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# ICE Detention Standards Compliance Review

Ector County Detention Center

February 19-20, 2009

REPORT DATE – February 25, 2009



Contract Number: ODT-6-D-0001  
Order Number: HSCEOP-07-F-01016

**[REDACTED]**, Executive Vice President  
Creative Corrections  
6415 Calder, Suite B  
Beaumont, TX 77706

**[REDACTED]** COTR  
U.S. Immigration and Customs Enforcement  
Detention Standards Compliance Unit  
500 12th St, SW  
Washington, DC 20024



February 25, 2009

MEMORANDUM FOR: James T. Hayes, Jr.  
Director  
Office of Detention and Removals Operations

FROM: [Redacted] [Redacted] [Redacted] *fo*  
Reviewer-In-Charge

SUBJECT: Ector County Detention Center  
Annual Detention Review

Creative Corrections conducted an Annual Detention Review (ADR) of the Ector County Detention Center, located in Odessa, Texas, on February 19-20, 2009. As noted on the attached documents, the team of Subject Matter Experts included [Redacted], for Security; [Redacted], for Health Services; [Redacted], for Environmental Health & Safety; and [Redacted], for Food Services.

A closeout meeting was conducted on February 20, 2009, with Sheriff Mark Donaldson, and Lieutenant [Redacted]. The closeout included a discussion of all aspects of this review.

**Type of Review**

This review is a scheduled Detention Standard Review to determine general compliance with established ICE National Detention Standards for facilities used for under 72 hours.

**Review Summary**

The facility is not accredited by the National Commission on Correctional Health Care, the American Correctional Association, or the Joint Commission on Accreditation of Healthcare Organizations.

**Standards Compliance**

The following statistical information provides a direct comparison of the 2008 ADR and this ADR conducted for 2009.

<u>February 2008</u>	<u>Review</u>	<u>February 2009</u>	<u>Review</u>
Compliant	26	Compliant	27
Deficient	1	Deficient	0
At-Risk	0	At-Risk	0
Not-Applicable	1	Not-Applicable	1

**Recommended Rating and Justification**

It is the RIC recommendation that the facility receive a rating of "Acceptable." As there were no deficiencies noted above, no Plan of Action should be required.

**RIC Assurance Statement**

All findings of this review have been documented on the Detention Review Worksheet and are supported by the written documentation contained in the review file.

**A. TYPE OF FACILITY REVIEWED**

ICE Service Processing Center  
 ICE Contract Detention Facility  
 ICE Intergovernmental Service Agreement

**B. CURRENT INSPECTION**

Type of Inspection  
 Field Office  HQ Inspection  
Date[s] of Facility Review  
February 19-20, 2009

**C. PREVIOUS/MOST RECENT FACILITY REVIEW**

Date[s] of Last Facility Review  
February 19-20, 2008  
Previous Rating  
 Superior  Good  Acceptable  Deficient  At-Risk

**D. NAME AND LOCATION OF FACILITY**

Name  
Ector County Detention Center  
Address  
2500 S Highway 385 (PO Box 2066)  
City, State and Zip Code  
Odessa, Texas 79761  
County  
Ector  
Name and Title of Chief Executive Officer  
(Warden/OIC/Superintendent)  
Mark Donaldson, Sheriff  
Telephone Number (Include Area Code)  
432-335-<sup>b6,b7c</sup>  
Field Office / Sub-Office (List Office with Oversight)  
El Paso, Texas  
Distance from Field Office  
290 miles

**E. ICE Information**

Name of Inspector (Last Name, Title and Duty Station)  
<sup>b6,b7c</sup> RIC / Creative Corrections  
Name of Team Member / Title / Duty Location  
<sup>b6,b7c</sup> / SME / Security  
Name of Team Member / Title / Duty Location  
<sup>b6,b7c</sup> / SME / Medical Services  
Name of Team Member / Title / Duty Location  
<sup>b6,b7c</sup> / SME / Food Service  
Name of Team Member / Title / Duty Location  
<sup>b6,b7c</sup> / SME / Environmental Health and Safety

**F. CDF/IGSA INFORMATION ONLY**

Contract Number  
80-97-0007  
Date of Contract or IGSA  
May 25, 2001  
Basic Rates per Man-Day  
\$40.87  
Other Charges: (If None, Indicate N/A)  
; ;  N/A  
Estimated Man-days per Year  
0

**G. ACCREDITATION CERTIFICATES**  N/A

List all State or National Accreditation[s] received:  
Texas Commission on Jail Standards

**H. PROBLEMS / COMPLAINTS (COPIES MUST BE ATTACHED)**

The Facility is under Court Order or Class Action Finding  
 Court Order  Class Action Finding  
The Facility has Significant Litigation Pending  
 Major Litigation  Life/Safety Issues  
 None

**I. FACILITY HISTORY**

Date Built  
1994  
Date Last Remodeled or Upgraded  
NA  
Date New Construction / Bed Space Added  
NA  
Future Construction Planned  
 Yes  No Date:  
Current Bed space  
667  
Future Bed Space (# New Beds only)  
Number: Date:

**J. TOTAL FACILITY POPULATION**

Total Facility Intake for Previous 12 months  
12,267  
Total ICE Man Days for Previous 12 months  
0

**K. CLASSIFICATION LEVEL (ICE SPCs AND CDFs ONLY)**

	L-1	L-2	L-3
Adult Male			
Adult Female			

**L. FACILITY CAPACITY**

	Rated	Operational	Emergency
Adult Male	528	528	528
Adult Female	139	139	139
<input type="checkbox"/> Facility Holds Juveniles Offenders 16 and Older as Adults			

**M. AVERAGE DAILY POPULATION**

	ICE	USMS	Other
Adult Male	0	8	498
Adult Female	0	27	87

**N. FACILITY STAFFING LEVEL**

Security: <sup>b2High</sup>  
Support:

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## SIGNIFICANT INCIDENT SUMMARY WORKSHEET

In order for Creative Corrections to complete its review of your facility, you must complete the following worksheet prior to your scheduled review dates. This worksheet must contain data for the past twelve months. We will use this worksheet in conjunction with the ICE Detention Standards to assess your detention operations with regard to the needs of ICE and its detainee population. Failure to complete this worksheet will result in a delay in processing this report, and may result in a reduction or removal of ICE detainees from your facility.

INCIDENTS	DESCRIPTION	Jan – Mar	Apr – Jun	Jul – Sep	Oct – Dec
Assault: Offenders on Offenders <sup>1</sup>	Types (Sexual <sup>2</sup> , Physical, etc.)	P	P	P	P
	With Weapon	0	0	0	0
	Without Weapon	15	32	47	31
Assault: Detainee on Staff	Types (Sexual Physical, etc.)	P	P	P	P
	With Weapon	0	0	0	0
	Without Weapon	0	0	0	1
Number of Forced Moves, incl. Forced Cell Moves <sup>3</sup>	0	0	0	0	
Disturbances <sup>4</sup>	0	5	0	1	
Number of Times Chemical Agents Used	37	41	49	49	
Number of Times Special Reaction Team Deployed/Used	0	0	0	1	
# Times Four/Five Point Restraints Applied/Used	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	1/V 4/M	0	0	0
	Type (C=Chair, B=Bed, BB=Board, O=Other)	O	NA	NA	NA
Offender / Detainee Medical Referrals as a Result of Injuries Sustained.		1	5	5	3
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	291	74	131	131
	# Resolved in Favor of Offender/Detainee	*	*	*	*
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	NA	NA	NA	I
	Number	0	0	0	1
Psychiatric / Medical Referrals	# Medical Cases Referred for Outside Care	85	88	84	79
	# Psychiatric Cases Referred for Outside Care	64	45	44	66

<sup>1</sup> Any attempted physical contact or physical contact that involves two or more offenders

<sup>2</sup> Oral, anal or vaginal penetration or attempted penetration involving at least 2 parties, whether it is consenting or non-consenting

<sup>3</sup> Routine transportation of detainees/offenders is not considered "forced"

<sup>4</sup> Any incident that involves four or more detainees/offenders, includes gang fights, organized multiple hunger strikes, work stoppages, hostage situations, major fires, or other large scale incidents.

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Form G-324B SIS (Rev. 7/9/07)

## DHS/ICE DETENTION STANDARDS REVIEW SUMMARY REPORT

1. ACCEPTABLE	2. DEFICIENT	3. AT-RISK	4. REPEAT FINDING	5. NOT APPLICABLE						
<b>LEGAL ACCESS STANDARDS</b>					1.	2.	3.	4.	5.	
1.	Visitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Telephone Access	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>DETAINEE SERVICES</b>										
3.	Admission and Release	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Classification System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Detainee Handbook	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Food Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Funds and Personal Property	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Detainee Grievance Procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	Issuance and Exchange of Clothing, Bedding, and Towels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	Religious Practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>HEALTH SERVICES</b>										
11.	Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.	Suicide Prevention and Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>SECURITY AND CONTROL</b>										
13.	Contraband	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14.	Detention Files	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Disciplinary Policy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16.	Emergency Plans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17.	Environmental Health and Safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18.	Hold Rooms in Detention Facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19.	Key and Lock Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20.	Population Counts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21.	Security Inspections	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22.	Special Management Units (Administrative Detention)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23.	Special Management Units (Disciplinary Segregation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24.	Tool Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25.	Transportation (Land management)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26.	Use of Force	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27.	Staff / Detainee Communication (Added August 2003)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28.	Detainee Transfer (Added September 2004)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**ALL FINDINGS OF DEFICIENT AND AT-RISK REQUIRE WRITTEN COMMENT DESCRIBING THE FINDING AND WHAT IS NECESSARY TO REACH COMPLIANCE.**

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## RIC REVIEW ASSURANCE STATEMENT

BY SIGNING BELOW, THE REVIEWER-IN-CHARGE (RIC) CERTIFIES THAT:

1. ALL FINDINGS OF NON-COMPLIANCE WITH POLICY OR INADEQUATE CONTROLS, AND FINDINGS OF NOTEWORTHY ACCOMPLISHMENTS, CONTAINED IN THIS INSPECTION REPORT, ARE SUPPORTED BY EVIDENCE THAT IS SUFFICIENT AND RELIABLE; AND
2. WITHIN THE SCOPE OF THIS REVIEW, THE FACILITY IS OPERATING IN ACCORDANCE WITH APPLICABLE LAW AND POLICY, AND PROPERTY AND RESOURCES ARE BEING EFFICIENTLY UTILIZED AND ADEQUATELY SAFEGUARDED, EXCEPT FOR ANY DEFICIENCIES NOTED IN THE REPORT.

REVIEWER-IN-CHARGE	
Reviewer-In-Charge: (Print Name) [REDACTED] b6,b7c	Signature [REDACTED] b6,b7c
Title & Duty Location RIC, Creative Corrections	Date February 20, 2009

TEAM MEMBERS	
Print Name, Title, & Duty Location [REDACTED] b6,b7c SME, Security	Print Name, Title, & Duty Location [REDACTED] b6,b7c SME, Medical
Print Name, Title, & Duty Location [REDACTED] b6,b7c SME, Environmental Health and Safety	Print Name, Title, & Duty Location [REDACTED] b6,b7c SME, Food Service

**RECOMMENDED RATING:**     **ACCEPTABLE**  
     **DEFICIENT**  
     **AT-RISK**

**COMMENTS:** Since the ADR of 2008, the facility has made great strides to control flammable, toxic and caustic materials as required per ICE standards.

\*Although the facility has made good strides in distinguishing simple requests from genuine grievances, there is still no simple method of determining which were denied or granted other than manual tabulation.

The 2008 ADR was rated as deficient due to the use of Tasers.

**Death – Ector County Detention Center:**

On November 11<sup>th</sup>, 2008, at approximately 0730 hours, the Officer working central control received a call on the intercom from an inmate. The inmate said they had a sick man in cell 2142. The Officer in central control then notified a Zone Officer and had him respond to the cell. Upon arrival at the scene the inmates told the Officer that a male inmate (non-ICE), age 41, was having a seizure. A “Code Blue Medical” emergency was declared at approximately 0740 hours as the inmate was having difficulty breathing. At approximately 0742 hours a nurse arrived and took his vital signs to administer medical care. The inmate’s blood pressure was very low, thus the nurse directed the attending officer to take the inmate to the medical room for continuing treatment. Upon arriving at the medical room the nurse advised the Sergeant that the inmate needed to go to a hospital for advanced treatment.

At approximately 0755 hours a nurse advised that the inmate was not breathing and CPR was initiated. At approximately 0800 hours paramedics arrived and took over care. The inmate was removed from the Detention Center at 0805 hours, placed in an ambulance, and transported to Medical Center Hospital. The attending physician at Medical Center Hospital pronounced the inmate dead at 0829 hours.

The inmate was arrested on 31 Oct 08 for Burglary Habitation Intend Other Felony (FAM VIOL). No other information was available at the time of review.

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