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December 5, 2007

MEMORANDUM FOR: John P. Torres, Director  
Office of Detention and Removal

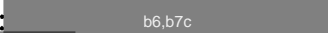
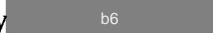
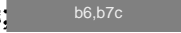
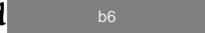
FROM:

 b6,b7c  
Reviewer-In-Charge  
Creative Corrections

*for*

 b6,b7c

SUBJECT: Winkler County Sheriff's Department  
Annual Detention Review

Creative Corrections conducted the Annual Detention Review of the Winkler County Sheriff's Department located in Kermit, Texas, on November 26-27, 2007. The facility has an Intergovernmental Services Agreement (IGSA) with the United States Marshals Service (USMS) and Immigration and Customs Enforcement (ICE) utilizes the existing agreement to house a minimal number of detainees involved in immigration proceedings. The facility houses ICE detainees for Under 72 hours. As noted on the attached documents, the team of Subject Matter Experts (SME) included:  b6,b7c SME for Security  b6 SME for Health Services:  b6,b7c SME for Safety; and  b6 SME for Food Services.

**Type of Review:**

This review is a scheduled Detention Standard Review to determine general compliance with established ICE National Detention Standards.

**Review Summary:**

The facility was constructed in 1995 and is not currently accredited by the American Correctional Association (ACA), National Commission on Correctional Health Care (NCCHC) or the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

**Standards Compliance:**

The following information summarizes the standards reviewed and the overall compliance for this review. The following statistical information outlined provides a direct comparison of the 2006 ADR and the 2007ADR.

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November 20, 2006, Review

Compliant	26
Deficient	1
At-Risk	0
Non-Applicable	1

November 26-27, 2007, Review

Compliant	25
Repeat Deficiency	1
Deficient	2
At-Risk	0
Non-Applicable	0

Environmental Health and Safety – Repeat Deficiency

Every facility will control flammable, toxic, and caustic materials through a hazardous materials program.

The Environmental Health and Safety area was an identified deficiency in the ICE Inspection report of November 20, 2006. This area remains a concern in this review and little or no corrective actions have been taken to correct previously identified problems.

- There is no system in place for issuing or maintaining inventories of hazardous materials.
- There are no Material Safety Data Sheets (MSDS) for all hazardous substances used at this facility.
- There are no MSDS readily accessible to staff and detainees in work areas.
- The Fire Plan does not include strategic location of fire equipment, exit signage complete with arrows, and area-specific exit diagrams.
- The Winkler County Jail (WCJ) staff and/or detainees are currently in possession of and using restricted use pesticides. There is not a licensed/certified/trained pest-control professional conducting monthly inspection or preventative spraying.
- The Winkler County Jail Policy, Section 15.01C says that electrical cooking devices will not be permitted in cells or day rooms. Electric coffee pots are sold to detainees through the commissary. The electric coffee pot qualifies as an electrical cooking device and should not be made available to detainees in direct violation of local policy.

Recommendations

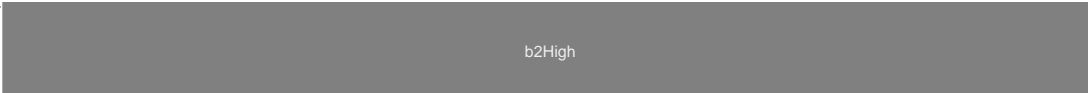
- The WCJ should develop a system for issuing and maintaining inventories of all flammable, toxic, and caustic materials.
- The WCJ should obtain MSDS forms for all hazardous materials on site and used.

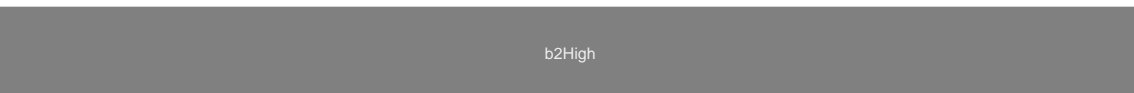
- The WCJ should have a file of MSDS forms readily available to staff and detainees in work areas.
- The WCJ should revise the Fire Plan to include the location of fire equipment, exit signage complete with arrows, and area-specific exit diagrams.
- The WCJ should utilize a licensed pest-control professional to conduct monthly inspections and preventive spraying.
- The WCJ should discontinue the practice of allowing detainees to use personal coffee pots in cells or day rooms.
- Several coffee pots were observed plugged in and setting in the sink, creating high risk of electrical shock or electrocution. From a general safety perspective alone, the accessibility of these electrical devices to detainees is discouraged.

**Security Inspections – Deficient**

The Officer in Charge (OIC) shall establish a comprehensive security inspection program that covers every area in the facility, including the perimeter fence.

- Staff are required to complete inspections; however, there is not a comprehensive inspection program.
- The WCJ staff did not check the personal identification (ID) of the review team upon entering the facility.
- There was no documentation regarding training programs specific to staff operation of the Control Center.
- The Control Center is not a secure operation and staff conduct administrative duties from within the Control Center.

-  b2High

-  b2High

### **Recommendations**

- The WCJ should establish and implement a comprehensive inspection program to include these specific areas:
  - Front Entrance Security Procedures
  - Control Center Operation
  - Perimeter and Sallyport gate areas
  - Search Procedures and Logs

### **Tool Control – Deficient**

It is the policy of all facilities that all employees shall be responsible for complying with the tool control policy. The Maintenance Supervisor shall maintain a computer generated or typewritten Master Inventory list of tools and equipment and the location in which tools are stored. These inventories shall be current, on file, and readily available for tool inventory and accountability during an audit.

- The facility has no written Tool Control Policy, and does not control tools appropriately.
- Tools were not stored in secured areas and shadow boards are not utilized to ensure a security program is in place for tool accountability and loss prevention.

### **Recommendations**

- A Tool Control Policy should be created which adheres to ICE Detention Tool Control Standards.
- The facility should develop and implement a Tool Classification System (Hazardous/Non-Hazardous).
- The facility should establish written procedures for marking (etching), making them readily identifiable. All tools should be marked in every work location with a symbol signifying its storage location.
- The facility should develop shadow boards and maintain accurate inventories of all tools in all locations.

## **RIC Issues and Concerns**

### **Detainee Handbook**

- It is recommended that the facility update and revise the Detainee Handbook to include these specific areas:
  - Initial issue of clothing and bedding
  - Medical exam or sick call procedures
  - Use of telephone debit cards
  - Direct and free calls
  - High Demand phone use
  - Emergency phone calls
  - Detainee message system
  - Visiting hours and schedule

### **Food Service**

- There are no detainee job descriptions in place at this facility. Job descriptions need to be written, signed by the detainee and maintained in the detainee file.
- There was no documentation of training for detainee workers available for review. Workers need to be trained and all training documentation should be placed in the detainees file.
- There is not a 35-day cycle menu at this facility. This menu needs to be developed and approved by a registered dietician.
- There is not a Common Fare Program at this facility. A program needs to be established that is designed to comply with the ICE standards.

**Recommended Rating and Justification**

It is the Reviewer-in-Charge (RIC) recommendation that the facility receive a rating of "Acceptable." It is also recommended by the RIC that a Plan of Action be required for this facility identifying necessary corrective actions.

**RIC Assurance Statement**

All findings of this review have been documented on Form CC-324B and are supported by the written documentation contained in the review file.

**A. Type of Facility Reviewed**

ICE Intergovernmental Service Agreement  
 ICE Staging Facility (12 to 72 hours)

**B. Current Facility Review**

Type of Facility Review  
 Field Office  HQ Review  
Date[s] of Facility  
November 26 & 27, 2007

**C. Previous/Most Recent Facility Review**

Date[s] of Last Facility Review  
November 20, 2006  
Previous Rating  
 Acceptable  Deficient  At-Risk

**D. Name and Location of Facility**

Name  
Winkler County Sheriffs Department  
Address (Street and Name)  
1300 Bellaire  
City, State and Zip Code  
Kermit, Texas 79745  
County  
Winkler  
Name and Title of Chief Executive Officer  
(Warden/OIC/Superintendent)  
Sheriff Robert Roberts, Jr.  
Telephone # (Include Area Code)  
432 b6,b7c  
Field Office / Sub-Office (List Office with oversight responsibilities)  
El Paso Field Office  
Distance from Field Office  
266

**E. Creative Corrections Information**

Name of Reviewer In Charge (Last, Title and Duty Station)  
b6,b7c / RIC / Creative Corrections  
Name of Team Member / Title / Duty Location  
b6 / SME / Health Services  
Name of Team Member / Title / Duty Location  
b6,b7c / SME / Safety  
Name of Team Member / Title / Duty Location  
b6,b7c / SME / Security  
Name of Team Member / Title / Duty Location  
b6 / SME / Food Service

**F. CDF/IGSA Information Only**

Contract Number  
ACD-97-6059  
Date of Contract or IGSA  
N/A  
Basic Rates per Man-Day  
N/A

Other Charges: (If None, Indicate N/A)  
N/A; ; ;  
Estimated Man-days Per Year  
-0-

**G. Accreditation Certificates**

List all State or National Accreditation[s] received:  
Texas Commission on Jail Standards Certification  
 Check box if facility has no accreditation[s]

**H. Problems / Complaints (Copies must be attached)**

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

**I. Facility History**

Date Built  
January 1995  
Date Last Remodeled or Upgraded  
N/A  
Date New Construction / Bedspace Added  
N/A  
Future Construction Planned  
 Yes  No Date:  
Current Bedspace  
101  
Future Bedspace (# New Beds only)  
Number: N/A Date:

**J. Total Facility Population**

Total Facility Intake for previous 12 months  
1100  
Total ICE Mandays 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	101	N/A	N/A
Adult Female	0	0	N/A
<input type="checkbox"/> Facility holds Juveniles Offenders 16 and older as Adults			

**M. Average Daily Population**

	ICE	USMS	Other
Adult Male	0	4	65
Adult Female	0	0	17

**N. Facility Staffing**

Level Security:  
b2High  
Support:  
b2High

**Significant Incident Summary Worksheet**

For Creative Corrections to complete its Review of your facility, the following information must be completed prior to the scheduled review dates. The information on this form should contain data for the past twelve months in the boxes provided. The information on this form is used in conjunction with the ICE Detention Standards in assessing your detention operations. This form should be filled out by the facility prior to the start of any inspection. Failure to complete this section will result in a delay in processing this report.

<i>Incidents</i>	<i>Description</i>	Jan – Mar	Apr – Jun	Jul – Sept	Oct – Dec
Assault: Offenders on Offenders <sup>1</sup>	Types (Sexual <sup>2</sup> , Physical, etc.)	0	0	0	0
	With Weapon	0	0	0	0
	Without Weapon	0	0	0	0
Assault: Detainee on Staff	Types (Sexual Physical, etc.)	0	0	0	0
	With Weapon	0	0	0	0
	Without Weapon	0	0	0	0
Number of Forced Moves, incl. Forced Cell moves <sup>3</sup>		0	0	0	1
Disturbances <sup>4</sup>		0	0	0	0
Number of Times Chemical Agents Used		0	0	0	0
Number of Times Special Reaction Team Deployed/Used		0	0	0	0
# Times Four/Five Point Restraints applied/used	Number/Reason (M=Medical, V=Violent Behavior, O=Other)	0	0	0	0
	Type (C=Chair, B=Bed, BB=Board, O=Other)	0	0	0	0
Offender / Detainee Medical Referrals as a result of injuries sustained.		0	0	0	0
Escapes	Attempted	0	0	0	0
	Actual	0	0	0	0
Grievances:	# Received	1	0	2	0
	# Resolved in favor of Offender/Detainee	0	0	0	0
Deaths	Reason (V=Violent, I=Illness, S=Suicide, A=Attempted Suicide, O=Other)	0	0	0	0
	Number	0	0	0	0
Psychiatric / Medical Referrals	# Medical Cases referred for Outside Care	0	0	0	0
	# Psychiatric Cases referred for Outside Care	0	0	0	0

<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.



<b>Detention Standards Review Summary Report</b>						
1. Acceptable		2. Deficient		3. At - Risk	4. Repeat Finding	5. Not Applicable
<b>Legal Access Standards</b>						
	1.	2.	3.	4.	5.	
Visitation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Telephone Access	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Detainee Services</b>						
Admission and Release	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Classification System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Detainee Handbook	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Funds and Personal Property	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Detainee Grievance Procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Issuance and Exchange of Clothing, Bedding, and Towels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Religious Practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Health Services</b>						
Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Suicide Prevention and Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Security and Control</b>						
Contraband	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Detention Files	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disciplinary Policy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency Plans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Environmental Health and Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Hold Rooms in Detention Facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Key and Lock Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Population Counts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Security Inspections	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Special Management Units (Administrative Segregation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Special Management Units (Disciplinary Segregation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tool Control	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transportation (Land management)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Use of Force	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff / Detainee Communication	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Detainee Transfer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**RIC Review Assurance Statement**

By signing below, the Reviewer-In-Charge (RIC) certifies that all findings of noncompliance with policy or inadequate controls contained in the Inspection Report are supported by evidence that is sufficient and reliable. Furthermore, findings of noteworthy accomplishments are supported by sufficient and reliable evidence. Within the scope of the review, the facility is operating in accordance with applicable law and policy, and property and resources are efficiently used and adequately safeguarded, except for the deficiencies noted in the report.

Reviewer-In-Charge: (Print Name) b6,b7c	Signature <i>[Signature]</i> b6,b7c
Title & Duty Location RIC Creative Corrections	Date December 3, 2007

**Team Members**

Print Name, Title, & Duty Location b6 SME Health Services	Print Name, Title, & Duty Location b6,b7c SME Security
Print Name, Title, & Duty Location b6,b7c SME Safety	Print Name, Title, & Duty Location b6 SME Food Service

**RIC Rating Recommendation:**  **Acceptable**  
 **Deficient**  
 **At-Risk**

**Comments:** The physical plant itself is well designed and the administration maintains a very high level of sanitation. Other than "Tool Control" and the absence of a "Hazardous Chemical" control program, this facility operates at a high level. However, practices and procedures need to be formalized into written policy and activities need to be documented.