon policy, suicide prevention training for custodial staff occurs every two years.

**Recommendation:** Suicide prevention training should occur at the time of orientation to CCCC and on an annual basis for all staff and be monitored annually for compliance.

**Rationale:** NCCHC, Standards Health Services in Jails, Suicide Prevention and Intervention, J-B-05 essential

**Finding:** Reviewed suicide prevention training materials for custodial and healthcare staff needed improvement.

**Recommendation:** Institutional staff should ensure all areas (see standard below) are covered and are consistent with current suicide risk literature during training for all disciplines. Additionally, content covered should include: 1) signs and symptoms of mental illness and 2) the following risk factors for suicide: incarceration, segregation and new serious medical diagnosis.

**Rationale:** Standard NDS, 2000, INS Detention Standard, Suicide Prevention and Intervention, IIIA, Training. The standard states that training should cover, “recognizing signs of suicidal thinking, including suspect behavior, facility referral procedures, suicide prevention techniques, and responding to an in-progress suicide attempt.”

**Finding:** Custodial staff-initiated suicide watch including level of observation and provision of property.

**Recommendation:** Discontinue the practice of custodial officer initiation of suicide watch and decision-making regarding the level of observation and provision of property while on suicide watch. Decision about level of observation and access to property should only be made after an assessment by mental health. Ensure full compliance with Corizon policy regarding contact of the psychiatrist during non-business hours for detainees that make suicidal statements or engage in self-injurious behavior.

**Rationale:** Standard NDS, 2000, INS Detention Standard, Suicide Prevention and Intervention, IIIB, Identification and Intervention which calls for a referral to medical staff for evaluation detainees identified as risk for suicide.

**Finding:** Suicide watch was routinely conducted in intake cells in the booking area.

**Recommendation:** Discontinue the practice of conducting suicide watch in intake cells in the booking area and utilize the medical unit.

**Rationale:** Placement of detainees on suicide watch in a healthcare environment is the standard of care in correctional environments. Expedient access to medical staff in the event of any self-injurious behavior is critical to safety. Additionally, the medical unit is a therapeutic environment and offers more confidentiality.

**Finding:** Daily assessments by mental health staff were not routinely conducted.

**Recommendation:** Ensure daily assessment by mental health staff for detainees on suicide watch, including weekends and holidays. This may require an increase in staffing, use of per diem staff and/or use of compensation (e.g. an increase in PDO or financial compensation).

**Rationale:** Standard NDS, 2000, INS Detention Standard, Suicide Prevent and Intervention, I Policy. Daily assessment and appropriate intervention is the industry standard and without daily mental health contact detainees are at risk for further decompensation.

**Finding:** Constant observation has not been used in accordance with Corizon policy (acutely suicidal detainees should be placed on constant observation).

**Recommendation:** Train mental health staff on the proper use of constant and close observation for suicide watch.

**Rationale:** Standard NDS, 2000, INS Detention Standard, Suicide Prevention and Intervention, IIIC Housing/Hospitalization and NCCHC, Standards for Health Services in Jails, Suicide Prevention and Intervention, J-B-05, essential which address proper level of observation.

**Finding:** Per healthcare policy, detainees on suicide watch close observation should be observed at staggered intervals no more than every fifteen minutes. A review of a Prisoner Observation log from a detainee on suicide watch on 7/4/19 between 13:25 and 01:33 indicated delays with timely observations. Specifically, the range of documented observation ranged from five to thirty-five minutes; 19 of 43 or 44% of intervals exceeded the maximum 15 minute required observation timeframe.

**Recommendation:** Ensure close observation occurs at staggered intervals not to exceed 15 minutes. This may require training and supervisory review.

**Rationale:** Standard NDS, 2000, INS Detention Standard, Suicide Prevention and Intervention, IIIC Housing/Hospitalization and NCCHC, Standards for Health Services in Jails, Suicide Prevention and Intervention, J-B-05, essential which address proper level of observation.

**Finding:** Cells in the booking areas are not suicide resistant due to grates in the ceiling and a protruding sprinkler head.

**Recommendation:** Detainees should be placed on 1:1, constant observation until these issues can be rectified by the institution.

**Rationale:** Standard NDS, 2000, INS Detention Standard, Suicide Prevention and Intervention, IIIC Housing/Hospitalization. The standard states that “the isolation room will be free of objects or structural elements that could facilitate a suicide attempt” and NCCHC, Standards for Health Services in Jails, Suicide Prevention and Intervention, J-B-05 essential

**Finding:** Mental health staff (master’s level clinicians) independently decide when to discontinue suicide watch.

**Recommendation:** Ensure consultation with the Behavior Health Lead before discontinuation of suicide watch.

**Rationale:** Corizon suicide prevention policy.

**Finding:** Staff reported, and record reviews confirmed an institutional practice of using behavior observation and unusual occurrences for mental health detainees in lieu of continuing suicide watch. There was no policy for this practice.

**Recommendation:** Discontinue the use of behavior observation or unusual occurrences for mental health detainees. When a detainee is assessed as needing observation for mental health needs initiate or continue suicide watch until the detainee is assessed as no longer in need of observation. When the acute risk has passed, but further monitoring is needed, consider an increase in property, such as the provision of a uniform.

**Rationale:** Standard NDS, 2000, INS Detention Standard, Suicide Prevention and Intervention, IIIB, Identification and Intervention

**Finding:** Clinical documentation for detainees on suicide watch was insufficient.

**Recommendation:** Documentation for detainees on suicide watch needs to include rationale for placement, mental status and functioning, continuation and discontinuation of the watch, consideration/acknowledgement of prior relevant mental health documentation, safety planning, discharge planning, treatment interventions and an appropriate plan for follow-up by mental health during and after suicide watch. Due to the sparse documentation in reviewed records staff will likely need training on risk assessment and documentation to meet this recommendation. Regular clinical supervision and auditing of record can facilitate success with this endeavor.

**Rationale:** Standard NDS, 2000, INS Detention Standard, Suicide Prevention and Intervention, I-III and NCCHC, Standards for Health Services in Jails, Suicide Prevention and Intervention, J-B-05, essential

### **Best Practice Recommendations**

**Finding:** Per policy, seventy five percent of custody staff during each shift must be current on suicide prevention, CPR and first aid training.

**Recommendation:** Ensure 100% of correctional staff are in compliance with suicide prevention, CPR and first aid training during each shift.

**Rationale:** Increases successful intervention during an emergency.

### ***Use of Force***

Standard NDS, 2000, INS Detention Standard, I Policy, “The use of force is authorized only after all reasonable efforts to resolve a situation have failed. Officers shall use as little force as necessary to gain control of the detainee; to protect and ensure the safety of detainees, staff, and others; to prevent serious property damage; and to ensure the security and orderly operation of the facility.” Based on the summary provided in the findings section below, it is this writer’s opinion that CCCC was non-compliant with this standard. Non-compliance is not opined as due to malicious intent but a lack of training and lack of collaboration between custodial and mental health staff. Recommendations below are intended to ensure full compliance with this standard.

### **Level I Recommendations**

**Finding:** A total of 29 incidents of use of force (pepper spray or restraint chair) between 2018 and 2019 were reviewed. Of the 29 incidents, eighteen or 62% involved detainees experiencing acute mental health distress (head banging, strangulation, threats to harm self and behaviors interpreted by staff as potential for self-harm). These eighteen incidents were from six different detainees, one inmate accounted for eight or 44% of the eighteen incidents. Clear documentation of suicide watch (close observation) was evident in only five incidents. As discussed and recommend in the above Suicide Prevention section, any incident of acute mental health distress requires placement on suicide watch with constant observation. Documentation of efforts to resolve the situation via consultation with and assessment and intervention by mental health) were warranted but were lacking in all cases reviewed. Further, identification of signs of acute distress and therefore early intervention by staff (thus reasonable effort to resolve the situation) was lacking since it is unusual for these behaviors to occur without warning. Typically, detainee needs/requests have been unmet or signs indicative of emotional distress (threats, pacing, yelling, etc.) are not responded to appropriately.

The following are two examples in which assessment and intervention (verbal de-escalation, consultation with psychiatrist for emergency medications) by mental health would have been a reasonable effort that could have avoided the use of force. One detainee (case 3) tied a shirt around his neck which he refused to remove. Staff removed the shirt from around his neck and for unknown reasons since the imminent threat of harm to self had passed, he was subsequently placed in the restraint chair. In another example, (case 6) a female detainee made suicidal statements and was resistant during the process that warranted that she change into a suicide smock. Documentation indicated her perception that officers intended to kill her. Suicide watch was not initiated by mental health who could have determined the clinical need for suicide watch and considered constant observation until the detainee complied with changing into the suicide smock. When detainees have negative experiences during suicide watch, it is unlikely that they will disclose suicidal ideation in the future, creating a risk of harm to all detainees at CCCC.

Mental health staff opined that the language barriers contributed to misunderstandings between custody staff and detainees and an unnecessary escalation of incidents, such as use of force.

**Recommendation:**

1. The use of custodial restraints in psychiatric emergencies as outlined in the current policy should be discontinued immediately. A risk assessment with any detainee who evidences psychiatric distress should be conducted by mental health staff. Staff will likely need training to improve these skills. If mental health staff opine that the detainee is suicidal or at risk of engaging in self-injurious behavior then the detainee should be placed in the medical unit on suicide watch with a referral to a higher level of care if clinically appropriate. If the assessment determines that the detainee is not at risk of self-harm or that the behavior is not due to a mental illness, mental health staff should communicate their findings to custodial staff.
2. Contact mental health at the earliest sign of detainee distress, particularly detainees on suicide watch or those that make suicidal statements, engage in self-injurious or odd behavior to assess the situation. Early detection and intervention are critical to de-escalation.
3. Ensure a process exists for consultation with the psychiatrist during business and non-business hours to discuss the use of emergency medication (voluntary and involuntary).
4. Consider a joint policy for all disciplines that clearly outlines policy and procedures for each discipline and is in alignment with NDS standards and local policy.
5. Train all staff on verbal de-escalation including signs and symptoms of early distress.
6. Implement the clinical restraint policy (not currently utilized at CCCC) and train staff on proper utilization.
7. Discontinue the use of pepper spray on detainees who are in psychiatric distress.

**Rationale:** Standard NDS, 2000, INS Detention Standard, I Policy, “The use of force is authorized only after all reasonable efforts to resolve a situation have failed. Officers shall use as little force as necessary to gain control of the detainee; to protect and ensure the safety of detainees, staff, and others; to prevent serious property damage; and to ensure the security and orderly operation of the facility.”

In addition, the use of chemical agents or Use of Force with mentally ill detainees, who because of their mental illness are unable to conform their behavior, has been opined as a violation of constitutional rights in Florida and California.

Appendix 1

Healthcare files reviewed

Number	Name (b) (6)	A number	ID number
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			

Appendix 2

Interviewed detainees

Name (b) (6)	ID Number
-----------------	--------------



**Conditions of Detention  
Subject Matter Expert Report  
On  
Calhoun County Correctional Center**

**This report is a general examination of conditions at the Calhoun County Correctional Center with a specific examination of the issues identified in the following complaints:**

- **19-03-ICE-0086**
- **18-06-ICE-2017**

Prepared by:

(b) (6)

Lodi, CA

For Official Use Only

## I. Summary of Review

The Department of Homeland Security (DHS), Office for Civil Rights and Civil Liberties (CRCL) received complaints alleging that the U. S. Immigration and Customs Enforcement (ICE) has violated the civil rights and civil liberties of detainees at the Calhoun County Correctional Center (CCCC), located in Battle Creek Michigan. The complaints contained the following allegations which will be examined in this report:

Detainees have been subjected to:

- Excessive use of force, including the use of the restraint chair, and
- A twenty (20) hour a day lockdown for three weeks in 2018.

In addition to the specific complaints identified here, the CRCL received and reviewed Daily Detainee Assault Reports (DDAR) from the Joint Intelligence Operations Center (JIOC) that gave rise to the possibility and concern that force, including the use of the restraint chair, may have been used more than necessary at CCCC. Specific examples of these force incidents were cited in the engagement letter provided to the ICE Director and will be evaluated and discussed in this report.

Additionally, the following CCCC facility operations were reviewed during this onsite investigation:

- General Use of Force Reporting and Accountability
- Special Management Unit (Segregated Housing)
- Sexual Abuse and Assault Prevention and Intervention (SAAPI)
- Detainee Grievances
- Visitation Programs
- Recreation Programs
- Mail Services
- Religious Services
- Telephone Access
- Law Library Services

## II. Facility Background and Population Demographics

On the first day of our onsite<sup>1</sup> the total ICE detainee population at CCCC was 199.<sup>2</sup> CCCC is operated under an Intergovernmental Service Agreement between ICE and the Calhoun County Sheriff's Office. CCCC is not an American Correctional Association (ACA) accredited facility and follows the 2000 National Detention Standards (NDS 2000).

Detainees and County inmates are housed together throughout the facility wearing the same uniforms, with the only distinguishing characteristic being the color of the wristband worn by each detainee/inmate. All CCCC inmates and detainees are classified using the North-Point classification system. Detainees at CCCC are classified in all four levels of the classification system including, Low, Low-Medium, High-Medium and High classification levels. Detainees and inmates are housed together in common housing pods by classification level.<sup>3</sup>

The general population housing units at CCCC are comprised of six (6) direct supervision housing pods that house male detainees/inmates and one that houses female detainees/inmates. There are also three (3) additional indirect supervision housing pods that are used for overflow when necessary to enable the population to be balanced by classification level.<sup>4</sup>

All meals are delivered in carts from the main kitchen and served at tables in the dayroom areas of the pods. Other services, such as visitation are provided outside the housing pods in common areas where the detainees are escorted to attend. Video visitation is also available in the housing units by using video tablets available for video calls.<sup>5</sup> Religious services and outdoor recreation are

---

<sup>1</sup> CRCL was on-site at CCCC July 29 – 31, 2019.

<sup>2</sup> The CCCC population consists of 199 ICE detainees (male and female) and 330 Calhoun County inmates. Male and female detainees/inmates are housed in separate housing pods.

<sup>3</sup> Low and Low-Medium classified detainees/inmates are housed in common housing pods and High-Medium and High classification level detainees are housed together in common housing pods in compliance with the NDS 2000 standards.

<sup>4</sup> Direct supervision pods have a deputy assigned and present to observe and supervise the pod through direct observation and physical presence. The indirect supervision pods have a deputy that conducts security checks at regular intervals, but is not continually physically present in each pod. Lower level classification detainees/inmates are housed in the indirect supervision pods and all pods are continually surveilled and monitored via CCTV video monitors.

<sup>5</sup> There are two (2) video tablets available in each pod to be used for video visitation.

provided in rooms and outdoor exercise areas within or attached to each housing pod and used only by the detainees/inmates housed in each respective pod.

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

Overall, we found the personnel to be professional, courteous and helpful and the general living areas of the facility to be clean and orderly. CCCC was in general compliance with most NDS 2000 standards, however, were not found to be in full compliance with all the standards and recommendations will 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 (American Correctional Association) and the AJA (American Jail Association).

## **II. Expert Professional Information**

I have worked as a corrections/law enforcement expert/consultant for the past 13 years. I have been qualified as an expert in Federal Court in the areas of use of force, general prison operations and mental health care delivery. Over the past 13 years I have consulted with Sheriff's Departments in Los Angeles County, San Diego County and Denver County and have worked as an expert witness in the defense and prosecution of both criminal and civil cases.

I currently serve on a monitoring team for the implementation of a settlement agreement between the Los Angeles Sheriff's Department, Antelope Valley Patrol Division, and the U.S. Department of Justice (DOJ), involving issues of use of force and management accountability. I am also a member of the California DOJ investigative team assigned to investigate allegations of pattern and practice violations within the operations of the Bakersfield Police Department and the Kern County Sheriff's Office.

I hold a Bachelor of Arts degree in Corrections from California State University, Sacramento; I am a graduate of the Leadership Institute at California State University, Chico; and, I am a graduate of the California Department of Corrections Academy (Penal Code 832). I have authored a chapter in a published, graduate level text book entitled, "Managing the Security Housing Unit: Lessons from the California Experience," in Managing Special Populations in Jails and Prisons. New York: Civic Research Institute.

I served in the California Department of Corrections & Rehabilitation (CDCR) during four decades, working in four different prisons and the CDCR Headquarters. Promoting through the ranks, I held many positions including Warden at Pelican Bay State Prison and ending my career with the CDCR holding the position of Chief Deputy Secretary, Adult Operations, where I was responsible for the operation of all 33 California State prisons and parole supervision state-wide.<sup>6</sup> During these years I experienced all aspects of correctional operations and I co-authored several CDCR policies including Use of Force and Employee Investigations and Discipline.

### **III. Relevant Standards**

- **ICE Detention Standards**

The NDS 2000 apply to CCCC. These are the standards 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 NDS 2000, this review is being conducted based on my correctional experience, as well as, nationally recognized best practices.

---

<sup>6</sup> At that time the inmate population in the CDCR was over 160,000 with approximately 120,000 parolees and 57,000 employees.

#### IV. 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 CCCC as it relates to the care and treatment of the ICE detainees. For this review, I examined detainee records; CCCC policies and procedures; documentation kept on-site depicting such things as detainee grievances and force incident reports; interviewed ICE detainees, ICE personnel, CCCC personnel; and, conducted an on-site tour of the CCCC facility with the managers and supervisors. All the CCCC and ICE personnel were professional, cordial and cooperative in facilitating our review, and a special thanks is due Lieutenant (b) (6), (b) (7)(C) for the time he spent escorting the team, ensuring that we were able to have unfettered access to the facility and the related information kept on-site.

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

- Contract/Intergovernmental Services Agreement (IGSA)
- Detainee grievances and grievance logs
- Detention Files<sup>7</sup>
- Segregation records
- Incident reports involving use of force and Force After-Action Reports<sup>8</sup>
- CCCC and ICE National Detainee handbooks in English and Spanish
- Sexual Abuse and Assault Prevention and Intervention (SAAPI) investigations<sup>9</sup>
- Assigned personnel roster
- CCCC Policies on the following<sup>10</sup>:
  1. Use of Restraints
  2. Non-Lethal Use of Force

---

<sup>7</sup> The detention files of all the detainees involved in use of force incidents and the detainees making the complaints being investigated in this report have been reviewed.

<sup>8</sup> There were nineteen (19) uses of force at CCCC in 2018 and nine (9) so far in 2019.

<sup>9</sup> There were nine (9) SAAPI allegations and investigations at CCCC so far in 2019, however, only one (1) involved a detainee. The other eight (8) allegations involved Calhoun County Inmates.

<sup>10</sup> Because CCCC houses ICE detainees, as well as, county inmates, some policy/procedure documents refer to "inmate" rather than detainee and apply to both inmates and detainees.

3. Use of Force (ICE Addendum)
4. Classification
5. Initial Inmate Classification
6. Inmate Discipline
7. Inmate Movement
8. Special Management Housing
9. Segregation Housing
10. ICE Sexual Abuse and Assault Prevention Program
11. Chaplin
12. Inmate Religious Programs
13. Special and Religious Diets
14. Inmate Handbook<sup>11</sup>
15. Library Services
16. Visitation
17. Inmate Telephone Access
18. Inmate Mail
19. Mail Distribution
20. Inmate Recreational Activities

NDS 2000 Standards relevant to this review:

1. Admission and Release
2. Use of Force
3. Special Management Unit (Segregation)
4. Telephone Access
5. Access to Legal Material
6. Detainee Grievance Procedures
7. Visitation
8. Correspondence and Other Mail
9. Recreation
10. Religious Practices

---

<sup>11</sup> The inmate/detainee grievance procedure is laid out in the inmate handbook, but is not provided as a separate, stand-alone policy/procedure.

In addition to the above listed activities, the onsite on July 29-31, 2019 included the following:

- Toured the Intake and Release
- Toured the housing units
- Observed the mobile Lexus Nexus Legal research computers
- Toured the recreation areas
- Toured the Special Management Housing (Segregation)
- Toured the Medical Clinic
- Toured the visitation area (the main visitation area and the video tablets in the housing units)
- Observed mail handling
- Inspected all areas of detainee access for information postings
- Interviewed various personnel including command staff, supervisors and line staff<sup>12</sup>
- Interviewed various ICE detainees randomly selected
- Reviewed information in the Jail Management System (JMS)<sup>13</sup>

## **V. 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;
- “Not substantiated” describes an allegation that was investigated and there was insufficient evidence to determine whether or not the allegation occurred<sup>14</sup>; and

---

<sup>12</sup> These interviews included, but were not limited to, the supervisors responsible for SA-API, detainee grievances, detainee classification/intake, detainee religious services, detainee visitation, detainee mail and detainee law library.

<sup>13</sup> The JMS is an automated records and tracking system to capture almost every aspect of detainee activity and information.

<sup>14</sup> While “Not Substantiated” 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.

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 NDS 2000 or to industry “best practices.”

The complaints listed above in this report will be specifically reviewed, analyzed and a finding will be opined.

### **Complaint No. 19-03--ICE-0086**

On December 14, 2018, CRCL received information from the Joint Intelligence Operations Center (JIOC) Daily Detainee Assault Reports (DDAR) indicating that CCCC placed detainee # 1 in a restraint chair after he refused orders and actively resisted.<sup>15</sup> During the last months of 2018 force was reportedly used against this same detainee six (6) times. This prompted CRCL to file this complaint in order to investigate whether the force used was necessary and reasonable.

#### **Analysis:**

Detainee # 1 was removed from CCCC before our on-site inspection and was not available for interview. Records indicate that he is a developmentally/intellectually disabled individual with a mental health diagnosis. During his stay at CCCC detainee # 1 was prone to acting out and not receptive to routine direction given to him by CCCC personnel.

We reviewed all the use of force incidents involving detainee # 1 to determine the circumstances involved in each incident. This included watching video recordings that depicted the incidents, including the actions and events leading to the use of force. In the vast majority of the incidents, the force applied was done in an effort to stop detainee # 1 from harming himself.<sup>16</sup>

---

<sup>15</sup> Detainee # 1 is identified in Appendix A by name and alien number.

<sup>16</sup> Detainee # 1 often banged his head against the wall or floor. Staff intervention and restraint was necessary to stop the self-injurious behavior.

We also interviewed managers with first-hand experience with detainee # 1 regarding their experiences with this detainee. It was ascertained that efforts had been made to move Detainee # 1 to a mental health facility that was better prepared to treat and manage his mental impairment. Efforts to facilitate that transfer were impeded by detainee # 1's conservators who did not want him transferred from the Battle Creek area. After months of effort, detainee # 1 was transferred to a mental health facility.

In evaluating the use of force incident in December 2018 that sparked this investigation, we found that no force was actually used during that incident. The circumstance of the incident was that detainee # 1 was hitting his head on the wall of the observation cell where he was housed. Personnel talked to him and tried to persuade him to stop banging his head. Detainee # 1 would stop temporarily and then begin to bang his head again. A supervisor entered the observation cell and told detainee # 1 that he was being placed into the restraint chair so he would not hurt himself. Detainee # 1 voluntarily walked out of the cell and to the restraint chair under unrestrained staff escort, sat in the chair and did not resist the application of the restraints that restrained him to the chair. This incident was reported as a use of force because of the use of the restraint chair even though there was no resistance and no force was used.<sup>17</sup>

### **Findings:**

- The complaint that excessive or unnecessary force was used on detainee # 1 by placing him in the restraint chair is **"unfounded."**

### **Recommendations:**

- None related to this complaint

---

<sup>17</sup> The use of the restraint chair and the need to employ clinical intervention and input before using force on mentally impaired detainees will be discussed in the Use of Force section of this report below.

## **Complaint No. 18-06-ICE-0217**

This complaint was received by CRCL on March 3, 2018 by email from the DHS Office of the Inspector General (OIG) regarding Detainee #2, an ICE detainee at CCCC.<sup>18</sup> Detainee # 2 alleged that detainees were subjected to a 20 hour a day lockdown for three (3) weeks. He also alleged additional complaints regarding the facility being unclean, the toilets not working and detainees being forced to sleep on the floor because of overpopulation. We will only address the complaint related to the alleged lockdown in this report, while the additional allegations made in this complaint will be addressed in a separate report by Diane Skipworth, the environmental health expert on the investigative team.

### **Analysis:**

Detainee # 2 had been removed from CCCC before our on-site investigation and was not available for interview. We reviewed her facility record to determine the dates of her detention at the facility and found that she was housed at CCCC from November 20, 2017 through August 22, 2018; from November 30, 2018 through December 18, 2018; and, from December 20, 2018 through January 2, 2019. Altogether, she was housed at CCCC on three different occasions for a total of approximately 10 months. Our investigation is focused within these timeframes.

We interviewed facility managers who were working at the facility during the dates detainee # 2 was housed at the facility. We also reviewed the facility record for detainee # 2 to determine if she had been placed in administrative or disciplinary segregation while housed at CCCC. We determined that detainee # 2 was never placed in administrative or disciplinary segregation while housed at CCCC. We did, however, find that she was placed on confined to quarters, or “in-cell lockdown” status for disciplinary infractions on five (5) separate occasions, for a total of fifteen (15) days.<sup>19</sup>

---

<sup>18</sup> Detainee #2 is identified in Appendix A by name and alien number.

<sup>19</sup> Her confined to cell status lasted for four (4) days on three (3) separate occasions, two (2) days on one (1) occasion and one (1) day on another occasion, for a total of fifteen (15) days during her ten (10) months at CCCC.

In looking through incident reports and facility records we found no evidence to suggest that the facility has experienced disturbances or events that would require placing the facility on lock-down status. Managers interviewed confirmed that CCCC has not experienced any periods of lock-down outside the normal operation of the facility in the past two years.

We also looked for evidence that groups of detainees may have been placed on lockdown status in particular housing pods. We found none. There is simply no evidence of groups or individuals being subjected to extended periods of lockdown at CCCC.

### **Findings:**

- The allegation that detainees were subjected to a 20 hour a day lockdown for a period of three weeks is “**unfounded.**” While detainee # 2 was herself placed on confined to quarters status or “in-cell lockdown” as a result of disciplinary infractions on five separate occasions (totaling fifteen days), there was no evidence that detainees at CCCC were subjected to a 20 hour a day lockdown for three weeks during the time detainee # 2 was at CCCC.

### **Recommendations:**

- None related to this complaint

## **VI. JIOC and DDAR Reports on Use of Force**

In reviewing the DDAR reports that occurred between April 2018 and January 2019, CRCL determined that force was being used on detainees who appeared to be suffering from mental illness. This prompted the current review to determine if CCCC officials are adhering to the NDS (National Detention Standards) governing the use of force, the application of restraints and the required medical/mental health clinical support for detainees with medical or mental health concerns.

There were four (4) use of force incidents cited in the engagement letter that were specifically reviewed to determine compliance with the NDS and to

determine if clinical personnel are adequately and appropriately involved with these detainees and the decisions made by custody personnel to use force on them. Each incident will be discussed below:

**Analysis:**

1. The first incident reviewed occurred on April 8, 2018 and involved a Chinese National female detainee.<sup>20</sup> Records and video related to this incident were reviewed to determine the need to use force, the extent of the force used, any efforts made to mitigate the need to use force, and the involvement, if any of medical/mental health personnel. The circumstances of the incident are as follows:

Detainee # 3 does have a mental health diagnosis and was under the care of mental health clinicians at the time of this incident. She began banging her head on the cell window and the wall. Custody deputies intervened to stop her from self-injurious harm and ultimately used oleo capsicum resin (OC) and physical force to restrain her and place her into the restraint chair. The physical force used to restrain the detainee was minimal and did not appear to be more force than necessary to restrain her. The use of the OC seems to have marginalized the detainee's ability to resist the restraint efforts and may have ultimately reduced the level of physical force necessary to restrain the detainee.

There was no documentation of consultation with mental health personnel regarding this use of force in the records to indicate a clinical review of the restraint chair placement and to ensure clinical follow-up with this detainee.

The need to use force was immediate and the amount of force used was consistent with the threat and resistance presented. The detainee was clearly not acting rationally and could have done significant harm to herself if the deputies had not intervened.

---

<sup>20</sup> This detainee is identified as Detainee # 3 in Appendix A by name and alien number.

2. The second incident occurred on August 28, 2018 and involved an Ethiopian National male detainee.<sup>21</sup> The incident report and video recording were reviewed to determine the circumstances of the incident. The detainee does not have a mental health diagnosis and did not appear to be suffering from any mental impairment. The circumstances of the incident are as follows:

The detainee was in his cell and showing deputies (through the cell door window) that he had a contraband razorblade in his possession in his cell and was refusing to surrender the razorblade to the deputies. After being unable to convince the detainee to surrender the razorblade, the deputies asked the detainee to submit to handcuffs and exit the cell. The detainee voluntarily complied, was handcuffed and exited the cell so the deputies could search for the razorblade. No force was used.

Deputies searched the cell and were unable to find the razorblade. They were then concerned that the detainee had secreted the razorblade on his body or in a body cavity. The detainee was escorted to the Special Housing Unit to be placed in segregation, but he refused to submit to an unclothed body search.<sup>22</sup> Rather than do the search by force, the supervisor decided to place the detainee in the restraint chair until he agreed to the unclothed body search. The detainee voluntarily submitted to placement in the restraint chair and no force was used.

The detainee was then monitored at regular intervals and offered release from restraint if he would submit to the search. He continued to refuse. After a few hours the detainee was removed from the restraint chair and placed into segregation on contraband observation status without first

---

<sup>21</sup> This detainee is identified as Detainee # 4 in Appendix A by name and alien number.

<sup>22</sup> Unclothed body searches are routinely conducted at the time of placement into the Segregated Housing Unit and in this case was also necessary to ensure the detainee was not introducing dangerous contraband into the segregation unit.

being searched. No force was used on this detainee. It was apparently reported as a use of force because the restraint chair was utilized.

3. The third incident occurred on December 26, 2018, and involved a Mexican National male detainee, referred to earlier in this report as Detainee # 1. As indicated, this detainee has a developmental/intellectual disability and had been diagnosed by mental health clinical personnel at the time of this incident. The circumstances of the incident are as follows:

Detainee # 1 was in an observation cell and had tied a shirt around his neck. Custody personnel observed this and were afraid he may be trying to injure himself or possibly choke himself with the shirt around his neck. The lieutenant entered the cell and asked detainee # 1 to remove the shirt from around his neck. The detainee refused. When the lieutenant and a deputy attempted to remove the shirt, the detainee pulled away and resisted their efforts. Control holds were used to restrain the detainee, remove the shirt from around his neck and place him in the restraint chair. Minimal physical force was used and the detainee was removed from the restraint chair in one hour.

Later that same evening the detainee began striking his head against the observation cell wall and, upon the request of the custody supervisor, voluntarily walked to the restraint chair where he was restrained without force being used.

The force used to remove the shirt from the detainee's neck was necessary and appropriately done in a manner that would not be likely to cause injury. The reason for the force was to avoid the detainee's self-injury. There was no documentation of mental health clinical involvement in this incident.

4. The fourth incident occurred on January 8, 2019, and involved a Mexican National Female detainee.<sup>23</sup> This detainee has a mental health diagnosis. The circumstances of this incident are as follows:

During intake screening detainee # 5 made suicidal statements. She was escorted from the booking area to be placed on suicide watch. She began resisting the escort and refusing to enter the dress-out area where she was to change her clothes. A Spanish speaking interpreter was used to explain to her exactly what needed to be done (that is, to clothe her in a suicide garment, place her in an observation cell and then observe her). She began violently resisting and pulling away and yelling that she believed staff were going to kill her. Physical force was used to control her and to place her into the restraint chair. The video depicted minimal force was used and deputies were clearly attempting to calm her and help her.

Detainee # 5 was evaluated by a mental health clinician and was placed on unusual occurrence watch status.<sup>24</sup>

### Findings:

- The force used on the detainees in the above-cited incidents was not unnecessary or excessive.<sup>25</sup>
- When decisions are made by custody supervisors to place an out-of-control/resistive detainee into the restraint chair, there does not appear to be adequate coordination and support from mental health clinical personnel to determine the appropriateness of the decision and possible alternative measures that may be more appropriate for mentally impaired detainees. Any detainee placed in the restraint chair to prevent him/her from self-harm or from harming others, should

---

<sup>23</sup> This detainee is identified as detainee # 5 in Appendix A by name and alien number.

<sup>24</sup> (b)(6) the CRCL team psychologist, will be reviewing the involvement of mental health clinicians in intervention with mental health detainees in crisis and the use of the restraint chair.

<sup>25</sup> In fact, in one of the incidents cited, no force was used as the detainee was voluntarily and without resistance, placed in the restraint chair. Although not a use of force, the use of the restraint chair in this incident was not necessary or appropriate.



immediately be evaluated by a mental health clinician to determine mental status and possible treatment options.

- The restraint chair in at least one incident we reviewed was utilized to restrain a detainee who was not resistive and not involved in self-harm. Because a detainee refused to be searched, he was placed in the restraint chair in an effort to persuade his cooperation with the unclothed body search. Other more conventional and acceptable means of contraband watch were available to the custody supervisor. The NDS 2000 clearly contemplates using restraints on out-of-control, resistive detainees not as a means to coerce compliance with verbal orders.

### **Recommendations:**

- When decisions are made by custody supervisors to place an out-of-control/resistive detainee into the restraint chair, there does not appear to be adequate coordination and support from mental health clinical personnel to determine the appropriateness of the decision and possible alternative measures that may be more appropriate for mentally impaired detainees. When a detainee is placed into the restraint chair to protect himself/herself or others, CCCC should require immediate consultation with a mental health clinician to assess the situation, evaluate the detainee, make recommendations, and provide clinical intervention where appropriate. **(Best Practices)**
- The restraint chair, in at least one incident, was utilized to restrain a detainee who was not resistive and not involved in self-harm. CCCC should not use the restraint chair for any purpose other than to control and protect an out-of-control detainee whose resistance level requires such drastic measures to prevent harm to self or others. **(Best Practices)**

## **VII. Additional review and Findings:**

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

- Use of Force
- Special Management Unit (Segregated Housing)
- Sexual Abuse and Assault Prevention and Intervention (SAAPI)
- Detainee Grievance System
- Visitation
- Recreation Program
- Mail Services
- Religious Services
- Telephones Access
- Legal Library Services
- Limited English Proficiency

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

### **1. Use of Force**

The NDS 2000, Use of Force standard requires that, “Staff shall prepare detailed documentation of all incidents involving the use of force...Written procedures shall govern the use of force incident review...The review is to assess the reasonableness of the actions taken.”<sup>26</sup>

#### **Analysis:**

There have been nine (9) use of force incidents reported at CCCC so far in 2019. We reviewed all nine (9) of the 2019 incident reports and all nineteen (19) of the force incidents in 2018 to get a good understanding of the circumstances in which force is used, the reporting and documentation of the force and the after-action review process employed by CCCC management.<sup>27</sup> Our observation is that the

---

<sup>26</sup> INS Detention Standard III. J. and K.

<sup>27</sup> Our review of force incidents included the review of video footage in the incidents in which video was available.

documentation of force is prepared by a participant, usually the primary deputy or supervisor in the incident, and summarizes the actions of the detainee and all the involved deputies. The report and any video is then reviewed by the assigned lieutenant and forwarded to the Captain and the Facility Administrator for their review and forwarding to the ICE administration.

On average this year, CCCC has been involved in one (1) use of force incident a month. Eight of the nine force incidents in 2019 involved only three (3) detainees.<sup>28</sup> Also, eight (8) of the nine (9) force incidents in 2019 involved force used to prevent self-injury or to place the resistive detainee on suicide watch. There were no force incidents that resulted in serious injury and the level of force used appears to be consistent with the level of resistance encountered. Clearly, the force used at CCCC is only used when necessary, is not excessive and is used as a last resort.

Several of the force incidents we reviewed were reported as force because a detainee was placed into a restraint chair to prevent self-injury. In reviewing these incidents there were some in which the custody personnel were able to solicit cooperation from the detainee, who was involved in self-injurious behavior, to voluntarily submit to placement in the restraint chair. The placement was appropriate because the detainee had been banging his or her head against the wall, but in fact no force was actually used to restrain the detainee.

While it is appropriate to prepare a report and document any time the restraint chair is used, it is not necessarily appropriate to classify such an incident as a use of force unless force is used to overcome resistance.<sup>29</sup>

In reviewing force incident reports, it is apparent that force reports are prepared in a timely manner, usually before the end of shift. This reporting method meets the NDS 2000 standard for ensuring that force incidents are reported in a timely manner. However, although not required by the NDS 2000, it is a standard

---

<sup>28</sup> Four (4) incidents involved one (1) detainee and another four (4) of the other incidents involved two (2) detainees (two incidents each). These incidents involved detainees with a mental health diagnosis and in each instance the force used was to prevent self-injury or to place the detainee on suicide watch.

<sup>29</sup> Because CCCC documents any use of the restraint chair as a use of force, use of force statistics make it appear as though more force is being used at CCCC than is actually the case.

industry practice nationally for each deputy who either observes or uses force to prepare his/her own report to document both their involvement and observations. This is a best practice because, while summaries written by one participant may catch the general essence of actions taken by everyone involved, the involved deputies actually view the event from different angles and perspectives. Gathering the individual perspectives into an integrated incident package provides a better picture of specific actions taken by everyone involved.

All the force incidents we reviewed at CCCC had after-action review documentation indicating that the incidents were reviewed and evaluated. As indicated above, the assigned lieutenant reviews the documentation, reviews any available video, initiates the After-Action Review Sheet and forwards the material up the chain of command to the facility administrator and ultimately to the ICE administration. However, NDS 2000 requires that a four-member After-Action Review Team be convened on the workday after the incident to gather relevant information, determine whether policy was followed and complete an after-action report recording the nature of their review and findings.<sup>30</sup> The After-Action Review Team is to be made up of the Officer in Charge (Facility Administrator), the Assistant Officer in Charge (Assistant Facility Administrator), The Health Services Administrator and the ICE Field Office Director's designee.<sup>31</sup>

In my experience with reviewing thousands of force incidents, it is common to have discussions about the appropriateness of actions taken in response to different scenarios presented in force incidents and recommendations for possible alternative actions that may be implemented in future similar situations. When an After-Action Review Team meets to review a use of force incident, the Team should document these discussions and any follow-up recommendations or actions to be taken.

---

<sup>30</sup> While this standard applies directly to Service Processing Centers and Contract Detention Facilities, IGSA's such as CCCC may adopt alternative procedures, provided they meet or exceed the objective represented by the standard. The procedure employed at CCCC for after-action review does not meet the expected standard.

<sup>31</sup> At CCCC the appropriate team composition would be the Facility Administrator, the Facility Captain, the Health Services Administrator and the ICE FOD designee (usually the ICE Deportation Officer assigned to the facility).

## Recommendations:

- CCCC does not employ an After-Action Review Team, properly comprised of the Facility Administrator, the Assistant Facility Administrator, the Health Services Administrator and the Field Office Director's Designee to review and evaluate each use of force incident. Although it is the practice for the CCCC administration to review the force incidents, CCCC should convene the After-Action Review Team as required by the NDS 2000 to conduct a review and evaluation of each use of force incident. **(NDS 2000, Use of Force, III.K)**
- CCCC documents all uses of the restraint chair as a use of force, even when force is not used to overcome resistance in placing a detainee in the restraint chair. CCCC should not document incidents as a use of force unless force is used to overcome the resistance of a detainee. **(Best Practices)**

## 2. Special Management Unit (SMU)

The NDS 2000, Special Management Unit (Administrative Segregation and Disciplinary Segregation), requires that, "Each facility will establish a Special Management Unit that will isolate certain detainees from the general population...separation from the general population (is) used when the continued presence of the detainee in the general population would pose a danger to self, staff, other detainees, property or the security and orderly operation of the facility." "The Special Management Unit will have two sections, one for detainees being segregated for disciplinary reasons; the other for detainees being segregated for administrative reasons." It also requires that, "A written order shall be completed and approved by a supervisory officer before a detainee is placed in administrative segregation..."<sup>32</sup>

---

<sup>32</sup> INS Detention Standard, Special Management Unit I., and III., B.

## **Analysis:**

The SMU at CCCC appears to be utilized very sparingly and as a last resort for the safety of detainees and the facility staff. There are twenty (20) cells used for segregation of male detainees and four (4) cells used for the segregation of female detainees. At the time of our visit there were two (2) male detainees and no female detainees in the SMU.<sup>33</sup>

Segregation Orders are completed when a decision is made to place a detainee in administrative segregation. Reviews of administrative segregation placements are being conducted within appropriate timeframes and access to recreation, showers, phones, law library, etc., are provided per the NDS 2000. All services and activities are logged.

Documentation for retention hearings and disciplinary hearings is completed and placed in the detainee files. Security checks are conducted every 30 minutes in SMU, unless determined to be done more frequently by medical or mental health clinicians. The operation of the SMU at CCCC is in compliance with the NDS 2000.

The required documentation for placement into the SMU is completed using the detainee's name, identification number and reason for placement on the Administrative Segregation Order Form. Reviews of the segregation placement are also documented on the Administrative Segregation Review Form and the Disciplinary Segregation Review Form.

## **Recommendations:**

- None related to this process

### **3. Sexual Abuse and Assault Prevention and Intervention (SAAPI)**

The NDS 2000 is silent on SAAPI and does not establish standards that must be followed. The PBNDS 2011 SAAPI standards contain a multitude of specific requirements that must be implemented to ensure compliance. Understanding

---

<sup>33</sup> There were two (2) male detainees and no female detainee in segregated housing out of a population of approximately 200 detainees at the facility (approximately 1% of the population).

that, while CCCC is not being held to the letter of the PBNDS 2011, there are certainly requirements and obligations under the National Standards to Prevent, Detect and Respond to Prison Rape as published by the USDOJ. The CRCL team reviewed and evaluated the process used by CCCC to respond to allegations of sexual abuse or assault in light of these standards.

**Analysis:**

The SAAPI Coordinator was interviewed regarding the Sexual Abuse and Assault Prevention and Intervention process. From all the documents reviewed and the onsite inspection, it is apparent that the CCCC management 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.<sup>34</sup>

A SAAPI pre-screening process for all detainees utilized during the intake and classification process is in place. The standard intake process includes the risk assessment tool necessary to determine vulnerability and is included in every detainee intake file.

When allegations of sexual abuse or assault are made, the involved detainees are separated and medically examined, moved to appropriate and safe housing, any possible crime scene is secured and processed, the detainees are interviewed by a medical and mental health clinician and all required notifications are made. Allegations that if true would constitute a crime are investigated by criminal law enforcement personnel of the Calhoun County Sheriff's Office. Allegations that, if true would not constitute a crime, are also taken seriously and investigated administratively by a CCCC sergeant trained in administrative PREA investigations.

---

<sup>34</sup> There have been nine (9) SAAPI allegations at CCCC in 2019 from the entire population inclusive of the county inmates. Only one of the allegations was involving an ICE detainee.

The quality of the investigations is generally good; the proper witnesses are interviewed, the reports are well written and the conclusions are sound.<sup>35</sup>

The CCCC SA-API Coordinator maintains an investigative file for each SA-API allegation, including all related documentation. However, he does not have a log or logging system to facilitate the overall tracking and accountability for the SA-API process. For example, all the SA-API investigative files contain the necessary information to verify when the allegation was made, who made the allegation, the notifications that were made, the actions taken, who conducted the investigation, the finding of the investigation, and etc. However, because there is no tracking log containing this important information, the SA-API coordinator must research each individual investigative file to ensure that all the requirements of the SA-API standards are in fact being met.

During the on-site inspection we discussed this with the SA-API Coordinator who indicated he saw the value of having a log to track the important information in the SA-API process without having to go to each individual investigative file to determine or verify the information. He began preparing such a tracking system before our departure from CCCC.

### **Recommendations:**

- CCCC does not have a log or logging system to facilitate the overall tracking and accountability for the SA-API process. This requires going to each individual investigative file in order to determine or verify compliance with SA-API requirements and standards. CCCC should develop and employ a SA-API logging and tracking system to facilitate the overall tracking and accountability for the SA-API process. **(Best Practices)**

---

<sup>35</sup> Because there is only one SA-API investigation involving an ICE detainee, we reviewed all nine (9) of the investigations conducted, including the eight (8) conducted with Calhoun County inmates, in order to evaluate the quality of the investigations.



#### 4. Detainee Grievance System

NDS 2000, Detainee Grievance Procedures, requires that, “Every facility will develop and implement standard operating procedures that address detainee grievances...providing written responses to detainees who file formal grievances, including the basis for the decision.” The standard includes additional specific requirements that must be met for compliance, including that, “Each facility will devise a method for documenting detainee grievances. At a minimum, the facility will maintain a Detainee Grievance Log.”<sup>36</sup>

##### **Analysis:**

Grievance forms are available upon request in each pod in the English language.<sup>37</sup> Deputies in the housing pods provide grievance forms to detainees upon request. Detainees may also file grievances electronically using the Edge Exchange Kiosk system available in each housing pod.<sup>38</sup>

Grievances are initiated by detainees and submitted to the housing pod deputy.<sup>39</sup> The deputy reads the grievance, discusses the issue with the detainee and attempts to resolve the issue if it is within his/her purview to do so. If the deputy is unable to resolve the grievance he/she delivers the grievance to the housing pod sergeant. The sergeant then logs the grievance into the electronic grievance tracking system and either investigates and responds to the grievance or assigns the grievance to the appropriate person to investigate and prepare a response. The assigned person then investigates the issues, interviews the detainee and prepares the written response.<sup>40</sup> The grievances are required to be completed within five days from the day it is filed. A completed copy of the grievance with

---

<sup>36</sup> INS Detention Standard, Detainee Grievance Procedures, III, E.

<sup>37</sup> We observed that CCCC does not provide standard grievance forms in Spanish for detainees. This will be discussed below under the heading Limited English Proficiency (LEP).

<sup>38</sup> Detainees may also send grievances or requests for information directly to ICE electronically via the Edge Exchange kiosk. The ICE Officer assigned to CCCC reviews these communications daily and provides responses straight-away.

<sup>39</sup> CCCC has received and responded to only 20 detainee grievances so far in 2019.

<sup>40</sup> Personnel complaints against deputies are handled by the officer’s immediate supervisor.

the written response is returned to the detainee and a completed copy of the grievance is placed into the detainee file.<sup>41</sup>

The NDS 2000 requires that formal grievances be reviewed by a “grievance committee.” While CCCC does not utilize a formal grievance committee to review all formal grievances, the process they employ meets the spirit of the standard by having the grievances reviewed and responded to at two different levels, including the direct involvement of a supervisor.

If a detainee is not satisfied with a grievance response, he/she may appeal the decision. Appeals go to the Lieutenant, who considers the appeal and renders another decision on the grievance. If the detainee is not satisfied with the response from the Lieutenant, he/she may appeal the decision directly to ICE, who will render a final decision on the grievance, ending the appeal process.

The NDS 2000 requires that, “Each facility will devise a method for documenting detainee grievances. At a minimum, the facility will maintain a Detainee Grievance Log.”<sup>42</sup> CCCC maintains a grievance logging system to track all grievances in hard-copy and in the electronic Jail Management System.<sup>43</sup> However, the grievance tracking system at CCCC provides minimal information, e.g., grievance number, date, detainee name, issue and status. It would be helpful if the grievance log contained more information including who is assigned to investigate and respond to the grievance, the date the grievance is completed and returned to the detainee, and the grievance type, i.e., “staff complaint,” “detainee/detainee conflict,” “housing issue,” “food issue,” or “property issue.” Listing the subject of the grievances allows the management to review the grievance log and determine if there are areas of the operation that generate more complaints and may be in need of attention. Adding this additional information will make the grievance log much more user friendly and effective for management.

---

<sup>41</sup> If the detainee is not English speaking the response is translated into the appropriate language.

<sup>42</sup> INS Detention Standards, Detainee Grievance Procedures, III, E.

<sup>43</sup> Detainees may file grievances and receive responses in the electronic system without initiating anything in written hard-copy.

## Recommendations:

- The CCCC grievance tracking system provides minimal information; grievance number, date, detainee name, issue and status. CCCC should expand the information in the grievance log to include more information such as, who is assigned to investigate and respond to the grievance, the date the grievance is completed and returned to the detainee, and the grievance type, i.e., “staff complaint,” “detainee/detainee conflict,” “housing issue,” “food issue,” or “property issue.” Adding this additional information will make the grievance log much more effective as a tool for management. **(Best Practices)**

## 5. Visiting Services

NDS 2000, Visitation, requires that, “Facilities holding INS detainees shall permit authorized persons to visit detainees, within security and operational constraints.”<sup>44</sup>

### Analysis:

CCCC allows visitation for family and friends in operation Monday - Friday, 7:30 am - 11:00 am; 12:30 pm - 4:00 pm. All visits are non-contact and are conducted in eight (8) visitation booths in the main visitation area. Visits with family and friends are limited to 2 hours per visit.<sup>45</sup>

Additionally, each housing pod has two (2) tablets that detainees may use to conduct video visits with friends and family. These tablets are scheduled on a first-come-first-serve basis and allow detainees to have video visits with family and friends who are unable to travel to the facility. The detainees enjoy this provision and appreciate that it is inexpensive, even much less expensive than regular telephone calls. 95% of all visitation at CCCC is conducted by video.

---

<sup>44</sup> INS Detention Standard, Visitation, I.

<sup>45</sup> Some families are not local and have to travel great distances to visit. Exceptions are made upon request to lengthen visits for those traveling long distances.

There are very few complaints about the general visitation program and detainees who receive visits seem to be satisfied.

Legal visitation for attorneys operates seven (7) days per week, 7:00 am – 10:00 pm. Attorneys need only to identify themselves with a valid bar card to be admitted to the facility. There are two (2) attorney visitation rooms where attorneys may visit face-to-face with detainees.<sup>46</sup> Additionally, attorneys may meet clients in the ICE Courtroom when not being used for hearings. Attorneys may make an appointment by calling ahead or simply drop in without appointment.

Detainees may make unmonitored phone calls to attorneys from the housing pods by identifying the phone number for attorney/client communications. Once identified and verified, attorney phone numbers are not monitored or recorded. Detainees may also request the ICE officer to provide an attorney phone call and the call is made in a private office on an unmonitored line. Attorneys may also request a scheduled call which is accommodated by having the detainee make the call at a designated time.

We received no complaints regarding visitation, attorney visitation or attorney contact via telephone.

### **Recommendations:**

- None related to this process

## **6. Recreation**

NDS 2000, Recreation, requires that, “All facilities shall provide INS detainees with access to recreational programs and activities, under conditions of security and supervision that protect their safety and welfare.”<sup>47</sup>

---

<sup>46</sup> These rooms provide privacy for attorney/client meetings.

<sup>47</sup> INS Detention Standard, Recreation, I.

**Analysis:**

The recreation program at CCCC is operated seven days a week. Each housing pod has an attached and contained outdoor area where detainees may recreate. These areas are enclosed to the housing pod and are constructed of concrete. Detainees may play basketball, kick a soccer ball or simply walk or run around the enclosed exercise area. Detainees have access to this outdoor area during all hours of the day except during facility counts.

Lacking was any form of exercise equipment for detainees. While not required by the NDS 2000, it is a best practice we have observed in facilities around the country to provide stationary exercise equipment for detainees to use, such as dip-bars and pull-up bars. This type of equipment is inexpensive, easily installed against a concrete wall, indestructible and provides good exercise options to the population.

The NDS 2000 requires that outdoor recreation be available a minimum of one hour a day, five days a week, weather permitting. Our observation is that the recreation program at CCCC meets or exceeds all NDS 2000 standards related to recreation.

**Recommendation:**

- None related to this process.

**7. Mail Services**

NDS 2000, Correspondence and Other Mail, requires that, "All facilities will ensure that detainees send and receive correspondence in a timely manner, subject to limitations required for safety, security and orderly operation of the facility."<sup>48</sup>

---

<sup>48</sup> INS Detention Standard, Correspondence and other Mail, I.

## **Analysis:**

We interviewed facility managers regarding the mail at CCCC. Detainees hand outgoing mail to their housing pod deputies who place the mail in a drop box that is picked up and delivered to the U. S. Post Office daily, Monday through Friday.

The incoming mail is picked up by CCCC personnel at the local U. S. Post Office, brought to the facility and opened to check for contraband and money orders, sorted by housing pod, picked up by the housing pod deputies and passed out to the detainees before the day shift leaves at 7:00 pm each day.<sup>49</sup>

Outgoing legal mail is given to the housing pod deputies, who drop the mail in the outgoing mail box. CCCC personnel pick up the mail and deliver it to the U.S. Post Office daily. Incoming legal mail is picked up at the U.S. Post Office and delivered to the detainee in his/her housing pod and opened in his/her presence to check for contraband.

Legal mail is not logged at CCCC. Although not required by the NDS 2000, logging the incoming and outgoing legal mail is a best practice and provides better accountability for legal access for detainees. If incoming and outgoing legal mail is logged indicating the detainee's name, the name of the attorney or legal organization to whom it is being sent or received from, and the date it was given to or received from the detainee, then any future allegations against the facility for interfering with legal correspondence is easily determined and dispelled. Some facilities also require the detainee to sign the legal mail log when the legal mail is sent or received by the detainee.

There were no complaints regarding the mail at CCCC.

## **Recommendations:**

- Legal mail is not logged at CCCC. Although not required by the NDS 2000, logging the incoming and outgoing legal mail provides better accountability for legal access for detainees. **(Best Practice)**

---

<sup>49</sup> If checks or money orders are found in the mail, it is removed and placed on the detainee's account. The detainee is notified when funds are received.

## 8. Religious Services

NDS 2000, Religious Practices, requires that, “detainees of different religious beliefs will be provided reasonable and equitable opportunities to participate in the practices of their respective faiths. Opportunities will only be constrained by concerns about safety, security, the orderly operation of the facility, or extraordinary costs associated with a specific practice.”<sup>50</sup>

### **Analysis:**

We interviewed the CCCC Chaplain. Christian and Catholic services are offered on a regular schedule each week. These services are conducted by the Chaplain himself or by volunteer clergy that come in on a regular schedule. Catholic services are conducted by a local Catholic Priest.

The Chaplain has been unable to locate a Muslim Imam to conduct services, but Muslim detainees are allowed to hold prayer in the housing pod activity rooms. However, Muslim prayer meetings are not currently on the weekly schedule of religious activities. Jewish detainees may also conduct self-led services but are also not listed on the weekly schedule of religious activities. Because these detainees are allowed to conduct self-led services, they are not being prohibited from practicing their religious belief. However, both groups should be given a time and a place to meet on the weekly schedule of religious activities. All detainees are approved and welcome to participate in the weekly services.

Publications, such as Bibles and Qurans, are provided in English, Spanish and Arabic upon request. All publications are donated and getting Qurans is sometimes difficult. When this occurs the Chaplain loans out the Qurans he is able to get to the detainees. Detainees send requests to the Chaplain and he responds with providing the publications.

When a detainee requests a religious diet, the Chaplain interviews the detainee to determine whether the diet request is consistent with the faith of the detainee.

---

<sup>50</sup> INS Detention Standard, Religious Practices, I.

CCCC provides a kosher diet upon request for Jewish detainees but does not provide a Halal diet. CCCC provides the “common fare” diet to all detainees. This is a common practice among ICE facilities, meets the requirements of the Halal diet and meets the requirements of the NDS 2000. In our interviews with detainees, most expressed satisfaction with the religious services and accommodations offered.

**Recommendations:**

- CCCC does not include the Muslim, detainee-led prayer services or the Jewish, detainee-led prayer services on the weekly schedule of religious activities. CCCC should provide a time and place for detainee led Muslim and Jewish prayer services on the weekly schedule of religious activities. **(Best Practice)**

**9. Telephone Access**

NDS 2000, Telephone Access, requires that, “Facilities holding INS detainees shall permit them to have reasonable and equitable access to telephones.”

**Analysis:**

Telephones are located in the housing pods at CCCC. Detainees have unfettered access to make phone calls while out of their cells during dayroom program between 7:30 am and 10:00 pm daily. There are five (5) telephones in each dormitory. The detainees have a PIN number to use when making calls. We observed detainees using the telephones in the housing units throughout our inspection.

While we did not check every telephone in the facility to determine serviceability, our general observation was that the telephones were being used by detainees and in service. All detainees interviewed indicated that access to phones was fully adequate.



Each housing pod also has two (2) tablets used for video calls or visits. These are scheduled for specific times by signing up on a first-come-first-served basis and are preferred to the regular telephones.

**Recommendations:**

- None related to this process

**10. Law Library Services**

NDS 2000, Access to Legal Material, requires that, “Facilities holding INS detainees shall permit detainees access to a law library and provide legal materials, facilities, equipment and document copying privileges and the opportunity to prepare legal documents.”<sup>51</sup>

**Analysis:**

There is no common law library at CCCC, rather they employ mobile units on wheels, each consisting of a computer programmed for legal research, that are available to all the detainees upon request. There are three (3) of these portable computers, all programmed with the Lexus Nexus legal research program available for detainees to use. These programs are available in several languages for non-English speaking detainees and are updated by ICE quarterly. Copies of legal materials are made for detainees upon request.

In order to use a legal research computer a detainee makes the request to the housing pod deputy who contacts the shift supervisor who then schedules the mobile law library unit for the detainee. The mobile unit is then brought to the housing pod where the detainee is allowed to use the computer in the housing pod classroom.<sup>52</sup>

The volume of usage for the mobile legal library is unknown because there is no log kept to confirm the volume and frequency of usage. The supervisors

---

<sup>51</sup> INS Detention Standard, Access to Legal Material, I.

<sup>52</sup> Each classroom is attached to, but separate from, the general day room areas. There is a door that closes and provides a private area for law library work to be conducted.

interviewed indicated the number of requests to use the legal library is low and there are many days the material is not is use. None of the detainees interviewed indicated that law library access, availability or legal materials are deficient or inadequate.

### **Recommendations:**

- CCCC does not keep a log of legal library usage. Although not required by NDS 2000, CCCC should keep a log that depicts the name of each detainee requesting the usage of the legal library, the date of the request, and the date, time and duration of the usage. This will enable the facility to provide accountability in the event allegations of inadequate access are made.  
(Best Practices)

### **Limited English Proficiency (LEP):**

The ICE language Access Plan requires that facilities take appropriate steps to ensure effective communication with detainees. This is an area that we routinely evaluate even in facilities that have not received complaints related to language access issues. We are not aware of language access complaints at CCCC, however, the absence of complaints does not necessarily mean language access is not a problem. In conducting detainee interviews, it became readily apparent that many, non-English speaking detainees have not been provided with adequate translation services.

### **Analysis:**

English and Spanish are the most prevalent of the languages spoken by detainees at CCCC. There are very few Spanish-speaking personnel at the facility. CCCC has not translated all essential forms for detainees into the Spanish language,<sup>53</sup> nor does the facility personnel employ the language line to the extent necessary to ensure effective communication with detainees, especially those who speak languages other than English or Spanish.

---

<sup>53</sup> Some forms, such as the Detainee Grievance form, is provided only in English.

We reviewed the usage of the language line at the facility. To their credit the language line is often used in the medical department to facilitate effective communication, however, it is used much less for detainee orientation and for helping detainees to generally understand the rules of daily living in the facility. Orientation, for example, is conducted in both English and Spanish, however, detainees who speak neither language are not able to understand and are not consistently provided with the necessary assistance for effective communication.

Clearly, there are detainees at CCCC who do not speak English or Spanish and do not even have bi-lingual detainee associates who can help them to understand what is going on around them.

### **Recommendations:**

CCCC has not translated all essential forms for detainees into the Spanish language, nor does the facility personnel employ the language line to the extent necessary to ensure effective communication with detainees, especially those who speak languages other than English or Spanish. CCCC should facilitate effective communication with Limited English Proficient (LEP) detainees by:

- Ensuring that all forms used by detainees to request or receive services are printed in both English and Spanish.
- Increasing the use of the language line to improve effective communication with detainees for orientation and for generally understanding the rules of the facility and how to request and receive services. **(Priority 1, ICE Language Access Plan, June 14, 2015)**

### **General Observations:**

CCCC operates under the National Detention Standards established in September 2000. These standards have been revised several times over the past decade, with the newer versions including many specific requirements that CCCC is not required to follow. During our inspection, we discovered that with few exceptions CCCC consistently complies with the NDS 2000 standards and fulfills much of the spirit of the intent behind the newer detention standards as well.

The personnel in leadership at CCCCC are knowledgeable and professional. The facility appeared to be in good repair, painted and clean. The tenor and tone of

the facility was generally good and the interaction between detainees and deputies appears to be healthy. However, as pointed out to the CCCC leadership on site, it appears that the facility has at least one deputy who does not properly attend to providing services and sometimes interacts in a negative and unhelpful manner with detainees. When we discussed this with managers, the name of the deputy was already known to them and efforts already initiated to address the deficiencies presented by this deputy. This is encouraging and the CCCC leadership is encouraged to take all appropriate actions to ensure the interaction between CCCC personnel and ICE detainees is professional and courteous at all times. We observed many exceptional uniformed personnel at CCCC.

We sincerely appreciate the manner in which we were welcomed and assisted in our inspection by both the Sheriff's leadership team and the ICE AFOD and his team as well.

### **Summary of Recommendations:**

The following is a summary of the recommendations made throughout the body of this report:

- CCCC does not employ an After-Action Review Team, properly comprised of the Facility Administrator, the Assistant Facility Administrator, the Health Services Administrator and the Field Office Director's Designee to review and evaluate each use of force incident. Although it is the practice for the CCCC administration to review the force incidents, CCCC should convene the After-Action Review Team as required by the NDS to conduct a review and evaluation of each use of force incident. **(Priority 1, NDS Use of Force, III.K)**
- CCCC has not translated all essential forms for detainees into the Spanish language, nor does the facility personnel employ the language line to the extent necessary to ensure effective communication with detainees, especially those who speak languages other than English or Spanish. CCCC should facilitate effective communication with Limited English Proficient (LEP) detainees by:

- Ensuring that all forms used by detainees to request or receive services are printed in both English and Spanish.
- Increasing the use of the language line to improve effective communication with detainees for orientation and for generally understanding the rules of the facility and how to request and receive services. (**Priority 1, ICE Language Access Plan, June 14, 2015**)
- When decisions are made by custody supervisors to place an out-of-control/resistive detainee into the restraint chair, there does not appear to be adequate coordination and support from mental health clinical personnel to determine the appropriateness of the decision and possible alternative measures that may be more appropriate for mentally impaired detainees. When a detainee is placed into the restraint chair to protect himself/herself or others, CCCC should require immediate consultation with a mental health clinician to assess the situation, evaluate the detainee, make recommendations, and provide clinical intervention where appropriate. (**Best Practices**)
- The restraint chair, in at least one incident, was utilized to restrain a detainee who was not resistive and not involved in self-harm. CCCC should not use the restraint chair for any purpose other than to control and protect an out-of-control detainee whose resistance level requires such drastic measures to prevent harm to self or others. (**Best Practices**)
- CCCC documents all uses of the restraint chair as a use of force, even when force is not used to overcome resistance in placing a detainee in the restraint chair. CCCC should not document incidents as a use of force unless force is used to overcome the resistance of a detainee. (**Best Practices**)
- CCCC does not have a log or logging system to facilitate the overall tracking and accountability for the SAAPI process. This requires going to each individual investigative file in order to determine or verify compliance with SAAPI requirements and standards. CCCC should

develop and employ a SAAPI logging and tracking system to facilitate the overall tracking and accountability for the SAAPI process. **(Best Practices)**

- The CCCC grievance tracking system provides minimal information; grievance number, date, detainee name, issue and status. CCCC should expand the information in the grievance log to include more information such as, who is assigned to investigate and respond to the grievance, the date the grievance is completed and returned to the detainee, and the grievance type, i.e., “staff complaint,” “detainee/detainee conflict,” “housing issue,” “food issue,” or “property issue.” Adding this additional information will make the grievance log much more effective as a tool for management. **(Best Practices)**
- Legal mail is not logged at CCCC. Although not required by the NDS 2000, logging the incoming and outgoing legal mail provides better accountability for legal access for detainees. **(Best Practice)**
- CCCC does not include the Muslim detainee-led prayer services or the Jewish detainee-led prayer services on the weekly schedule of religious activities. CCCC should provide a time and place for detainee led Muslim and Jewish prayer services on the weekly schedule of religious activities. **(Best Practice)**
- CCCC does not keep a log of legal library usage. Although not required by NDS 2000, CCCC should keep a log that depicts the name of each detainee requesting the usage of the legal library, the date of the request, and the date, time and duration of the usage. This will enable the facility to provide accountability in the event allegations of inadequate access are made. **(Best Practices)**

# Appendix A

- (b)(6)
- 
- 
- 
- 
-

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

---

**Calhoun County Corrections Center, Battle Creek, Michigan**

Complaint Numbers  
18-06-ICE-0217

(b) (6) Prepared By:  
MCJ, R.D.N., L.D., R.S., CCHP, CLLM  
8/31/2019

For Official Use Only

**Protected by the Deliberative Process Privilege**



## Table of Contents

Introduction .....	2
Qualifications .....	2
Methodology.....	2
Facility Overview .....	2
Findings.....	3
Complaint Number 18-06-ICE-0217 - Overcrowding .....	3
Complaint Number 18-06-ICE-0217 – Moldy and Unclean Facilities .....	4
Complaint Number 18-06-ICE-0217 – Toilets Not Working Properly .....	5
Other Observations .....	6
Food Service Sanitation.....	6
Mattresses.....	7
Access to Supplies and Facility Issued Clothing .....	8
Language Access .....	10
Summary of NDS Recommendations.....	11

## Introduction

On July 29-31, 2019, I assessed the environmental health and safety conditions at the Calhoun County Corrections Center (CCCC), Battle Creek, Michigan. 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) (b)(6) Policy Advisor, CRCL; (b)(6) Policy Advisor, CRCL; as well as three other subject matter experts who examined CCCC's medical care, mental health 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 HDC. The allegations contained in Complaint Number 18-06-ICE-0217 were examined. 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, and intake 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 National Detention Standards (NDS) and Performance-Based Standards for Adult Local Detention Facilities, Fourth Edition, published by the American Correctional Association (ACA).

## Facility Overview

CCCC is owned and operated by the Calhoun County Sheriff's Office. The facility opened in 1994 and houses male and female detainees through an Intragovernmental Service Agreement

(IGSA) with the United States Marshals Service. On July 29, 2019, the total facility census was 586 of which 199 were ICE detainees. The National Detention Standards (NDS) are applicable to this facility.

## Findings

### **Complaint Number 18-06-ICE-0217 - Overcrowding**

It was alleged in a call to the OIG hotline on February 19, 2018 that the female complainant had slept on the floor for the past month due to overcrowding.

Finding: The allegation of overcrowding in women's housing unit G is substantiated.

Applicable Standards: The NDS Environmental Health and Safety standard is applicable. Although the NDS does not specifically address square footage and housing unit configurations, the NDS Environmental Health and Safety standard stating, "Environmental health conditions will be maintained at a level that meets recognized standards of hygiene" and specifies, "The standards include those from the American Correctional Association (ACA)" and therefore the ACA standards are applicable.

#### Analysis:

Housing unit G has been a women's unit since the facility opened. The unit has 25 double cells and four single cells for a total capacity of 54. It was reported that when the housing unit capacity exceeds the number of bunks, the occupants without a bunk either sleep on a mattress or plastic bed, commonly referred to as a "boat" on the floor of the cell.

A review of the facility records indicates that the complainant was housed in unit G from January 28, 2018 to July 11, 2018. The population in the housing unit was 68 on February 19, 2018, the day the complaint was called into the OIG hotline. Furthermore, a review of the facility records confirmed that the complainant was housed in a cell with two other occupants. However, CCCC staff report that they do not make bunk assignments, rather those assigned to the cells are left to determine who gets the lower bunk, upper bunk, and who gets "the floor." With the exception being special circumstances such as medical lower bunk authorizations. On February 19, 2018, 19 of the 25 cells designed for two people, held three occupants. Each cell is approximately 11' by 7' total space including the bunk bed and toilet. Furthermore, due to the layout and limited space in the cells, placing a mattress or "boat" bed on the floor will result in the individual sleeping adjacent to the toilet, likely impeding or limiting access to the

toilet for the bunkbed occupants. This can lead to conflicts over use of the toilet when a mattress or “boat” bed is situated in front of the toilet and one of the other cell occupants needs to use the toilet.

The population of housing unit G was 56 on July 29, 2019 and 58 on July 30, 2019, exceeding its capacity of 54. Whereas a review of population reports reveals that on other days the capacity was below 54. Exceeding the design capacity of the housing unit may also result in insufficient cell or dayroom space per occupant and negatively impact the ratio of plumbing fixtures to occupants.

Recommendation:

1. Overcrowded conditions were substantiated in housing unit G. Three occupants were housed in cells designed to hold two people. The cells in the housing unit have two bunks. Thus, the third person must sleep on either a mattress or plastic bed (usually referred to as a “boat”) placed on the floor and due to the limited floor space in the cell they have no choice but to sleep near the toilet. Therefore, the maximum number of detainees housed in housing unit G should be assessed, evaluated and capped based on accepted industry standards for square feet per occupant, and ratios of toilets, washbasins, and showers per occupant. The detainee housing unit occupancy rates should be adjusted to comply with the NDS Environmental Health and Safety standard stating, “Environmental health conditions will be maintained at a level that meets recognized standards of hygiene” including ACA Standards for Single Occupancy Cells 4-ALDF-1A-09; Multiple Occupancy Rooms/Cells 4-ALDF-1A-10; Cell/Room Furnishings 4-ALDF-1A-11; Dayrooms 4-ALDF-1A-12; and Plumbing Fixtures 4-ALDF-4B-08 and 4-ALDF-4B-09. (Applicable standard: NDS, Environmental Health and Safety, Level 1)

**Complaint Number 18-06-ICE-0217 – Moldy and Unclean Facilities**

It was reported in a call to the OIG hotline on February 19, 2018 that CCCC had moldy and unclean facilities.

Finding: Although it is difficult to ascertain past environmental conditions, based on my current assessment the allegation is unsubstantiated.

Applicable Standard: The NDS Environmental Health and Safety standard is applicable.

Analysis:

A sanitary living environment is necessary to protect detainee health and accordingly the NDS Environmental Health and Safety standard indicates “Environmental health conditions will be maintained at a level that meets recognized standards of hygiene” and further specifies, “The standards include those from the American Correctional Association.” ACA Housekeeping standard 4-ALDF-1A-04 stipulates, “The facility is clean and in good repair.” I conducted inspections of the CCCC housing units during the onsite investigation. The cells, dayrooms and showers were found to be reasonably clean and suitable cleaning chemicals and supplies were observed. During one of the group interviews one of the detainees stated that there was fungus growing under the beds and that it does not go away. However, I did not find evidence of mold or fungus.

**Complaint Number 18-06-ICE-0217 – Toilets Not Working Properly**

It was reported in a call to the OIG hotline on February 19, 2018 that the toilets at CCCC were not working properly.

Finding: Based on my current assessment, the allegation is unsubstantiated.

Applicable Standard: The NDS Disciplinary Policy standard is applicable.

Analysis:

The operable condition of the toilet fixtures at the time the complaint was filed in February 2018 cannot be ascertained.

CCCC employs a toilet flush limit of two flushes every 15 minutes with up to 4 flushes per hour. The flush mechanism resets every 15 minutes. Detainees did not report broken or nonfunctioning toilets during interviews and several male detainees discussed the flush policy during a group interview. Additionally, I did not find broken or nonfunctioning plumbing fixtures during my inspections. Therefore, based on the specific wording in the complaint that the toilets “were not working properly” versus that they were broken or inoperable, it is likely that the complainant did not know or understand that the flush limit was intentional.

The Inmate Handbook (review date 01/2014) states, “Failure to comply with these standards will result in a minor infraction charge” and states that “Toilets will be flushed after each use.” However, the handbook does not include an explanation of the toilet flush limit. Therefore, the failing to comply with the handbook rule is in contradiction with the flush limit, which could be particularly problematic in triple bunked cells with three people using and flushing the toilet.

Recommendation:

2. To ensure compliance with the NDS Disciplinary Policy standard stating, "To provide a safe and orderly living environment, facility authorities will impose disciplinary sanctions on any detainee whose behavior is not in compliance with facility rules and procedures," CCCC should update the Inmate (Detainee) Handbook to include an explanation of the flush limit and ensure that detainees are not charged for a minor rule infraction for not flushing a toilet when they cannot flush the toilet due to the facility's flush limit policy. (Applicable standard: NDS; Disciplinary Policy, Level 1)

**Other Observations**

**Food Service Sanitation**

Drain flies were observed throughout the kitchen and even in the hallway outside of the dish room area of the kitchen. The source of the drain fly infestation was near the automatic dishwasher. Drain flies resemble gnats or fruit flies and breed in the slimy organic film that coats the inside of floor drains. Drain flies cannot bite humans. However, they are a nuisance and can carry potentially harmful microorganisms from drains and sewage on their bodies and contaminate clean surfaces. Therefore, frequent drain cleanings are necessary to prevent blockage by accumulations of organic matter and to prevent drain fly infestations. Pouring hot water, bleach or cleaning chemicals down the drain is not sufficient to remove or dissolve the accumulated organic matter. The drains should be manually cleaned with a stiff bristle brush that has a slightly larger diameter than the drainpipe or the drains should be power washed if the plumbing system and location is suitable for pressure washing. If the facility does not implement a program to diligently monitor and thoroughly clean the drains on a regular basis, drain flies will continue to be a problem.

A severe build-up of hard water deposits and lime scale was observed on the dishwasher. The build-up was so heavy that a thick layer of scale was also observed on the wall behind the dishwasher. Lime scale build-up on the dishwasher nozzles, jets and rinse arms decreases the machine performance. The NDS Food Service standard stating, "Spray- or immersion-dishwashers or devices, including automatic dispensers for detergents, wetting agents, and liquid sanitizer, shall be maintained in good repair."

Mildew growths were observed on the floor in the dishwashing area of the kitchen. Clean kitchens are necessary to produce safe food and the NDS Food Service standard specifically states that floors must be routinely cleaned.

Applicable Standard: The NDS Food Service standard is applicable.

Recommendations:

3. Drain flies were observed throughout the kitchen. Drain flies breed in dirty and clogged floor drains and dirty drains propagate the life cycle of drain flies, which are nuisance pests that can spread bacteria from contaminated drains and surfaces. Therefore, CCCC should ensure that preventive maintenance inspections and drain cleanings are completed on a regular basis to comply with the NDS Food Service standard stating, "The premises shall be maintained in a condition that precludes the harboring or feeding of insects." (Applicable standard: NDS; Food Service, Level 1)
4. The severe build-up of hard water deposits and lime scale on the dishwasher can obstruct the nozzles, jets and rinse arms decreasing the machine performance. CCCC should ensure that the dishwasher is routinely and properly treated with effective de-liming agents to ensure compliance with the NDS Food Service standard stating, "Spray- or immersion-dishwashers or devices, including automatic dispensers for detergents, wetting agents, and liquid sanitizer, shall be maintained in good repair. (Applicable standards: NDS; Food Service, Level 1)
5. Clean kitchens are necessary to produce safe meals. Therefore, to comply with the NDS Food Service standard requiring, "All facilities shall meet the following environmental standards: Routinely cleaned walls, floors, and ceilings in all areas," CCCC should ensure that the kitchen floors are maintained in a clean and sanitary manner. (Applicable standards: NDS; Food Service, Level 1)

**Mattresses**

Numerous mattress with cracked covers were observed. Once the integrity of the mattress cover is compromised, exposing the inner filling, it can no longer be properly cleaned and disinfected. Mattresses in this condition can transfer disease-causing pathogens from person to person.

Applicable Standard: The NDS Issuance and Exchange of Clothing, Bedding, and Towels standard is applicable.

Recommendation:

6. Damaged mattresses are placing detainees at risk of infection, as they can no longer be properly cleaned and disinfected. CCCC should inspect all mattresses and replace those that have cracked or torn covers to facilitate compliance with the NDS Issuance and Exchange of Clothing, Bedding, and Towels standard stating, "All new detainees shall be issued clean bedding." (Applicable standard: NDS, Issuance and Exchange of Clothing, Bedding, and Towels, Level 1)

### **Access to Supplies and Facility Issued Clothing**

Female detainees alleged that the facility did not replenish personal hygiene supplies after the initial issue, one female detainee stated that she was only issued disposable underwear and several female detainees stated that they did not have the correct quantity of facility issued clothing.

Applicable Standards: The NDS Admission and Release and Issuance and Exchange of Clothing, Bedding, and Towels standards are applicable.

### Analysis:

The importance of hygiene is acknowledged in the NDS Issuance and Exchange of Clothing, Bedding, and Towels standard stating, "Basic hygiene is essential to the well-being of detainees." The CCCC facility handbook states, "All inmates must keep themselves in a state of personal cleanliness and be properly attired at all times."

During interviews, detainees were asked if they were provided adequate quantities of toilet paper and personal hygiene supplies and while the male detainees replied affirmatively, female detainees reported inconsistencies in the provision of supplies including shampoo and deodorant. The primary location of concern was housing unit M. Housing unit M was an indirect supervision unit and therefore there was not an officer posted in the unit. Thus, there was not an officer present to issue personal hygiene items on request or as needed. Furthermore, when I asked staff how personal hygiene supplies are issued, I received conflicting information. One employee stated that detainees are required to fill out a form to request personal hygiene products from the commissary and if they are indigent the commissary supplies them. Whereas, upon entering direct supervision housing units, when asked, the officer responded that they issue personal hygiene products to detainees upon request and supplies of personal hygiene products were observed in the housing unit officers' stations. Also, of significant concern is the issuance of personal hygiene products to detainees with a language barrier. I interviewed a non-English, non-Spanish speaking detainee through a telephonic language line who stated that she stated that she believed that she had to



purchase all personal hygiene supplies from the commissary because “the pod officer told them they have to purchase it because the paper says it.” In fact, this was stated by most of the interviewed detainees. Therefore, there is considerable confusion regarding the provision of personal hygiene products and steps should be taken to rectify the issue.

Clean laundry is vital to ensure good detainee health. Per the NDS Exchange of Clothing, Bedding, and Towels standard regarding exchange requirements, “Detainees shall be provided with clean clothing, linen, and towels on a regular basis to ensure proper hygiene.” However, a female detainee housed in unit M stated that she had only the disposable underwear that she was issued upon arrival to the facility. The detainee had been at the facility for longer than a month and stated that she had been unsuccessful in her requests for cotton underwear, although she had not filed a grievance. Several other female detainees in housing unit M stated that they were issued less than the facility authorized quantity of various clothing items. The detainees stated that they had reported their problem or shortage to a staff member during laundry exchange, but that their request was unanswered or disregarded.

Recommendations:

7. Access to basic hygiene supplies is fundamental to the health and well-being of detainees. CCCC should evaluate the distribution of personal hygiene supplies throughout the detainee housing units; revise the procedures, if needed; ensure that all staff adhere to the established procedure; and update the Inmate/Detainee Handbook to ensure full compliance with the NDS Admission and Release standard stating, “Staff shall provide male and female detainees with the items of personal hygiene appropriate for, respectively, men and women. They will replenish supplies as needed.” (Applicable standard: NDS; Admission and Release, Level 1)
8. Clean laundry is important for the maintenance of personal hygiene and good health. CCCC should assess the current laundry program to ensure that laundry is issued and exchanged in accordance with the NDS Exchange of Clothing, Bedding, and Towels standard regarding exchange requirements, “All new detainees shall be issued clean, temperature-appropriate, presentable clothing during in-processing” and “Detainees shall be provided with clean clothing, linen, and towels on a regular basis to ensure proper hygiene. Socks and undergarments will be exchanged daily, outer garments at least twice weekly and sheets, towels, and pillowcases at least weekly.” (Applicable standard: NDS; Environmental Health and Safety, Level 1)

### **Language Access**

On July 31, 2019, a detainee who spoke neither English nor Spanish was interviewed through the assistance of a telephonic language line. During the interview, the detainee stated that no one had explained the facility rules to him and he had been disciplined for taking an extra towel because he did not know the facility rules.

Applicable Standard: The NDS Detainee Handbook standard is applicable.

#### Analysis:

Detainees that do not speak English or Spanish are isolated and in a perilous position. The NDS Detainee Handbook standard requires, "The OIC will provide translation assistance to detainees exhibiting literacy or language problems and those who request it. This may involve translators from the private sector or from the detainee population."

#### Recommendation:

9. CCCC should ensure that all detainees receive a facility orientation in compliance with the NDS Detainee Handbook standard requiring, "The OIC will provide translation assistance to detainees exhibiting literacy or language problems and those who request it. This may involve translators from the private sector or from the detainee population." (Applicable standard: NDS; Detainee Handbook, Level 1)

## Summary of NDS Recommendations

1. Overcrowded conditions were substantiated in housing unit G. Three occupants were housed in cells designed to hold two people. The cells in the housing unit have two bunks. Thus, the third person must sleep on either a mattress or plastic bed (usually referred to as a “boat”) placed on the floor and due to the limited floor space in the cell they have no choice but to sleep near the toilet. Therefore, the maximum number of detainees housed in housing unit G should be assessed, evaluated and capped based on accepted industry standards for square feet per occupant, and ratios of toilets, washbasins, and showers per occupant. The detainee housing unit occupancy rates should be adjusted to comply with the NDS Environmental Health and Safety standard stating, “Environmental health conditions will be maintained at a level that meets recognized standards of hygiene” including ACA Standards for Single Occupancy Cells 4-ALDF-1A-09; Multiple Occupancy Rooms/Cells 4-ALDF-1A-10; Cell/Room Furnishings 4-ALDF-1A-11; Dayrooms 4-ALDF-1A-12; and Plumbing Fixtures 4-ALDF-4B-08 and 4-ALDF-4B-09. (Applicable standard: NDS, Environmental Health and Safety, Level 1)
2. To ensure compliance with the NDS Disciplinary Policy standard stating, “To provide a safe and orderly living environment, facility authorities will impose disciplinary sanctions on any detainee whose behavior is not in compliance with facility rules and procedures,” CCCC should update the Inmate (Detainee) Handbook to include an explanation of the flush limit and ensure that detainees are not charged for a minor rule infraction for not flushing a toilet when they cannot flush the toilet due to the facility’s flush limit policy. (Applicable standard: NDS; Disciplinary Policy, Level 1)
3. Drain flies were observed throughout the kitchen. Drain flies breed in dirty and clogged floor drains and dirty drains propagate the life cycle of drain flies, which are nuisance pests that can spread bacteria from contaminated drains and surfaces. Therefore, CCCC should ensure that preventive maintenance inspections and drain cleanings are completed on a regular basis to comply with the NDS Food Service standard stating, “The premises shall be maintained in a condition that precludes the harboring or feeding of insects.” (Applicable standard: NDS; Food Service, Level 1)
4. The severe build-up of hard water deposits and lime scale on the dishwasher can obstruct the nozzles, jets and rinse arms decreasing the machine performance. CCCC should ensure that the dishwasher is routinely and properly treated with effective de-liming agents to ensure compliance with the NDS Food Service standard stating, “Spray- or immersion-dishwashers or devices, including automatic dispensers for detergents, wetting agents, and liquid sanitizer, shall be maintained in good repair. (Applicable standards: NDS; Food Service, Level 1)

5. Clean kitchens are necessary to produce safe meals. Therefore, to comply with the NDS Food Service standard requiring, "All facilities shall meet the following environmental standards: Routinely cleaned walls, floors, and ceilings in all areas," CCCC should ensure that the kitchen floors are maintained in a clean and sanitary manner. (Applicable standards: NDS; Food Service, Level 1)
6. Damaged mattresses are placing detainees at risk of infection, as they can no longer be properly cleaned and disinfected. CCCC should inspect all mattresses and replace those that have cracked or torn covers to facilitate compliance with the NDS Issuance and Exchange of Clothing, Bedding, and Towels standard stating, "All new detainees shall be issued clean bedding." (Applicable standard: NDS, Issuance and Exchange of Clothing, Bedding, and Towels, Level 1)
7. Access to basic hygiene supplies is fundamental to the health and well-being of detainees. CCCC should evaluate the distribution of personal hygiene supplies throughout the detainee housing units; revise the procedures, if needed; ensure that all staff adhere to the established procedure; and update the Inmate/Detainee Handbook to ensure full compliance with the NDS Admission and Release standard stating, "Staff shall provide male and female detainees with the items of personal hygiene appropriate for, respectively, men and women. They will replenish supplies as needed." (Applicable standard: NDS; Admission and Release, Level 1)
8. Clean laundry is important for the maintenance of personal hygiene and good health. CCCC should assess the current laundry program to ensure that laundry is issued and exchanged in accordance with the NDS Exchange of Clothing, Bedding, and Towels standard regarding exchange requirements, "All new detainees shall be issued clean, temperature-appropriate, presentable clothing during in-processing" and "Detainees shall be provided with clean clothing, linen, and towels on a regular basis to ensure proper hygiene. Socks and undergarments will be exchanged daily, outer garments at least twice weekly and sheets, towels, and pillowcases at least weekly." (Applicable standard: NDS; Environmental Health and Safety, Level 1)
9. CCCC should ensure that all detainees receive a facility orientation in compliance with the NDS Detainee Handbook standard requiring, "The OIC will provide translation assistance to detainees exhibiting literacy or language problems and those who request it. This may involve translators from the private sector or from the detainee population." (Applicable standard: NDS; Detainee Handbook, Level 1)