

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

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**Coastal Bend Detention Center, Robstown, Texas**

Complaint Numbers

18-06-ICE-0713

18-09-ICE-0711

19-01-ICE-0034

(b) (6)

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## Introduction

On March 20-21, 2019, I assessed the environmental health and safety conditions at the Coastal Bend Detention Center (CBDC) in Robstown, Texas. This onsite investigation was provided under contract with the United States Department of Homeland Security, Office for Civil Rights and Civil Liberties (CRCL). Accompanying me on this investigation were (b)(6) Policy Advisor, CRCL; (b)(6) Senior Policy Advisor, CRCL; as well as two other subject matter experts who examined CBDC's medical care and correctional operations.

The purpose of this onsite was to investigate allegations made by U.S. Immigration and Customs Enforcement (ICE) detainees of violations of civil rights and civil liberties concerning environmental health and safety concerns at CBDC. In particular, the allegations contained in Complaint Numbers 18-06-ICE-0713, 18-09-ICE-0711, and 19-01-ICE-0034 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.

## Qualifications

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## 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.

## Facility Overview

GEO operates CBDC and houses ICE detainees through an Intergovernmental Service Agreement (IGSA). The detainee population was 31 on March 20, 2019. The 2008 Performance Based National Detention Standards (PBNDS 2008) are applicable to this facility.

I would like to extend my sincere appreciation to Warden (b)(7)(C) and his staff. The facility employees were helpful, accommodating, and placed no limitations on my requests. Their cooperation and assistance was greatly appreciated.

## Findings

### Complaint No. 18-06-ICE-0713

Complaint Number 18-06-ICE-0713 alleged that detainees were served spoiled and expired food.

Finding: The allegation that detainees are served spoiled and expired food is unsubstantiated.

Applicable Standard: The PBNDS 2008 Food Service standard is applicable.

Analysis:

The CBDC kitchen was inspected on March 20, 2019. Food packaging dating was checked and no expired foods were found. Foods were observed to be wholesome and in sound condition. No evidence of spoiled or expired foods was found. The CBDC kitchen was found to be in compliance with the PBNDS 2008 Food Service standard stating, stored food goods will be maintained in accordance with required conditions and temperatures. Overall the kitchen was found to be clean and orderly with the exception of a buildup of dirt and grime along the floor and wall junctures and in the corners, which did not comply with the PBNDS 2008 Food Service standard requiring floors in all areas must be routinely cleaned. Although food should not come in contact with the kitchen floor, dirty floors are a hazard because the soils provide a potential medium for the growth of disease causing bacteria as well as a possible food source for disease carrying pests.

The annual health department inspections of the CBDC kitchen for 2016 through 2019 were reviewed. The January 24, 2019, inspection indicated that the facility received no demerit points and therefore no violations. In January 2018, the kitchen received four demerit points related to the improper use of utensils and an improperly cleaned food tray. The January 2017 inspection report indicates that the kitchen received four demerit points for rust and corrosion on a light fixture above the dishwasher and the ceiling vents above food preparation areas needed cleaning. The April 2016 inspection report indicates that the kitchen received two demerit points for rust and corrosion on

vent hoods and the ceiling and also needed to replace bad draining floors as soon as possible. However, none of the violations were related to spoiled or expired food.

During interviews, when asked about the food served at the facility, detainees stated that it was “good” or “ok” and none of the detainees made any negative comments about the food or meals, which is extremely uncommon in a detention facility. Additionally, the lunch meal service was observed on March 20, 2019 and detainees were readily consuming the meal with the majority eating all or most of the food on their tray.

Conclusion:

CBDC operates a hygienic and sanitary food service operation, in accordance with the PBNDS 2008 Food Service standard, however additional cleaning of the floors along the floor and wall junctures and in the corners is needed.

Recommendation:

1. Dirty kitchen floors are a hazard because the soils provide a medium for the growth of disease causing bacteria as well as a potential food source for disease carrying pests. Therefore, CBDC should ensure that the kitchen floors are maintained in a clean and sanitary manner as required by the PBNDS 2008 Food Service standard stating, “Walls, floors, and ceilings in all areas must be routinely cleaned.” (Applicable standard: PBNDS 2008; Food Service, Level 1)

**Complaint No. 19-01-ICE-0034**

Complaint Number 19-01-ICE-0034 alleged that the facility did not have hot water for several days.

Finding: Although it is extremely difficult after the fact to determine if a particular housing unit was without hot water for several days at some point in the past, based on my review and observations, the allegation that CBDC does not provide hot water in the detainee housing units for several days at a time is unsubstantiated.

Applicable Standard: The PBNDS 2008 Personal Hygiene standard is applicable.

Analysis:

The PBNDS 2008 Personal Hygiene standard stating, “An adequate number of washbasins with temperature controlled hot and cold running water 24 hours per day”

and “Operable showers that are thermostatically controlled to temperatures between 100 and 120 degrees Fahrenheit, to ensure safety and promote hygienic practices” are applicable. The facility has automatic instantaneous water heaters that are located in the pipe chases to heat the water for the detainee housing units. The units are set to 120 degrees Fahrenheit. CBDC staff reported that the maintenance department keeps two to three extra water heaters in stock and a new hot water heater can be installed on the same day when one needs to be replaced. They also advised that a hot water heater had recently been replaced in Building 2. Water temperatures were randomly measured in various sinks and showers in the Building 3 and ranged from 106 to 117 degrees Fahrenheit, within the temperature standard of 100 degrees to 120 degrees Fahrenheit. During interviews, detainees reported that they had hot water for showering.

CBDC provided “Preventative Maintenance For Water Heaters” forms for Building 3 for the months of March 2018 and May 2018 through February 2019. The form is completed monthly by an employee from the maintenance department and documents that the hot water heaters are checked to ensure that they are at the set point of 120 degrees Fahrenheit, they are checked for leaks and none were found, the water temperatures were checked to ensure that it was at 120 degrees Fahrenheit or below with a laser gun, and all of the forms included a notation that all of the water heaters were “ok”.

Conclusion: The facility was found to be compliant with the PBNDS 2008 Personal Hygiene standard requiring the facility to provide hot running water in sinks and water for showering at temperatures between 100 degrees to 120 degrees Fahrenheit. Hot water heaters will periodically break and cause disruptions in service. However, CBDC maintains an inventory of extra units and has maintenance staff that can install them within a reasonable amount of time. Additionally, at the current detainee population levels there are numerous empty dorms and cells in Building 3 and therefore detainees could be moved to different dorms or cells with a functioning hot water heaters at least until such time the hot water heater could be replaced in their housing unit.

### **Complaint No. 18-09-ICE-0711**

Complaint Number 18-09-ICE-0711 alleged that the facility is “very filthy”.

Findings: The allegation that the facility is filthy is unsubstantiated. However, several sanitation related violations of the PBNDS 2008 Environmental Health and Safety standard were found.

Applicable Standard: The PBNDS 2008 Environmental Health and Safety standard is applicable.

Analysis:

The detainee housing units were inspected and found to be generally clean with the exception a buildup of dust and dirty grime in the corners and along the floor and wall junctures throughout Building 3 which houses the detainees and the medical housing unit. A high level of sanitation is required in detainee living areas to ensure good health. CBDC should improve the sanitation of the floors throughout the facility to ensure compliance with the PBNDS 2008 Environmental Health and Safety standard stating, "Facility cleanliness and sanitation will be maintained at the highest level." Paint was observed flaking and peeling off the wall in the shower of medical cell #2 in the medical housing unit, exposing the cinderblock wall underneath the paint which also gave the appearance of a dirty wall. Furthermore, the condition of the shower wall did not provide a smooth cleanable surface necessary for the proper and adequate cleaning and disinfection needed to maintain the level of sanitation necessary to prevent the spread of disease, especially in a medical housing unit. Upon bringing the condition of the shower wall to the attention of CBDC administrative staff, it was repainted the same day. During interviews, detainees stated that cleaning supplies including brooms, mops, disinfectant spray, and window cleaner were provided on a daily basis and cleaning supplies were observed in the housing units. The facility laundry was also inspected and found to be clean and orderly.

Conclusion:

Overall, the CBDC facility was clean and the findings of a buildup of dust and dirty grime along the floor and wall junctures and in the corners and peeling paint on a shower wall in the medical unit do not constitute "filthy" conditions.

Recommendations:

2. CBDC should ensure that the floors throughout the facility are thoroughly swept and mopped including along the floor and wall junctures and in the corners to ensure compliance with the PBNDS 2008 Environmental Health and Safety Standard stating, "Facility cleanliness, and sanitation will be maintained at the highest level." (Applicable standard: PBNDS 2008; Environmental Health and Safety, Level 2)."
3. Peeling paint on shower walls poses a potential hazard to detainees and creates a surface that not only appears to be dirty but is also not smooth and easily cleaned and disinfected, as is necessary for the proper and adequate cleaning and disinfection

needed to maintain the level of sanitation necessary to prevent the spread of disease and infections, especially in the medical housing unit. Therefore, CBDC should regularly inspect the showers and renovate surfaces that do not facilitate compliance with the PBNDS 2008 Environmental Health and Safety standard stating, "Facility cleanliness and sanitation will be maintained at the highest level." (Applicable standard: PBNDS 2008; Food Service, Level 1)

## **Other Findings**

### **Mattresses**

Numerous mattress with cracked covers and open seams 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 PBNDS 2008 Personal Hygiene standard is applicable.

Recommendation:

4. Damaged mattresses are placing detainees at risk of infection, as they can no longer be properly cleaned and disinfected. CBDC should inspect all mattresses and replace those that have cracked or torn covers to facilitate compliance with the PBNDS 2008 Personal Hygiene standard stating, "Each detainee shall have suitable, clean bedding." (Applicable standard: PBNDS 2008; Personal Hygiene, Level 1)



## Summary PBNDS 2008 Recommendations

1. Dirty kitchen floors are a hazard because the soils provide a medium for the growth of disease causing bacteria as well as a potential food source for disease carrying pests. Therefore, CBDC should ensure that the kitchen floors are maintained in a clean and sanitary manner as required by the PBNDS 2008 Food Service standard stating, "Walls, floors, and ceilings in all areas must be routinely cleaned." (Applicable standard: PBNDS 2008; Food Service, Level 1)
2. CBDC should ensure that the floors throughout the facility are thoroughly swept and mopped including along the floor and wall junctures and in the corners to ensure compliance with the PBNDS 2008 Environmental Health and Safety Standard stating, "Facility cleanliness, and sanitation will be maintained at the highest level." (Applicable standard: PBNDS 2008; Environmental Health and Safety, Level 2)."
3. Peeling paint on shower walls poses a potential hazard to detainees and creates a surface that not only appears to be dirty but is also not smooth and easily cleaned and disinfected, as is necessary for the proper and adequate cleaning and disinfection needed to maintain the level of sanitation necessary to prevent the spread of disease and infections, especially in the medical housing unit. Therefore, CBDC should regularly inspect the showers and renovate surfaces that do not facilitate compliance with the PBNDS 2008 Environmental Health and Safety standard stating, "Facility cleanliness and sanitation will be maintained at the highest level." (Applicable standard: PBNDS 2008; Food Service, Level 1)
4. Damaged mattresses are placing detainees at risk of infection, as they can no longer be properly cleaned and disinfected. CBDC should inspect all mattresses and replace those that have cracked or torn covers to facilitate compliance with the PBNDS 2008 Personal Hygiene standard stating, "Each detainee shall have suitable, clean bedding." (Applicable standard: PBNDS 2008; Personal Hygiene, Level 1)

**Medical Expert Report**  
**U.S. Department of Homeland Security**  
**Office for Civil Rights and Civil Liberties**  
**March 20-21, 2019**  
**Coastal Bend Detention Center**  
**Complaint Nos. 18-03-ICE-0731 and 18-06-ICE-0177**

(b) (6)

**MD, MBA, MPH, CCHP-P, CCHP-A**  
**March 2019**

## **Executive Summary**

During the two day period of March 20<sup>th</sup> and 21<sup>st</sup>, 2019, I visited the Coastal Bend Detention Center (CBDC) in Robstown, TX, as a member of a CRCL team to assess the degree of compliance of CBDC medical unit with the Performance Based National Detention Standards 2008 (PBNDS 2008) standards of care for detainees housed in that facility. Additionally, I was asked to investigate two specific allegations regarding the medical care at CBDC. I visited CBDC's medical unit (clinic, pharmacy, negative pressure isolation rooms and observation area that can also serve as suicide prevention rooms) as well as several other locations including intake and housing areas. I also interviewed various CBDC custody and health care staff including the Health Services Administrator, several nursing staff, the physician assistant, and the Warden (the medical director was not on duty during our visit). Additionally, I spoke to several detainees at the CBDC.. I extend my most sincere thanks to all CBDC health care and custody leadership and front line staff for their hospitality and generosity with their time and resources. I would also like to thank CBDC health care and custody leadership and staff for their openness to my suggestions and critical appraisal of this facility's processes and activities. CBDC personnel were completely cooperative and helpful in this visit. I enjoyed full and unhindered access to all areas and staff.

The current CBDC health care personnel appear to be highly engaged and strongly committed and invested in caring for the detainees of this facility. Based on my review, the overall health care of the CBDC detainees is in compliance with the Medical Care standard of the PBNDS 2008. The CBDC detainees' health care experience starts at intake screening where, according to my audit of 15 records, 100% of the detainees received their intake screening within hours of arriving at the facility. Detainees identified as having a medical condition requiring continuation of medications are started on their medications within 24 hours of arrival, regardless of the day of the week or the time of the day. I consider this a best in class achievement. Other best in class findings include 100% Tuberculosis (TB) screening on the first day of arrival at

CBDC, video translation services, 100% of all diagnostic results and telephone results having the responsible physician's signature and date, and 100% of eligible detainees receiving appropriate and relevant vaccinations.

I was not able to fully assess the fidelity of the chronic care process (interval provider evaluation or continuity of medication) due to the very short average length of stay for the detainees at CBDC. Among the 31 ICE detainees at CBDC during the first day of our visit, no one had stayed at the facility longer than two months. Among ICE detainees with chronic medical conditions, no one had stayed at the facility longer than one month. Dental care is provided off site. None of the detainees at the time of our visit had current or prior dental complaints. The sick call process also appears to be functioning well, with detainees having their medical issues addressed within a couple of days of submitting a sick call request. One area of opportunity for improvement with regard to sick call was making the sick call requests available to detainees within the housing units instead of asking detainees to request the forms from custody staff. This issue was addressed while we were still on site.

As best practice recommendations, it was observed that the oxygen tanks were stored in a secure area, however, one of the oxygen tanks labeled "empty" was stored improperly. The facility staff properly stored the empty oxygen tank prior to our departure from the visit. Additionally, the facility staff should:

- Ensure current biomedical inspection tags on all medical equipment is done (two oxygen regulators had expired biomedical inspection tags); and
- Address out of range refrigerate temperature readings (several out of range temperature readings for the current month were observed on temperature log with no action plans for addressing the issue).

PBNDS 2008 (Medical Care) recommendations include (will be discussed further detail in the body of this report).

- Timely provider evaluation for detainees with medical conditions after the initial intake screening (II.2)
- Perpetual inventory of prescription medications (II.26)
- Triage of sick call requests by RN vs. LVN staff (II.29)
- Maintaining a complete health record on each detainee (V.U.1)
- Unrestricted access to sick call request form (V.N)

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

### **Report Organization**

In addition to my review of the specific medical allegations, I will provide an overall assessment of the performance of healthcare services at CBDC based on Medical Care, Section II (Expected Outcomes) and Section V (Expected Practices) of the Performance-Based National Detention Standards 2008 (PBNDS 2008). I will support my overall assessment of the performance of health care services at CBDC by providing a summary of several chart review investigations that stemmed from my personal interviews with some detainees and detainee interviews performed by other members of the CRCL team, as well as a random chart audits based on various criteria including chronic disease, non-emergent health care request (sick call), etc.

### **My Credentials**

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### **CRCL Allegations**

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

**Detainee #1<sup>1</sup> alleged that he has mental health issues and has not received medication or any medical attention for it since he first entered the facility on March 3, 2018.**

Detainee #1 arrived at CBDC on March 3, 2018 and underwent an intake screening. He had normal vital signs. He received a TB screening on that day that was later read as negative. He reported a history of chronic medical and mental health conditions for which he was receiving the following medications: Buspar, Effexor, Vistaril, Norvasc, Naproxen, Abilify, Lorazepam and Methocarbamol. On the same date, detainee #1 was referred to medical and mental health services and was started on the following medications based on telephone orders: Norvasc, Buspar, Naproxen, and Effexor. One week later, on March 11, 2018, detainee submitted a sick call request regarding the remainder of his medications and asking for medical and mental health provider evaluation. Detainee was scheduled for a medical provider appointment that had to be rescheduled due to detainee's meeting with ICE. On March 16, 2018, detainee did undergo a mental health evaluation by the onsite licensed professional counselor (LPC) (). The LPC submitted a consultation request to the medical provider for adjusting some of the medications. Detainee #1 was scheduled for the medical provider visit on March 29, 2018 but he was transferred to

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

another detention facility on March 26, 2018. As a result, this detainee was never evaluated by a medical provider during his entire stay at CBDC (23 days).

**Conclusion: this complaint is partially substantiated. While this detainee received some of his chronic medical and mental health medications, he was never evaluated by a medical provider (MD or advanced practice provider (APP)) while in detention at CBDC. PBNDS 2008 (V.J.) and CBDC policy and procedure requires that all detainees with chronic medical conditions undergo a medical provider evaluation within 14 days of arrival at this facility.**

**Detainee #2 alleged that he and many other inmates are not receiving any medical attention.**

Detainee #2 arrived to CBDC on November 15, 2017, and underwent an initial health screening and TB screening. He reported a history of asthma and hypertension. His blood pressure during intake screening was normal. He was given his two asthma inhalers (Albuterol and Flovent) on the day of arrival to CBDC. He had a health assessment by a staff nurse on November 16, 2017, and was evaluated by the CBDC on site physician on November 22, 2017. His blood pressure checks during his detention were all within normal range.

**Conclusion: this complaint is unsubstantiated.**

### **Performance of Health Care Services**

As mentioned in the executive summary, I found several areas of care that met PBNDS 2008 standards of medical care for detention facilities. Below, I will focus my findings to those PBNDS 2008 standards that were **not met** along with my recommendations for remediation.

**PBNDS 2008, Std. II.2. Health care needs will be met in a timely and efficient manner.**

**PBNDS 2008, std. V.J. Each facility's health care provider shall conduct a health appraisal including a physician examination on each detainee within 14 days of the detainee's arrival unless more**

**immediate attention I required due to an acute or identifiable chronic condition...**

**Findings:**

During our visit, CBDC had only one detainee with chronic medical conditions (Detainee #3). This detainee reported a history of diabetes during intake screening on March 12, 2019. Appropriate medication orders were obtained over the phone and detainee was initiated on his medication soon after. Detainee's elevated blood pressure of 142/92 was not addressed during the intake screening or afterwards. Detainee's blood glucose checks remained elevated including a high value of 358 on March 18, 2019, for which he was started on sliding scale regular insulin via a telephone order. On the day of our arrival at CBDC, detainee's blood glucose level was extremely high at 554. He had yet to see either of the facility providers (MD or APP). Detainee was evaluated by the APP on afternoon of March 20, 2019 and was started on blood pressure medication due to persistence of elevated blood pressure measurements.

**Recommendation:**

- In this case, detainee #3 did not receive the appropriate level of care in a timely manner. Therefore, CBDC must establish a policy and procedure to address the medical needs of detainees with more acute/complex medical condition. One approach could be the creation of a priority or acuity level based on which detainees are scheduled for their initial and follow up provider visits. An example could be a three Stage acuity level. Acuity I would include detainees with acute medical conditions for which they require higher level of care i.e. hospital emergency department (ED) referral. Acuity II would include detainees with chronic or acute medical conditions which require expedited medical provider evaluation (within 3 business day for example). Detainee number 3 would fall under the "Acuity II) category. Acuity III



would include all other detainees with acute or chronic medical conditions that are relatively stable and asymptomatic. These detainees can be evaluated by the medical providers within 14 days of arrival in the facility.

**PBNDS 2008, Std. II.26. Pharmaceuticals and non-prescription medicine will be secured, stored and inventoried.**

**Findings:** The PBNDS 2008 requires “perpetual” inventory of prescription medications. Best practice additionally requires continued inventory of non-prescription medications. During our visit to CBDC we observed six blister pack prescription medications that were stored in an unlocked cabinet to provide easy access to the medical providers for issuing first does of medications such as hypertension medication and antibiotics.

**Recommendations:** While CBDC is commended for their patient centered approach to providing rapid access to medications, it is strongly recommended that: The facility identifies a method for perpetual inventory of these medications; and

- The medication cabinet remains locked when the medical providers are not using the room.

Before our exit, the HSA had devised an inventory sheet for each medication blister pack that will address this issue.

**PBNDS 2008, std. II.29. Health care services will be provided by a sufficient number of appropriately trained and qualified personnel, whose duties are governed by thorough and detailed job description and who are verifiable licensed, certified, credentialed and/or registered in compliance with applicable state and federal requirements.**

**Findings:**

During our visit to CBDC it was discovered that Licensed Vocational Nurse

(LVN) staff were performing the initial triage of sick call requests. The sick call requests were then addressed by LVN staff. While focused examination of detainees based on sick call requests by LVN staff is allowable under Texas Nursing Practice Act. The initial triage of sick call requests, some of which, will undoubtedly require a more systemic examination must be carried out by Registered Nurse (RN) staff. RN staff can then delegate the appropriate sick call requests to the LVN staff.

**Recommendations:**

- Limit the initial triage of the sick call requests to RN staff only.

Appropriate sick call requests can then be delegated to the LVN staff.

The HSA established the above recommendation prior to our exit from the facility.

**PBNSD 2008, std. V.N. Each facility shall have a sick call procedure that allows detainees the unrestricted opportunity to freely request health care services ...**

**Findings:**

While the CBDC detainees have the ability to submit sick call requests on a daily basis, their ability is hindered by the way this process is designed. The current sick call process consists of detainees requesting a sick call request form from the custody or nursing staff. These forms can then be deposited into a locked box that can be accessed only by the medical staff. The additional burden of having to contact a custody or nursing staff to obtain a sick call request form denies detainees from having “unrestricted opportunity” to freely request health care services.

**Recommendations:**

- CBDC should redesign the sick call process to allow for unrestricted access of detainees to non-urgent sick call requests.

The HSA addressed the above issue prior to our exit by placing sick call requests inside each housing unit.

**PBNDS 2008, std. V.U.1. The administrative health authority shall maintain a complete health record on each detainee.**

**Findings:**

Review of the medical records of five detainees with chronic hypertension revealed that none of the charts contained the blood pressure monitoring logs. While these logs were later found, their absence in the medical records points to a significant patient safety issue when the responsible medical provider and other health care staff may be unaware of blood pressure status of detainees that may have a direct impact on their care plan.

**Recommendations:**

CBDC continues to maintain a paper medical record which will always be prone to missing information and human error when pertinent records may be filed in the wrong detainee medical file.

- CBDC is strongly urged to consider transition to an Electronic Medical Record system. Until then, additional safeguards must be put in place to ensure that each medical record file is complete and up to date.

**Detainee Interviews/Chart Reviews**

The discussion, findings, and recommendations contained below are drawn from my review of medical records and detainee interviews. The name and alien number for each detainee is contained in Appendix B, and corresponds to the number associated with each discussion.

1. Reported that his sick call request related to pain in his chest went unanswered for more than a month.

Review of records indicates that detainee was seen by nursing staff on February 14, 2019, for a sick call request that was submitted on the same day. He was given pain medication according to nursing protocol for musculoskeletal pain. Detainee was then seen by the facility provider on March 4, 2019, for continued pain for which he was prescribed additional pain medication. Plan was to refer detainee to provider.

**Recommendations:**

- None.
2. Reported concerns for his tuberculin skin test. Detainee was asymptomatic. Chart review indicated that detainee had been admitted to CBDC two days prior and underwent the TB screening test. The test was scheduled to be read later that day. Detainee underwent a chest x-ray (CXR) that afternoon, which read as normal.

**Recommendations:**

- None.
3. Reviewed the record of detainee with history of hypertension and diabetes. Detainee was admitted to CBDC on December 10, 2018, and underwent initial health screening on the same day. He was started on appropriate medications on the same day. He received his initial provider evaluation three days later. He was scheduled for twice daily blood glucose checks and twice weekly blood pressure monitoring. All blood glucose checks were in the medical record while none of the blood pressure checks were found (these were located one day later).
  4. Reviewed the record of detainee with history of hypertension. Detainee was admitted to CBDC on December 10, 2018, and underwent initial health screening on the same day. He was started on appropriate medications on the same day. He received his initial provider evaluation three days later. He was scheduled for twice weekly blood pressure monitoring. None of the

blood pressure checks were found (these were located one day later).

**Recommendations (PBNDS 2008, std. V.U.1):**

- CBDC is strongly urged to consider transition to an Electronic Medical Record system. Until then, additional safeguards must be put in place to ensure that each medical record file is complete and up to date.
5. Reviewed the record of detainee with history of asthma. Detainee was admitted to CBDC on December 10, 2018, and underwent initial health screening on the same day. He was started on appropriate medications on the same day. He additionally received peak flow measurement. He refused Pneumococcal vaccination. He received his initial provider evaluation three days later. His blood pressure during the provider visit was elevated at 146/90. This measurement was not addressed by the provider.

**Recommendations (best practice):**

- All abnormal vital signs must be acknowledged and addressed during all medical encounters.
6. Reviewed the record of detainee with history of asthma. Detainee was admitted to CBDC on December 10, 2018, and underwent initial health screening on the same day. He was started on appropriate medications on the same day. He additionally received peak flow measurement. He refused Pneumococcal vaccination. He received his initial provider evaluation three days later.

**Recommendations:**

- None.
7. Reviewed the record of detainee with history of hypertension. Detainee was admitted to CBDC on December 10, 2018, and underwent initial health screening on the same day. He was started on appropriate medications on

the same day. He received his initial provider evaluation three days later. He was scheduled for twice weekly blood pressure monitoring. None of the blood pressure checks were found (these were located one day later).

8. Reviewed the record of detainee with history of hypertension. Detainee was admitted to CBDC on December 10, 2018 and underwent initial health screening on the same day. He was started on appropriate medications on the same day. He received his initial provider evaluation three days later. He was scheduled for twice weekly blood pressure monitoring. None of the blood pressure checks were found (these were located one day later).

**Recommendations (PBNDS 2008, std. V.U.1):**

- CBDC is strongly urged to consider transition to an Electronic Medical Record system. Until then, additional safeguards must be put in place to ensure that each medical record file is complete and up to date.
9. Reviewed the record of the detainee with no past medical history who was admitted to CBDC on March 9, 2019. His initial TB screening test was read as 20mm on March 11, 2019 making him a TB suspect. Detainee underwent a CXR examination on March 13, 2019 which was read as “abnormal unable to rule out TB”. Detainee was transferred to negative pressure respiratory isolation housing and was still in that location at the time of this visit. The negative pressure monitoring logs for all negative pressure respiratory isolation rooms were reviewed. Each room, regardless of being in use, is being checked daily using the flutter approach which is adequate.

**Recommendations:**

- None.

**Summary of Recommendations:**

1. **PBNDS 2008, Std. II.2. and std. V.J.** In one instance, a detainee with a reported a history of diabetes did not receive the appropriate level of care in a timely manner. CBDC must establish a policy and procedure to address the

medical needs of detainees with more acute/complex medical condition. One approach could be the creation of a priority or acuity level based on which detainees are scheduled for their initial and follow up provider visits. An example could be a three Stage acuity level. Acuity I would include detainees with acute medical conditions for which they require higher level of care i.e. hospital ED referral. Acuity II would include detainees with chronic or acute medical conditions which require expedited medical provider evaluation (within 3 business days, for example). Detainee# 3 would fall under this category. Acuity III would include all other detainees with acute or chronic medical conditions that are relatively stable and asymptomatic. These detainees can be evaluated by the medical providers within 14 days of arrival in the facility.

2. **PBND 2008, Std. II.26.** It was observed that prescription medications were stored in an unlocked cabinet to provide easy access to the medical providers for issuing first doses of medications. While CBDC is commanded for their patient centered approach to providing rapid access to medications, CRCL recommends CBDC identify a method for perpetual inventory of these medications and that the medication cabinet remains locked when the medical providers are not using the room.
3. **PBND 2008, std. II.29.** The LVN staff were performing the initial triage of sick call requests. The initial triage of sick call requests, some of which will undoubtedly require a more systemic examination, should be carried out by RN staff. CBDC should limit the initial triage of the sick call requests to RN staff only. The RN staff can then delegate the appropriate sick call requests to the LVN staff.
4. **PBND 2008, std. V.N.** During our review, it was observed that the sick call process consisted of detainees requesting a sick call request form from the custody or nursing staff. CRCL recommends that CBDC allow for unrestricted access of detainees to non-urgent sick call requests by placing the sick call forms in the housing units. It is important to note that this change was done prior to CRCL's departure of the facility.

5. **PBND 2008, std. V.U.1.** CBDC continues to maintain a paper medical record which will always be prone to missing information and human error when pertinent records may be filed in the wrong detainee medical file CRCL recommends CBDC transition to an Electronic Medical Record system. Until then, additional safeguards must be put in place to ensure that each medical record file is complete and up to date.

**Best Practices:**

6. All abnormal vital signs must be acknowledged and addressed during all medical encounters.
7. Full and empty oxygen tanks must be stored in secure storage areas and well demarcated as “Empty” or “Full”.
8. All biomedical equipment should have current biosafety tags.
9. All out of range medication refrigerator temperature recordings must have a documented associated action plan.



## Appendix A

**Detainee No.    Name, Alien No.**

- 1.
- 2.
- 3.

(b)(6)
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## Appendix B

**Case/Chart No. Name, Alien No.**

1. (b) (6)
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.

## APPENDIX A

### Non-Priority/Best Practices Recommendations

Coastal Bend Detention Center

Complaint Nos. 18-03-ICE-0731, 18-06-ICE-0177, 18-06-ICE-0713,  
18-09-ICE-0711, and 19-01-ICE-0034

#### Medical

1. CBDC should acknowledged and addressed all abnormal vital signs during all medical encounters.
2. CBDC must ensure full and empty oxygen tanks are stored in secure storage areas and well demarcated as “Empty” or “Full”.
3. CBDC should ensure current biomedical inspection tags on all medical equipment is done (two oxygen regulators had expired biomedical inspection tags); and
4. CBDC should address out of range refrigerate temperature readings (several out of range temperature readings for the current month were observed on temperature log with no action plans for addressing the issue).

#### Corrections

5. CBDC management should ensure the improvements to the grievance system are successful, such as, making the grievance forms available in the housing units so that the detainees can directly place their grievances in the designated locked box.
6. CBDC staff should post a table of contents, in English and Spanish, in the housing units and on other Bulletin Boards for all documents laminated and attached to the detainee telephones.
7. CBDC should ensure that the Speed Dial Directory for required telephone numbers posted in the housing unit and on other Bulletin Boards should be in English and Spanish.
8. CBDC should revise their Detainee Orientation Program to provide more interaction with Department Heads and allow a group session where detainees can ask questions.
9. CBDC should revise the Management Housing Unit Sign-In Log to include Department Heads.
10. CBDC should ensure the Religious Schedule is posted on bulletin boards in Spanish and English.

Environmental Health and Safety

11. CBDC should ensure that the floors throughout the facility are thoroughly swept and mopped including along the floor and wall junctures and in the corners to ensure compliance with the PBNDS 2008 Environmental Health and Safety Standard stating, “Facility cleanliness, and sanitation will be maintained at the highest level.” (Environmental Health and Safety).

**CONDITIONS OF DETENTION EXPERT'S REPORT**

**ON**

**Coastal Bend Detention Center**

**Prepared by:**

(b) (6)

**Olive Branch, Mississippi**

**April 7, 2019**

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## Coastal Bend Detention Center

### I. SUMMARY OF REVIEW

The Office for Civil Rights and Civil Liberties (CRCL) has received complaints alleging that U.S. Immigration and Customs Enforcement (ICE) has violated the civil rights and civil liberties of detainees in ICE custody at the Coastal Bend Detention Center (CBDC) in Robstown, Texas. The complaints were:

Medical Care and Mental Health Care<sup>1</sup>: CRCL received allegations that individuals at CBDC were denied or did not receive adequate medical care:

- Detainee #1 alleged that he was not receiving medical attention.<sup>2</sup>
- Detainee #2 alleged that he has mental health issues and has not received medication or medical attention since entering the facility.<sup>3</sup>

Food Service, Use of Segregation, Grievance System, and Law Library Access: CRCL has received allegations regarding various aspects regarding the conditions of detention at the CBDC:

- Detainee #2 alleged that the detainees are not provided grievance forms.
- Detainee #3 alleged the detainees are served spoiled and expired food.
- Detainee #4 alleged that he has no access to the law library. Additionally, he states the facility is “very filthy” and the detainees are limited to three-minute phone calls.
- Detainee #5 alleged that the facility did not have hot water for several days.

To examine the allegations in the complaints and review CBDC operations, CRCL conducted an onsite investigation on March 20-21, 2019. The investigation reviewed CBDC’s adherence to the 2008 ICE Performance-Based National Detention Standards (PBNDS 2008).

This report contains recommendations to address any deficiencies identified that are based on ICE’s detention standards, correctional experience, and recognized correctional standards, including those published by the American Correctional Association (ACA).

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<sup>1</sup> Since December 2017, CRCL has forwarded to ICE eight matters as medical referrals. Six of the eight were investigated and closed. However, complaints 18-03-ICE-0731 and 18-06-ICE-0177 remain open and will be investigated while onsite.

<sup>2</sup> CRCL received Detainee #1’s allegation on December 19, 2017. He was released from custody on December 29, 2017; therefore CRCL was unable to forward his medical allegation to ICE as a medical referral.

<sup>3</sup> CRCL sent this matter to ICE as a medical referral on April 10, 2018. On May 18, 2018, CRCL received a response from ERO, concluding that Detainee #2’s allegation of not receiving mental health care is substantiated.

## II. **EXPERT PROFESSIONAL INFORMATION**

(b) (6)

### III. **Relevant Standards**

#### a. **ICE Detention Standards**

The ICE PBNDS 2008 currently apply to CBDC. The facility was covered by these standards during the relevant period to this investigation. I relied on PBNDS 2008 and CBDC policies and procedures when investigating the specific allegations and the conditions of confinement areas that potentially raise important civil rights and civil liberties issues.

#### b. **Additional Relevant Standards / Professional Best Practices**

For issues not specifically addressed by PBNDS, recommendations were made based on my correctional experience, best correctional practices, and recognized correctional standards including those published by the ACA.

### IV. **Facility Background and Population Demographics**

CBDC opened in 2009 and is owned and operated by the GEO Group, Inc. The Office of Enforcement and Removal Operations (ERO) began housing detainees at CBDC in 2012 under the ERO's Field Officer Director in Houston. Currently, CBDC is housing detainees under the EROs' Field Office Director in Houston and San Antonio. The CBDC has three (3) Main Housing Units with ICE detainees assigned to Building 3 of the Detention Center. Building 3, consisting of (1) 48, (1)16, and (4) 8 Bed Dormitories and 12 double bed cells and has a 98 detainee capacity. The CBDC classification custodies for detainees are: low, medium-low, medium, medium-high and high. On March 20, 2019, the total ICE

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population at CBDC was 31 detainees, all low level classification. On March 21, 2019, the ICE population began with 33 ICE detainees and another 49 ICE detainees arrived and were processed in the detention center.

CBDC is accredited by the American Correctional Association. A Department of Justice (DOJ) Prison Rape Elimination Act (PREA) Audit has been conducted and CBDC is certified compliant with PREA Standards in 2018.

General Facility Information:

- Intergovernmental Service Agreement (IGSA)
- Male ICE Population
- Operated by: GEO Group, Inc.
- Average Length of Stay (ALS): ICE Houston- 30-60 days and ICE San Antonio-4 days
- Best Known Contract Initiation Date: 7/24/12

My review focused solely on the conditions of detention of ICE detainees.

#### **V. Review Purpose and Methodology**

The purpose of this review was to examine the specific allegations made in the complaints, and to identify other areas of concern regarding the operation of the facility. A medical and an environmental health and safety expert examined the complaints related to medical and mental health care, and environmental health and safety. My responsibility was to examine the conditions of detention specifically, staff/detainee communication, staff training, use of force, classification, visitation, grievances, sexual assault, abuse prevention, and intervention, the disciplinary system, law libraries and legal materials, telephone access, language access, and religious access. The review was conducted by examining documents prior to and during the CBDC March 20, and 21, 2019 Site Visit. CBDC was toured and interviews were conducted with ICE and CBDC staff and detainees during the site visit. Detainees' names and alien numbers are omitted from this report and are listed in Appendix A.

CBDC staff were cooperative and provided requested assistance during the March 20, and 21, 2019 Site Visit. The assistance and cooperation of ICE staff was beneficial to conduct the investigation.

The following was reviewed to prepare for the CBDC March 20 through 21, 2019 Site Visit and compile my expert report:

- The complaints received by CRCL;
- The April 2016 ICE National Detainee Handbook
- PBNDS 2008 Standards
- Reviewed relevant ACA Detention Standards
- The CBDC CRCL Document and Information Request;

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- The Retention Memo – CBDC Final 2.27.19;
- CRCL CBDC Onsite Agenda;
- CBDC Contract
- CBDC Floor Plan
- CBDC Detainee Correspondence
- FY 2018 ODO Oversight Inspection of the CBDC
- CBDC ICE Significant Incident Reports
- DO CBDC Visit Schedule
- CBDC Detainee Handbook
- CBDC Policies and Procedures
- CBDC Floor Plans
- CBDC UOF Logs
- CBDC Sexual Abuse Investigation Logs and Investigations
- CBDC Detainee Grievance Log and Specific Grievances
- CBDC Law Library Schedule
- CBDC Recreation Schedule
- CBDC Language Access Log Information
- March 20-21, 2019, Expert Activities
  - Toured the CBDC facility
  - Reviewed applicable CBDC Policies and Procedures
  - Reviewed the CBDC Detainee Activity Schedule
  - Conducted Detainee Group Interviews in the ICE Detainee Housing Units on March 20, 2019
  - Reviewed detainee March 20, and 21, 2019 housing rosters
  - Interviewed the Relief Grievance Coordinator
  - Interviewed the Law and Leisure Librarian
  - Interviewed Religious Coordinator
  - Interviewed the PREA Coordinator
  - Interviewed the Warden
  - Interviewed the Chief of Security
  - Interviewed a Caseworker
  - Interviewed the Intake Supervisor
  - Interviewed CBDC ICE Staff during the review
  - Reviewed Access to the Telephone Language Line
  - Reviewed the MOU between CBDC and Driscoll Children’s Hospital for Forensic Nurse Examiner Services
  - Reviewed the MOU between CBDC and the Women’s Shelter of South Texas regarding PREA Services
  - Reviewed the GEO Group, Inc. CBDC Detainee PREA Risk Assessment
  - Reviewed the CBDC Training Plan and Advisory Committee Minutes
  - Reviewed CBDC Staff Training Documents
  - Reviewed the CBDC Workforce TeleStaff Roster Report (Daily Security Staff Roster)

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## VI. CONDITIONS OF DETENTION FINDINGS AND RECOMMENDATIONS

A finding of “substantiated” refers to a conditions of confinement allegation that was investigated and determined to have occurred or is present. A finding of “not substantiated” refers to a conditions of confinement allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred or is present. A finding of “unfounded” means an allegation that was investigated and determined not to have occurred or was not present.

### a. **Detainee #2 alleged that the detainees are not provided grievance forms.**

#### **Analysis and Findings:**

Detainee #2 is no longer at CBDC; therefore he was not interviewed.

The CBDC’ grievance system was analyzed by: reviewing the CBDC Grievance Logs and Records, interviewing the CBDC Assistant Grievance Coordinator and detainees. The Grievance Coordinator was away from CBDC on another assignment during the site visit. The Grievance Coordinator’s Office is located in the building where ICE detainees are housed. Detainees voiced no complaints regarding access to grievance forms during the site visit. Detainees reported giving their grievance forms to staff to place in locked boxes located adjacent to the ICE housing unit control center. Detainees have access to these locked boxes when they exit their housing unit for recreation seven (7) days a week. Based on our observation, detainees did not have unfettered access to grievance forms inside the housing unit. Also, there was a concern that the detainees were under the impression that completed grievance forms were to be given to CBDC staff for placement in the designated locked grievance form boxes. CBDC Management promptly addressed these concerns by sending a memorandum to the detainee population clarifying where grievance forms are located and the procedures for placing completed grievances forms in the designated locked grievance box. Additionally, the memorandum information will be incorporated in the CBDC Detainee Handbook. Also, CBDC initiated placing separate boxes in each housing unit for grievances, medical request, ICE Staff Request and CBDC Informal Staff Request forms. A review of CBDC Grievance Logs and detainee grievances verified detainee are submitting grievances and the complaints are being processed by the responsible CBDC staff and within a timely manner, per PBNDS 2008. The existing CBDC Grievance System provided detainees access to the grievance system; however, the CBDC revisions to the Grievance System began during the site visit will improve detainee access.

**The complaint is not substantiated. CBDC conforms to PBNDS 2008 Grievance System Standard-The Standard protects detainees’ rights and ensures they are treated fairly by providing a procedure by which they may file formal**

**grievances and receive timely responses relating to any aspect of his/her detention, including medical care.**

**Recommendations:**

1. CBDC management ensure the improvements to the grievance system are successful: grievance forms available in the housing units and detainees directly placing grievances in the designated locked box. (best practice)

- b. Detainee #4 alleged that he has no access to the law library and the detainees are limited to three-minute phone calls.**

**Analysis and Findings:**

Detainee #4 is no longer at CBDC; therefore, he was not interviewed.

Detainee Law Library Requests and Sign-Logs were reviewed. The Law Library Assistant was interviewed regarding Law Library operations during the site visit. Library access is provided detainees via an electronic work station in the library. An iPad provides access to the Language Line and is available in the Law Library for detainees that are non-English speaking or require other communication assistance. The Law Library Assistant is responsible for familiarizing detainees with the computerized legal materials program if assistance is needed. Detainees request law library access through a request and the request is normally honored the next day. A review of detainee law library request forms verified requests are timely honored. Law Library Schedules, in English and Spanish, are posted in the housing units and other CBDC locations. Detainees have the opportunity to receive the required 15 hours per week access. The Law Library Assistant advised detainees requiring more than 15 hours per week are accommodated. Detainees made no complaints regarding law library access during the site visit.

Telephone access in dormitory housing is provided via stationary telephones. Cell housing telephone access is provided via a "rolling telephone" and by stationary telephones during out of cell time. Observations revealed a sufficient number of telephones to provide detainees necessary access. CBDC provided documentation verifying telephones are maintained and kept in working order. CBDC management advised detainees are allowed 15 minute telephone calls. The only 3 minute telephone call is the initial 3 minute free call detainees are allowed upon initial entry to CBDC. A telephone directory is posted on the bulletin board with speed dial for required posted numbers; however, the speed dial was only in English.

CBDC utilizes a Language Line for detainees that have limited or no English proficiency. Use of the Language Line is only documented in individual detainee files. iPads are utilized to access the Language Line. CBDC provided itemized telephone records verifying the Language Line is utilized for detainees. Signage was observed in the housing unit

providing detainees information how to contact legal service providers, consular officials and the DHS Office of Inspector General.

A review of CBDC Law Library documents identified Detainee #4 utilized the CBDC Law Library no less than sixteen times during the approximately two months he was housed at the facility (May 2018 to July 2018).

A review of CBDC Detainee #4 CBDC telephone records revealed while housed at CBDC for approximately two months he made no less than nine telephone calls that exceeded three minutes. There is no evidence CBDC limits detainees to three minute telephone calls except the initial three minute free telephone call provided upon entry CBDC.

**The complaints regarding Law Library Access and Telephone Usage are not substantiated. CBDC conforms to PBNDS Law Libraries and Legal Material Standard that protects detainees' rights by ensuring their access to courts, counsel, and comprehensive legal materials and the Telephone Access Standard that detainees may maintain ties with their families and others in the community, legal representatives, consulates, courts, and government agencies by providing them reasonable and equitable access to telephone services.**

**Recommendations:**

1. The Speed Dial Directory for required telephone numbers posted on the Housing Unit and other CBDC Bulletin Boards should be in English and Spanish. (best practice)
- c. **PBNDS 2008 Use of Force and Restraints Standard authorizes staff to use necessary force after all reasonable efforts to otherwise resolve a situation have failed, for protection of all persons: to minimize injury to self, detainees, staff and others; to prevent escape or serious property damage; or to maintain the security and orderly operation of the facility.**

**Analysis and Findings:**

The on-site investigation revealed the GEO Group, Inc. and CBDC has policies and procedures addressing elements of the Use of Force and Restraints Detention Standard. A review of the of CBDC Use of Force records revealed three (3) use of force incidents in 2018 with one finding a staff member committed misconduct. The incident with misconduct occurred on January 1, 2018. The officer used unnecessary force to remove a blanket from a detainee. The force was classified as minor. The detainee sustained a red mark on his scalp with no bump. Employee disciplinary action was initiated for the officer and he resigned prior to the employee disciplinary hearing being held.

A review of the CBCD records and Warden and Chief of Security discussions revealed CBCD does not have an After-Action Review Team consisting of the

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Facility Administrator, Assistant Facility Administrator, the Field Office Director's designee and the Health Services Administrator to convene on the workday after the use of force incident and gather relevant information, determine whether policies and procedures were followed, make recommendations for improvement, if any, and complete an After Action Report to record the nature of its review and findings. The After Action Report is due within two working days of the detainee's removal from restraints. This is an expected practice of the Use of Force and Restraints Detention Standard V.P.2. The CBDC Policies and Procedures Use Of Force 900.12 W.40 ICE Requirements establishes an After-Action Review Team consisting of the Facility Administrator, Assistant Facility Administrator, the Field Office Director's designee and the Health Services Administrator to convene on the workday after the use of force incident and gather relevant information, determine whether policies and procedures were followed, make recommendations for improvement, if any, and complete an After Action Report to record the nature of its review and findings.

**CBDC does not conform to PBNDS 2008 Standard Use of Force and Restraints Expected Practice V.P.2. An After-Action Review Team consisting of the Facility Administrator, Assistant Facility Administrator, the Field Office Director's designee and the Health Services Administrator is not convened on the workday after the use of force incident and gather relevant information, determine whether policies and procedures were followed, make recommendations for improvement, if any, and complete an After Action Report to record the nature of its review and findings.**

**Recommendations:**

1. CBDC begin the expected practice of PBNDS 2008 Standard Use of Force and Restraints and follow CBDC Policies and Procedures Use of Force 900.12 convening an After-Action Review Team consisting of the Facility Administrator, Assistant Facility Administrator, the Field Office Director's designee and the Health Services Administrator to convene on the workday after a use of force incident and gather relevant information, determine whether policies and procedures were followed, make recommendations for improvement, if any, and complete an After Action Report to record the nature of its review and findings. The After Action Report is due within two working days of the detainee's removal from restraints.

- d. **Staff-Detainee Communication-The Standard enhances security, safety, and orderly facility operations by encouraging and requiring informal direct and written contact among staff and detainees, as well as informal supervisory observation of living and working conditions.**

**Analysis and Findings:** Group interviews with ICE detainees revealed no complaints regarding ability to communicate with staff. CBDC has a formal system

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where detainees can communicate with staff/departments in writing. The detainee can make a written request and place the form in a locked mail box located adjacent to the ICE housing unit control center. Management and Department Heads make rounds in the ICE housing unit. Management has a Housing Unit Sign-In Log and Department Heads sign in the Housing Unit Logbook. Identifying Department Head signatures in the Housing Unit Log is time consuming. Including Department Heads on the Management Housing Unit Sign-In Log would be more efficient and enhance the ability to verify Department Heads are making required housing unit rounds. ICE Staff have a posted Housing Unit Visit Schedule and maintain a Detainee Correspondence Log. A review of applicable documents revealed detainees receive responses to their written request within the required time frames. A review of CBDC Housing Unit and Department bulletin boards revealed required information is posted. The required documents are on laminated sheets and attached to the rolling and stationary telephone with a table of contents. A recommendation was to place the table of contents on the bulletin boards in English and Spanish for easy viewing by the population. CBDC Management was receptive to the recommendation. Intake Staff and Housing Unit videos provide detainees CBDC orientation. The required orientation information is provided detainees; however, detainees would benefit from more staff interaction during the orientation process.

**CBDC conforms to PBNDS 2008 Standard Staff-Detainee Communication.**

**Recommendations:**

1. Post a table of contents in English and Spanish on the Housing Unit and other CBDC Bulletin Boards for all documents laminated and attached to the detainee telephones. (best practice)
2. CBDC revise their Detainee Orientation Program to provide more interaction with Department Heads and allow a group session where detainees can ask questions. (best practice)
3. Revise the CBDC Management Housing Unit Sign-In Log to include Department Heads. (best practice)

- e. **Detention Handbook-The Standard requires that, upon admission, every detainee be provided comprehensive written orientation materials that describe such matters as the facility's rules and sanctions, disciplinary system, mail and visiting procedures, grievance system, services, programs and medical care, in English, Spanish and other languages and that detainees acknowledge receipt of those materials.**

**Analysis and Findings:** Interviews with staff and detainees identified the CBDC Handbook and ICE National Detainee Handbook (April 2016) are issued to detainees during admission at the facility. CBDC and ICE National Detainee Handbooks are available in English and Spanish.

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**CBDC conforms to PBNDS 2008 Standard, Detention Handbook.**

**Recommendations:**

1. None.

- f. Admission and Release-The Standard protects the community, detainees, staff, volunteers, and contractors by ensuring secure and orderly operations when detainees are admitted to or released from facility.**

**Analysis and Findings:**

The CBDC Intake Admission and Release area was inspected. The portion of the intake process was observed during the site visit when 47 detainees arrived at CBDC on March 21, 2019. The required orientation is provided by intake staff and through videos played in the housing unit. The orientation videos are in English and Spanish. A PREA Instrument is completed in a private setting to identify potentially predatory or vulnerable detainees. An iPad is utilized to access the telephone language line for limited English proficient detainees. Intake Staff do not maintain a Language Line Log. Detainees are allowed to make a 3 minute free telephone call during the intake process. As identified in the Staff-Detainee Communication Standard Section, Detainees would benefit from more staff involvement in the overall orientation program.

**CBDC conforms to PBNDS 2008 Standard, Admission and Release.**

**Recommendations:**

1. As recommended in the d. Staff-Detainee Communication Section, CBDC should revise their Detainee Orientation Program to provide more interaction with Department Heads and allow a group session where detainees can ask questions. (best practice)

- g. Special Management Unit-The Standard protects detainees, staff, contractors, volunteers, and the community from harm by segregating certain detainees from the general population in Special Management Units (SMUs) with an Administrative Segregation section for detainees segregated for administrative reasons and a Disciplinary Segregation section for detainees segregated for disciplinary reasons.**

**Analysis and Findings:**

CBDC does not have a Special Management Unit.

**The PBNDS 2008 Special Management Unit Standard is not applicable because the CBDC does not have a Special Management Unit.**

**Recommendation:**

1. None.

- h. Disciplinary System-The Standard promotes a safe and orderly living environment for detainees by establishing a fair and equitable disciplinary system, requiring detainees to comply with facility rules and regulations, and imposing disciplinary sanctions to those who do not comply.**

**Analysis and Findings:**

A review of CBDC detainee disciplinary records revealed a very low number of detainee disciplinary reports. Only four disciplinary reports were issued to detainees thus far in 2019. Detainees voiced no complaints regarding the detainee disciplinary system. CBDC meets the Standard elements.

**CBDC conforms to PBNDS 2008 Standard, Disciplinary System.**

**Recommendation:**

1. None.

- i. Religious Practices ensures that detainee of different religious beliefs are provided reasonable and equitable opportunities to participate in the practices of their respective faiths, constrained only by concerns about safety, security and orderly operation of the facility.**

**Analysis and Findings:**

CBDC has a full time Religious Coordinator. An interview was conducted with Religious Coordinator during the site visit. Religious Diets are provided detainees. The detention center has a weekly religious schedule that is posted on the housing unit bulletin boards. During the detention center tour, it was identified that one of the housing unit bulletin boards did not have a posted religious schedule. This was corrected prior to the conclusion of the site visit. CBDC has eleven approved religious volunteers and volunteers are required to complete training. The religious faiths volunteers represented are: Catholic, Pentecostal, and Jehovah Witness. Detainees made no complaints regarding the CBDC Religious Program during the site visit.

**CBDC conforms to PBNDS 2008 Standard, Religious Practice.**

**Recommendations:**

1. Ensure the CBDC Religious Schedule is posted on bulletin boards in Spanish and English. (best practice)



- j. **The Sexual Abuse and Assault Prevention and Intervention standard requires that facilities that house ICE/DRO detainees affirmatively act to prevent sexual abuse and assault on detainees, provide prompt and effective intervention and treatment for victims of sexual abuse and assault, and control, discipline, and prosecute the perpetrators of sexual abuse and assault.**

**Analysis and Findings:**

CBDC has a PREA Coordinator and was certified in compliance with the Department of Justice (DOJ) Prison Rape Elimination Act (PREA) Standards in 2018. CBDC has five GEO Group, Inc. certified sexual abuse investigations. Memorandums of Understanding are in place with Driscoll Children's Hospital for Forensic Nurse Examiner Services and the Women's Shelter of South Texas regarding PREA Services. The required PREA postings and telephone numbers were identified on the CBDC Bulletin Boards in the Housing Unit and other locations. There have been no PREA complaints from ICE detainees in 2018 and thus far in 2019.

**CBDC conforms to PBNDS 2008 Standard, Sexual Abuse and Assault Prevention and Intervention.**

**Recommendations:**

1. None.

- k. **Staff Training ensures that facility staff, contractors, and volunteers are competent in their assigned duties by requiring that they receive initial and ongoing training.**

**Analysis and Findings:**

CBDC has a comprehensive training program directed by a full-time training director. An interview was conducted with the Training Director during the site visit. Employees receive pre-service, in-service, and specialized training on required topics. The Training Director utilizes detention center subject matter experts to assist provide employee training. The training is provided through classroom and web-based computer training. CBDC has an Annual Training Plan to ensure employees receive required training and quarterly training advisory meetings are held. All CBDC departments are represented on the Training Advisory Committee. Employee training progress is monitored quarterly and tracked with a computerized system (LMS-Learning Management System). The Annual Training Plan, Quarterly Advisory Meeting Minutes and individual employee training records were reviewed during the site visit.

**CBDC conforms to PBNDS 2008 Standard, Staff Training.**

**Recommendation:**

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1. None.

### **Summary of CBDC Recommendations**

Positive aspects of CBDC Operations include the following:

- Experienced management team.
- Detention Center was quiet and orderly.
- Comprehensive Staff Training Program.
- Low UOF numbers (3 incidents in 2018).
- Low Detainee Disciplinary Reports numbers.
- Detainees complimentary of staff.

A summary of my recommendations are as follows:

1. CBDC begin the expected practice of PBNDS 2008 Standard Use of Force and Restraints and follow CBDC Policies and Procedures Use of Force 900.12 convening an After-Action Review Team consisting of the Facility Administrator, Assistant Facility Administrator, the Field Office Director's designee and the Health Services Administrator to convene on the workday after a use of force incident and gather relevant information, determine whether policies and procedures were followed, make recommendations for improvement, if any, and complete an After Action Report to record the nature of its review and findings. The After Action Report is due within two working days of the detainee's removal from restraints. (*ICE PBNDS 2008, Use of Force and Restraints*).

**Coastal Bend Detention Center**

**APPENDIX A**

**Detainee Names and Alien Numbers**

(b)(6)



## **Coastal Bend Detention Center**

### **APPENDIX B**

#### **Best Practice Recommendations**

1. CBDC Management ensure the improvements to the grievance system are successful: grievance forms available in the housing units and detainees directly placing grievances in the designated locked box.
2. Post a table of contents in English and Spanish on the Housing Unit and other CBDC Bulletin Boards for all documents laminated and attached to the detainee telephones.
3. The Speed Dial Directory for required telephone numbers posted on the Housing Unit and other CBDC Bulletin Boards should be in English and Spanish.
4. CBDC revise their Detainee Orientation Program to provide more interaction with Department Heads and allow a group session where detainees can ask questions.
5. Revise the CBDC Management Housing Unit Sign-In Log to include Department Heads.
6. Ensure the CBDC Religious Schedule is posted on bulletin boards in Spanish and English.