

Medical Expert Report

U.S. Department of Homeland Security

Office of Civil Rights and Civil Liberties

April 10-12, 2018

Glades County Jail

Complaint No. 17-11-ICE-0434

(b) (6)

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

May 2018

EXECUTIVE SUMMARY

During the three day period of April 10, 11, and 12, I visited the Glades County Jail, FL as a member of a CRCL team to assess the degree of compliance of Glades County Jail medical unit with the standard of care for detainees housed in that facility. Additionally, I was tasked with investigating one specific complaint regarding the medical care at Glades County Jail. I visited several of the Glades County Jail medical facilities including intake and medical housing unit (this facility does not provide infirmary care) and several housing units. I also interviewed various Glades County custody and healthcare staff including the Medical Director (on the job for three weeks), the Director of Nursing, the Health Services Administrator as well as several of the detainees. I extend my most sincere thanks to all Glades County healthcare and custody leadership and front line staff for their hospitality and generosity with their time and resources. I additionally thank Glades County healthcare and custody leadership and staff for their openness to the Medical Expert's suggestions and critical appraisal of Glades County's processes and activities. Glades County Jail personnel were completely cooperative and helpful in this visit. The Medical Expert enjoyed full and unhindered access to all areas and staff.

While the Medical Expert witnessed many examples of outstanding performance, the following areas stood out as best practice approaches to care:

- Discharge summary of all inpatient detainees are obtained prior to detainee's discharge from the hospital to ensure appropriate level of care can be provided at the Facility.
- There is a pre and post nursing visit for every ED, specialty clinic visit and special diagnostic test encounter. This provides an additional layer of safety for the care of detainees.

- All sick call requests are generally triaged and responded to within 24 hours.
- All initial and follow up care for detainees with chronic medical conditions are occurring without delay and in set intervals.
- The Facility performs an annual detainee satisfaction survey. While the total number of participants in 2017 was low (39), this effort is applauded. The areas of survey included access to care, access to medications, and quality of care for medical provider, nursing, dental and mental health providers.

While I found the overall care of the detainees at the Glades County Jail to be adequate, there were multiple instances in which the care provided was not timely or either not appropriate to the acuity of illness or not appropriately documented. These will be discussed in detail below. The following areas, however, were identified as opportunities for improvement:

- Dental care (access and services provided)
- Long wait times for specialty care access including optometry
- Initiation of diabetic diet for diabetic detainees
- Infection prevention (use of Barbicide at the barber shop)
- Performance of sick call evaluation by LPN staff instead of RN staff
- Documentation (physician and nursing)
- Vaccination (flu and Pneumovax)
- Follow up care by physician post specialty care visits
- All routine Pap smears are sent out

These items will be further discussed in the body of this report along with Medical Expert's Recommendations.

Report Organization

In addition to my review of the one specific **medical complain** I will provide a summary of several additional **investigations** that stemmed from my audit of grievance log, sick call log, chronic disease registry log, my personal interviews with the detainees and interviews performed by other members of the CRCL team. I will also provide an overall assessment of the performance of **healthcare services** at the Glades County Jail in the following areas: Inter-disciplinary collaboration, medical facilities, staffing and supervision, intake screening, emergency care, record keeping, health assessment, chronic care, treatment and management of communicable diseases, access to healthcare, follow up care, medication administration, specialty care, dental care, quality improvement and performance measurement.

My Credentials

(b) (6)



Medical Complaints

17-11-ICE-0434. On August 4, 2017, CRCL received an email referral from the DHS OIG regarding detainee (b) (6) an ICE detainee at Glades who alleged that he received inadequate medical care for a skull fracture he sustained as a result of being hit with a bat prior to his detention on June 2, 2017. He reported that he experiences constant pain and pounding in his head, rib pain, and difficulty breathing.

Medical Expert's findings: I reviewed this detainee's health records in entirety. Detainee was admitted to Glades County Jail on October 14, 2017. He was released from Glades County Jail one month later. At intake, the detainee underwent a comprehensive medical screening including vital signs that were normal. Detainee reported history of diabetes and an unknown heart condition. At the time of arrival to the facility, Detainee was on a pain medication that was continued. Detainee received his first physician encounter 5 days later on October 19, 2017. He reported additional history of elevated cholesterol level, previous heart attack and complained of head ache. The Facility physician noted a left temporal indentation consistent with a prior skull fracture. The physician was able to review and document the result of a recent CT of the head for this detainee that was basically normal other than the findings consistent with a remote left sided skull fracture. Detainee was started on Meloxicam for pain. Of note, the nursing note on October 25th (14 day health assessment) describes the head exam as "atraumatic" which is in contrast with the physician finding on October 19th and this detainee's medical history.

Medical Expert's Impressions: There is no evidence that this detainee did not receive timely access to care for all of his chronic medical conditions as well as his complaint of head ache.

Complaint not substantiated.

Medical Expert's Recommendations:

1. NDS III.A, NCCHC J-D-05: Diabetic detainees must be placed on diabetic diet at the time of initial intake screening.
2. NDS III.A, NCCHC J-E-04: Glades County nursing leadership should train the nursing staff on the correct assessment and documentation of physical exam findings to ensure that nursing documentation reflect patients' actual physical condition.

Investigations:

1. Detainee reported that his sick call request related to chronic back pain was not addressed until a month later. In review of the detainee's medical record I found that his sick call request was triaged on the same day as submission and was responded to by LPN staff one day later. Detainee was referred to facility physician which then took a couple of weeks before the face to face encounter.

Medical Expert Opinion: Care is adequate.

Medical Expert Recommendations: NDS III.A, NCCHC J-A-01, NCCHC J-E-07:

Improve timeliness of physician follow up for sick call referrals to one week or less.

2. Detainee completed a sick call request form regarding a skin condition on March 8, 2018. The request was triaged on March 9th and detainee was evaluated by LPN on March 10th.

Medical Expert Opinion: Care is adequate.

Medical Expert Recommendations: None.

3. Detainee underwent an ultrasound of testis on January 11, 2018. He submitted a sick call request on January 23, 2018 to see the facility physician with regard to the results of the ultrasound. Detainee was released on January 30, 2018 without finding out about the result of his ultrasound.

Medical Expert Opinion: **Care is Suboptimal.**

Medical Expert Recommendations: NDS III.A, NCCHC J-E-09: Physician should follow up with detainees as soon as possible and ideally within three business days of a specialty visit or special diagnostic test to review the results with the detainees.

4. Detainee was seen by orthopedic provider on January 17, 2018. Facility physician reviewed the orthopedic consultation summary on January 30, 2018 but did not follow up with the detainee to share this information with him.

Medical Expert Opinion: **Care is Suboptimal.**

Medical Expert Recommendations: NDS III.A, NCCHC J-E-09: Physician should follow up with detainees as soon as possible and ideally within three business days of a specialty visit or special test to discuss the results with the detainees.

5. Detainee was seen by dermatology provider on February 5, 2018. There is no evidence that the Facility physician reviewed the consultation results or shared the results with the detainee.

Medical Expert Opinion: **Care is suboptimal.**

Medical Expert Recommendations: NDS III.A, NCCHC J-E-09: Physician should follow up with detainees as soon as possible and ideally within three business days of a specialty visit or special test to discuss the results with the detainees.

6. Detainee reported inadequate pain management. Chart review indicated that detainee was seen on multiple occasions for his complaint and was being treated with pain medications.

Medical Expert Opinion: Care is adequate.

Medical Expert Recommendations: None.

7. Detainee requested dental cleaning on March 20, 2018. His request was denied due to being in ICE custody less than 12 month. Chart review indicated that detainee had been at this facility since September 23, 2017 and as such should have been referred for dental cleaning in accordance to NDS.

Medical Expert Opinion: **Care is suboptimal.**

Medical Expert Recommendations: NDS III.E: detainees should be offered routine dental cleaning after 6 months of detention or sooner if indicated.

8. Detainee submitted two sick call requests regarding tooth ache (December 22, 2017 and January 2, 2018). He was referred to dentist but was never seen by the dentist.

Medical Expert Opinion: **Care is suboptimal.**

Medical Expert Recommendations: NDS III.A, NDS III.E.1, NCCHC J-E-06: detainees should be offered more timely access to routine dental care.

9. Detainee submitted several sick calls for medical and mental health conditions. All sick calls were triaged and assessed in a timely manner.

Medical Expert Opinion: Care is adequate.

Medical Expert Recommendations: None.

10. Detainee submitted a sick call request on January 31, 2018. The sick call request was triaged on the same day. Face to face nursing encounter did not occur until February 8th.

Medical Expert Opinion: **Care is suboptimal.**

Medical Expert Recommendations: NDS III.A, NCCHC J-E-07-4: complete the face to face evaluation of all sick call requests within 24 hours consistent with the facility's policy and procedure.

11. Detainee submitted a sick call request for penile discomfort on February 13th and February 27th. In both occasions detainee was evaluated by nursing staff in a timely fashion and

referred to the facility physician. The physician encounter, however, did not occur until March 6, 2018.

Medical Expert Opinion: **Care is suboptimal.**

Medical Expert Recommendations: NDS III.A, NCCHC J-A-01, NCCHC J-E-07: complete the face to face evaluation of sick call referrals to the facility physician in a timely manner and ideally within one week of the referral.

12. Detainee submitted a sick call request for toothache on March 6, 2018. He was evaluated by LPN on March 7th and referred to the dentist. He was not seen by the dentist until March 31, 2018 and underwent a tooth extraction.

Medical Expert Opinion: **Care is suboptimal.**

Medical Expert Recommendations: NDS III.A, NDS III.E.1, NCCHC J-E-06: detainees should be offered more timely access to routine dental care.

13. Detainee reported not receiving her hypertension medication until one month after arriving at this facility. Chart review indicated that this detained did not report a history of hypertension at the time of her initial intake screening or the 14 day health assessment. She was later found to have high blood pressure for which she was promptly referred to the physician who then promptly placed her on anti-hypertensive medications.

Medical Expert Opinion: Care is adequate.

Medical Expert Recommendations: None.

14. Detainee with reported history of diabetes at initial intake screening on February 13, 2018 as well as the 14 day health assessment on February 24, 2018 was not started on the American Diabetic Association (ADA) diet until March 15, 2018.

Medical Expert Opinion: **Care is suboptimal.**

Medical Expert Recommendations: NDS III.A, NCCHC J-D-05: Diabetic diet should be initiated at the time of entry to the facility for all detainees with known history of diabetes.

15. Detainee with reported history of diabetes at initial intake screening on March 23, 2018 was not started on ADA diet until April 3, 2018.

Medical Expert Opinion: **Care is suboptimal.**

Medical Expert Recommendations: NDS III.A, NCCHC J-D-05: Diabetic diet should be initiated at the time of entry to the facility for all detainees with known history of diabetes.

16. Detainee submitted sick call requests for bleeding gums on November 11, 2016, February 1, 2017 and August 5, 2017. He was evaluated by LPN in a timely manner in each instance and was referred to dentist at least twice. There was no record of any dental encounters in the medical records.

Medical Expert Opinion: **Care is suboptimal.**

Medical Expert Recommendations: NDS III.A NDS III.E.1, NCCHC J-E-06: detainees should be offered more timely access to routine dental care.

17. Detainee was referred multiple times for deep dental cleaning including on March 3, 2017, April 21, 2017, July 14, 2017 and August 5, 2017. Detainee was never seen for this procedure before leaving the facility on October 11, 2017.

Medical Expert Opinion: **Care is suboptimal.**

Medical Expert Recommendations: NDS III.A, NDS III.E.1, NCCHC J-E-06: detainees should be offered more timely access to routine dental care.

18. Detainee submitted a sick call request for tooth ache and was seen in a timely manner by the dentist who placed a temporary filling.

Medical Expert Opinion: Care is adequate.

Medical Expert Recommendations: None.

19. Detainee submitted a sick call request for tooth ache on July 21, 2017 and was evaluated by dentist on July 22, 2017.

Medical Expert Opinion: Care is adequate.

Medical Expert Recommendations: None.

20. Detainee submitted a sick call request for tooth ache on January 24, 2017. He was evaluated by LPN in a timely manner and referred to dental. He was seen by dental on March 3, 2017.

Medical Expert Opinion: **Care is suboptimal.**

Medical Expert Recommendations: NDS III.A, NDS III.E.1, NCCHC J-E-06: detainees should be offered more timely access to routine dental care.

21. Detainee with hypertension admitted to the Facility on December 9, 2017. Abnormal blood pressure was not noted on the initial intake screening by LPN staff.

Medical Expert Opinion: **Care is suboptimal.**

Medical Expert Recommendations: NDS III.A, NCCHC J-E-02, NCCHC J-E-04: all abnormal vital signs must be noted and addressed at every encounter.

22. Detainee with hypertension admitted to the Facility on December 9, 2017. All aspects of care was appropriate.

Medical Expert Opinion: Care is adequate.

Medical Expert Recommendations: none.

23. Detainee with hypertension admitted to the Facility on February 15, 2018. All aspects of care was appropriate.

Medical Expert Opinion: Care is adequate.

Medical Expert Recommendations: none.

24. Detainee with hypertension admitted to the Facility on May 3, 2017. All aspects of care was appropriate.

Medical Expert Opinion: Care is adequate.

Medical Expert Recommendations: none.

25. Detainee with hypertension admitted to the Facility on January 19, 2018. All aspects of care was appropriate.

Medical Expert Opinion: Care is adequate.

Medical Expert Recommendations: none.

26. Detainee with hypertension admitted to the Facility on February 15, 2018. All aspects of care was appropriate.

Medical Expert Opinion: Care is adequate.

Medical Expert Recommendations: none.

27. Detainee with diabetes admitted to the Facility on February 13, 2018. Detainee was not seen for his initial chronic disease clinic in a timely manner. Detainee did not undergo HgbA1C check within 30 days of admission to the Facility. Detainee did not receive a Pneumovax vaccine.

Medical Expert Opinion: **Care is suboptimal.**

Medical Expert Recommendations: please refer to my recommendations under “Chronic Care”.

28. Detainee with diabetes admitted to the Facility on January 10, 2018. Physician note lacks the degree of disease control in the assessment section. Detainee did not receive a Pneumovax vaccine.

Medical Expert Opinion: **Care is suboptimal.**

Medical Expert Recommendations: please refer to my recommendations under “Chronic Care”.

29. Detainee with diabetes admitted to the Facility on February 13, 2018. Physician note lacks the degree of disease control in the assessment section. Detainee did not receive a Pneumovax vaccine.

Medical Expert Opinion: **Care is suboptimal.**

Medical Expert Recommendations: please refer to my recommendations under “Chronic Care”.

30. Detainee with diabetes admitted to the Facility on November 20, 2017. Physician note lacks the degree of disease control in the assessment section. Detainee did not receive a Pneumovax vaccine.

Medical Expert Opinion: **Care is suboptimal.**

Medical Expert Recommendations: please refer to my recommendations under “Chronic Care”.

31. Detainee with epilepsy admitted to the Facility on February 6, 2018. There is no evidence of adequate past medical history with regard to the history of seizure.

Medical Expert Opinion: **Care is suboptimal.**

Medical Expert Recommendations: please refer to my recommendations under “Chronic Care”.

32. Detainee with epilepsy admitted to the Facility on July 6, 2017. There is no evidence of adequate past medical history with regard to the history of seizure.

Medical Expert Opinion: **Care is suboptimal.**

Medical Expert Recommendations: please refer to my recommendations under “Chronic Care”.

33. Detainee with epilepsy admitted to the Facility on March 1, 2018. There is no evidence of adequate past medical history with regard to the history of seizure.

Medical Expert Opinion: **Care is suboptimal.**

Medical Expert Recommendations: please refer to my recommendations under “Chronic Care”.

34. Detainee with asthma admitted to the Facility on February 14, 2018. Inhaled corticosteroid inhaler was not provided to the detainee.

Medical Expert Opinion: **Care is suboptimal.**

Medical Expert Recommendations: please refer to my recommendations under “Chronic Care”.

35. Detainee with asthma admitted to the Facility on December 20, 2017. Inhaled corticosteroid inhaler was not provided to the detainee.

Medical Expert Opinion: **Care is suboptimal.**

Medical Expert Recommendations: please refer to my recommendations under “Chronic Care”.

36. Detainee with asthma admitted to the Facility on March 17, 2018. Inhaled corticosteroid inhaler was not provided to the detainee.

Medical Expert Opinion: **Care is suboptimal.**

Medical Expert Recommendations: please refer to my recommendations under “Chronic Care”.

37. Detainee with asthma admitted to the Facility on March 22, 2018. Inhaled corticosteroid inhaler was not provided to the detainee.

Medical Expert Opinion: **Care is suboptimal.**

Medical Expert Recommendations: please refer to my recommendations under “Chronic Care”.

38. HIV positive detainee admitted to the Facility on February 2, 2018. Detainee did not receive Pneumovax vaccine.

Medical Expert Opinion: **Care is suboptimal.**

Medical Expert Recommendations: please refer to my recommendations under “Chronic Care”.

39. HIV positive detainee admitted to the Facility on February 10, 2018. Detainee did not receive Pneumovax vaccine.

Medical Expert Opinion: **Care is suboptimal.**

Medical Expert Recommendations: please refer to my recommendations under “Chronic Care”.

40. Medical Expert Recommendations: please refer to my recommendations under “Chronic HIV positive detainee admitted to the Facility on April 16, 2017. Detainee did not receive Pneumovax vaccine.

Medical Expert Opinion: **Care is suboptimal.**

Medical Expert Recommendations: please refer to my recommendations under “Chronic Care”.

Healthcare Services

Inter-Disciplinary Collaboration

I found the degree of cooperation and collaboration between the healthcare and custody staff to be robust and conducive to promotion and effective and efficient care that is safe for the care of the detainees.

Medical Expert’s Recommendations: None.

Medical Facilities

I found the housing and medical areas to be generally clean. The medical areas seems to be well equipped.

Medical Expert's Recommendations: None.

Staffing, Training, Supervision and Leadership

Current healthcare staffing consists of Medical Director (four 10-hour shifts per week and 24/7 on-call coverage), full time HSA who continues to be in charge of the QI activities, full time Director of nursing, 4 prn RN staff, 12 LPNs, 4 prn LPNs, one full time LCSW, one prn LMHC, one psychiatric PA (12 hours per week), dentist and dental assistant (one day a week). The staffing grid appears adequate perhaps with the exception of no evening time RN at the facility and lack of full time RN staff. All staff licenses, training (initial and annual) and CPR certifications are up to date. Staffing the sick call clinics with LPNs is not ideal and will be discussed under access to healthcare section. I found the level of staffing, staff training and supervision to be adequate with the exception of dental where having more dental clinic time seems logical and could provide the additional dentist time that can be used to provide preventive and timely dental care that appeared to be lacking during this visit (for more detail please refer to the section under dental care). I reviewed the annual health care staff training content and found it to be appropriate. I was also able to find evidence of ongoing professional practice evaluation (OPPE) for nurses and the medical director. I could not find this for the psychiatric PA. I understand this to be due to a recent transition in this position.

Medical Expert's Recommendations:

- NDS III.A: Create additional dental clinic times

- NDS III.A, NCCHC J-E-07: Change some of the full time LPN positions to full time RN positions for the purposes of night time on-site RN coverage and staffing of sick-call clinics

Intake Screening

I found the initial Intake Screening to be timely and adequate for the identification and proper treatment of medical and mental health issues of detainees. There is an “Immediate Medical Intake Screening” that is completed by the nursing staff prior to the Book-in process to identify detainees who may be in urgent need of medical attention (urgent medical conditions, evidence of drug and alcohol withdrawal, flu like symptoms and obvious signs of mental health issues). After the Book-in process, the initial medical screening is occurring in a timely manner and is generally comprehensive. An area of opportunity is with regard to starting diabetic patients on ADA diet upon admission to the facility. I found several examples of diabetic patients having to wait nearly a month before they were started on ADA diet. I recommend that starting of diabetic patients on ADA diet should occur on the day of admission to the facility. This is occurring with regard to bottom bunk bed for patients with epilepsy i.e. detainees with seizure disorder are placed on bottom bunk restriction at the time of the initial intake. Detainees with Asthma and Diabetes received peak flow and capillary glucose measurements. I was able to verify that detainees were able to receive the first dose of their chronic disease medications soon after intake. Intake nurses are able to communicate special needs and special housing recommendations with the custody staff.

Medical Expert’s Recommendations:

- NDS III.A, NCCHC J-D-05: Initiate an ADA diet for the diabetic detainees as soon as possible after the initial intake screening.

Emergency Care

Onsite emergency care is provided by trained healthcare staff. Detainees received follow up care upon return from the hospital to ensure adequate continuity of care. The CPR training of all healthcare staff was verified. All Glades County Jail custody staff receive basic BLS training by Glades County Training Officer.

Medical Expert's Recommendations: None.

Record Keeping

Glades County maintains its health records on CorrecTek EMR. Ability of staff to edit health records after the initial signing is a well-recognized challenge of this EMR and deserves future considerations as to the suitability of this platform for the care of the detainees at this facility. All healthcare related activities are recorded in the EHR. I was able to review several records with ease. The health records appeared to be complete and accessible. Staff appeared well trained in the use of the EHR.

Medical Expert's Recommendations: None.

Mortality Reviews

Glades County Jail has not had a death in custody for several years. As such I did not evaluate their mortality review activities.

Grievances

All medical grievances are maintained in a log book along with the formal grievance response by the HSA. I confirmed the accuracy of the grievance response by performing chart reviews on 5 detainees. All grievance responses were validated except for one in which it is

incorrectly asserted that detainees are not eligible to receive routine dental cleaning until one year after ICE detention. This duration is actually 6 months. This was discussed with the HSA.

Medical Expert's Recommendations: None.

Health Assessments

Glades County Jail health services is accredited by the National Commission on Correctional Health Care (NCCHC) and follows the "14-day Health Assessment" protocol. Health Assessments are routinely performed within 14 days of detainee's admission to the Facility. All Health Assessments are performed by RN staff. Health Assessments were found to be comprehensive and in general of high clinical quality. A systemic deficiency was lack of documentation of pertinent history in detainees with history of Epilepsy. Past medical history such as age of onset, etiology, frequency of seizure and last seizure event are clinically important and relevant to an initial Health Assessment.

Medical Expert's Recommendations:

- NDS III.A, NCCHC J-E-04: Educate the RN staff on the importance and the proper procedure for soliciting pertinent past medical history for detainees with epilepsy in order to properly develop an appropriate diagnostic and therapeutic plan.

Acute Care-Infirmery

Glades County jail does not provide infirmery care.

Chronic Care

I reviewed several health records for detainees with chronic medical conditions including hypertension, diabetes, Seizure, HIV and epilepsy. Glades County Jail health services maintains a detainee chronic disease registry. Detainees with chronic medical conditions are evaluated by

the Medical Director at the chronic disease clinic in intervals that appear to be appropriate for the severity of illness. Again, while I found the overall care rendered to be adequate with no adverse outcomes, the quality of care and the quality of the documentation of care can be improved.. There is generally a lack of assessment of the degree of disease control (poor, fair or good control). This is important in that it allows the provider to present an action plan on how to improve the disease status of a detainee with a chronic medical condition that is not well managed. There was also a systemic lack of use of corticosteroid inhalers in mild intermittent and mild persistent asthma even though inhaled corticosteroids are the first line of therapy for these conditions. Detainees with epilepsy are not undergoing appropriate review of their past medical history during the initial intake screening as the LPN staff are not soliciting any information regarding the detainees' seizure history. It was very difficult to find evidence of flu vaccination for the detainees who need this vaccination namely those with diabetes and HIV. I also found no evidence that Pneumovax vaccination is being offered to these classes of detainees.

Medical Expert's Recommendations:

- NDS III.A, NCCHC J-F-01: Ensure that the degree of disease control for all chronic diseases is clearly documented in the patient's encounter note.
- NDS III.A, NCCHC J-F-01: Provide corticosteroid inhalers to asthmatic detainees who are suitable candidates for this treatment.
- NDS III.A, NCCHC J-E-04: obtain detailed pertinent medical history for detainees with epilepsy at the time of the initial intake screening.

- NDS III.A, NCCHC J-B-03: Provide Pneumovax vaccine to all detainees with suppressed immune status.
- NDS III.A, NCCHC J-B-03: Provide seasonal flu vaccination to all detainees with special focus on detainees with immuno-compromised conditions.

Treatment and Management of Communicable Diseases

There is a detailed log of all infectious disease cases including skin and soft tissue infection. There is also a very detailed pathogen exposure guide as well as a step by step approach to care for individuals exposed to bodily fluids including a rapid HIV test kit and first dose HIV prophylaxis medications. I identified an issue with the disinfection process that was used at the barber shop with regard to the use of Barbicide liquid disinfectant. The manufacturer's recommendation for the use of this solution is to soak items in the solution. Currently, the hair clippers used at the barbershop are sprayed with Barbicide and then cleaned with an old tooth brush. Additionally, the Barbicide solution used for soaking hair combs and other items are exchanged once a week instead of once a day as suggested on the Barbicide bottle.

Medical Expert's Recommendation

- NDS III.A, NCCHC J-B-02, NCCHC J-B-04: Identify more suitable disinfecting solution for barber shop clippers and retrain the barbers on the correct use of the Barbicide.

Access to Health Care

Sick call requests are being addressed by nursing staff within 24 hours of submission in nearly all cases. Unlike the health assessments, LPN staff are assigned to this task. I believe this to pose a health risk. While the LPN staff are for the most part following nursing protocols, there

is very limited and many times no physical examination of the issue that is raised by the sick call request. For example, a detainee with shoulder pain, never had his shoulder examined. Nursing practice prohibits LPNs from performing physician examination or formulating an assessment. This creates a liability for the institution in the event of a negative outcomes in which a potentially serious health condition may go unrecognized due to LPN staff's superficial evaluation. Additionally, it was discovered during our visit that sick call request forms were not available at the housing units but instead were being passed out by nursing staff during medication pass. This issue was addressed before the CRCL team left the Facility by making these forms available to detainees by placing them inside all housing units.

Medical Expert's Recommendations:

1. NDS III.A, NCCHC J-C-02: Continue to monitor the quality of nursing documentation and use the peer review process for improving this activity.
2. NDS III.A, NCCHC J-E-07: Assign the sick call assessment task to RN staff to improve the quality of care.
3. NDS III.A, NDS III.F, NCCHC J-E-07: Ensure sick call request forms are available in English and Spanish within each housing unit to provide unhindered access to these forms.

Medication Administration

Glades County Jail Health Services uses an e-MAR system that is integrated into their EMR. I found no evidence of delay in initiation of medication or discontinuation of medications for the treatment of chronic medical conditions.

Specialty Care

Detainees at Glades County Jail access specialty care services and special diagnostic tests (Ultrasound, CT scan, MRI, etc.) as needed. All detainees are seen by a nurse prior to going to their specialty care appointment or diagnostic test. They are again seen by a nurse immediately upon returning to the facility. This creates a great deal of safety for the detainees. There was, however, a lack of timely follow up by the Facility physician. Ideally, all detainees referred to outside consultants should be evaluated by the Facility physician within three business day after the appointment to allow for a review of results with the detainee as well as ensuring that the Facility physician is aware of potentially time sensitive results and specialist recommendations. There is also a long wait time for accessing specialty care with regard to all specialties including optometry. The average wait time to see the optometrist is more than a month. All female detainees who require routine Pap smear tests are sent out to an outside facility. Pap smear tests are part of the routine office practice for medical providers and do not require referral to outside providers. Performing this test at the Facility will provide improved patient and provider engagement as well as cost savings and improved safety.

Medical Expert’s Recommendations:

- NDS III.A, NCCHC J-E-09: Provide physician follow up encounters for detainees who receive specialty care and special diagnostic testing in a time manner and ideally within three business days after such encounters.
- NDS III.A, NCCHC J-D-08: Improve the timeliness of access to specialty services including Optometry.
- Best Practice: Perform routine Pap smears at the facility.

Dental Care

I reviewed several detainee health records and sick call requests pertaining to dental pain. While detainees are receiving their routine initial dental screening and timely dental follow up for their dental sick call requests by the LPN staff, I could not find any evidence of preventive dental care including dental cleaning for any detainees. There is one dentist and dental assistant who visit the Facility once a week alternating between male and female detainees thus providing dental care to male and female detainees two days a month each. This appears to be insufficient considering an average dental wait time of over one month. Additionally, nearly 95% of dental encounters result in extraction while around 5% of the time there is tooth salvaging interventions such as temporary filling. This ratio is very high. Ideally, around 20% of dental encounters should focus on teeth salvaging and preventive activities such as fillings and dental cleaning. Dental cleaning for all practical purposes does not occur at this Facility. Upon inquiring, I discovered that the Facility erroneously believes that routine dental cleaning does not need to occur until and unless a detainee has been in ICE custody for 12 months (the NDS clearly identifies this time period as 6 months). Once and if a detainee is referred by the Facility dentist to an outside specialist, the wait time is again greater than one month.

Medical Expert's Recommendations:

- i. NDS III.A: Increase the onsite dental services to provide timely dental care.
- ii. NDS III.E: Provide routine dental cleaning to detainees who have been in ICE custody more than six months, as required under the NDS.
- iii. NDS III.A, NCCHC J-E-06: Increase the amount of tooth salvaging and preventive dentistry.

Quality Improvement and Performance Measurement

I interviewed the Glades County Jail Health Services Administrator who continues to be the director of quality improvement for the facility (this task is to transition to the new Director of Nursing). I also reviewed the monthly QI meeting minutes. I found the quality management at this facility to be robust and comprehensive. There is an annual schedule of monthly QI meeting agenda items that is being followed. This was verified by auditing the sign in sheet and the minutes from past several QI meetings. Some of the most recent meeting topics included ED transfer and emergency care, master problem list, nurse sick call and suicide prevention. There was also a 2017 QI project around sick call process with specific focus on the following topics:

- Sick call form is dated, timed and initialed when received.
- Triage decision is documented, dated, timed and signed within 24 hour of the date of receipt.
- Sick call requests for emergent conditions are seen immediately or within 24 hours of triage for all other conditions.
- Symptoms not covered by nursing protocol, should be addressed and documented in the EMR using SOAPE format.
- If a detainee reports the same complaints more than twice in the same month, he/she should be referred to the physician.

Medical Expert's Recommendations: None.

References:

- 1. National Detention Standards (NDS) 2000, Medical Care**

2. Standards for Health Services in Jails, 2018 National Commission on Correctional Health Care

Detainee Identification Key:

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Appendix A
Non-Priority Recommendations
Glades County Detention Center¹

Medical Care and Treatment:

1. Perform routine Pap smears at the facility.

Detention:

2. While the process is in written policy, in order to clear any confusion, Glades management should ensure the detainee population is apprised of the process for designating telephone numbers as confidential for attorney/client telephone calls.
3. Glades management should follow up with officers and supervisors regarding the expected and appropriate staff/detainee interactions. Although there was not enough evidence found to substantiate the allegations of abuse, there was at least some evidence that a few officers would benefit from training related to the issue of the expected demeanor for staff/detainee relations.
4. Glades should consider revising the segregation forms to require a brief narrative regarding the reasoning for protective custody placement and release from segregated housing.
5. Glades should add additional categories for “grievance type” in the grievance tracking log so that each grievance is more easily identified by category or subject matter. This will eliminate the need to use “other” to categorize the majority of the grievances on the tracking log.
6. Glades should consider placing additional tablets in the dormitories so that more video visitation may be enjoyed by the detainees. The volume of usage appears to be very high and during certain hours and detainees are often not able to utilize the service. Adding another two or three tablets to each dormitory would greatly reduce any conflict over the scheduling of the tablets for video visitation.

For ICE: The following non-priority recommendation is specifically for ICE to consider:

7. CRCL’s penologist observed that Glades was comprised largely of ICE detainees and functionally operates as a dedicated ICE facility. Given that the number of ICE detainees as well as the average length of stay for ICE detainees at Glades has increased significantly, CRCL’s expert recommended that ICE management seriously consider operating the GCDC under the PBNDS 2011 to ensure that detainees get the benefits provided in similarly situated detention facilities.

¹18-04-ICE-0076; 17-11-ICE-0434; 17-09-ICE-0537; 17-08-ICE-0539; 17-08-ICE-0538.

Conditions of Detention
Subject Matter Expert's Report
On
Glades County Detention Center

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

- **18-04-ICE-0076**
- **17-09-ICE-0537**
- **17-08-ICE-0538**
- **17-08-ICE-0539**
- **17-11-ICE-0434**

Prepared by:

(b) (6)

Lodi, CA

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I. Summary of Review

The Department of Homeland Security (DHS), Office for Civil Rights and Civil Liberties (CRCL) received complaints alleging that the U. S. Immigration and Customs Enforcement (ICE) has violated the civil rights and civil liberties of detainees at the Glades County Detention Center (GCDC), located in Moore Haven, Florida. The complaints contained the following allegations which will be examined in this report:¹

Detainees have been subjected to:

- Verbal and physical abuse and retaliatory harsh and punitive measures, including racial slurs, discriminatory excessive use of force, interference with the grievance process, inadequate phone and attorney access, and retaliatory use of segregation.
- Delayed and inadequate dental and medical and mental health care²
- Sexual assault
- No hot water

In addition to the specific complaints identified, the following aspects of the GCDC facility operations were reviewed during this onsite investigation:

- Use of Force Reporting and Accountability
- Special Management Unit (Segregated Housing)
- Sexual Abuse and Assault Prevention and Intervention (SAAPI)
- Detainee Grievances
- Visitation Programs

¹ Complaint Numbers: 18-04-ICE-0076, 17-09-ICE-0537, 17-08-ICE-0538, 17-08-ICE-0539, 17-11-ICE-0434

² The allegations related to medical care will be addressed in a separate report by CRCL team member (b) (6) MD.

- Recreation Programs
- Mail Services
- Religious Services
- Telephone Access
- Law Library Services

II. Facility Background and Population Demographics

On the first day of our onsite³ the ICE detainee population at GCDC was 448.⁴ GCDC is operated under an Intergovernmental Service Agreement between ICE and the Glades County Development Corporation which holds a contract with the Glades County Sheriff's Office to operate the facility. GCDC is not an American Correctional Association (ACA) accredited facility and follows the 2000 National Detention Standards (NDS 2000).

It is worth noting that with the relatively few inmates and the large majority population of ICE detainees, the GCDC really operates like a dedicated ICE facility. And, the average length of stay for ICE detainees has increased significantly from 2017 as well. As such, ICE management should seriously consider operating the GCDC under the PBNDS 2011 as revised in 2016 to ensure detainees get the benefits provided in similarly situated detention facilities.

The detainees at GCDC include the classification levels of medium and high detainees which are housed together in common dormitories.⁵ Both of the general population housing units at GCDC are comprised of four (4) open bay dormitories. In Housing Unit I the four (4) dormitory pods each have a capacity of up to 96 detainees or inmates.⁶ Housing Unit II has four (4) general population dormitory pods, three with 48 beds and one (1) with 10 cells used for

³ CRCL was on-site at GCDC April 10-12, 2018.

⁴ The GCDC population consists of 448 ICE detainees (361 male, 87 female), 37 County inmates (33 male and 4 female) and 19 U.S. marshal's inmates (all male).

⁵ Medium and High classifications level detainees are routinely housed together per the NDS 2000.

⁶ Only male detainees are housed in Unit I.

administrative segregation for male detainees.⁷ Both Housing Unit I and II have a sergeant and three (3) officers assigned to provide security and services to the dormitories. There is also a control booth observer who is able to watch the activity in the dormitories through glass windows and on CCTV monitors.

All meals are delivered in carts from the main kitchen and served at tables in the dayroom areas of the dormitories. Other services, such as visitation and law library, are provided outside the housing units in common areas where the detainees are escorted to attend. Video visitation is also available in the housing units by using the tablets available for video calls.⁸ Religious services and outdoor recreation are provided in common areas, used by all the detainees.

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

Overall, we found the personnel to be professional, courteous and helpful and the general living areas of the facility to be clean and orderly. GCDC was in compliance with the NDS 2000 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

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⁷ Only female detainees are housed in Housing Unit II, with the exception of the 10 administrative segregation cells. When segregation is necessary for a female detainee, she is housed in an observation cell in the medical clinic.

⁸ There are two (2) tablets available in each dormitory for video visitation.

III. Relevant Standards

- **ICE Detention Standards**

⁹ At that time the inmate population in the CDCR was over 160,000 with approximately 120,000 parolees and 57,000 employees.

The NDS 2000 apply to GCDC. These are the standards that were 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 and nationally recognized best practices.

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 GCDC as it relates to the care and treatment of the ICE detainees. For this review, I examined detainee records; GCDC policies and procedures; documentation kept on-site depicting such things as detainee grievances and law library usage; interviewed ICE detainees, ICE personnel, GCDC personnel; and, conducted an on-site tour of the GCDC facility with the managers and supervisors. All the GCDC and ICE personnel were professional, cordial and cooperative in facilitating our review, and a special thanks is due Major Henson for the time he spent 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 GCDC documents:

- Contract/Intergovernmental Services Agreement
- Detainee grievances and grievance logs
- Law library requests and Law library logs
- Detention Files
- Segregation records
- Incidents involving use of force and Force After-Action Reports¹⁰
- GCDC and ICE National Detainee handbooks in English and Spanish

¹⁰ There were 42 uses of force at GCDC in the past year.

- Sexual Abuse and Assault Prevention and Intervention (SAAPI) investigations¹¹
- Assigned personnel roster
- GCDC Policies on the following¹²:
 1. Restraint of Inmates
 2. Use of Less-lethal Force
 3. Chemical Agents
 4. Order and Discipline
 5. Response to Resistance
 6. Inmate/Detainee Discipline Process
 7. Segregation
 8. Inmate/Detainee Grievance Process
 9. Programs - Recreation
 10. Religious Activities
 11. Sexual Abuse Prevention and Intervention
 12. Visitation
 13. Inmate Feeding
 14. Inmate Mail

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

¹¹ There were six (6) SAAPI allegations and investigations during 2017 and two (2) so far in 2018. This number is inclusive of county inmates housed at GCDC.

¹² Because GCDC houses ICE detainees, as well as, county and U.S. Marshall's inmates, some policy/procedure documents refer to "inmate" rather than detainee and apply to both inmates and detainees.

10. Religious Practices

In addition to the above listed activities the onsite on April 10-12, 2017 included the following:

- Toured the Intake and Release
- Toured the housing units
- Toured the recreation yard(s)
- Toured the Law Library
- Toured the Special Housing Unit (Segregation)
- Toured the Medical Clinic
- Toured the visitation area (the main visitation area and the video tablets in the housing units)
- Toured the Mailroom
- Inspected all areas of detainee access for information postings
- Interviewed various personnel including command staff, supervisors and line staff¹³
- Interviewed various ICE detainees randomly selected
- Reviewed information in the Jail Management System (JMS)¹⁴

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;

¹³ These interviews included, but were not limited to, the supervisors responsible for SAAPI, detainee grievances, detainee classification/intake, detainee religious services, detainee visitation, detainee mail and detainee law library.

¹⁴ The JMS is an automated records and tracking system to capture almost every aspect of detainee activity and information.

- “Not substantiated” describes an allegation that was investigated and there was insufficient evidence to determine whether or not the allegation occurred¹⁵; and
- “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. 18-04--ICE-0076

On January 8, 2018, CRCL received a letter from a number of advocates including the Legal Aid Services of Broward County, Inc. The letter alleged, among other things, the verbal and physical abuse of detainees at GCDC; retaliatory harsh, punitive measures including, excessive use of force, racial slurs, interference with the grievance process, inadequate phone and attorney access; and, retaliatory use of segregation. The letter also alleged the denial of medical and mental health care.¹⁶

Analysis:

The detainees on whose behalf the complaint was filed regarding the alleged abuses are no longer at GCDC and are unavailable for interview. We have, therefore, reviewed the incidents involving force against the complainant detainees and conducted a review of the systems and services that would necessarily be involved with the alleged abuses, such as, force incidents in general, the detainee grievance system, the telephone access, the attorney visitation process and the use of the administrative segregation.

¹⁵ While “Unsubstantiated” can often be the finding because there simply is not enough tangible evidence to “Substantiate” an allegation, I may sometimes offer my expert opinion as to whether, based on other considerations and observations, it is more likely than not that the allegation either happened or did not happen.

¹⁶ As indicated above, the allegations related to medical will be addressed by Dr. Porsa in a separate report.

We reviewed the force incident reports from December 2017 involving the Somali detainees named in the complaint by the Legal Aid Services of Broward County, Inc. The incident on December 25, 2017, involved the named Somali detainees congregating and fomenting unrest in a Unit I dormitory and refusing to disperse and follow the directions of the officers. The detainees were threatening the officers and resisting the officers' efforts to escort them from the dormitory. In the same incident, two Somali detainees began fighting and officers used OC pepper spray to stop the fighting. On the escort from the unit the detainees resisted the escort and physical force was used to complete the escort to the medical clinic. No injuries were incurred by the detainees or the officers.

In the incident the following day on December 26, 2017, in the Segregation Unit, the Somali detainees began yelling and disrupting the unit. When one detainee refused to stop kicking his cell door, OC pepper spray was used to stop him. He voluntarily exited his cell to be escorted for decontamination, then laid down on the floor refusing to exit the unit. After the officers carried him out of the unit he stood up and walked to the decontamination area without further resistance. All the detainees in the Segregation Unit were evacuated to the outside exercise area until the unit could be completely decontaminated from the residual effects of the OC pepper spray, and were then returned to their cells. No injury was incurred.

We also reviewed the use of force incidents occurring over the past year and did not find incidents that one would reasonably label as excessive or retaliatory in nature. Force is commonly recorded by video and demonstrates the efforts made by officers and managers to avoid using force if possible. Overall, the use of force at GCDC appears to be in compliance with NDS standards.

The grievance process appears to be well established and functioning efficiently at GCDC. Detainees know that grievance forms are available in English and Spanish in the housing units upon request. While on-site we asked officers in the housing units to produce the grievance forms and in each unit, the forms were readily available upon request. The grievance logs indicated that detainees know how to use the grievance process, that grievances are routinely filed by the

population and that grievances are answered in a timely manner, with most grievances being processed within the five-day timeframe for completion. The process to appeal grievance responses at the facility and to the ICE OIC when appropriate, appears to also be in order and operating in a timely manner.

Attorneys are accommodated in visitation from 8:00 AM to 10:00 PM, seven days a week. Attorneys may make appointments to visit a client or they may just show up at the facility. The facility was constructed with four (4) attorney visitation booths that are non-contact and enclosed so as to provide privacy.

The facility staff attempt to accommodate attorneys who request contact visitation by finding space inside the facility that can be utilized for attorney visits. On occasions when there have been several attorneys requesting contact visitation accommodation simultaneously, it has caused wait-time to see clients. It appears the GCDC is attempting to accommodate contact attorney visitation even though the facility was not constructed to accommodate contact visitation for attorneys. A review of the attorney visitation log indicates that there is not an unusually large volume of attorney visits and that attorneys are getting in to see their clients in a reasonable timeframe.

Detainees have access to telephones during all times the housing unit dayroom programs operate from early morning until lights out at night. Calls may be made using a personal PIN. If a detainee wants to designate a phone number for a legal call as confidential and not to be monitored, they may do so by filing a request. The facility simply requires the attorney or legal organization to verify that the number is for attorney/client communications and the phone number will be so designated and not monitored. However, even though the policy provides for telephone numbers to be designated as confidential for attorney/client calls, there did not appear to be a clear understanding of the policy and the process/availability for making such calls among the detainee population.

We did not observe interactions between the personnel and detainees that would be considered unprofessional or harsh and punitive, and certainly not the use of racial slurs towards detainees. However, just because we did not observe it during our three day inspection, does not mean that these kinds of interaction

have not taken place. During interviews with randomly selected detainees, detainees most often described the staff as generally cordial, professional and helpful. However, there were a few personnel names brought up by several different detainees that cause concern. The interactions and demeanor of these few were described as unfriendly, short and unhelpful, leaving the detainees with the impression that they'd better not ask for anything. Those employee names were passed on to the management for consideration and intervention as appropriate.

Findings:

- The allegations that detainees are subjected to verbal and physical abuse and harsh retaliatory measures, including discriminatory excessive use of force, racial slurs, interference with the grievance process, inadequate phone and attorney access and retaliatory use of segregation are “**not substantiated.**” The only evidence of harsh retaliatory measures, racial slurs, excessive force, interference with the grievance process, phone or attorney access, or retaliatory use of segregation, are from the allegations themselves. However, although there was no evidence to support these specific allegations, we did see some indication that a few staff may have conducted themselves in a less than professional manner in their interactions with detainees. Because this was alleged by some of the detainees we interviewed, who live in different dormitories and are from different countries of origin, we believe the management of GCDC should take the information seriously and follow-up to ensure all staff at GCDC are providing the expected level of professional service and interactions with detainees.

Recommendations:

- GCDC management should follow up with officers and supervisors regarding the expected and appropriate staff/detainee interactions. Although there was not enough evidence found to substantiate the allegations of abuse, there was at least some evidence that a few

officers would benefit from training related to the issue of the expected demeanor for staff/detainee relations. **(Best Practices)**

- While the process is in written policy, GCDC management should ensure the detainee population is apprised of the process for designating telephone numbers as confidential for attorney/client telephone calls. **(Best Practices)**

Complaint No. 17-04-ICE-0537

This complaint was received by CRCL on June 30, 2017 by email from the DHS Office of the Inspector General (OIG) regarding Detainee # 1, an ICE detainee at GCDC.¹⁷ Detainee # 1 alleged that after being assaulted by another detainee, she was placed in segregation and assaulted by four officers who entered the room, hit her, put her on the floor face-down and placed her in handcuffs. She further alleged that one of the officers sat on her buttocks and that she could feel his erect penis against her buttocks. She alleged that when she got up and began to scream for help an officer “maced” her.

Analysis:

While on-site at GCDC we reviewed the incident report dated June 11, 2017, in which force was reportedly used against Detainee #1. We also reviewed the video recording of the entire incident.¹⁸ Detainee #1 was not interviewed as she is no longer at the GCDC. Based on the written reports and the video recording the incident can be described as follows:

On June 11, 2017, Detainee #1 was involved in a physical altercation with another detainee. She was escorted by a female officer and a female sergeant to the medical clinic for medical evaluation and clearance before being placed in a cell in the medical unit on segregation status.¹⁹

¹⁷ Detainee #1 is identified in Appendix A by name and alien number.

¹⁸ This incident was recorded on a hand-held video camera with audio capability, capturing all the visual and verbal interactions between Detainee #1 and the involved officers, before and during the incident.

¹⁹ Female detainees are placed on segregated status, when segregation is necessary, in the medical unit in a medical isolation cell.

While sitting in the clinic and after she was medically evaluated and cleared for housing, the female sergeant and officer asked her to stand up and walk to the cell in the medical unit that was immediately adjacent to where she was sitting. At this time Detainee #1 was sitting in a chair with her hands restrained behind her back in handcuffs. Despite several minutes of discussion with the sergeant who was attempting to persuade her to voluntarily walk to the cell, Detainee #1 refused to get up, walk or cooperate with the sergeant's lawful request. The female officer and sergeant took hold of her arms, one on each side, and attempted to lift her from the chair and begin moving toward the cell across the clinic hallway.

Detainee #1 violently resisted their efforts and struggled against the officer and the sergeant's efforts by holding on to the chair and attempting to prevent them from moving her. Eventually, the officer and sergeant were able to overcome her resistance and get Detainee #1 into the cell. Once in the cell, Detainee #1 continued to fight and resist and she was placed on the floor in an effort to gain control of her. The female sergeant was on the back of Detainee #1 restraining her. The sergeant and officer then got up and began to exit the cell. At that time detainee #1 got up and charged them at the cell door before they could close it. Detainee #1 was sprayed with OC pepper spray at that time. She then stopped her aggressive behavior and began saying she needed help because she has asthma. She was then escorted to a shower for decontamination and rehoused in the cell in the medical unit.

Findings:

- The allegation that Detainee #1 was placed in segregation and assaulted by four officers who entered the room, hit her, put her on the floor face-down and placed her in handcuffs is "**unfounded.**" The written reports and the video recording clearly show that there was only two female personnel involved in using force in this incident; that they did not hit her; and, that after making every effort to gain her compliance and cooperation, the force used was only that which was necessary to overcome the resistance of the detainee.

- The allegations that that one of the officers sat on her buttocks and that she could feel his erect penis against her buttocks; and, that when she got up and began to scream for help an officer “maced” her is also “**unfounded.**” There was no officer sitting on her buttocks and the only officers involved were female. Clearly, the reason she was sprayed with OC was in response to her charging assault on the officers as they attempted to leave the room. The force used was objectively reasonable and only the force necessary to stop her resistive, assaultive behavior.

Recommendations:

- None related to this complaint

Complaint No. 17-08-ICE-0538

This complaint was received by CRCL from Detainee #2²⁰, an ICE detainee at GCDC, on May 18, 2017, alleging that ICE detainees are housed with county inmates; that he must wear handcuffs while in the law library; that he is unable to make legal calls; that detainees do not have hot water in the dorms; that he requested protective custody; that he is handcuffed in a belt everywhere he goes; and, that he has not gotten a routine dental checkup.²¹

Analysis:

Detainee #2 was not present at GCDC during our site-inspection and was not interviewed for this investigation. However, we did review the systems in place for the housing of detainees in segregation, the use of the law library and legal phone calls. We also checked the status of hot water in the housing units throughout the facility. Fortunately, we were also able to access the record of Detainee #2 in the JMS at the facility to ascertain where he was housed and his program status while housed at GCDC between November 2016 and July 2017.

²⁰ Detainee #2 is identified in Appendix A by name and alien number.

²¹ The issues related to dental are being addressed by (b) (6) in a separate report.

The detainees at GCDC are primarily housed in separate housing units from the county inmates and the U.S. Marshall's inmates. However, this is primarily a matter of numbers because there are so many more detainees than inmates. There is no policy of separation for inmates and detainees at GCDC. Occasionally, based on the population numbers of the three groups, detainees may be housed in housing units with inmates, or visa-versa. In our travels to facilities around the country we have observed facilities that keep detainees separate from inmates and others that make no distinction at all for housing and services. There is no standard that requires detainee and inmate populations to remain separated that we are aware of. Detainee #2 may have been housed near a county or U. S. Marshall's inmate at some point during his 6-7 month stay at GCDC.

Detainee #2's record indicates that he was a severe disciplinary problem while housed at GCDC. He was placed in disciplinary segregation because of his many disciplinary infractions. When the facility management attempted to return him to the general population from the disciplinary segregation unit, he requested to stay in segregation on protective custody status. He was retained in segregation on protective custody status at his request.

Detainees housed in segregation for administrative, disciplinary or protective custody reasons are allowed to use the law library for one hour each day, just like the detainees housed in the general population. Detainee #2 was allowed to use the law library while housed in segregation for an hour each day if he so desired.

Detainees housed in segregation are restrained when taken out of their cells or escorted from the housing unit. The restraint device used is an "escort belt." The escort belt is a nylon-Velcro belt that is placed around the waist and has a D-ring in the front that attaches the detainees' hands to the belt in the front of the body. The belt is loosely configured and allows the detainee to lift his/her hands as high as their face or down below the waist. In the sitting position the detainee is able to type on a typewriter or write on a note pad. Detainees on segregated status, when in the Law Library, wear the escort belt, and are able to use the Lexus Nexus computers for legal research. This type of restraint, which provides some

restriction of movement, but allows a reasonable range of function, is commonly used in segregated populations nationally.

Detainees are allowed to request having their attorney's phone number designated as confidential. If the attorney will verify the phone number to the facility, the number is designated as confidential and not recorded or monitored. Detainees may make collect phone calls to their attorneys, but it is, of course, incumbent upon the attorney to accept the charges when a client calls. There is no policy or procedure that would prohibit such calls.

Findings:

- The allegation that ICE detainees are housed with county inmates is “**substantiated.**” While it is not a common occurrence for most detainees, there is no policy against housing detainees with inmates and it does happen on occasion.²²
- The allegation that Detainee #2 was required to wear handcuffs while in the law library and that he is handcuffed in a belt everywhere he goes is “**substantiated.**” While on segregation status detainees are required to be escorted within the segregation unit and throughout the facility in restraints, including the law library. Detainee #2 was on segregated status during most of his stay at GCDC.
- The allegation that he is unable to make legal calls is “**not substantiated.**” We are unable to prove that this allegation happened or did not happen, however, the policy is that collect calls may be made confidentially to attorneys and it is unlikely that Detainee #2 was disallowed such calls by the facility.
- The allegation that detainees do not have hot water in the dormitories is “**not substantiated.**” While on-site we were able to verify that there is hot water in the dormitories. This is not to say that there could not possibly have been a day or time that hot water was inoperable in the

²² While the segregation unit may house inmates and detainees in the same unit, unlike the general population units, no inmates or detainees in segregation have direct unrestrained contact with others. Detainee #2 was housed in segregation most of his stay at GCDC so he had little direct unrestrained contact with either detainees or inmates.

past. However, lack of hot water was not a complaint we heard from any of the detainees interviewed while on site. In any case, the hot water is operable at this time.

Recommendations:

- None related to this complaint.

Complaint No. 17-08-ICE-0539

This complaint was received by CRCL from DHS OIG on May 16, 2017. The complaint was made to the OIG by the father of Detainee #3²³ after Detainee #3 had been released from GCDC in May of 2017. The allegation was that Detainee #3 had been the victim of sexual assault while in detention.

Analysis:

We were able to determine that Detainee #3 did make an allegation that another detainee made sexual advances towards him, exposing himself, while at GCDC. An investigation was conducted into the allegation, detainees were interviewed and video footage was reviewed to determine the veracity of the allegation. The finding in the investigation was “not substantiated,” meaning the allegation could not be proven or disproven based on the evidence available. We reviewed the investigation and determined that it was complete and well documented.

As a result of the allegation and investigation Detainee #3 and the alleged perpetrator were separated and kept separate in different housing units until being removed.

Findings:

- The allegation that Detainee #3 had been the victim of sexual assault while in detention is “**not substantiated.**” The detainee made an allegation, the allegation was investigated and there was insufficient evidence to determine the veracity of the allegation. The standards for reporting and

²³ Detainee #3 is identified in Appendix A by name and alien number.

investigating SAAPI allegations were followed, the investigation was complete and the finding was appropriate based on the available evidence.

Recommendations:

- None related to this complaint.

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 Housing 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 GCDC 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.”²⁴

Analysis:

²⁴ INS Detention Standard III. J. and K.

Over the past 12 months there have been 42 incidents in which some level of force has been used at GCDC. We reviewed 12 of the incident reports, randomly selected, 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 GCDC management.²⁵ Our general impression is that the documentation of force is thoroughly prepared and properly evaluated by the management team. In each incident package, all personnel who either used or observed force prepared a report to document their involvement.

Initially, we were concerned by the number of force incidents over the past 12 months. Forty-two (42) uses of force over a one year period is actually a higher number than one would expect in a population of approximately 500 detainees. However, in reviewing the force incidents it became apparent that most of the force used was related to resisting restraint or escort, or to stop detainees from fighting. 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. It is also noteworthy that the population at GCDC is comprised of medium and high classification level detainees. There are no low or low-medium classification detainees at GCDC. The higher classification level detainees are generally those who are more criminally sophisticated, have served prior prison or jail terms and are more involved in the criminal subculture.

In reviewing force incident reports, it is apparent that each officer observing or using force documents his/her actions and observations in a written report and submits that report before leaving shift. In reviewing the officers force reports, it was determined that some training is needed to ensure that catch-phrases like, "escorting the detainee to the ground," or, "redirected her to the ground," or, using a "custodial touch," are not included in the reports. These phrases do not specifically describe the actions taken or the specific force applied. It is more important to describe the actual actions taken and the level of force exerted to

²⁵ Our review of force incidents included the review of video footage in the incidents in which video was taken.

overcome resistance, rather than to leave it to the reader to imagine how much force was used to “redirect” the individual.²⁶

It is not possible to accurately evaluate the appropriateness of a use of force if the specific actions of involved staff are not descriptive. The threat perceived, efforts made to temper the force response, the need to use force, the amount of force necessary to overcome resistance, and the extent of any injury are impossible to determine and judge without reports that accurately depict the detailed actions of each participant.²⁷ This was discussed with the Chief Deputy and the Major who indicated that they intend to follow-up with training on this issue.

All the force incidents we reviewed at GCDC had After-Action Review Committee documentation indicating that the incidents were reviewed and evaluated. In evaluating the After-Action Review Committee process, it was apparent that the committee reviews all the written documentation, including any clinical personnel involvement and any video recordings that may be available for each incident. While the NDS does not require it, GCDC recently began including the Health Care Administrator as part of the committee panel that reviews all use of force incidents.²⁸ The reviews were timely but were not documented as thoroughly as we would expect.

The After-Action Review Committee uses a check-the-box form to document and verify that force incidents are reviewed and evaluated. None of the after-action reviews included any narrative of issues considered by the committee or any description of recommended follow-up with the involved personnel.²⁹ While these discussions and considerations may be taking place, there is no way of knowing without documentation of the same.

²⁶ While the reports have enough detail to determine the officers’ actions, (and the video supports the level of force used), the use of the catch-phrases detracts from the specificity and professionalism of the reports.

²⁷ These standards are outlined in the US Supreme Court Case, Hudson V. McMillan (503 U. S. 1, 112 S. Ct. 995).

²⁸ The PBNDS 2011 requires that the After-Action Review Committee be comprised of the facility head, the Health Care Administrator and the ICE manager in charge of the facility. While GCDC is not contracted under PBNDS 2011, the facility management and the ICE management have committed to complying with the PBNDS 2011 requirements as a best practice.

²⁹ Many times in force reviews training issues are identified or techniques are discussed such as, techniques for early intervention or force avoidance that may mitigate the need to use force.

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. While my interviews and discussions with GCDC managers lead me to believe that the committee reviews include this higher level of scrutiny and evaluation, the after-action review documentation does not reflect it.

Recommendations:

- GCDC should expand the check-the-box, After-Action Review Form to include the committee's discussions of the force incident and tactics, and any follow-up considerations for each incident reviewed. A description of the issues discussed and evaluated should be included in "comments" on the After-Action Review Form to memorialize the review and any actions to be taken. **(NDS Use of Force, III.K)**

2. Special Housing Unit (SHU)

The NDS 2000, Special Housing Unit, 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." It also requires that, "A written order shall be completed and approved by a supervisory officer before a detainee is placed in administrative segregation..."³⁰

³⁰ INS Detention Standard I., and III., B.

Analysis:

The SHU at GCDC appears to be utilized very sparingly and as a last resort for the safety of detainees and the facility staff. At the time of our visit there were ten (10) detainees in the SHU.³¹

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 into the JMS.

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

The required documentation for placement into the SHU 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 Special Housing Review Form. However, while both forms contain general information about the reasons for placement, retention or release, there should be more detail to better describe the reasoning for placement, retention or release. Specifically, with protective custody placements in segregation, it is important to briefly describe the circumstances as to why the protective custody placement is necessary, or conversely, why it may later be appropriate to release a detainee back to the general population. For example, a detainee may be placed in segregation because he is in danger from other detainees. It is important to not only document the circumstances that create the need for protective custody placement, but to also document how those circumstances may have changed, making it is appropriate to return the detainee

³¹ There were nine (9) male detainees and one (1) female detainee in segregated housing out of a population of approximately 500 detainees at the facility (approximately 2% of the population). It is also noted that there was an incident on 4/11/2018, the day before our arrival, involving several detainees fighting in a dormitory that resulted in the nine male detainees being placed in the SMU.

to the general population.³² The forms should be modified to provide for a space to give the brief description of circumstances that make protective custody placement and/or release from protective custody status appropriate.

Recommendations:

- GCDC should revise the segregation forms to require a brief narrative regarding the reasoning for protective custody placement and release from segregated housing. (Best Practices)

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 that, while GCDC 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 GCDC 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 GCDC 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.³³

³² This documentation provides a historical record of the reasoning for decisions regarding administrative segregation placement and/or release in the event that there is a subsequent bad outcome.

³³ There were eight (8) SAAPI complaints at GCDC in the past year from the entire population inclusive of the county and U.S. Marshall's inmates, (six in 2017 and two so far in 2018).

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 the detective bureau of the Glades County Sheriff's Office. Allegations that, if true would not constitute a crime, are also taken seriously and investigated administratively by a lieutenant at the GCDC. The quality of the investigations is generally good; the proper witnesses are interviewed, the reports are well written and the conclusions are sound.

The GCDC SAAPI Coordinator maintains a logging and tracking system to account for the SAAPI process. The information on the status of the allegations and investigations is up to date and easily accessed by the SAAPI Coordinator. The process overall is among the best we have seen from contract facilities around the country.

Recommendations:

- None related to this process

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.”³⁴

Analysis:

Grievance forms are available upon request in each dormitory in both the Spanish and English language. During our onsite, officers in the housing units provided grievance forms upon request.

Grievances are initiated by detainees and placed in a locked box located within each dormitory.³⁵ The grievances are retrieved from the locked boxes each day by the mailroom staff who deliver the grievances to the Grievance Coordinator Lieutenant who is responsible for processing all grievances. The lieutenant logs and assigns a tracking number to each grievance, assigns each grievance to the appropriate personnel who investigates the issues, interviews the detainee and prepares a written response.³⁶ The grievances are required to be completed within five days from the day it is filed and returned to the Grievance Coordinator Lieutenant, who logs the completion into the JMS, returns the completed copy of the grievance with the written response to the detainee and places a completed copy of the grievance into the detainee file.

If a detainee is not satisfied with a grievance response, he/she may appeal the decision. Appeals go to the Captain, who considers the appeal and renders another decision on the grievance. If the detainee is not satisfied with the response from the Captain, he/she may appeal the decision to the facility Major, 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.”³⁷ GCDC maintains a grievance logging system to track all grievances in the JMS. The system is capable of printing out a list of grievances that provides adequate information to determine who filed grievances, the

³⁴ INS Detention Standard, Detainee Grievance Procedures, III, E.

³⁵ Detainee grievances and detainee requests are handled on the same form, the standard Inmate Request Form, which has a box to check to elevate a standard request to a grievance.

³⁶ Personnel complaints against officers are handled by the officer’s immediate supervisor.

³⁷ INS Detention Standards, Detainee Grievance Procedures, III, E.

nature of the complaints, who investigated and responded to the grievances and the final dispositions of the grievances.

The only category in the grievance tracking system that could be better is the “grievance type.” This is where the subject of the grievances are listed so the management can review the list and determine if there are areas of the operation that generate more complaints. However, most of the “grievance types” are simply listed as “other.” It would be much better to add additional categories to better identify the grievance issues, making the grievance log much more user friendly and effective for management. For example, a “grievance type” category of “staff complaint,” or “detainee conflict,” or “housing issue” would give the reviewer a better understanding of the types of issues that are driving grievances.

Recommendations:

- GCDC should add additional categories for “grievance type” in the grievance tracking log so that each grievance is more easily identified by category or subject matter. This will eliminate the need to use “other” to categorize the majority of the grievances on the tracking log. **(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.”³⁸

Analysis:

We interviewed the Visitation Officer. GCDC allows visitation for family and friends in operation seven (7) days a week, 8:00 am - 10:00 am; 12:00 pm - 4:00 pm; and, 6:00 pm – 8:00 pm. Each housing unit gets a visiting day every five days on a rotating schedule. All visits are non-contact and are conducted in eight (8) visitation booths in the main visitation area. Detainees may submit a request to

³⁸ INS Detention Standard, Visitation, I.

approve individuals for visitation indicating the name and relationship of those wishing to visit. Once approved, the names are placed on the approved visitor list and visits may take place anytime during the listed visiting hours. Visits with family and friends are limited to 2 hours per visit.³⁹

Additionally, each dormitory has two (2) tablets attached to the dayroom wall 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.⁴⁰

There are very few complaints about the general visitation program and detainees who receive visits seem to be satisfied. Some expressed the preference for contact visits rather than non-contact. However, contact visitation is not a NDS requirement and GCDC does not have the facilities for contact visitation.

Legal visitation for attorneys operates seven (7) days per week, 8:00 am – 10:00 pm. There are four (4) attorney visitation booths where attorneys may visit face-to-face through glass in the main visitation area.⁴¹ Attorneys may drop in without appointment, seven days a week. Attorney visitation appointments may be made by calling ahead, but are not required. Our review of the attorney visitation log revealed that there is not an extraordinarily high volume of attorney visits at GCDC.

While the facility is not designed with space for contact visitation for attorneys, the facility management has attempted to accommodate requests from attorneys and advocacy organizations to have contact visits utilizing rooms and areas of the facility that were not designed for such use. This has required some delays for visitation when large groups of attorneys and paralegals from advocacy organizations all want contact visits at the same time. This has also been the

³⁹ 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.

⁴⁰ Based on the volume of use for video visits, while on-site we recommended that the GCDC management add additional tablets to each housing unit to increase the accessibility for detainees to use this service.

⁴¹ These booths are enclosed and provide privacy for attorney/client meetings.

subject of complaints by groups such as the Americans for Immigration Justice and the Legal Aid Services of Broward County, Inc. Unless and until the facility is retrofitted to provide for attorney contact visitation space, contact attorney visitation will not be optimal. However, the non-contact attorney visitation space appears to be adequate for the normal volume of attorney visits.

Recommendations:

- GCDC should consider placing additional tablets in the dormitories so that more video visitation may be enjoyed by the detainees. This is especially important given the facility's remote location. The volume of usage appears to be very high and during certain hours, detainees are often not able to utilize the service. Adding another two or three tablets to each dormitory would greatly reduce any conflict over the scheduling of the tablets for video visitation. **(Best Practices)**

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."⁴²

Analysis:

We interviewed the recreation supervisor. The recreation program at GCDC is operated seven days a week. The two housing units have three (3) large exterior recreation areas.⁴³ The outdoor recreation schedule is posted weekly and rotates the designated dormitories by day and time in the recreation areas, with each dormitory getting 1-2 hours minimum each day. Detainees in common dormitories recreate together according to the schedule. The outdoor recreation areas are essentially large sand lots where the detainees may play soccer or walk/jog laps around the perimeter.

⁴² INS Detention Standard, Recreation, I.

⁴³ Each housing unit consists of four (4) dormitories, some housing up to 96 detainees. Each of the three outside recreation areas are large enough to play soccer, which is the predominate outdoor activity.

Additionally, indoor recreation is available in the dormitory dayroom areas in the form of fixed stationary exercise equipment, exercise bikes, playing cards and board games. These activities take place during any dayroom program time throughout the day and evening.

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 GCDC is fully compliant with 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.”⁴⁴

Analysis:

We interviewed the mailroom supervisor. Outgoing mail is placed by detainees in locked boxes inside each dorm. The mail is picked up by mailroom staff where it is stamped/metered with postage and taken to the local U. S. Post Office and mailed. The facility pays for all postage for detainee correspondence.

The incoming mail is picked up by mailroom staff at the local U. S. Post Office, sorted by housing unit and dormitory, opened to check for contraband and money orders, then delivered to the housing units by the mailroom staff and given to the detainees.⁴⁵

Outgoing legal mail is logged in the legal mail log indicating the detainee’s name and the name of the attorney or legal organization to whom it is being sent.

⁴⁴ INS Detention Standard, Correspondence and other Mail, I.

⁴⁵ 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.

Incoming legal mail is also logged in the mailroom, delivered to the detainee in his/her dormitory and opened in his/her presence to check for contraband. Detainees are required to sign the legal mail log indicating receipt of the legal mail. The legal mail log is thorough and well documented, providing a record of all legal mail sent and received.

Recommendations:

- None related to this process.

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.”⁴⁶

Analysis:

We interviewed the GCDC 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. Muslims are also scheduled for services each week, however, the Chaplain has been unable to locate a Muslim Imam to conduct the services. Accordingly, the Muslim prayer services are conducted by the detainees themselves. Jewish detainees are likewise provided a scheduled time and place for self-led services. 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. Detainees send requests to the Chaplain and he responds with providing the publications.

⁴⁶ INS Detention Standard, Religious Practices, I.

When detainees enter the ICE detention process they are asked to designate their religious preference. This is done on the initial intake forms when they are processed at intake. When a detainee requests a special diet, the Chaplain refers to the intake record to determine if the declared religious preference is consistent with the request for a religious diet. In most cases it is and approval for the special diet is recommended. However, if, for example, a detainee is requesting a kosher diet, who initially did not list Judaism as his/her religious preference, then the Chaplain will have the Rabbi from Miami come and interview the detainee to determine the sincerity of the request. The GCDC does not provide a Halal diet. GCDC provides the “common fare” diet to Muslims requesting a Halal diet. I have seen other facilities that do not provide Halal and offer the common fare diet instead and I have also seen facilities that allow detainees to receive a Kosher diet in lieu of a Halal Diet when Halal diets were not offered. Although not required by the NDS, GCDC should provide Halal meals upon request or, at a minimum, be provided a kosher meal upon request. In our interviews with detainees, most expressed satisfaction with the religious services and accommodations offered.

Recommendations:

GCDC should affirm the request for a Halal diet or, at a minimum, provide a kosher meal upon request.

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 dormitories at GCDC. Detainees have unfettered access to make phone calls while out of their cells during dayroom program between 7:00 am and 10:00 pm. There are four (4) 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. All detainees interviewed indicated that access to phones was fully adequate.

Some detainees have complained that the telephone calls are too expensive, a complaint we commonly hear at facilities around the country.

There were some complaints by detainees that telephones were often out of service. 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. However, the larger issue for most detainees was that because the video calls on the tablets were much less expensive than the regular telephone rates, they were requesting to increase the number of tablets in each dorm to facilitate additional use.

Detainees may request that attorney phone numbers be designated as “confidential” so that attorney/client calls are not monitored or recorded. If a detainee makes the request and the attorney verifies the phone number, the facility Major approves the phone number to be treated as confidential and not monitored.

Recommendations:

- GCDC should consider placing additional tablets in the dormitories so that more video visitation may be enjoyed by the detainees. The volume of usage appears to be very high and during certain hours and detainees are often not able to utilize the service. Adding another two or three tablets to each dormitory would greatly reduce any conflict over the scheduling of the tablets for video visitation. **(Best Practices)**

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.”⁴⁷

⁴⁷ INS Detention Standard, Access to Legal Material, I.

Analysis:

We interviewed the Law Library Officer. The Law Library is located in a common area and available to all the detainees at GCDC. There are six (6) computers 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. The Law Library operates between 8:00 and 4:00 seven (7) days a week. Copies of legal materials are made for detainees upon request.

Detainees are scheduled to attend the Law Library by request. Requests are picked up daily and detainees are scheduled the following day. Law Library sessions are restricted to one (1) hour each and a detainee may attend the Law Library every day if they so desire. Detainees may also receive an extended session upon request if they have a deadline or time sensitive matter to address. A weekly schedule determines the time each dormitory is scheduled for law library sessions each day.

In reviewing the Law Library logs, it appears that the average daily attendance is approximately 25. Detainees sign in and out for each session they attend. Logs of Law Library attendance are well kept and provide a good record of the time being utilized by each detainee.

None of the detainees interviewed indicated that law library access, availability or legal materials are deficient or inadequate.

Recommendations:

- None related to this process.

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 GCDC.

English and Spanish are the most prevalent of the languages spoken at GCDC. GCDC has 32 staff members certified to translate/interpret Spanish to English who receive an additional compensation bonus for the certification.

From time-to-time they receive a group of detainees from Somalia or Haiti that do not speak Spanish or English. When this occurs the facility personnel utilize the Language-Line contract to communicate with these detainees. We did not see or hear evidence of LEP issues at GCDC.

General Observations:

GCDC 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 GCDC is not required to follow. During our inspection, the leadership at GCDC, both the Sheriff's management team and the ICE leadership, expressed their efforts in adopting many of the newer standards outlined in PBNDS 2011. For example, the composition of the Use of Force After-Action Review Committee that is currently in effect at GCDC complies with the requirement in PBNDS 2011. This is commendable and we would encourage the continued movement towards the newer standards.

The personnel in leadership at GCDC 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 officers appeared to be reasonably healthy. However, as pointed out to the GCDC leadership on site, it appears that the facility has at least a few personnel who do not properly attend to providing services and sometimes interact in a less than professional manner with detainees. We have recommended that managers spend the time to determine if all officers and supervisors are indeed conducting themselves, in all instances, in a manner consistent with the leadership's expected standards.

It is also worth mentioning that, while on-site, we reviewed a video of an incident in which a detainee was attempting to commit suicide by jumping from the upper

tier in a housing unit. While detainees immediately grabbed the detainee, attempting to prevent him from jumping, the staff response to intervene and gain control of the situation was very quick and professional. Because the GCDC is not operated on a direct supervision model, the inspection team had some concerns that incidents may happen without immediate observation or detection by staff. In this incident, at least, the staff awareness and response was very good and is to be commended. We encourage a continued high-level vigilance in the indirect supervision model at GCDC.

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 OIC and his team as well. Finding no NDS violations in the area of conditions of confinement, we hope our recommendations will be sincerely considered in improving the facility operation.

Summary of Recommendations:

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

- ICE management should consider having the GCDC operate under the PBNDS 2011 as revised in 2016 to ensure the facility is operated in the same fashion as other similarly situated dedicated ICE detention facilities.
- While the process is in written policy, in order to clear any confusion, GCDC management should ensure the detainee population is apprised of the process for designating telephone numbers as confidential for attorney/client telephone calls. **(Best Practices)**
- GCDC management should follow up with officers and supervisors regarding the expected and appropriate staff/detainee interactions. Although there was not enough evidence found to substantiate the allegations of abuse, there was at least some evidence that a few officers would benefit from training related to the issue of the expected demeanor for staff/detainee relations. **(Best Practices)**

- GCDC should expand the check-the-box After-Action Review Form to include the committee’s discussions of the force incident and tactics, and any follow-up considerations for each incident reviewed. A description of the issues discussed and evaluated should be included in “comments” on the After-Action Review Form to memorialize the review and any actions to be taken. **(NDS Use of Force, III.K)**
- GCDC should revise the segregation forms to require a brief narrative regarding the reasoning for protective custody placement and release from segregated housing. **(Best Practice)**
- GCDC should add additional categories for “grievance type” in the grievance tracking log so that each grievance is more easily identified by category or subject matter. This will eliminate the need to use “other” to categorize the majority of the grievances on the tracking log. **(Best Practices)**
- GCDC should consider placing additional tablets in the dormitories so that more video visitation may be enjoyed by the detainees. The volume of usage appears to be very high and during certain hours and detainees are often not able to utilize the service. Adding another two or three tablets to each dormitory would greatly reduce any conflict over the scheduling of the tablets for video visitation. **(Best Practices)**
- GCDC should affirm the request for a Halal diet or, at a minimum, provide a Kosher meal upon request. **(Best practice)**

Appendix A

(b) (6)

- Detainee # 1:
- Detainee # 2:
- Detainee # 3: