

Attachment A

Non-Priority Recommendations and Best Practices

Johnson County Detention Center
Complaint Nos. 16-05-ICE-0657, 16-09-ICE-0603
16-11-ICE-0634, 16-11-ICE-0640, 16-12-ICE-0633

Medical

1. Develop clinical criteria based on clinical requirements such that the intake screening staff have clear direction as to what clinical circumstances require immediate contact with a practitioner and who requires a health assessment within two working days. (Best Practice)
2. Obtain the National Commission on Correctional Health Care initial and follow-up chronic care forms so required data may be obtained. (Best Practice)
3. Assign the responsibility of announcing medication administration to the custody staff to insure all detainees are effectively notified. (Best Practice)
4. Improve the staffing skills by adding seven half days a week of registered nurse for the sick call assessments. (Best Practice)
5. Access the chronic disease forms from the National Commission on Correctional Health Care. Utilizing these forms will assist in improving the documentation of chronic diseases by practitioners. (Best Practice)

Environmental Health and Safety

JCDC administration and Five Star Correctional Services should review all menus and nutrition related documents to ensure that they are properly labeled in compliance with the PBNDS 2011 Food Service standard requiring, "A registered dietitian shall conduct a complete nutritional analysis that meets U.S. Recommended Daily Allowances (RDA), at least yearly, of every master-cycle menu planned by the FSA." (Non Priority Recommendation)

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**Johnson County Detention Center
Cleburne Texas
March 28-30, 2017**

A. Professional Information

(b) (6)



B. Complaint Issues Assigned

The Office for Civil Rights and Civil Liberties (CRCL) has requested that I review five complaints which were summarized to me in an email on January 9, 2017. For each of the complaints, I have reviewed the records while on site and I interviewed, with a translator, one inmate who was still at the facility. My review was also to look at health services in general, including the intake process, basic sick call, chronic care, emergency care and scheduled offsite services. While at the site I reviewed several of the health care policies and procedures and also reviewed the 2011 PBNDS Standards.

C. The Review Process

Prior to the Onsite Visit

I reviewed the 2011 and 2000 PBNDS and NDS Standards, with which the facility is required to comply.

While On Site

During my onsite visit, we toured the intake area, the medical clinic area, the new segregation area and one of the housing unit areas. We also visited the medical housing area. I interviewed the Health Service Administrator and talked briefly with the physician assistant. I also interviewed inmate [REDACTED] (b) (6), who was housed in the medical housing. In addition to the five records of patients who registered formal complaints, I reviewed nine sick call records, two records

of patients with scheduled offsite services, 11 records of patients who had recently within the prior 2-3 weeks entered the facility and four chronic care records.

D. Complaints

Although there were five complaints received prior to our visit and those records were all reviewed, including one detainee whom I interviewed, there were an additional nine complaints that were presented to me by my colleagues, and I reviewed the records of those patients.

Complaint #1

The first complaint is #16-09-ICE-0603. This is a complaint is dated June 21, 2016, from Mr. (b) (6). He alleged that he has received inadequate medical care for an unspecified serious medical condition that required strict adherence to medications, extensive medical treatment and care.

In reviewing Mr. (b) (6)'s record, he arrived at the facility on February 22, 2016, and denied any medical problems, especially of a chronic nature, at the intake screen. Two days later the history and physical were completed and again he denied any problems. Approximately six weeks later he disclosed to one of the nurses that he had been treated at an HIV clinic in Dallas for which he had not been seen since November 2015. He was sent to the Tarrant County HIV clinic and was seen there on May 18, 2016. Laboratory tests were performed and it was verified that he had HIV disease which was not well controlled. Over the course of the next several months, treatment was initiated and his condition dramatically improved to where the most recent blood test shows that his viral load is undetectable and his CD4 count has risen to normal levels. When queried about why he did not admit to any chronic diseases, he indicated he thought that the facility already had his records. This was not true and it was not until he disclosed his HIV status that the program was able to arrange for appropriate care. The patient has a responsibility to disclose an accurate medical history and therefore I was unable to verify that he received inadequate medical care.

Complaint #2

16-11-ICE-0634. On August 21, 2016, CRCL received an email referral from the Department of Homeland Security OIG's Office regarding Mr. (b) (6), an ICE detainee at Johnson County Detention Center in Cleburne, Texas. In a call to the OIG hotline on July 28, 2016, Mr. (b) (6) reported he arrived at the facility shortly after a corneal transplant surgery he received. He alleges the facility's physician is not qualified to provide him with appropriate care and he has not been provided with medication.

In reviewing his medical record, we were able to verify that he received the transplant surgery on June 30, 2016 and he entered the facility on July 6, 2016. He was seen by a practitioner for his history and physical on July 12. Although this is within the standard of two working days (because of the weekend), the recent corneal transplant surgery requires an immediate contact of a physician in order to insure that the patient is appropriately treated. The patient was given as KOP medicine the two types of drops that were being used to treat his affected eye. He was given both antibiotic drops as well as steroid eye drops. Unfortunately, he may have used the drops excessively and ultimately the order was changed to nurse administered. He was seen on July 7, the day after he entered, but the note is completed inadequately and the practitioner who saw him was terminated later in the month. This complaint is verified in that although there was no standard violation,

clinical necessity required a more prompt assessment. This has to do with the intake process, which I will discuss in general later in the report.

Complaint #3

16-11-ICE-0640. On August 24, 2016, CRCL received an email referral from the Department of Homeland Security OIG regarding Mr. (b) (6), an ICE detainee at Johnson County Detention Center in Cleburne, Texas. In a call to the OIG hotline on August 11, 2016, it was reported that Mr. (b) (6) had a large mass on his right kidney and a hernia prior to being detained. The person claimed Mr. (b) (6) was having a difficult time sitting down because of the amount of pain he was experiencing and ICE was allegedly denying him appropriate medical treatment. A review of his record indicates that the mass was an undescended testicle and he was also found to have a hernia. There was an effort to schedule two surgeries on the same day so that the problems would be most effectively resolved. The surgery was performed on October 4, 2016, and he was released on October 28, 2016. There were no complaints at the time of release. The pathology on his undescended testicle was negative for the possibility of cancer. The scheduling, although it may have been slightly delayed, requiring the two procedures to be done the same day resulted in at most a month's delay, but given the schedules of the two surgeons, this is not unacceptable.

Complaint #4

16-12-ICE-0633. On October 17, 2016, CRCL received email correspondence from DHS OIG (see 1619963) regarding (b) (6), an ICE detainee at Johnson County Jail in Cleburne, Texas. In a phone call to the OIG on September 22, 2016, another ICE detainee at the facility alleges that Mr. (b) (6) has been experiencing frequent seizures for one week. The detainee claims a nurse checked Mr. (b) (6) and did not take his vitals and told him to drink water. Mr. (b) (6) made the same complaint at the deportation office in Dallas Texas.

From my review of the record and my discussion with detainee (b) (6) he entered the jail on September 7, 2016, with seizures and a mental health history. He has had seizures since childhood. He also describes himself as slow and it was clear when the translator and I met with him that his responses were slow. He did have some seizures for which he was sent to the local hospital and at that time seen by a neurologist. However, the neurologist was dealing with the emergency nature of the seizures. When the patient returned to the facility, an effort to schedule an outpatient neurology visit resulted in an appointment in approximately 60 days. The Health Service Administrator felt that with both cardiology and neurology, there is a delay in obtaining appointments; for other specialties, they are obtainable within 30 days. It is typically twice as long with cardiology and neurology. In my review of the record, the medications he indicated he was on were provided to him consistently since the day he entered the facility. He also was found to have diabetes for which he was also being treated. One seizure appeared to be related to a low blood level of the anti-seizure medication and the dosage was therefore increased. When we talked with him, he indicated that he had gone six weeks with no seizures while housed in medical housing. He indicated to me that he preferred medical housing; even though he was alone, he was not dealing with pressures from the general population. He also had access intermittently to television and had access to a shower more frequently. This confirmed what the Health Service Administrator had told us, which was that he definitely preferred the single cell arrangement in medical housing. I do believe that for outpatient specialty care of a non-emergent nature,

appointments should be available within 30 days. This will be reviewed under the section of scheduled offsite services.

Contact-DHS-16-0644

On February 3, 2016, in a call to the OIG, Mr. (b) (6) left a voicemail alleging he has not been provided with a kosher meal and also complained that there were environmental issues and that water was overpriced. Since these are not medical issues that could be confirmed or refuted by the medical record, I did not investigate them.

While onsite I reviewed with the Health Service Administrator the basic services that JCDC provides, including intake processing, sick call, chronic care, emergency care and scheduled offsite services. For my reviews I sampled a random selection of records as well as discussed with the Health Service Administrator the nature of the respective policies that apply to each of the services.

Findings/Conclusions/Recommendations

1. Intake Processing

Findings

We reviewed 11 records of patients who had recently entered the JCDC.

The intake processing is performed by a licensed vocational nurse. The goal of the intake processing is to accomplish and complete the intake nurse screen within four hours of arrival. This is generally accomplished, although when a large group of ICE detainees arrives this is not possible. In any event, all are completed, even with a large intake, within 12 hours of their arrival. I discussed with the Health Service Administrator the absence of clear criteria with regard to which patients require an assessment or an immediate practitioner contact based on the clinical condition versus those requiring an assessment within two working days. This is based on the ICE standards under letter J: "Where there is a clinically significant finding as a result of the initial screening and immediate referral shall be initiated and the detainee shall receive a health assessment no later than two working days from the initial screen." Although the instruction to the nurses is that this applies to all with a chronic condition, the fact is Mr. (b) (6) entered the jail one week after corneal transplant surgery. He actually received both medications on the same day he arrived. However, he was given the medications as Keep on Person and he apparently overused especially the steroid medication and ended up suffering complications. He later was switched to nurse administered medications for his eye treatment.

His formal history and physical occurred five days after he arrived, which may have complied with the requirement from the 2011 standards but clearly, when you receive a patient who has recently had transplant surgery, it is clinically required that you immediately contact a clinician for an assessment and possible contact with the corneal transplant program.

Analysis

The absence of clear-cut criteria for contacting practitioners and performing the assessments created the problem and the violation of the standard. This is a type 2 deficiency.

Recommendation Type 2

Develop clinical criteria based on clinical requirements such that the intake screening staff have clear direction as to what clinical circumstances require immediate contact with a practitioner and who requires a health assessment within two working days. Others may have the health assessment within 14 days. This patient, Mr. (b) (6) did see an ophthalmologist nine days after entering the jail and the recommendations were followed consistently thereafter.

2. Chronic Disease Management

Findings

I reviewed four records with the Health Services Administrator. All of these detainees/patients were identified as having chronic diseases at the time of intake. Once the medications were verified they were all seen within two working days, meeting the standard requirement. The goal is for the initial chronic care assessment to be done simultaneously with the history and physical. This is usually accomplished. JCDC staff did use a chronic disease form that was created locally. It does not emphasize disease specific history for the initial visit. This is a significant deficiency. The same form is used both for the initial visit and the follow-up visit and there is no clear documentation of the assessment of disease control. Although it was not automatically clear which patients were referred to the physician, we did discuss all patients with three or more chronic diseases automatically being referred to the physician along with any patients whose disease control is defined as poor. Under the new requirements, which began a few months earlier, all patients with chronic diseases will be seen within a maximum of 30 days for follow-up visits.

Recommendation (Type 2)

Obtain the National Commission on Correctional Health Care initial and follow-up chronic care forms so that required data may be obtained. One record of a patient with three diseases contained only eight letters within the history portion of the chronic disease encounter form. This is completely unacceptable. Among the questions required of any clinician assessing a chronic disease patient initially would be, "When you were first diagnosed with this disease, has this disease ever required hospitalization, what medications are you currently receiving?"

3. Sick Call

The Health Service Administrator explained to us that Monday thru Friday, sick call requests are collected at 9:00 p.m. On the weekends, they are collected at 9:00 a.m. and 9:00 p.m., and although there are weekend sick call assessments by the licensed vocational nurses, they don't perform a complete sick call. Doing so would ensure that everyone who handed in a request gets seen within 24 hours. Some requests are held over from Saturday until Monday, which is allowable under the ICE standards. We found some issues with the nurse documentation. We are not convinced that LVNs have the requisite physical assessment skills comparable to registered nurses. This we will address in the staffing section. In general, the process appeared to be timely, including referrals to the practitioners.

Recommendation

None.

4. Specialty Consults (Scheduled Offsite Services)

We were informed that only the PA or the physician can initiate a consult request or a procedure request. They have about 12-20 requests per month, but this includes basic dental services, which require the same type of paperwork for ICE as a consult request. We were also informed that there are a couple of specialties which take significantly longer to obtain an appointment. We were told that both neurology and cardiology may take between 60 and 90 days. This was verified by the complaint of (b) (6), who was a 40-year-old when he entered the facility on September 7, 2016. He had a history of both a seizure disorder and mental health or cognitive disability. He had been receiving two anti-seizure medications and he also self-described his responses as slow. He received one of his seizure medications on the same day he arrived and the other medication the following day. Initially he had some seizures and as a result the dosage of his medications was increased. He also was found to have diabetes and later achieved good control. He had his history and physical within two working days of his arrival. He was sent out on several occasions to the hospital, where a neurologist was contacted. However, when he returned to the facility there was a request for neurologic consultation regarding outpatient management. It took approximately 60 days in order for him to be seen. He was seen both on November 22 and later on December 14 and 29, 2016. He also received a brain scan. He was then housed in medical segregation and I had the opportunity to interview him with the assistance of an interpreter. He made it clear that he preferred the medical housing, although there was relative isolation. He preferred this because he had fewer problems than when he was housed in population. This may have been related to his slower than expected responses to questions or statements. Although he had a seizure four days before we interviewed him, he indicated that he had no seizures for the prior six weeks. The appointment delay results in a type 1 violation under Section 4.3 of the Standards under Expected Outcomes #6: "A detainee who is determined to require health care beyond facility resources shall be transferred in a timely manner to an appropriate facility." We believe timely would be within 30 days.

Recommendation Type 1

Work with the local specialist to be able to obtain consultations and/or procedures within 30 days of referral for a routine consultation. Urgent consultations must be acquired sooner, such as within 10 working days.

5. Unscheduled Offsite Services

We reviewed a few records of patients who received unscheduled offsite services and found the care met the standards.

The following inmates were referred by our colleagues based on complaints they received when they were in the housing units.

Patient #1 204395581. Patient #2 044247368. Patient #3 027668718. Patient #4 209396403. Patient #5 209396403. Patient #6 209396418. Patient #7 074652002. Patient #8 205653232. Patient #9 208972426.

With regard to these patients, we could not, through reviewing their records, verify their complaints. In some instances, the problem they described appeared to be adequately addressed and in other instances we found nothing in the record that references what they told our colleagues. Therefore, we conclude no violations and therefore have no recommendations.

6. Medication Administration

There were several grievances that were also part of complaints that my colleagues heard about when they visited the housing units. Part of these complaints alleged that especially the evening med pass was performed inconsistently with regard to time of administration, but also that when the person administering the medications arrives in the housing unit, it is not clearly announced throughout the housing area that they are present. Finally, there was also a complaint that one of the persons who administered medications also worked in the laundry. I'll address these issues in reverse order.

With regard to the person who both worked in the laundry area and administered medications, this person was hired to administer medications. At some point she was asked to receive training and work as an officer. While she was working as an officer she did work in the laundry area. Since then she has returned to her former job as a person who administers medications. That explains the confusion by the detainee population.

The second problem was in regard to the adequacy of announcing the medications in the housing units. This came up several times and whatever effort is being made is clearly not being received as adequate. Therefore, we strongly recommend that custody take over the responsibility and use whatever techniques necessary to insure that all residents of each housing unit are aware that medication administration is about to begin.

Recommendation (Type 2)

As a type 2 recommendation, assign responsibility to custody to announce the beginning of medication administration in a manner that ensures that all detainees are effectively notified.

Finally, with regard to the inconsistency of the medication administration, especially in the evenings, we were informed by the Health Service Administrator that this was in fact a problem related to a particular staff member, and that staff member was terminated three weeks prior to our visit. Apparently there is now consistency in the times of medication administration, both in the morning and in the evening.

7. Staffing

I was given a medical staffing plan for the facility. The facility has only one registered nurse who has the responsibilities of the Health Service Administrator. There are a total of 30 full-time staff, which includes the full-time Health Service Administrator, the physician assistant who also is on call, two psychologists, one counselor, four ICE LVNs, one ICE CMA, five County LVNs, two County CMAs, five medical aides, one medical secretary, one medical filing clerk and one person responsible for medical compliance. There are also five pharmacy techs who work four days a week as part of the full-time equivalents. There is also a physician who is on site two days per week, plus is on call, and there is one psychiatrist either on site or through tele-psychiatry one day a week. The paucity of RNs I believe has contributed to some of the nursing deficiencies. In a discussion with the Health Service Administrator, if they utilized an RN to perform assessments for sick call as well as urgent care, this would require seven half days per week. The assessment deficiencies go beyond nursing, as indicated by a practitioner who wrote in the history eight total letters, which meant abbreviating three chronic diseases. Forms utilization may assist in improving

the documentation of the practitioners. This is why we recommended access to the National Commission on Correctional Health Care chronic disease forms.

Recommendations (type 2)

1. Improve the staffing skills by adding seven half days a week of registered nurse for the sick call assessments.
2. Access the chronic disease forms from the National Commission on Correctional Health Care.

During the visit we had complete cooperation of the Health Service Administrator and her staff with regard to accessing records, talking with patients, etc. We were impressed that much is being accomplished by a minimal quantity of staff as well as less than appropriate credentials for the scope of work being assigned.

Respectfully submitted,

(b) (6) , MD

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

Johnson County Detention Center, Cleburne, Texas

Complaint Numbers

Prepared By:

(b) (6), MCJ, R.D.N., L.D., R.S., CCHP, CLLM
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Introduction

On March 28-30, 2017, I assessed the environmental health and safety conditions at the Johnson County Detention Center (JCDC), Cleburne, Texas. This onsite investigation was provided under contract with the United States Department of Homeland Security, Office for Civil Rights and Civil Liberties (CRCL). Accompanying me on this investigation were (b) (6) [REDACTED], Policy Advisor, CRCL, as well as two other subject matter experts who examined JCDC's medical care and correctional operations.

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

Qualifications

(b) (6)



Methodology

The basis of this report includes document reviews, tour of the facility, detainee interviews, facility staff interviews, visual observations, and environmental measurements. The findings and recommendations contained in this report are solely those of the author. The report cites specific examples of conditions found during this review; however, they should not be considered as all inclusive of the conditions found during the inspection. Consideration was given to national and state standards including the Performance Based National Detention Standards 2011 (PBNDS 2011) and Performance-Based Standards for Adult Local Detention Facilities, Fourth Edition, published by the American Correctional Association (ACA).

Facility Overview

JCDC is owned by Johnson County, Texas and is operated by LaSalle Corrections. The facility opened in 1989 and has housed detainees since 2009. The facility has a total of 288 detainee

beds. Food Service is operated by Five Star Correctional Services. The PBNDS 2011 are applicable to this facility.

Findings

Complaint Number: Contact-DHS-16-0644 – Meals and Food Service

It is alleged that a detainee was denied a kosher meal.

Findings: The allegation that detainees are denied kosher meals is substantiated. Furthermore, numerous violations of the PBNDS 2011 Food Service standard were observed.

Applicable Standards: The PBNDS 2011 Food Service and Environmental Health and Safety standards are applicable.

Analysis:

The City of Cleburne Environmental Health Department inspected the JCDC kitchen on April 28, 2016; the facility scored 100 percent, with a notation of “no violations.” During my inspection on March 28, 2017, the kitchen was found to be in compliance with the PBNDS 2011 Food Service standard. The kitchen was clean, orderly, and no evidence of expired or spoiled food was found. JCDC recently constructed a new kitchen and have only been operating out of the new space for several weeks. Therefore, the equipment and physical plant were still in new condition.

The current 35-day regular menu cycle, prepared by Five Star Correctional Services for use in the facility, was reviewed, analyzed and approved by a Registered Dietitian and is reported to provide 3,200 calories. Discrepancies were found in the dietitian’s letter and nutritional analysis for the common fare menu. A dietitian’s letter dated March 25, 2017 was provided in response to my request for information related to the nutritional value of the common fare menu. However, the nutrient analysis summaries reported to be for the common fare menu are labeled “Regular” and each weekly analysis is also labeled as “Regular”, rather than specifying that the analysis is for the common fare menu. The dietitian’s letter also states, “All recipes for mixed dishes/casseroles used as entrees at lunch or supper contain a minimum of 2 ounces of cooked meat (Beef based dishes contain 2 ounces and Lean Meat based, as Turkey and Chicken, contain 3 ounces). All ‘traditional’ pork type items on the menu are made from turkey meat (i.e. Ham = Turkey Ham and Sausage = Turkey Sausage) so the menus are completely Pork free.” This wording is perplexing because the PBNDS 2011 Food Service standard

defines common fare as a no-flesh protein option provided when entrées containing flesh are offered as part of a meal. Therefore, these statements are confusing, as the common fare menu should not include beef, poultry, or pork products, and should be removed, as they are inconsistent with common fare. Furthermore, the facility should ensure that all menus and nutrient analyses provided by the dietitian are properly labeled.

Detainees report that there are problems related to the authorization of requested religious meals and this was confirmed through my review of facility records and staff interviews. During one of the group interviews, detainees reported that within the past few months, those receiving kosher meals were changed to a common fare diet and those receiving common fare were placed on a regular diet. Detainees also reported that the new chaplain informed them that the kosher meals were expensive. When asked, several detainees stated that they did not file complaints about this incident because they were afraid it would negatively affect their asylum cases. The claim that religious meals were changed is supported by the religious diet orders sent to the kitchen. The religious meals order list dated January 15, 2017, indicates 18 detainees were on the kosher diet, eight detainees were on common fare, and two detainees were to receive “no beef” religious modified meals. In contrast, the religious meals order list dated January 25, 2017, lists three kosher meals and six common fare diets. The religious diet order forms also reveal that the full time chaplain’s leave coincides with the reduction of religious diets, as Chaplain (b) (6) the full time chaplain’s name appears on the January 15, 2017 form and Chaplain (b) (6), the acting chaplain’s name appears on the January 25, 2017 form. During the interview with Chaplain (b) (6), she stated that she is a correctional officer and acting chaplain because the full time chaplain, Chaplain (b) (6) is out on leave. She further stated that she has limited time to devote to chaplain duties. Chaplain (b) (6) also stated that the situation regarding religious meals was “messed up” when she took over the chaplain duties in January, too many detainees were inappropriately receiving kosher meals, and detainees that did not legitimately need a kosher meal for the Jewish faith were transferred to a common fare or regular diet. Chaplain (b) (6) also stated that she contacts (b) (6), the acting ICE AFOD, regarding religious diet removals. However, during an interview with (b) (6), she stated that the facility did not seek her approval for the changes. The December 2016 revision of the PBNDS 2011 Food Service standard requires, “When considering denying a request by a detainee to participate in the religious diet program, or removal of a detainee from the religious diet program, the facility administrator, or his/her designee, shall consult with the local FOD prior to denying the request or prior to removing a detainee from the program.” Based on the acting AFOD’s statement this is not currently happening. The PBNDS 2011 Food Service standard also states, “While

each request for religious diet accommodation is to be determined on a case-by-case basis, ICE anticipates that facilities will grant these requests unless an articulable reason exists to disqualify someone for religious accommodation or the detainee's practice poses a significant threat to the secure and orderly operation of the facility." The evidence supports the allegation that JCDC is denying religious meals, in violation of the PBNDS 2011 Food Service standard. Therefore, the facility needs to re-examine the procedures and processes related to religious diets to ensure that the program complies with both the letter and intent of the standard.

Additional problems related to food service were found at JCDC. The portion sizes of the biscuits served at lunch and the cake served at dinner on Tuesday, March 28, 2017 were markedly inconsistent, as some pieces were significantly smaller than other pieces. This problem was also reported by detainees during interviews. The food service administrators advised that baked goods such as cakes and biscuits are prepared in large sheet pans. The menu specifies the serving size as a portion of the pan, generally 60 count, which means that the pan of baked product should be cut into 60 equal portions, with minimal variance. When asked about the uneven portions of baked goods, I was advised that the stencil overlay used as a guide to cut the pans of baked products was broken, the item costs less than \$50.00, and that they hoped to replace it soon. Serving food portions that are inconsistent with the approved menus violates several PBNDS 2011 Food Service standards. First, to ensure nutritional adequacy, portion sizes must comply with those listed on the dietitian approved menu, as well as the PBNDS 2011 Food Service standards stating that "food is appropriately presented" and "Detainees, staff and others shall be protected from harm, and facility order shall be maintained, by the application of sound security practices in all aspects of food service and dining room operations." The PBNDS 2011 Food Service standard also states, "The food service program significantly influences morale and attitudes of detainees and staff" and inconsistent portion sizes negatively affects detainee morale and can lead to altercations and fights.

Numerous insulated plastic meal trays were found to be cracked or damaged, allowing water to enter the inside of the tray cavity during dishwashing. The water trapped inside the tray is a public health concern because it creates an environment that promotes the growth of disease-causing bacteria. This finding violates the PBNDS 2011 Food Service standard requiring, "Materials used in the construction or repair of multi-use equipment and utensils shall retain their original properties under repeated use, creating no risk of food-adulteration as they deteriorate" and "Air-dry all equipment and utensils after sanitizing, by means of drain boards, mobile dish tables and/ or carts."

Alternatively, the kitchen serves some meals in three compartment Styrofoam trays. However, because the Styrofoam trays do not have an adequate number of compartments to keep all of the food items separated, they come together, and the resulting jumble of foods is unappetizing. For example, I observed biscuits served for lunch on Tuesday, March 28, 2017, soaked with the liquid from the cooked cabbage, in violation of the PBNDS 2011 Food Service standard stating, "Food service personnel shall provide nutritious and appetizing meals."

The igloo-style water containers observed in the detainee housing unit dayrooms were observed to be dirty, especially the lids and the threaded area under the lids. This finding violates the PBNDS 2011 Environmental Health and Safety standard, "Safe, potable water shall be available throughout the facility" and the Food Service standard, "Clean, potable drinking water must be available." The containers must be cleaned and sanitized in accordance with the PBNDS 2011 Food Service standard to prevent food borne illness.

Recommendations:

1. JCDC administration and Five Star Correctional Services should review all menus and nutrition related documents to ensure that they are properly labeled in compliance with the PBNDS 2011 Food Service standard requiring, "A registered dietitian shall conduct a complete nutritional analysis that meets U.S. Recommended Daily Allowances (RDA), at least yearly, of every master-cycle menu planned by the FSA." (Applicable standard: PBNDS 2011; Food Service, Level 2)
2. JCDC administration and Five Star Correctional Services should review the common fare menu and associated documents prepared by the dietitian, to ensure that they adhere to the PBNDS 2011 Food Service standard indicating that common fare refers to a no-flesh protein option provided whenever an entrée containing flesh is offered as part of a meal and that common fare meals offer vegetables, starches and other foods that are not seasoned with flesh. (Applicable standard: PBNDS 2011; Food Service, Level 1)
3. Failure to adhere to the dietitian-approved menu can result in nutritional shortfalls and variable serving sizes may lead to altercations among detainees. Therefore, the facility should immediately purchase a new template or cutting device for baked goods, implement its use, and thereafter monitor portion sizes for reasonable uniformity and take immediate corrective action when portions are not equitable, to ensure compliance with the PBNDS 2011 Food Service standard requiring, "food is

- appropriately presented” and “Detainees, staff and others shall be protected from harm, and facility order shall be maintained, by the application of sound security practices in all aspects of food service and dining room operations.” As well as complying with the intent of the PBNDS Food Service standard indicating, “The food service program significantly influences morale and attitudes of detainees and staff.” (Applicable standard: PBNDS 2011; Food Service, Level 1)
4. Failure to maintain kitchen utensils and equipment, including the reusable plastic meal trays can lead to the growth of disease-causing bacteria. JCDC and Five Star Correctional Services should immediately inspect all plastic food trays and remove any that are cracked or damaged, allowing water to enter the inside of the tray cavity during dishwashing. The damaged condition of the trays does not comply with the PBNDS 2011 Food Service standard stating that “Materials used in the construction or repair of multi-use equipment and utensils shall retain their original properties under repeated use, creating no risk of food-adulteration as they deteriorate” or facilitate compliance with the PBNDS 2011 Food Service standard stating, “Air-dry all equipment and utensils after sanitizing, by means of drain boards, mobile dish tables and/ or carts.” (Applicable standard: PBNDS 2011; Food Service, Level 1)
 5. The kitchen serves some meals in Styrofoam trays that do not have adequate compartments to keep the food from comingling, resulting in unappetizing meals. Therefore, the facility and Five Star Correctional Services should review the trays and implement corrective action to comply with the PBNDS 2011 Food Service standard states, “Food service personnel shall provide nutritious and appetizing meals.” (Applicable standard: PBNDS 2011; Food Service, Level 1)
 6. Dirty water containers in the housing units create a health hazard. JCDC should immediately implement policy and procedures requiring the water containers be regularly cleaned and sanitized in compliance with the PBNDS 2011 Environmental Health and Safety standard requiring, “Safe, potable water shall be available throughout the facility” and the Food Service standard stating, “Clean, potable drinking water must be available.” (Applicable standard: PBNDS 2011; Environmental Health and Safety and Food Service, Level 1)

Complaint Number: Contact-DHS-16-0644 – Facility Maintenance and Sanitation

It is alleged that when it rains, water and mold fall from the ceiling.

Findings: The allegation of water and mold in the detainee housing units is substantiated. Additional violations of the PBNDS 2011 Environmental Health and Safety standard were also found.

Applicable Standard: The PBNDS 2011 Environmental Health and Safety standard is applicable.

Analysis:

The JCDC Maintenance Supervisor confirmed that the ceilings in the detainee housing units were in poor condition. However, he stated that they were renovated starting in December 2015, with one pod completed every other month in 2016. The renovations include new foam insulation, sheetrock, paint, and light fixtures. The ceilings appeared to be in good condition, however evidence of recent water leaks or excessive condensation was observed on the walls in the housing units, as visible discolored streaks, with areas of apparent mold on the walls. Furthermore, he stated that the walls in the housing units “sweat” when the outdoor temperature is cold and the indoor temperature is hot because the walls are not insulated. The Maintenance Supervisor also stated that problems with the walls “sweating” was reported several weeks prior to the onsite investigation that was caused by conditions created by a broken fan belt on an evaporator coil in the HVAC system. Additionally, apparent mildew growths were also observed in the shower rooms in the detainee housing units. The PBNDS 2011 Environmental Health and Safety standard requires, “Facility cleanliness and sanitation shall be maintained at the highest level.”

Drain flies were observed in the housing unit 3-C handicap accessible shower stall. Drain flies resemble gnats or fruit flies and breed in the slimy organic film that coats shower drains. Drain flies cannot bite humans. However, they are a nuisance and can carry potentially harmful microorganisms from drains and sewage on their bodies and contaminate clean surfaces. Therefore, frequent drain cleanings are necessary to prevent blockage by accumulations of organic matter and to prevent drain fly infestations. Shower floor drains in several housing units were found to be at least 50% blocked with organic matter, including hair and soap residues. The dormitory showers are heavily used and therefore they require frequent drain cleanings to prevent the buildup of organic debris in the pipes. However, pouring hot water, bleach, or cleaning chemicals down the drain is not sufficient to remove or dissolve the accumulated organic matter. The drains should be manually cleaned with a stiff bristle brush that has a slightly larger diameter than the drainpipe or the drains should be power washed if the plumbing system and location is suitable for pressure washing. Enzymatic chemicals designed specifically for use in floor drains can also be used as part of an effective

maintenance program. Thereafter, the drains should be routinely inspected and cleaned as needed. If the facility does not implement a program to diligently monitor and thoroughly clean the drains on a regular basis, drain flies will continue to be a problem.

A high level of sanitation is required in detainee living areas to ensure good health. The floors throughout the detainee housing units were dirty with a buildup of dirt and grime along the floor and wall junctures and in the corners of the dormitory rooms. The general sanitary condition of the floors do not comply with the PBNDS 2011 Environmental Health and Safety Standard, "Facility cleanliness and sanitation shall be maintained at the highest level."

Recommendations:

7. The facility should immediately inspect the detainee housing for water damage and mold, as well as evidence of past water leaks or excessive condensation and take immediate remedial measures, including proper remediation of mold. Likewise, JCDC should continuously monitor the ceiling and walls for condensation or leaks and perform repairs and renovations as necessary. Furthermore, the showers should be inspected daily for apparent mold and mildew growths and sanitation and housekeeping measures implemented to ameliorate and prevent future growths. These measures will facilitate compliance with the PBNDS 2011 Environmental Health and Safety standard requiring, "Facility cleanliness and sanitation shall be maintained at the highest level." (Applicable standard: PBNDS 2011; Environmental Health and Safety, Level 1)
8. Drain flies were observed in a housing unit shower stall. Drain flies breed in dirty and clogged shower drains. Shower floor drains that were blocked with organic matter including hair and soap residues were observed. Dirty shower drains propagate the life cycle of drain flies, which are nuisance pests that can spread disease from sewage and contaminated bathroom drains and surfaces. Clogged shower drains are also a hazard because they can lead to the back up of potentially contaminated water from dirty drains while showering. Therefore, JCDC should ensure that preventive maintenance inspections and shower drain cleanings are completed on a regular basis to comply with the PBNDS 2011 Environmental Health and Safety standard requiring, "Facility cleanliness and sanitation shall be maintained at the highest level." (Applicable standard: PBNDS 2011; Environmental Health and Safety, Level 1)

9. The general sanitary condition of the edges and corners of the floors in the detainee housing units do not comply with the PBNDS 2011 Environmental Health and Safety Standard, "The facility administrator shall ensure that staff and detainees maintain a high standard of facility sanitation and general cleanliness." Therefore, the facility administrator must ensure that the floors are properly cleaned in accordance with the PBNDS 2011 Environmental Health and Safety Standard, "Floors shall be mopped daily and when soiled, using the double-bucket mopping technique and with a hospital disinfectant-detergent solution mixed according to the manufacturer's directions." (Applicable standard: PBNDS 2011; Environmental Health and Safety, Level 1)

Other Observations

Detainee Footwear

Torn shoes, shoes with holes worn through the sole, pairs of shoes that were obviously two different sizes, and shoes that were at least one to two sizes too large were observed on detainee's feet. Additionally, excessively worn and damaged shoes were observed in plastic bins in the laundry rooms that were reportedly clean and ready for reissue. Holes in the bottom of shoes allow for the entry of dirt and water and torn or improperly sized footwear creates a trip hazard.

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

Recommendation:

10. All excessively worn, torn, or improperly sized shoes should be exchanged to comply with the PBNDS 2011 Personal Hygiene standard stating, "Footwear that is worn out or damaged shall be replaced at no cost to the detainee" and "Clothing or shoes that are lost, unserviceable, indelibly stained, or bear offensive or otherwise unauthorized markings shall be discarded and replaced as soon as practicable." Additionally, all shoes should be inspected to ensure compliance with the PBNDS 2011 Personal Hygiene standard requiring, "Each detainee shall have sufficient clean clothing that is properly fitted; climatically suitable, durable and presentable." (Applicable standard: PBNDS 2011; Personal Hygiene, Level 1)

Mattresses

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

Mattresses must comply with the PBNDS 2011 Personal Hygiene standard stating, "Each detainee shall have suitable, clean bedding."

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

Recommendation:

11. Damaged mattresses are placing residents at risk of infection, as they can no longer be properly cleaned and disinfected. JCDC should inspect all mattresses and replace those that have cracked or torn covers to facilitate compliance with the PBNDS 2011 Personal Hygiene standard stating, "Each detainee shall have suitable, clean bedding." (Applicable standard: PBNDS 2011; Personal Hygiene, Level 1)

Upper Bunk Safety

Incidents of detainees falling off a top bunk have been documented at JCDC. The upper bunks are open on one side with no safety rail or raised edge to help prevent accidental rolling or falling off. The bunks should be evaluated and appropriate corrective measures implemented to comply with the PBNDS 2011 Environmental Health and Safety standard."

Applicable Standard: The PBNDS 2011 Environmental Health and Safety standard is applicable.

Recommendation:

12. Detainees at JCDC have been injured as a result of falling off the top bunks. The facility administrators should evaluate the bunks at JCDC and take remedial measures to ensure compliance with the PBNDS 2011 Environmental Health and Safety standard stating, "Detainee living area safety shall be emphasized to staff and detainees to include providing, as noted in the standards, a housekeeping plan. For example, when there are safety concerns with a detainee sleeping in a top bunk that is not along a wall and that has no bed rail, accommodations shall be made to ensure safety. (Because of the potential safety risk they pose, bed rails are not common in detention settings except for medical housing units.) In locations where ladders are unavailable, alternate accommodations, such as the use of bottom bunks or the addition of a ladder or step, shall be made for detainees on a case-by-case basis." (Applicable standard: PBNDS 2011; Environmental Health and Safety, Level 1)

Summary of PBNDS 2011 Recommendations

1. JCDC administration and Five Star Correctional Services should review all menus and nutrition related documents to ensure that they are properly labeled in compliance with the PBNDS 2011 Food Service standard requiring, “A registered dietitian shall conduct a complete nutritional analysis that meets U.S. Recommended Daily Allowances (RDA), at least yearly, of every master-cycle menu planned by the FSA.” (Applicable standard: PBNDS 2011; Food Service, Level 2)
2. JCDC administration and Five Star Correctional Services should review the common fare menu and associated documents prepared by the dietitian, to ensure that they adhere to the PBNDS 2011 Food Service standard indicating that common fare refers to a no-flesh protein option provided whenever an entrée containing flesh is offered as part of a meal and that common fare meals offer vegetables, starches and other foods that are not seasoned with flesh. (Applicable standard: PBNDS 2011; Food Service, Level 1)
3. Failure to adhere to the dietitian-approved menu can result in nutritional shortfalls and variable serving sizes may lead to altercations among detainees. Therefore, the facility should immediately purchase a new template or cutting device for baked goods, implement its use, and thereafter monitor portion sizes for reasonable uniformity and take immediate corrective action when portions are not equitable, to ensure compliance with the PBNDS 2011 Food Service standard requiring, “food is appropriately presented” and “Detainees, staff and others shall be protected from harm, and facility order shall be maintained, by the application of sound security practices in all aspects of food service and dining room operations.” As well as complying with the intent of the PBNDS Food Service standard indicating, “The food service program significantly influences morale and attitudes of detainees and staff.” (Applicable standard: PBNDS 2011; Food Service, Level 1)
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CONDITIONS OF DETENTION EXPERT'S REPORT

ON

JOHNSON COUNTY DETENTION CENTER

Prepared by:

(b) (6) |, MAS

Rocklin, CA

April 6, 2017

Privileged and Confidential

For Official Use Only

JOHNSON COUNTY DETENTION CENTER

I. SUMMARY OF INVESTIGATION

The U.S. Department of Homeland Security (DHS), Office for Civil Rights and Civil Liberties (CRCL), received complaints alleging that U.S. Immigrations and Customs Enforcement (ICE) violated the civil rights and civil liberties of persons being detained at the Johnson County Detention Center (JCDC) in Cleburne, Texas. The complaints were referred by the DHS Office of the Inspector General (OIG) on February 3, 2016,¹ June 29, 2016,² August 21, 2016³, August 24, 2016⁴, and October 17, 2016⁵. The complaints raised allegations related to religious access and services, food services, the provision of medical care, staff-detainee communication, use of force, grievance system, access to the law library and legal materials, recreation, visitation, commissary, telephone access, and general environmental health and safety.

To examine the allegations in the complaints, CRCL conducted an onsite investigation on March 28-30, 2017, to look at the issues listed above, as well as use of special management units, sexual abuse and assault prevention and intervention, suicide prevention and intervention, language access and retaliation. This investigation reviewed JCDC's adherence to the 2011 Performance Based National Detention Standards (PBNDS 2011) in the relevant areas.

Allegations related to medical and mental health care are addressed by CRCL's medical and mental health experts. Allegations related to food services and environmental health and safety are addressed by the registered dietician/environmental health and safety expert.

Through this review, I found operational deficiencies related to some of the allegations in the complaints and related to observations I made during this onsite investigation and document review.

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

II. EXPERT PROFESSIONAL INFORMATION

(b) (6)



¹ CRCL Complaint No. 16-05-ICE-0657.

² CRCL Complaint No. 16-09-ICE-0603.

³ CRCL Complaint No. 16-11-ICE-0634.

⁴ CRCL Complaint No. 16-11-ICE-0640.

⁵ CRCL Complaint No. 16-12-ICE-0633.

III. RELEVANT STANDARDS

A. ICE Detention Standards

ICE's PBNDS 2011 currently apply to JCDC. A new Intergovernmental Service Agreement between ICE and Johnson County was signed and in effect on January 5, 2017. This facility was covered by these standards during the entire period relevant to this investigation. Consequently, I relied on the PBNDS 2011 when looking at the specific allegations regarding conditions at the facility. Additionally, I considered ICE Directive 11062.2, Sexual Abuse and Assault Prevention and Intervention, issued May 22, 2014, which was in force and effect during this period.

B. Additional Relevant Standards / Professional Best Practices

On issues not specifically addressed by PBNDS 2011, I made recommendations based on my correctional experience, best correctional practices, and recognized correctional standards including those published by ACA.

IV. FACILITY BACKGROUND AND POPULATION DEMOGRAPHICS

JCDC is located in Cleburne, Texas, and is operated and managed by LASALLE Southwest Corrections, a private corrections company, under a contract between ICE and Johnson County to house ICE detainees. JCDC houses male inmates and detainees. Johnson County contracts with ICE to house 219 beds; however, the maximum detainee capacity is 288 beds. JCDC routinely houses between 225-245 detainees.

On March 28, 2017, the detainee count at JCDC was 256 male detainees. On March 30, 2017, the detainee count at JCDC was 259 male detainees. The detainees are housed in 4 dormitory units, A-D. The facility has one special management unit (SMU) in C5. Detainees held in administrative or disciplinary segregation are housed in the SMU.

V. REVIEW PURPOSE AND METHODOLOGY

The purpose of this review was to examine the specific allegations made in the complaints, as well as to identify other areas of concern regarding the operation of the facility. As part of this review, I examined a variety of documents; was onsite at JCDC on March 28-30, 2017, along with CRCL staff and experts who examined medical care, food service, environmental health and safety conditions; and interviewed ICE and JCDC staff and detainees. Detainee names and alien numbers are omitted from this report, and instead listed in Appendix A.

The staff at JCDC was helpful and cooperative during our onsite investigation, and I appreciated their assistance. I also appreciated the cooperation and assistance provided by ICE staff before, during, and after our trip.

In preparation for the onsite and completion of this report, I did the following:

- Reviewed OIG referred detainee complaints
- Reviewed the April 2016 ICE National Detainee Handbook
- Reviewed relevant ICE PBNDS 2011
 - Grievance System
 - Detainee Handbook
 - Admission and Release
 - Law Libraries and Legal Material
 - Recreation
 - Religious Practices
 - Staff-Detainee Communication
 - Special Management Units
 - Custody Classification System
 - Population Counts
 - Disciplinary System
 - Sexual Abuses and Assault Prevention and Intervention
 - Facility Security and Control
 - Funds and Personal Property
 - Significant Self-harm and Suicide Prevention and Intervention
 - Telephone Access

- Detention Files
- Visitation
- Reviewed relevant ACA correctional standards

While at the JCDC on March 28-30, 2017, and post visit, I did the following:

- Toured male detainee housing units
- Interviewed housing officers
- Interviewed male detainees
- Reviewed detainee housing rosters
- Reviewed detainee files
- Reviewed the JCDC Detainee Handbook
- Inspected telephone pro bono number postings in housing units and SMUs
- Toured visiting room
- Inspected the law library
- Interviewed the law library/intake officers
- Interviewed detainees regarding the law library
- Reviewed the facility schedule for the law library and the library attendance log
- Inspected the recreation yard for male detainees
- Reviewed the recreation schedule for general population and the SMU
- Reviewed the religious service schedule
- Reviewed the religious service area (recreation area and back of housing unit)
- Interviewed the acting chaplain/custody officer
- Reviewed detainee grievance logs for 2016 and 2017 (through date of review)
- Reviewed specific detainee grievances and responses
- Interviewed the grievance officer
- Reviewed detainee disciplinary reports
- Inspected the special management unit
- Reviewed administrative segregation and disciplinary segregation hearing notices, reports, and detention files
- Reviewed disciplinary segregation orders
- Interviewed four groups of selected male detainees in general population and two detainees in the SMU
- Reviewed detainee requests made to ICE
- Reviewed the daily activity schedule
- Interviewed custody and program personnel regarding PREA/SAAPI, use of force, disciplinary system, law library and legal access, religious access and services, recreation programs, grievance system, staff-detainee communication, investigations, use of segregation, suicide prevention policies, language access, telephone access, and mail
- Met with various ICE staff during the course of the review
- Reviewed the contract between ICE and Johnson County
- Reviewed JCDC policies on:
 - Sexual Assault and Abuse Prevention and Intervention
 - Classification

- Recreation
- Special Management Unit
- Use of Force and Restraints
- Detainee Files
- Admission and Release
- Religious Practices
- Grievance System
- Code of Conduct
- Disciplinary
- Detainee Handbook
- Staff and Detainee Communication
- Law Libraries and Legal Materials
- Training
- Reviewed ICE ERO Memorandum, Further Guidance Regarding the Care of Transgender Detainees, June 19, 2015

In the context of this report, a finding of “substantiated” refers to an allegation that was investigated and determined to have occurred; a finding of “not substantiated” refers to an allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred; and a finding of “unfounded” means an allegation that was investigated and determined not to have occurred. Detainee names and alien numbers for detainees described in this report are listed in Appendix A. Staff names referred to in this report were provided to the Warden for appropriate follow-up action.

VI. CONDITIONS OF DETENTION FINDINGS AND RECOMMENDATIONS

A. Grievance System, Staff Misconduct, Retaliation, Staff Detainee Communication, Use of Force, and staff investigations

The PBNDS 2011 protects detainees’ rights and ensures they are treated fairly by providing a procedure to file both informal and formal grievances and receive timely responses relating to any aspect of his or her detention, including medical care. One important aspect of the Grievance System standard is that detainees are protected from harassment, discipline, punishment, or retaliation for filing a complaint or grievance.

I also reviewed the grievance system as part of this investigation. JCDC had 374 formal grievances logged for the period of January 1 through December 31, 2016. Approximately 13% (48) of these grievances were staff complaints. Detainees reported multiple types of officer misconduct including being verbally abused by staff, cussed at by staff, retaliated against by staff, and staff showing favoritism toward certain detainees. There is inadequate investigation of detainee complaints of staff disrespect and staff reprisals.

I interviewed four groups of randomly selected detainees. The detainees stated during the interviews that grievances do not make a difference and that officers threaten to move them if they make a complaint. Male detainees provided the example that they had complained for months that the television schedule was not being adhered to. There were 22 grievances filed

in 2016 regarding the lack of following the language schedule (English/Spanish). Multiple detainee fights have occurred because of the officer failing to enforce the schedule. The grievance data should have alerted management to the issue of staff not following policy regarding the television schedule, and the problem should have been corrected. Detainees also reported during the interviews officer verbal abuse, harassment and retaliation.

The detainees' allegations of staff misconduct allegations included verbal disrespect and harassment by custody staff, discrimination of detainees by facility staff based on race, and retaliation by facility staff following submission of detainee grievances. I was concerned about the significant number of detainee staff complaints, so I asked the Warden and Captain. They said staff are transferred out of the facility if behavior complaints are received. There was no confirmation of this. One staff expressed fear of retaliation for answering some of the team's questions regarding an area of concern. There were no formal investigations of staff related to detainee mistreatment complaints. The AFOD was unaware of a serious report of staff misconduct involving a detainee who reported being taken into a room that had a metal cover of the window and the detainee was allegedly grabbed by the manager and threatened. The GO does not have any formal tracking system to ensure that ICE is notified of all staff complaints. The GO relies upon her supervisor to make the notification. This practice results in ICE not consistently being notified when a detainee complaint against staff complaint is made. Additionally, no administrator is reviewing the grievance log or a report of the grievances for trend analysis.

The group detainee reports mirror the staff misconduct formally documented in grievances. The Adult Local Detention Facility Performance Based Standard 4-ALDF-6A-07 mandate that detainees [Inmates] are not subjected to personal abuse or harassment. PBNDS 3.1 Disciplinary System provides "Detainees shall have the following rights and shall receive notice of them in the handbook: 1. The right to protection from personal abuse, corporal punishment, unnecessary or excessive use of force, personal injury, disease, property damage and harassment; e. The right of freedom from discrimination based on race, religion, national origin, gender, sexual orientation, physical or mental ability or political beliefs; and 3. The right to pursue a grievance in accordance with procedures provided in the detainee handbook, without fear of retaliation.

Findings:

The JCDC grievance system does not conform to the PBNDS 2011, and there was evidence to support detainee claims that they suffer retaliation, verbal harassment, and disrespectful treatment by JCDC staff.

The PBNDS, along with additional applicable guidelines, support the following recommendations:

Recommendations

- JCDC is not formally reporting all allegations of staff misconduct to ICE. ICE and JCDC should develop a tracking system for all staff misconduct allegations, and ensure that each allegation is reported to ICE. (PBNDS 2011, Grievance System) (Level 1)
- JCDC is not fully investigating all staff misconduct investigations or documenting the findings of the investigations. JCDC should ensure that all staff misconduct allegations are fully investigated and that the findings and results of the investigations are documented. (PBNDS 2011, Grievance System) (Level 1)
- JCDC does not record the outcomes of grievances. JCDC should record all formal grievance outcomes on the grievance log as required by the detention standards. (PBNDS 2011, Grievance System) (Level 1)
- JCDC does not maintain a computerized grievance log and does not categorize grievances. Automating this log and categorizing grievances will provide valuable information to management for trend identification of problems and or detainee mistreatment. (Best Practice)

B. Legal Access

Law Library

I reviewed the law library and legal access as part of this investigation. I interviewed four groups of male detainees regarding law library and legal access. I also interviewed the Captain responsible for supervision and oversight of the law library and legal access. JCDC does not employ a law librarian. Correctional admission and release officers are also responsible for providing law library access. Detainees reported they did not have consistent access to the law library. Some detainees reported having to wait days for law library access and experienced delays in obtaining copies of legal documents needed related to their immigration cases. Grievances have been filed reporting delayed access to the law library. The admission and release officers reported during interviews that sometimes they were too busy with admissions and release to provide access to the law library. There are three existing law library computers and four additional computers and a printer is on order. The existing printer in the law library has reportedly been broken since November 2016.

The law library scheduled hours of operation is posted in the housing unit, but the schedule is not followed. Admission and release officer workload dictates when access to the law library is provided. Detainees are not provided with law library and legal access that conforms to the PBNDS 2011. Additionally, no language access assistance is provided. Some female detainees reported they would use the law library if assistance was provided.

The PBNDS 2011, Standard 6.3, Law Libraries and Legal Materials, requires "Detainees shall have meaningful access (no less than five hours per week) to law libraries, legal materials and equipment." In addition, the standard requires "Detainees shall receive assistance where needed (e.g., orientation to written or electronic media and materials; assistance in accessing related programs, forms and materials); in addition, detainees who are illiterate, limited-English proficient or disabled shall receive appropriate special assistance."

Finding:

JCDC fails to provide legal access to female detainees in accordance with the PBNDS 2011.

The PBNDS 2011, along with additional applicable guidelines, support the following recommendations:

Recommendations

- JCDC's law library does not provide appropriate assistance to users of the law library by staff or consistent access. JCDC should provide meaningful access to the law library for by providing appropriate staff and adhere to the schedule hours of operation. (PBNDS 2011, Law Library and Legal Material (Level 1))
- JCDC did not repair the broken computer printer timely which delays detainee's ability to obtain legal material copies. The broken law library computer printer should be repaired. (PBNDS 2011, Law Library and Legal Material (Level 1))

C. Limited English Proficiency (LEP)-Language Access

I reviewed the language access at this facility as part of this investigation. There were no open language access complaints at the time of investigation; however, during interviews of four groups of male detainees, which included detainees who are limited English proficient (LEP), the detainees reported significant language access issues.⁶ LEP detainees reported being required to sign documents in a language they did not understand. A review of detainee files indicated that detainees who were or appeared to be Spanish speakers based on requests they had written in Spanish had signed forms written in English, with no indication of interpretation or translation assistance. Additionally, Spanish grievance forms were not available in the housing units. Detainees I interviewed alleged that LEP detainees were required to sign documents that were written in English and that no Language Line interpretation assistance was provided. I reviewed the Language Line bills, which confirmed limited usage of this resource. The facility does not maintain a language line usage log. I also interviewed staff in the admission and release area of the facility where critical intake interviews occur and all intake forms are signed. Initially staff reported when interviewed if assistance was needed to communicate with an LEP detainee, he/she would use the language line. I inquired how many times had each intake staff used the language line and each responded never. This is very concerning because I interviewed detainees who were not English or Spanish speakers which means no meaningful orientation or intake interview was conducted. I also interviewed two detainees who spoke Mandarin⁷. Both detainees had been at the facility for several months. One detainee had 10 medical appointments and the language line was used in two appointments. The second detainee had four medical appointments and the language line was used during one appointment. I inquired

⁶ CRCL staff and I conducted these interviews with the assistance of a qualified Spanish language interpreter.

⁷⁷ I conducted these interviews with the food/environmental expert and the assistance of a qualified Mandarin language interpreter via use of the language line.

how communication was established with medical staff during the appointments when the language line was not used. Both detainees reported hand gestures were used. Both detainees also reported that other facility staff did not use the language line when trying to communicate when them.

I interviewed staff and asked what languages were spoken at the facility and no one could initially answer the question. Eventually staff developed a report of the different languages spoken, but no one at the facility previously had any way of identifying the language that LEP detainees spoke which means effective communication is not occurring with LEP detainees.

JCDC and ICE do not currently comply with providing language access to LEP detainees. Under federal civil rights law and DHS policy, LEP detainees must be provided meaningful access to information, programs, and services within ICE detention. Title VI of the Civil Rights Act of 1964 (Title VI); Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency, 65 Fed. Reg. 50,121 (Aug. 11, 2000); Department of Homeland Security Language Access Plan, February 28, 2012; and U.S. Immigration and Customs Enforcement Language Access Plan, June 14, 2015 mandate language access for individuals held in detention. This obligation includes providing access to competent interpretation (oral) and translation (written) services for a wide range of interactions and programs covered by the ICE standards, such as Admission and Release, Custody Classification, Sexual Abuse and Assault Prevention and Intervention, Special Management Units, Staff-Detainee Communication; Disciplinary System; Medical and Mental Health Care; Suicide Prevention; Detainee Handbook; Grievance System; and Law Library and Legal Materials. Furthermore, not only is this a legal requirement, but a failure to provide appropriate language services can impact the safety of detainees and staff, and undermine the facility's compliance with detention standards and its own processes and procedures. JCDC and ICE's contractual obligations require them to provide meaningful language access for residents.

ICE and JCDC staff do not consistently provide oral interpretation through language line or translate official documents from English to other languages for LEP detainees. LEP detainees are required to sign documents that they do not understand, which invalidates the content of the documents and purpose of having detainees sign documents. Detainees can very easily violate the rules because they do not understand what the rules are due to LEP issues.

Finding:

JCDC fails to provide meaningful access for LEP detainees in compliance with the DHS's and ICE's language access plans and the PBNDS 2011.

The PBNDS, along with additional applicable guidelines, support the following recommendations:

Recommendations

- JCDC records indicate that language access resources are not frequently used to assist LEP detainees. JCDC should provide training to its staff on their obligations to provide meaningful access to LEP detainees and the resources that are available to assist them

- meet this obligation, and should document provision of this training. (DHS and ICE Language Access Plans) (PBNDS 2011, Multiple Standards) (Level 1)
- JCDC records indicate that language access resources are not frequently used to assist LEP detainees. JCDC should develop a Language Line logging system and require all facility staff to regularly record its use by date, alien number, and language of interpretation. Documenting Language Line usage is essential to validating compliance with language access obligations. (DHS and ICE Access Plans) (PBNDS 2011, Multiple Standards) (Level 1)
 - JCDC records indicate that language access resources are not frequently used to assist LEP detainees, and forms and other materials contained in detainee files are mostly written in English. To ensure that it complies with the arrival screening requirements in the Admission and Release standard, JCDC should ensure the use of qualified interpreters or professionally translated forms to ensure meaningful access for LEP detainees. (PBNDS 2011, Admission and Release) (Level 1)
 - JCDC records indicate that language access resources are not frequently used to assist LEP detainees, and forms and other materials contained in detainee files are mostly written in English. JCDC should ensure forms and informational posters for detainees are professionally translated or detainees are provided with qualified interpreters to assist with providing meaningful access to LEP detainees. (DHS and ICE Language Access Plans) (PBNDS, Multiple Standards) (Level 1)
 - JCDC should document the language spoken for each detainee to facilitate the process of providing language access. (Best Practice)

D. Correspondence and Other Mail

As part of this investigation I was asked by CRCL to review JCDC's compliance with the Standard 2.11 of the PBNDS 2011 related to correspondence and other mail. I reviewed the facilities correspondence policy and practices, the detainee handbook, and interviewed mail staff. The facility's policy and JCDC's detainee handbook does not require staff to open regular mail in the presence of detainees. Interviews with mail personnel and detainees and a review of the detainee handbook confirm that staff do not open mail in the presence of detainees. By policy and practice the facility does open mail in the presence of detainees. Standard 5.1 of the PBNDS 2011, Correspondence and Other Mail, Section C. Notification mandates "That general correspondence and other mail addressed to detainees shall be opened and inspected in the detainee's presence, unless the facility administrator authorizes inspection without the detainee's presence for security reasons." During the detainee interviews, all detainees reported that they are not receiving access to writing paper, writing implements, and standard size envelopes as required by Section K of the Correspondence and other Mail standard. Many detainees did not know these items were available upon request. This may be due to language access difficulties at this facility.

Finding:

JCDC does not open mail in the presence of detainees which is a violation of Standard 5.1 of the PBNDS 2011, Correspondence and Other Mail.

JCDC does not provide access to writing paper, writing implements and standard sized envelopes as mandated by the applicable Standard.

Recommendations

- JCDC does not open mail in the presence of detainees. The applicable Detention Standard mandates that all general correspondence and other mail addressed to detainees shall be open in the detainee's presence. JCDC should correct their practice and ensure it complies with standards. (PBNDS 2011, Correspondence and other Mail) (Level 1)
- Detainees do not have access to writing paper, writing implements and standard size envelopes at this facility. JCDC should ensure detainees are aware of the availability of writing paper, writing implements and standard size envelopes and distribute these items to detainees upon request. (PBNDS 2011, Correspondence and other Mail) (Level 1)

E. Religious Practices

As part of this investigation I was asked by CRCL to review JCDC's compliance with the Standard 5.5 of the PBNDS 2011 related to religious practices. JCDC's full-time chaplain is currently out on extended leave for several months and has also been out on previous extended leave. JCDC has temporarily assigned a correctional officer (CO) who was previously a chaplain to perform the duties of the chaplain in addition to the CO's normally assigned duties. I interviewed the temporary chaplain who reports that she spends 0-6 hours per week performing chaplain related duties. Some weeks she is too busy to perform any chaplain related duties. The temporary chaplain never performs religious services, pastoral care or counseling in the general population or SMU. In addition to a lack of time, the chaplain does not feel it is appropriate for her to personally perform pastoral care or counseling for detainees. The permanent chaplain does have a list of religious volunteers; however, the temporary chaplain does not have access to the volunteer list is maintained on the permanent chaplain's computer. The temporary chaplain has made no attempt to seek assistance from information technology staff at the facility to gain access to the volunteer list.

The facility does have a posted religious service schedule. At the time of this investigation religious services at this facility is limited to only one Seventh Day Adventist Service for Spanish speakers being performed weekly. The posted religious schedule lists services: Tuesdays- 6:30PM-8:30 PM; Saturday 8AM-9AM and all denominations 2PM-4PM. This schedule is never adhered to. Religious services are held in the dirty recreation space adjacent to the dormitory units or in the back of the housing area. No chairs are provided for any detainee who attends the Seventh Day Adventist service. There is no dedicated space for religious services at this facility. Standard 5.5 of the PBNDS 2011, section V. A. 1. mandates "detainees shall have opportunities to engage in practices of their religious faith consistent with the safety, security and orderly operation of the facility." Section V.2 mandates that "language services shall be provided to detainees who have limited English proficiency to provide them with meaningful access to religious programs." Currently the only religious service being provided is Seventh Day Adventist to Spanish speaking detainees. Section V. C mandates "the chaplain shall be available to provide pastoral care and counseling to detainees who request it, both through group

programs and individual services.” Section V. D mandates that “all facilities shall designate adequate space for religious activities. The designated space must be sufficient to accommodate the needs of all religious groups in the detainee population fairly and equitably and the general area shall include office space for the chaplain, storage space for items used in religious programs and proximity to lavatory facilities for staff and volunteers.” Adequate space for religious services is not provided. Conducting the single religious service currently provided at JCDC in a dirty gym with no chairs is not sufficient to meet religious practice standard requirements. Section V.D also mandates that a current religious activities and program schedule be posted on all unit and detainee bulletin boards in languages understood by a majority of detainees. Section V. G mandates that “detainees in an SMU shall be permitted to participate in religious practices consistent with the safety, security and orderly operation of the facility” and detainees in an SMU shall have regular access to the chaplain or other religious service provider and access to pastoral care.

Finding:

JCDC does not provide detainees with religious practice access, pastoral care and counseling in general population units and the SMU. Religious services are not provided in English and for LEP detainees. JCDC does not provide adequate space to conduct religious services. JCDC does not maintain and post a current religious activities and program schedule on all units and detainee bulletin boards. These conditions are all violations of Standard 5.5 of the PBNDS 2011 related to religious practices.

Recommendations

- The part-time chaplain is not providing access to religious services pastoral care or counseling in the general population units and SMU. This facility must immediately identify and assign a full-time chaplain to ensure detainees are provided with access to religious services, pastoral care and counseling as mandated by the applicable standard. (PBNDS 2011, Religious Practices) (Level 1)
- Conducting religious services in a dirty recreation area without seating and in the sleeping area of the detainee housing unit does not comply with standard requirements. JCDC must identify adequate space and seating to conduct religious services. (PBNDS 2011, Religious Practices) (Level 1)
- Religious services are currently limited to one Seventh Day Adventist service weekly for Spanish speaking detainees. JCDC should expand religious service access to other faiths and ensure services are provided in English and for LEP detainees. (PBNDS 2011, Religious Practices; Language Access) (Level 1)
- The facility does not maintain and post an accurate religious service schedule on housing units and detainee bulletin boards as mandated by the applicable standard. The facility should maintain and posted accurate religious service schedule on the housing unit and detainee bulletin boards. (PBNDS 2011, Religious Practice) (Level 1)

F. Telephone Access

On February 3, 2017 in a call to the DHS OIG Detainee #1 alleged that usage for the telephone at JCDC is overpriced. The telephone cost rates at JCDC are standardized and the detainee was charged the standard rate. As part of this investigation I was also asked by CRCL to review JCDC's compliance with Standard 5.6 of the PBNDS 2011 related to telephone access. The facility provides three telephones for each 72-person dormitory unit which complies with the standard. The telephones are properly maintained and the pro bono numbers were tested and in working order; however, the detainees have difficulty hearing when using the pay telephones in the housing unit. The pay telephones are located directly beneath the only television in each unit. The volume on the television is loud so detainees can hear the dialogue. The IGSA between ICE and Johnson County requires the service provider to provide detainees reasonable and equitable access to telephones which is also specified in PBNDS 2011 Standard 5.6. The IGSA further requires "telephones shall be located in an area that provides for a reasonable degree of privacy and a minimal amount of environmental noise during phone calls." JCDC is out of compliance with this contractual obligation.

Finding:

Detainee #1 complaint of being overcharged for telephone usage is not sustained. Detainees do not have reasonable access to telephones and the loud television volume at times make conversations on the pay telephones in the housing units inaudible. Hearing impaired detainees experience extreme hearing difficulty when using the pay phones. Telephone access at this facility does not meet the 5.6 PBNDS 2011 Telephone Access Standard.

Recommendation

- Detainees experience hearing difficulty when utilizing the pay telephones in the housing unit due to the direct overhead placement of the television above the telephones. JCDC must either relocate the telephones or the television to provide reasonable access to the telephones and comply with the applicable standard requirements and the IGSA contractual language. (PBNDS 2011, Telephone Access and EROIGSA-17-0001) (Level 1)

G. Recreation

As part of this investigation I was asked by CRCL to review JCDC's compliance with the Standard 5.4 of the PBNDS 2011 related to Recreation. JCDC currently provides detainees recreation access in a solid structure adjacent to the housing unit. JCDC identified during contract negotiations to implement PBNDS 2011 that they could comply with the optimal component of Section II.2 of the recreation standard requiring "detainees shall have at least four hours a day access, seven days per week, to outdoor recreation, weather and scheduling permitted. Outdoor recreation shall support leisure activities, outdoor sports and exercise, provided outside the confines of the housing structure and/or other solid enclosures." JCDC's comment related to this commitment to comply with this optimal component is as follows "Adding a recreation field and currently provide recreation area adjacent to housing areas with three sided walls and natural light setting. Compliance assumes current yards meets ICE standards." Based

on discussions with staff at JCDC an onsite construction project has been completed, and the outside yard can be opened.

Detainees should be provided access to an outdoor recreational area that is outside the confines of the housing unit and any other solid structure to comply with the optimal 5.4 PBNDS 2011 commitment to the optimal standard for section II. 2.

Recommendation

- Detainees currently cannot access an outdoor yard that is not a solid structure adjacent to the housing unit. Providing detainees access to the outdoor yard will enhance the detainees ability to exercise and comply with JCDC's commitment to implementing the 5.4 PBNDS 2011 Recreation optimal standard for Section II.2. (PBNDS 2011, Recreation) (Level 1)

H. Prison Rape Elimination Act, Sexual Abuse and Assault Prevention and Intervention (SAAPI)

As part of this investigation I was asked by CRCL to review JCDC's compliance with the Standard 2.11 of the PBNDS 2011 related to sexual abuse and assault prevention and intervention. I reviewed JCDC's SAAPI policy. The SAAPI policy and protocol at this facility is in partial compliance with PBNDS 2011. Detainees are notified of the zero-tolerance policy in the detainee handbook. Required postings are located throughout the facility. Staff are trained on the SAAPI policy. The required SAAPI forms at this facility are in use. SAAPI files are maintained in compliance with the PBNDS Standard 2.11. There were deficiencies identified in JCDC's SAAPI Program. No documented annual review of incidents has been completed as mandated. Detainees are not effectively screened upon intake at JCDC for history of sexual abuse, which can jeopardize the safety of detainees based on inaccurate or incomplete screening. Detainees stand side-by-side, sometimes three at a time, at the A & R intake counter. Detainees' past sexual abuse history screening must be conducted in a confidential setting to ensure accurate reporting occurs and that a detainee's confidential information is not compromised. The greatest risk area for a sexual assault to occur in a detention facility is in a room where there is no window or visual access. There are many rooms at JCDC that have metal covers that can be closed over door windows and no visual observation is possible into the room. Additional no cameras exist in the corridors that these rooms are located on. The barbershop and library storage area are two examples of these rooms.

Finding:

JCDC does not fully comply with PBNDS 2011, Standard 2.11, Sexual Abuse and Assault Prevention and Intervention.

Recommendations

- JCDC has not conducted the annual review of sexual abuse investigations and incident reviews to assess and improve sexual abuse intervention, prevention, and response efforts. JCDC should complete the annual review of sexual abuse investigations and incident reviews. (PBNDS, SAAPI) (Level 1)

- JCDC does not have appropriate controls on the dissemination of responses to risk assessment questions asked of detainees at intake to screen for risk of sexual abuse victimization or abusiveness. JCDC should modify its intake screening process to provide confidentiality when asking detainees screening questions about their prior sexual abuse and assault history. (PBNDS 2011, SAAPI) (Level 1)
- Metal window covers on doors in a detention facility present a significant safety risk where sexual assaults can occur. The metal window coverings should be removed from all doors and cameras installed to improve visual security of these areas. (PBNDS 2011, SAAPI) (Level 1)

I. Admission and Release

As part of this investigation, I was asked by CRCL to review JCDC's compliance with PBNDS 2011 standard on Admission and Release (A&R). I toured the JCDC's A & R area and identified several deficiencies. PBNDS 2011 mandates that all admission and orientation should be communicated to detainees in a language or manner the detainee can understand and oral interpretation or assistance shall be provided to any detainee who speaks another language in which written material has not been translated or who is illiterate. Interviews of detainees, interviews of A & R staff and a review of detainee files indicates that JCDC is not complying with these PBNDS 2011 mandates. As discussed in the Language Access section of this report, JCDC is non-compliant with the Language Access mandates. Recommendations related to Language Access are contained within the Language Access section of this report. Additionally, the A & R area does not have enough space and detainees are placed in mattresses in the hall way. Detainee screening is also not done in a private setting and detainees can overhear confidential information reported by other detainees being interviewed by intake personnel. This confidential information can result is a safety issue for the detainee.

Finding:

JCDC does not comply with the mandates in PBNDS 2011, Standard 2.1, Admission and Release

Recommendation

- Detainees at JCDC are housed on mattresses in hallways due to a lack of space and interviewed side by side which jeopardizes the confidentiality of detainee information and can jeopardize the detainee's safety. ICE and JCDCF should adjust arrivals at the facility to reduce admission congestion, ensure detainees are not housed on the floor on mattresses while awaiting processing, and provide sufficient space to ensure confidential intake interviews can be conducted. (PBNDS 2011, Admission and Release) (Level 1)

J. Special Management Unit (SMU) and Security

As part of this investigation I was asked to review JCDC's SMU. The SMU is newly constructed and is very clean. Two detainees were held in the SMU at the time of the investigation based on their request for the protective housing. I reviewed the two detainee SMU files which were incomplete. Daily activity sheets were not completely filled out, initial placement orders were

unsigned or missing and one detainee file contained another inmate's information. Additionally, PBNDS requires that individuals entering and exiting the SMU sign in and out. We were not required to sign in or out. A major security breach occurred while I was in the SMU. A custody staff opened the door to the SMU and allowed an inmate into the SMU unescorted.

In the SMU and other areas of the facility, the detainee identification wristbands were a flimsy paper type. The identification wrist band printing became illegible when the wrist band got wet. The bands stretch, easily slip off and are easily torn. A more secure wrist band or identification must be used to ensure detainees are accurately identified. These lax security protocols endanger the safety and security of the facility, staff and detainees.

Finding:

JCDC does not comply with the mandates in PBNDS 2011, 2.12 Standard Special Management Units.

Recommendations

- Detailed records are not being maintained on the circumstances related to a detainee's confinement in the SMU. Permanent logs and individual daily activity detainee placement records shall be maintained in compliance with the SMU Standard. (PBNDS 2011, Special Management Units) (Level 1)
- Accurate detainee identification methods are critical to the safety and security of the facility. The current detainee identification wrist bands should be replaced with a sturdier type that will not tear, stretch or become illegible when wet. (Best Practice)

During the onsite investigation, I reviewed Visitation did not have any findings in this area.

VII. SUMMARY OF JCDC RECOMMENDATIONS

Regarding the specific deficiencies I found as part of my inquiry into these complaints, I have recommended the following based on the PBNDS 2011.

- JCDC is not formally reporting all allegations of staff misconduct to ICE. ICE and JCDC should develop a tracking system for all staff misconduct allegations, and ensure that each allegation is reported to ICE. (PBNDS 2011, Grievance System) (Level 1)
- JCDC is not fully investigating all staff misconduct investigations or documenting the findings of the investigations. JCDC should ensure that all staff misconduct allegations are fully investigated and that the findings and results of the investigations are documented. (PBNDS 2011, Grievance System) (Level 1)
- JCDC does not record the outcomes of grievances. JCDC should record all formal grievance outcomes on the grievance log as required by the detention standards. (PBNDS 2011, Grievance System) (Level 1)
- JCDC's law library does not provide appropriate assistance to users of the law library by staff or consistent access. JCDC should provide meaningful access to the law library for

- by providing appropriate staff and adhere to the schedule hours of operation. (PBNDS 2011, Law Library and Legal Material (Level 1))
- JCDC did not repair the broken computer printer timely which delays detainee's ability to obtain legal material copies. The broken law library computer printer should be repaired. (PBNDS 2011, Law Library and Legal Material (Level 1))
 - JCDC records indicate that language access resources are not frequently used to assist LEP detainees. JCDC should provide training to its staff on their obligations to provide meaningful access to LEP detainees and the resources that are available to assist them meet this obligation, and should document provision of this training. (DHS and ICE Language Access Plans) (PBNDS 2011, Multiple Standards) (Level 1)
 - JCDC records indicate that language access resources are not frequently used to assist LEP detainees. JCDC should develop a Language Line logging system and require all facility staff to regularly record its use by date, alien number, and language of interpretation. Documenting Language Line usage is essential to validating compliance with language access obligations. (DHS and ICE Access Plans) (PBNDS 2011, Multiple Standards) (Level 1)
 - JCDC records indicate that language access resources are not frequently used to assist LEP detainees, and forms and other materials contained in detainee files are mostly written in English. To ensure that it complies with the arrival screening requirements in the Admission and Release standard, JCDC should ensure the use of qualified interpreters or professionally translated forms to ensure meaningful access for LEP detainees. (PBNDS 2011, Admission and Release) (Level 1)
 - JCDC records indicate that language access resources are not frequently used to assist LEP detainees, and forms and other materials contained in detainee files are mostly written in English. JCDC should ensure forms and informational posters for detainees are professionally translated or detainees are provided with qualified interpreters to assist with providing meaningful access to LEP detainees. (DHS and ICE Language Access Plans) (PBNDS, Multiple Standards) (Level 1)
 - JCDC does not open mail in the presence of detainees. The applicable Detention Standard mandates that all general correspondence and other mail addressed to detainees shall be open in the detainee's presence. JCDC should correct their practice and ensure it complies with standards. (PBNDS 2011, Correspondence and other Mail) (Level 1)
 - Detainees do not have access to writing paper, writing implements and standard size envelopes at this facility. JCDC should ensure detainees are aware of the availability of writing paper, writing implements and standard size envelopes and distribute these items to detainees upon request. (PBNDS 2011, Correspondence and other Mail) (Level 1)
 - The part-time chaplain is not providing access to religious services pastoral care or counseling in the general population units and SMU. This facility must immediately identify and assign a full-time chaplain to ensure detainees are provided with access to religious services, pastoral care and counseling as mandated by the applicable standard. (PBNDS 2011, Religious Practices) (Level 1)
 - Conducting religious services in a dirty recreation area without seating and in the sleeping area of the detainee housing unit does not comply with standard requirements.

- JCDC must identify adequate space and seating to conduct religious services. (PBNS 2011, Religious Practices) (Level 1)
- Religious services are currently limited to one Seventh Day Adventist service weekly for Spanish speaking detainees. JCDC should expand religious service access to other faiths and ensure services are provided in English and for LEP detainees. (PBNS 2011, Religious Practices; Language Access) (Level 1)
 - The facility does not maintain and post an accurate religious service schedule on housing units and detainee bulletin boards as mandated by the applicable standard. The facility should maintain and posted accurate religious service schedule on the housing unit and detainee bulletin boards. (PBNS 2011, Religious Practice) (Level 1)
 - Detainees experience hearing difficulty when utilizing the pay telephones in the housing unit due to the direct overhead placement of the television above the telephones. JCDC must either relocate the telephones or the television to provide reasonable access to the telephones and comply with the applicable standard requirements and the IGSA contractual language. (PBNS 2011, Telephone Access and EROIGSA-17-0001) (Level 1)
 - Detainees currently cannot access an outdoor yard that is not a solid structure adjacent to the housing unit. Providing detainees access to the outdoor yard will enhance the detainees ability to exercise and comply with JCDC's commitment to implementing the 5.4 PBNS 2011 Recreation optimal standard for Section II.2. (PBNS 2011, Recreation) (Level 1)
 - JCDC has not conducted the annual review of sexual abuse investigations and incident reviews to assess and improve sexual abuse intervention, prevention, and response efforts. JCDC should complete the annual review of sexual abuse investigations and incident reviews. (PBNS, SAAPI) (Level 1)
 - JCDC does not have appropriate controls on the dissemination of responses to risk assessment questions asked of detainees at intake to screen for risk of sexual abuse victimization or abusiveness. JCDC should modify its intake screening process to provide confidentiality when asking detainees screening questions about their prior sexual abuse and assault history. (PBNS 2011, SAAPI) (Level 1)
 - Metal window covers on doors in a detention facility present a significant safety risk where sexual assaults can occur. The metal window coverings should be removed from all doors and cameras installed to improve visual security of these areas. (PBNS 2011, SAAPI) (Level 1)
 - Detainees at JCDC are housed on mattresses in hallways due to a lack of space and interviewed side by side which jeopardizes the confidentiality of detainee information and can jeopardize the detainee's safety. ICE and JCDCF should adjust arrivals at the facility to reduce admission congestion, ensure detainees are not housed on the floor on mattresses while awaiting processing, and provide sufficient space to ensure confidential intake interviews can be conducted. (PBNS 2011, Admission and Release) (Level 1)
 - Detailed records are not being maintained on the circumstances related to a detainee's confinement in the SMU. Permanent logs and individual daily activity detainee placement records shall be maintained in compliance with the SMU Standard. (PBNS 2011, Special Management Units) (Level 1)

CRCL JOHNSON COUNTY DETENTION CENTER INVESTIGATION

APPENDIX A

Detainee Name and A Number

Detainee #1: (b) (6)

CRCL JOHNSON COUNTY DETENTION CENTER INVESTIGATION

BEST PRACTICE RECOMMENDATIONS

APPENDIX B

- JCDC does not maintain a computerized grievance log and does not categorize grievances. Automating this log and categorizing grievances will provide valuable information to management for trend identification of problems and or detainee mistreatment. (Best Practice)
- JCDC should document the language spoken for each detainee to facilitate the process of providing language access. (Best Practice)
- Accurate detainee identification methods are critical to the safety and security of the facility. The current detainee identification wrist bands should be replaced with a sturdier type that will not tear, stretch or become illegible when wet. (Best Practice)